**Loneliness among minoritised older people: A critical co-research approach exploring experiences, drivers, and ways of coping**

A thesis submitted to the University of Manchester for the degree of Doctor of Philosophy in the Faculty of Humanities

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Natalie J Cotterell

School of Social Sciences

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# Abstract

The changes associated with ageing can make older people particularly vulnerable to loneliness. The growing recognition of the social and economic costs of loneliness in later life has led to an increase in research and policies aimed at tackling loneliness among older people. However, certain groups within the older population have been neglected in UK research and policy. Loneliness amongst older people who are ethnically or sexually minoritised is an under-researched topic, with little academic literature covering how these groups experience loneliness and how a minoritised identity can shape those experiences. This research aimed to address the paucity of loneliness research on minoritised older people in the UK. By adopting an emancipatory framework, this research also aimed to empower these communities, strengthening their voices and surfacing accounts of their own lived experiences. A co-research methodology was used to emphasise the value of community knowledge, collaboration, and creativity. Its aim was to work towards reducing inequalities in research and knowledge production, while critically assessing the extent to which a co-research methodology was able to do this.

Ten older people were recruited as co-researchers and were involved in the design, data collection, analysis, and dissemination of the data. They conducted and analysed semi-structured interviews with older people (South and East Asian migrants, gay men, and White British people) using thematic analysis. Focus groups with the co-researchers were later conducted and analysed by the thesis author using thematic analysis, providing an opportunity for co-researchers to reflect on their experiences of being involved with the project. A co-produced pamphlet, a shared outcome of the research, was created to provide some guiding principles for future researchers wishing to use a co-research methodology. This was disseminated to age-friendly networks, organisations, and local authorities.

This thesis contributed empirically and conceptually to the existing body of research on loneliness in later life and co-research with older people. Through the lens of cumulative disadvantage theory, several factors were identified that operated across the life course to shape experiences of loneliness amongst minoritised older people. In particular, experiences of discrimination were important, underlying many of the factors that shaped experiences of loneliness. The findings also demonstrated that minoritised older people have differing levels of resources to draw upon when coping with loneliness. Novel contributions included placing existing coping strategies on an individual-collective continuum, emphasising the importance of having a strong social identity amongst minoritised older people when coping with loneliness. This knowledge contributes to existing coping theories, offering potential ways of expanding upon them by highlighting the importance of the wider context in which individuals live. This information could be used to inform the development of interventions that promote a sense of belonging and therefore have the potential to tackle loneliness in later life. The findings also made two novel contributions to the co-research literature: first, it offered new insights into how minoritised older people can be involved as co-researchers, providing some practical recommendations for future researchers. Second, it critically reflects on the way in which a co-research methodology was implemented, providing mutual learning – something that few academic studies have previously done. Several directions for future work are suggested including the need for more emancipatory research on the experiences, drivers, and coping strategies amongst other older minoritised groups.

# Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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# The Author

The author, Natalie Cotterell, has a BSc (Hons) 1st Class in Psychology with International Study from the University of Manchester. She also has an MSc (Distinction) in Health Psychology from the University of Manchester. She has previously worked as a Senior Project Officer at a third-sector health and social care organisation.

# Dedication

In memory of my dad, Simon, and my gran, Phyllis – I hope you are proud of what I have accomplished. I wish I could have shared this special achievement with you.

# Acknowledgements

First and foremost, I would like to say a huge thank you to the co-researchers who shaped this research and conducted the interviews that contributed to the data used in this thesis. I learnt so much from you and developed some great friendships. A special thank you to Louise Wong, Kalsoom Khalil, Ray Olaniyan, Asif Chaudry, Ged Reek, and Judie Collins – you helped me immensely. Thank you to the interviewees who shared their stories – this could never have happened without you.

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# Introduction to the thesis

Loneliness has been found to reduce individuals’ quality of life (Victor & Scharf, 2005), mental wellbeing (Cacioppo, Hawkley, & Thisted, 2010; Lim, Gleeson, Alvarez-Jimenez, & Penn, 2018), and physical health (Barlow, Liu, & Wrosch, 2015; Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016). Loneliness can affect people at any age, although changes associated with ageing can make older people particularly vulnerable. Older people were amongst the worst affected during the recent COVID-19 pandemic which worsened loneliness by restricting social interactions through the enforcement of social distancing and self-isolation measures (Stuart et al., 2022). Evidence suggests that the pandemic may have a long-lasting impact on older people’s social activities and mental and physical health, particularly for individuals with minoritised identities who were found to be the most affected (Phillips et al., 2020; Lebrasseur et al., 2021). Such findings highlight the ever-growing importance of understanding experiences and ways of managing loneliness within the older population (Lebrasseur et al., 2021). Yet much of the previous research excludes older people with minoritised identities, further contributing to the inequalities experienced by those groups (Victor, Burholt, & Martin, 2012; Willis, Vickery, & Jessiman, 2022). These inequalities also exist in research where minoritised individuals are rarely involved as ‘co-researchers’ in studies using participatory methods (James & Buffel, 2022). This means that the voices of those minoritised individuals are often not reported, meaning that current services, policies, and interventions may not meet their specific needs (Buffel, 2018). This PhD addresses this gap in the current research on loneliness. It examines the experiences, drivers, and ways of coping with loneliness among older minoritised people living in the UK. To ensure that the voices of minoritised older people are central to the design and conduct of the research, a co-research approach was taken. Specific objectives of the thesis were to:

1. Explore the existing literature on both loneliness and social isolation in later life, identifying the gaps in our knowledge with a specific focus on older people with minoritised identities;
2. Examine how having a minoritised identity may shape experiences of loneliness in later life;
3. Investigate how older people with minoritised identities cope with loneliness;
4. Critically appraise how older people with minoritised identities can be involved in co-research on loneliness, informing how future research can facilitate the involvement of older people with minoritised identities.

This PhD was a CASE studentship, in which the thesis author was able to enhance their training by working closely with a non-academic partner in the development of the research project. The Greater Manchester Centre for Voluntary Organisation (GMCVO) was the non-academic partner on this project. GMCVO were an appropriate partner as they delivered the *Ambition for Ageing* project, a £10.2 million Greater Manchester level programme aiming to tackle social isolation by creating more age-friendly places and empowering people to live fulfilling lives as they age. GMCVO were involved in developing the initial PhD proposal in a collaborative way, provided opportunities to reach a diverse range of older people, and aided dissemination of findings to age-friendly organisations, local authorities, and public networks.

## Terminology used in the thesis

There are two terms that are regularly used in this thesis that are important to discuss; ‘older people/person’ and ‘minoritised’. First, the term older person is often used in developed countries to describe someone aged 65 or over (United Nations, 2019). Despite being somewhat arbitrary, this is often the age at which one can retire and begin to receive state pension benefits in Western countries (Kowal & Dowd, 2001). This *chronologisation* of ageing implies that age is a chronological progression towards a distinct stage of life, giving older people some communality of experience (Kohli, 1986), supporting the biomedical model of ageing. However, this definition ignores the significant heterogeneity within older populations and the health inequalities that exist between groups. In some of the most deprived areas of England and Wales, for example, life expectancy can be as low as 67 years old compared to 83 years old in the least deprived neighbourhoods (Office for National Statistics [ONS], 2011). Furthermore, wealthy or ‘disability-free’ life expectancy, that is the average number of years a person is expected to live without a life-limiting disability, can be as low as 50 years old in some of the most deprived neighbourhoods compared to 67 years old in some of the wealthiest areas (ONS, 2011). Moreover, recent research has shown that there are significant health inequalities that emerge from age 50 among ethnic minority individuals compared to their White peers (Stopforth, Bécares, Nazroo, & Kapadia, 2021). The assumption that one’s calendar age is equivalent to one’s biological age is therefore problematic as these two concepts are not necessarily synonymous (Kohli, 2007). This PhD views age as a social construct, using a cut-off of age 50 years to define an ‘older person’. This is not only consistent with Stopforth et al.’s (2021) findings but is also in line with large scale ageing studies in the UK, US, and mainland Europe. For example, the *English Longitudinal Study of Ageing* (ELSA), the Health and Retirement Study *(*HRS*),* and the *Survey of Health, Ageing, and Retirement in Europe* (SHARE)all refer to individuals aged 50 years and over as ‘older people’. Greater Manchester’s age-friendly policies also use this definition of an ‘older person’ and therefore it was considered useful for this PhD to use this cut-off so that the findings could be shared with policy makers.

Second, in this thesis, I use the term minoritised to describe individuals who identify as being part of an ethnic or sexual minority population. Coined by Yasmin Gunaratnum in 2003, the term ‘minoritised’ provides a social constructionist approach to understanding that people are actively minoritised by others rather than naturally existing as a minority, as the terms ethnic or sexual minorities imply. ‘Minoritised' confirms that so-called minoritisation is a social process shaped by power (Predelli, Halsaa, Thun, & Sandu, 2012). Terms such as Black, Asian, and Minority Ethnic (BAME) and Lesbian, Gay, Bisexual, and Transgender (LGBT) are becoming unpopular for several reasons including: the terms lack specificity, BAME emphasises skin colour (Wilson, 2010), and few racially minoritised people identify with the acronym (Milner & Jumbe, 2020). Racial and sexual disparities in the UK, including higher likelihood for racially and sexually minoritised people to experience hate crime and discrimination, have poorer mental and physical health, and be more likely to be unemployed, are due to the existing racial and sexual hierarchies (Milner & Jumbe, 2020). The term minoritised acknowledges these differences in the way previously popular terms do not and therefore this term is favoured when referring to individuals with minority ethnic or sexual identities throughout this thesis. It should be noted, however, that the paper-based nature of this thesis means that the terminology used in particular chapters (Chapter Three, Four, Five, and Six) reflects the stage of theoretical development at that point and terms such as LGBTQ+ and ethnic minority have been used to increase the visibility and discoverability of those published papers.

## Thesis structure

This thesis is presented in the journal format (previously known as alternative format), as

detailed in The University of Manchester Presentation of Theses Policy, June 2021. This style of thesis includes sections which are in a format suitable for publication, or that have already been published in peer-reviewed journals. The author of the thesis, Natalie Cotterell, undertook the conception and design of the research and wrote all drafts of the journal articles. The supervisors of this PhD, Dr Tine Buffel, Prof James Nazroo, and Prof Pamela Qualter, provided feedback on all work contained within the thesis. A team of co-researchers reviewed, approved, and disseminated a pamphlet on how researchers can facilitate the involvement of minoritised older groups (*see* Appendix J). The thesis author undertook and managed the co-research methodology, collected data, and conducted the data analysis. The co-researchers, trained by the author, collected all interviews conducted with older people. The thesis author conducted all focus groups with the co-researchers. The supervisory team provided constructive feedback on the articles and approved the final versions before submission for publication.

The structure of the thesis will now be described, including the details and publication status of each of the journal format papers. Chapter One provides an overview of the existing literature, but first explains why the focus of the PhD shifted from social isolation to loneliness. It then explores conceptualisations of loneliness, detailing the differences between loneliness and social isolation and highlighting how loneliness is conceptualised in this project. The major theoretical perspectives for understanding loneliness are then covered including details of the cognitive discrepancy approach that is adopted in this project. The rationale for studying loneliness in later life is then explained, providing evidence on its prevalence and impact within the older population. Next, the importance of understanding loneliness amongst minoritised older people is examined, highlighting several gaps in the current research. The limitations of the current literature are emphasised, while demonstrating ways in which this PhD aims to address them. This chapter closes by outlining the specific research questions to be addressed by this thesis.

Chapter Two outlines the methodological approach that was taken, focusing upon the rationale for adopting an emancipatory framework. It then defines co-research, outlining the fundamental principles and the variety of purposes such an approach has. The rationale for adopting a co-research methodology is then explained, before discussing the validity of a qualitative emancipatory framework. The main ethical considerations when using a co-research approach are then outlined. It should be noted here that the details of the co-research methods used are included in Chapters Four, Five, and Six (Papers 2, 3, and 4) and cover the recruitment, training, roles, reflective processes, ethics of working with co-researchers, and the design and delivery of the focus groups. These details were not included in this chapter in order to avoid unnecessary repetition.

Chapter Three presents the first of the four journal format papers, a narrative review titled ‘Preventing social isolation in older people’ (published in *Maturitas* in 2018). This paper synthesises existing evidence on how social isolation and loneliness are tackled in later life, identifying the gaps in the literature. The paper covers risk factors of social isolation through an ecological approach, before reviewing the methods for assessing social isolation in practice. It then reviews the different types of interventions aimed at tackling social isolation, including one-to-one, group, service-provision, technology-based, neighbourhood, and structural interventions. The paper concludes by offering three suggestions for future research, including encouraging a cultural shift towards preventing social isolation rather than attempting to ‘cure’ it, a need to understand the heterogeneity of experiences within the older population (particularly of minoritised populations), and the importance of treating social isolation and loneliness as separate concepts.

Chapter Four presents the second paper, entitled ‘Exploring the role of place and cumulative disadvantage in shaping the experience of loneliness among minoritised older people: Findings from a co-research study with South and East Asian and gay older people’ (submitted to Social Science & Medicine – *Qualitative Research in Health*). This paper uses the empirical data collected via semi-structured interviews conducted by the co-researchers. It explores the lived experiences of loneliness among older people with minoritised identities. The paper highlights the role of place and cumulative disadvantage in shaping experiences of loneliness among minoritised older people. The importance of social context is illustrated, while novel findings relating to how an accumulation of disadvantages shapes later loneliness amongst minoritised older people are discussed.

Chapter Five presents the third paper, entitled ‘How do minoritised older people cope with loneliness?: Findings from a UK qualitative co-research study’ (under review in *Journal of Aging Studies*). This paper also uses the empirical data collected via semi-structured interviews conducted by the co-researchers. It explores the ways in which minoritised older people cope with loneliness and how the resources available to them affect the strategies they draw upon. Novel contributions to existing coping theories are emphasised, while highlighting the importance of identity affirmation, the role of ‘third spaces of belonging’, and community-oriented ways of coping in later life.

Chapter Six presents the final journal article, entitled: ‘“Holders of knowledge are communities, not academic institutions”: Lessons from involving minoritised older people as co-researchers in a study of loneliness in later life’ (submitted to *Qualitative Research in Psychology*). This paper uses the empirical data collected via focus groups with the co-researchers conducted by the thesis author. It interrogates the way in which the co-research methodology was implemented in this project, responding to calls for the need for more reflection when using co-research approaches in order to promote knowledge exchange and mutual learning. It provides suggestions for how future researchers can facilitate the involvement of minoritised older people, highlighting the importance of changing institutional expectations, priorities, and hierarchies.

Chapter Seven presents the conclusions of the thesis, synthesising the findings of the papers contained in this thesis. First, it details the key contributions and novel insights that this thesis has provided including advancing understanding of loneliness among minoritised people, demonstrating the importance of context, place, and community in loneliness research, contributing to new theoretical insights on loneliness, and advancing the development of co-research methodologies. It then explores the implications for policy and practice, discussing how the current findings can be used to inform policies and interventions designed to tackle loneliness in later life including the need to involve older people in the co-design. Finally, this chapter outlines the limitations of the research presented in this thesis, before moving on to reflect and suggest directions for future work, emphasising the need for more research on loneliness among minoritised groups.

**CHAPTER ONE: LITERATURE REVIEW**

# 1. Literature review

## 1.1 Introduction

The following literature review will first explain the reasons why the focus of the PhD shifted from social isolation to loneliness, highlighting the importance of the role of the older people involved as co-researchers in this project. It will then explore the conceptualisations of loneliness, explaining how it differs from related concepts such as social isolation. Third, the major theoretical perspectives for understanding loneliness will be summarised. Fourth, the rationale for why studying loneliness in later life is important will be discussed, exploring the prevalence and impact of loneliness. Fifth, the importance of examining loneliness among minoritised older people will be highlighted. Sixth, the limitations of current literature on loneliness in later life will be discussed, emphasising the gaps in which this project aims to address. Finally, the specific aims and research questions to be addressed will be outlined.

## 1.2 A shift towards loneliness

The Ambition for Ageing (AfA) programme, delivered by GMCVO - the CASE partner of this PhD, draws a distinction between the concepts of loneliness and social isolation (AfA, 2022). Loneliness is described as a negative subjective experience that results from an absence or loss of social interactions; whereas, social isolation is a more objective measure of social interaction (Victor, Scambler, & Bond, 2008). The AfA programme, funded by the Big Lottery’s Fund Ageing Better Programme until March 2022, aimed to reduce social isolation in older people living in the UK (AfA, 2022). The initial focus for the research in this thesis was therefore on social isolation in later life, with the first paper critically examining the existing literature on how to prevent social isolation in older people (*see* Chapter Three). However, the focus on social isolation later shifted to a focus loneliness as a consequence of discussions between the author and co-researchers. So, together with co-researchers and following initial literature reviews, the author refined the project proposal and decided that a better focus for the project was loneliness. This was for three reasons:

1. Co-researchers deemed that loneliness was the most commonly used term, particularly amongst older people whose first language was not English. They argued that the term social isolation was unclear and ‘too academic’ for everyday language when conducting interviews.
2. When discussing the aims and methodology of the project, which was to explore people’s experiences and feelings through interviews, the team decided that an emphasis on more subjective, rather than objective, circumstances – so loneliness rather than social isolation – would be a better fit.
3. Co-researchers felt that loneliness was a more important issue to tackle given that social isolation could be a desired and wanted situation for some individuals. In contrast, loneliness was viewed as an unwanted and negative feeling by all.

Using a co-research methodology allowed co-researchers to frame their concerns in the language that was most appropriate for them. It was therefore decided that the focus of the project would be loneliness; hence, subsequent chapters focus on loneliness in later life. The following section, however, will review the concepts of loneliness and social isolation more thoroughly.

## 1.3 Conceptualising loneliness

The concepts of loneliness and social isolation are often used interchangeably, suggesting that they are different aspects of the same phenomena (Victor, Scambler, Bond, & Bowling, 2000). However, multiple distinctions between the concepts have been made, suggesting that there are important differences. Townsend and Tunstall (1968) describe loneliness as a negative subjective experience that results from an absence or loss of social interactions. Weiss (1973) later made a further distinction between two different types of loneliness: social and emotional. According to Weiss (1973), social loneliness refers to negative feelings resulting from the absence of meaningful relationships and social integration, which can only be remedied by access to a satisfying social network. In contrast, emotional loneliness stems from the absence or loss of a close attachment relationship. This type of loneliness can only be resolved by the formation of an intimate bond, which may take a longer amount of time to remedy. Weiss (1973) theorised that loneliness is a response to the absence of a particular social provision. Thus, he proposed that underlying emotional loneliness is the social provision of attachment, whereas underlying social loneliness is the social provision of social integration. He speculated that both types of loneliness are characterised by a yearning for relationships that motivate the individual to attain the missing provisions. The social provisions are distinct from loneliness in that they reflect specific relational needs emanating from relationships. On the other hand, loneliness reflects the subjective evaluation of actual and desired levels of satisfaction with one’s relationships. Thus, loneliness occurs when there is a perceived deficit between the desired level of social interaction and the actual level (De Jong Gierveld, 1998): this is the definition of loneliness that will be used in this thesis.

In contrast, social isolation is most often considered as an objective absence of, or lack of contact with, a wider social network, reflecting a lack of social integration (Victor et al., 2000). This differs from Weiss’s (1973) notion of social loneliness, which reflects the individual’s negative subjective feelings about the quality of their social relationships and social integration. Unlike loneliness, social isolation can be a voluntary and positive experience for some individuals (De Jong Gierveld & Havens, 2004). Hence, it is important to note that socially isolated older adults do not necessarily feel lonely (Hawkley & Cacioppo, 2010). Similarly, an increase in social contact does not always lead to reduced loneliness. Individuals with larger social networks can still feel lonely (Cacioppo, Fowler, & Christakis, 2009), indicating that loneliness is a more complex phenomenon than Weiss’s (1973) typology suggests. Regardless, previous research has shown that social isolation and loneliness are significantly associated but distinct concepts (De Jong Gierveld, Van Tilburg, & Dykstra, 2006). Evidence has also highlighted that the way in which an individual interprets the quality of their relationships is more important than the number of social contacts an individual has (Peplau & Caldwell, 1978), further supporting the decision to focus on loneliness in this PhD.

## 1.4 Major theoretical perspectives for understanding loneliness

Loneliness is a complex and dynamic experience. It is therefore not surprising that there are various theoretical perspectives on loneliness that have emerged from multiple different disciplines. Drawing from the more extended notion of loneliness described in Perlman and Peplau’s (1981) work, Victor, Scambler, and Bond (2008) argue that there are four commonly used theoretical perspectives on loneliness including: the existential, the psychodynamic, the interactionist, and the cognitive discrepancy approach. These theoretical perspectives will now be briefly discussed.

First, the existential theory states that loneliness is a necessary part of life, proposing that as humans we are all alone (Moustakas, 1961). This approach states that people are born alone, will go through life alone, and ultimately die alone, emphasising that such subjective experiences can never be fully understood. It does not reduce loneliness to a specific mechanism, instead, it explores the feelings, responses, and reactions it forms (Rubenstein & Shaver, 1982). It encourages individuals to overcome their loneliness by using it as a positive experience – a way of motivating individuals to socially connect. This approach has, however, been criticised for ignoring the adverse impact that loneliness can have on health and wellbeing. It also fails to differentiate between the objective state of being alone and the subjective feeling of loneliness (Victor et al., 2000).

Second, the psychodynamic approach, originating from the Freudian school of thought, attributes loneliness to early childhood experiences with a focus on how individual traits can lead to loneliness (Perlman & Peplau, 1981). To illustrate, individuals may use unconscious relational patterns and defence mechanisms associated with loneliness if they did not have a secure attachment to a parental figure as an infant. This perspective proposes that these early attachments provide a base on which coping strategies can be predicted; for example, individuals with a secure attachment style use more active coping strategies such as seeking social support compared to individuals with insecure attachment styles who employ more passive strategies such as denial (Savikko., 2008). Yet this approach fails to consider the role of the social environment, as does the existential theory, placing all focus on the individual. The first paper published as part of this thesis highlights the impact social relationships can have on the way loneliness is experienced (Cotterell, Buffel, & Phillipson, 2018). Yet the psychodynamic theory does not take this into account and further ignores the impact of socioeconomic factors such as gender, class, ethnicity, and sexuality on loneliness (Victor et al., 2000).

The third perspective, the interactionist approach, attempts to address the lack of attention to situational factors. This approach emphasises the combined effects of personality and situational factors that result in loneliness, as well as taking into account both emotional and social aspects of loneliness (Victor et al., 2000). It proposes that ‘loneliness is a result of the lack of an attachment figure *and* the absence of an adequate social network’ (Weiss, 1973; Victor et al., 2000). Critics of this approach, however, argue that loneliness is not always caused by negative conditions (i.e. retirement migration) and that other factors may influence this experience (Morgan, 2015; Tzouvara, Papadopoulos, & Randhawa, 2015).

The final theoretical perspective, the cognitive discrepancy approach, has been extensively used and is the most widely accepted. This approach recognises that the drivers of loneliness may differ across individuals, acknowledging the contribution of social, situational, individual, and cultural factors (Perlman & Peplau., 1998). It draws upon attribution theory which suggests that how an individual perceives their loneliness can influence the intensity of the experience (Perlman & Peplau, 1981). It states that when a discrepancy between desired and achieved levels of social contact is perceived, loneliness occurs and cognition, which in this context refers to the individual’s thought processes, is seen as the mediating factor in determining how an individual feels about their loneliness (Perlman & Peplau, 1981). This theory also proposes that the trajectory into loneliness is precipitated by changes either in an individual’s achieved relationships or through changes to their desired relationships. Peplau and Caldwell (1978) suggest that there are at least four types of life events that can alter actual relationships including: friendships ending through divorce or death, physical separation from family and friends, changes in status such as retirement, or reduced satisfaction in the quality of existing relationships. They also posit that there are at least four factors that can influence change in levels of desired relationships including: one’s desire for social contact, one’s personal expectations of social relationships, social norms that may dictate the level and type of social relationships that one should have, and, finally, social comparison processes in which one compares oneself to others in a similar situation. Perlman (2004) states that this approach can explain the loneliness paradox of why some people can be lonely while surrounded by others, while other people may never experience loneliness despite being objectively isolated.

As demonstrated, there are multiple theoretical perspectives of loneliness – each influencing the way loneliness is constructed. This thesis will use the cognitive discrepancy model as a general framework for understanding the concept of loneliness because it encompasses the multidimensional nature of loneliness while also acknowledging the role of social and cultural norms and values. Furthermore, the cognitive discrepancy model underpins De Jong Gierveld’s (1998) definition of loneliness – the definition that this thesis is using – it was, therefore, decided by the thesis author that this was the most appropriate theoretical model to use.

## 1.5 Loneliness in later life: Prevalence and impact

Loneliness is a universal phenomenon, demonstrating a non-linear U-shaped distribution with the highest prevalence reported in young (<25 years) and older (>65) adults (Victor & Yang, 2012). While the drivers behind loneliness differ by life stage, older adults are often perceived to be at an increased risk as they face several transitions where changes in circumstances may disrupt social connections and when they may have fewer resources available to help them (Perissinotto, Holt‐Lunstad, Periyakoil, & Covinsky, 2019). Common transitions include retirement, bereavement of a significant other, and deterioration of health and/or mobility. These factors can increase loneliness as it may mean that older people have fewer resources to draw on, less opportunities for social integration, and more restricted social networks (Dahlberg, McKee, Frank, & Naseer, 2022; Cotterell, Buffel, & Phillipson, 2018). However, other research shows that the majority of older people report not feeling lonely often and that transitions such as retirement can have a positive impact on older people’s mental wellbeing by offering more leisure time and reduced responsibilities (Victor et al., 2005; Shin, Park, Amano, Kwon, & Kim, 2020). Yet UK research suggests that between 7% to 16% of people aged over 65 report often or always feeling lonely – a significant number not to be ignored (Victor et al., 2005; Harris et al., 2003; Scharf, Phillipson ,Smith, & Kingston, 2002; Wenger, Davies, Shahtahmasebi, & Scott, 1996).

The prevalence of loneliness in later life varies widely from country to country, with older people in Denmark reporting the lowest prevalence rates (<5%) and those in Greece and Portugal reporting the highest (36%) (Walker, 1993). These findings are replicated in a cross European study which found that prevalence of loneliness ranges from 19% in the Netherlands to 43% in Italy (Burholt et al., 2003). This wide variation is also evident in international studies with rates ranging from 4% in Taiwan (Wang, Snyder, & Kaas, 2001) to 7% in Australia (Steed, Boldy, Grenade, & Iredell, 2007), and 21% in rural America (Dugan & Kivett, 1994). While a study undertaken in Iran found loneliness rates varying from 39% to 48% in the older population (Heravi-Karimooi, Anoosheh, Foroughan, Sheykhi, & Hajizadeh, 2010). Jylhä (2004) argues that the wide variations in the prevalence of loneliness cross-nationally could relate to cultural expectations and contextual features. For example, traditional attitudes of filial piety have shaped family care giving, living arrangements, and old age income support in Asia for centuries; yet for social, economic, and political reasons, this tradition is waning (Zhang, 2020). This means that older people within these communities may have different expectations to the younger generations, contributing to the older generations’ sense of increased loneliness compared to older people who live in more traditionally individualistic cultures such as the UK. However, caution must be taken when making cross-national comparisons as all the studies mentioned earlier used different quantitative measurements of loneliness.

It is clear, however, that loneliness in later life is common and this has significant personal, economic, and health costs. The adverse correlates of loneliness include problems with both physical and mental health in later life, contributing to issues such as early mortality, dementia, suicide, cardiovascular disease,stroke, depression,and cognitive decline (Holt-Lunstad, 2021; Fratiglioni, Paillard-Borg, & Winblad, 2004; Conwell, Van Orden, & Caine, 2011; Valtorta et al., 2016; Matthews et al., 2016; James, Wilson, Barnes, & Bennett, 2011). In addition to this, being lonely has been shown to have a detrimental impact on one’s quality of life, particularly in older age (Ekwall, Sivberg, & Hallberg, 2005). For example, Kasar and Karaman (2021) found that the social distancing protocols introduced during the COVID-19 pandemic increased reports of loneliness while negatively impacting quality of life among older people. This demonstrates a strong link between social isolation, loneliness, and poor quality of life. In addition to adverse impacts on health and wellbeing, there are economic costs associated with loneliness in later life. Lonely older people are more likely to visit their GP more frequently (Valtorta & Hanratty, 2012), are more likely to be readmitted to hospital (Löfvenmark, Mattiasson, Billing, & Edner, 2009), and are more likely to be admitted to a nursing home (Russell, Cutrona, de la Mora, & Wallace, 1997). This increases pressure on health and social care systems, adding to the workload of health professionals which may limit their time for interacting with patients (O’Neill, 2011). Furthermore, lonely older people are less likely to volunteer or work and are more likely to socially withdraw, meaning that the valuable contributions older people can make to both local communities and wider society are lost (Chong, Rochelle, & Liu, 2013); further, highlighting the importance of tackling loneliness in later life.

## 1.6 Loneliness among minoritised older people

It is the growing recognition of the personal and social costs of loneliness in later life that has led in recent years to loneliness gaining an increasingly high profile. This has been reflected in a range of UK government policies that have sought to understand and tackle loneliness in later life. Most recently this included the 2018 loneliness strategy set up by the newly appointed Ministerial lead on loneliness. This strategy lays out three overarching objectives including: reducing the stigma associated with loneliness so that people feel able to reach out for help; supporting and amplifying the impact of organisations that are connecting people; and improving the evidence base on loneliness, ensuring everyone has the information they need to make informed decisions through challenging times (HM Government, 2018). The report does not discuss loneliness amongst minoritised older groups living in the UK, even though it does mention offering support for the social integration of asylum seekers and refugees, including English language and social cohesion projects. In fact, recent research has demonstrated that older people with minoritised identities, specifically those who are ethnically minoritised, are largely neglected in UK research and policy (Bécares, Kapadia, & Nazroo, 2020). This leads to a dearth of knowledge about the circumstances of an already socioeconomically disadvantaged group of the older population.

Yet despite this, the older population in the UK is becoming more ethnically diverse and this is projected to increase (ONS, 2020). For example, from 1991 to 2011, the UK’s White population remained roughly the same whilst the ethnic minority population has doubled, accounting for 80% of the UK’s population growth (Jivraj & Simpson, 2015). By 2051, it is projected that in England and Wales, there will be 3.8 million ethnically minoritised people aged 65 and over and 2.8 million aged 70 and over (Lievesley, 2010). Moreover, sexual diversity is increasing with the overall proportion of the UK population that identify as heterosexual, or straight, decreasing from 95.3% in 2014 to 94.6% in the Annual Population Survey of 2019 (APS; ONS, 2019). Furthermore, the number of over 65’s identifying as lesbian, gay, or bisexual increased from 0.7% in 2018 to 1% in 2019 (ONS, 2020). Although these percentages appear small, likely due to the slow pace of change in social attitudes towards people who identify as LGBTQ+ (Kneale, Henley, Thomas, & French, 2021), this increase represents 120,000 individuals out of a population of 12 million. With UK legislation continuing to become more permissive, providing individuals who identify as LGBTQ+ with similar rights and treatment to heterosexual people across a range of domains, it is projected that the older LGBTQ+ population will grow considerably with the retiring baby boom population over the upcoming decades (Dentato, Orwat, Spira, & Walker, 2014). In the United States of America (USA), it is predicted that by 2030, the number of older people identifying as LGBTQ+ will exceed 6 million (U.S Census Bureau, 2010) – similar data have not yet been collected in the UK. This highlights the importance of including such growing populations in future research exploring loneliness in later life.

Previous research has demonstrated links between ageing, having a minoritised identity, and loneliness. The psychological concept of minority stress is often used to explain the increased risk of loneliness amongst older people with minoritised identities (Meyer, 2003). Minority stress relates to the excess stress to which individuals with minoritised identities frequently face in relation to their minority status, stemming from experiences of discrimination, stigmatisation, and prejudice (Meyer, 2003). Fredriksen-Goldsen, Kim, Shiu, Goldsen, and Emlet (2015) found in a study of 2,560 older adults who identified as LGBT that almost 60% reported lacking companionship and over half felt isolated and/or left out. Many LGBTQ+ older adults came of age during a time of significant discrimination toward this community and therefore experience unique stressors such as identity concealment (Fredriksen-Goldsen, 2018; Willis et al., 2022); many gay men have lost critical social networks due to AIDS (Butler, 2019); and given experiences of structural discrimination in family creation and rejection from birth families, many LGBTQ+ older adults have created social networks based on families of choice (friends, partners, neighbours etc) that act as surrogate families (Kim, Fredriksen-Goldsen, Bryan, & Muraco, 2017; Orel & Coon, 2016). This can be challenging as surrogate families often comprise peers of a similar age (Butler, 2019) and therefore as they age together, social connections can dwindle as health problems arise that preclude providing support to one another (Fredriksen-Goldsen, 2018). In addition, survey research has found that older individuals who identify as LGBTQ+ are more likely to be single and live alone (Kim & Fredriksen-Goldsen, 2016; Westwood et al., 2020). All of these factors increase the risk of LGBTQ+ people experiencing loneliness in older age.

Older people belonging to ethnic minority groups are similarly more likely to experience loneliness than non-minoritised groups for several reasons. These include: perceived or actual discrimination that restrict social opportunities (Lee & Bierman, 2019), language and cultural barriers (Shorey & Chan, 2021), having less income and living in more deprived areas with fewer amenities (Kearns, Whitley, Tannahill, & Ellaway, 2015; Victor & Pikhartova, 2020; Smith, Sim, Scharf, & Phillipson, 2004), challenges associated with migration, migration status, and transnational belonging (Klok, van Tilburg, Suanet, Fokkema, & Huisman, 2017; Barrett & Mosca, 2013), and feeling shame towards feeling lonely given traditional expectations that younger family should care for the older generations (Shorey & Chan, 2021). Evidence demonstrates varying prevalence rates across different ethnic groups; for example, Victor, Dobbs, Gilhooly, and Burholt (2021) found that Indian older people reported the lowest levels of loneliness in comparison to African Caribbean, Pakistani, Black African, Bangladeshi people, while Chinese older people reported the highest levels. This highlights the importance of recognising the heterogeneity across minoritised populations, as well as within them.

Research shows that individuals with minoritised identities are more likely to accumulate disadvantages across the life course, stemming from processes of discrimination, that increase the number of stressors they experience. Furthermore, evidence demonstrates that this increases the risk of individuals with minoritised identities experiencing loneliness in later life. We also know that current interventions designed to tackle loneliness have limited effectiveness and rarely include older people with minoritised identities (Akhter-Khan & Au, 2020). It is therefore important to further study how loneliness is experienced and managed in these growing populations so that we can better inform and improve the effectiveness of interventions designed to tackle loneliness (Fakoya, McCorry, & Donnelly, 2020).

## 1.7 Limitations of the current literature on loneliness in later life

The various strands of research identified above provided important contributions to our understanding of the prevalence, impact, and experiences of loneliness in later life. However, a number of remaining gaps in knowledge can be identified.First, there is a dearth of knowledge about the experiences, drivers, and ways of coping with loneliness amongst minoritised older people in the UK. Minoritised older people are largely underrepresented in the literature on loneliness. Studies that have included such groups have demonstrated the increased risk of loneliness (Fredriksen-Goldsen, 2018; Shorey & Chan, 2021; Victor et al., 2021; Kim et al., 2017; Orel & Coon, 2016; Willis, Vickery, & Jessiman, 2022) and how some individuals protect themselves from loneliness (Ciobanu & Fokkema, 2021; Zhang & Zhan, 2009; Southcott & Nethsinghe, 2019; Li & Southcott, 2012; Klok et al., 2017; Wilkens, 2015). Often, however, the diversity within minoritised groups is not recognised, with studies making homogenous assumptions across different ethnicities and combining experiences of lesbian, gay, bisexual, and transgender experiences (Willis et al., 2022).

Second, previous research has largely used quantitative methods, particularly surveys, to explore the drivers, prevalence, and consequences of loneliness in later life (Fakoya et al., 2020; Woolham, Daly, & Hughes, 2013; Victor et al., 2000; Victor & Bowling, 2012; Victor, Burholt, & Martin, 2012; Victor & Yang, 2012; Yang & Victor, 2011; Victor, Grenade, & Boldy, 2005; Savikko et al., 2005; Valtorta & Hanratty, 2012; Yang & Victor, 2008). Most UK quantitative studies on loneliness in later life use data collected by the English Longitudinal Study of Ageing (ELSA), a large-scale survey examining the dynamics of health, social, wellbeing, and economic circumstances in the English population aged 50 and over (Steptoe, Breeze, Banks, & Nazroo, 2013). ELSA is the largest survey on ageing in the UK with more than 18,000 people taking part since it started in 2002, with the same people re-interviewed every two years. However, a major limitation is that it includes negligible numbers of ethnic minority and LGBTQ+ respondents. Thereby, much quantitative research is failing to document and understand inequalities in later life, missing the subsequent impact on experiences of loneliness. There has been a more recent rise in qualitative research on loneliness in later life, particularly the use of interviews, that has examined experiences of loneliness among older people in the UK. Previous qualitative research has explored older people’s thoughts on primary care and community-based interventions aimed at tackling loneliness (Kharicha, Manthorpe, Iliffe, Davies, & Walters, 2018), how older people manage loneliness (Kharicha et al., 2021), the meaning of loneliness to stroke survivors (Yang, Armstrong, Diamond, Lane, & Dunne, 2021), and how older gay men living alone cope and experience loneliness (Willis & Vickery, 2022; Willis, Vickery, & Jessiman, 2022).

Third, much of the previous research on loneliness in later life implements a traditional extractive research model, involving the (academic) researcher taking information from older people and publishing it in academic journals with little personal benefit to the older individuals involved. More emancipatory methods, such as a co-research methodology, could help to empower older people to take action themselves, working towards the aim of alleviating loneliness amongst older people in the longer-term. This approach could be especially useful when used with minoritised older people as it helps to amplify voices of the seldom heard and aims to reduce inequalities (McTaggart, 1997). However, only a small number of studies have used this methodology; for example, Buffel (2018) conducted a study involving 18 older people as co-researchers working to improve the age-friendliness of their neighbourhoods. Other co-research studies with older people have focused on spatial barriers to age-friendliness (White, Phillipson, & Hammond, 2012), improving dementia care (Waite, Poland, & Charlesworth, 2019), and designing social clubs designed to tackle social isolation and loneliness in older men living in deprived areas (Barker, 2020). Yet no co-research studies, to date, have recruited minoritised older co-researchers nor have any explicitly focused on experiences of loneliness amongst minoritised older people. The lack of co-research with minoritised older people means that the voices of such groups are missing from research and policy which, in turn, may mean that current services, policies, and interventions are not meeting specific needs of such groups; further contributing to existing inequalities within the literature.

Fourth, there has been little discussion on what factors shape the involvement of older people as co-researchers including those with minoritised identities. A recent systematic review demonstrates that despite the growth in the use of co-research methodologies, few published studies have examined how older people have been involved as partners in research (James & Buffel, 2022). This means that opportunities for mutual learning (over the design and application of prescriptive rules) on how co-research methodologies can be implemented have not been fully taken. The review calls for increased reflection when using a co-research approach, especially regarding the issue of who the co-researchers are and how they may have shaped the research in order to foster a culture of openness, mutual support, and co-learning (James & Buffel, 2022). The following section will detail how this thesis aims to address the gaps in the literature.

## 1.8 Thesis aims and research questions

In light of the above, the overarching aim of the thesis is to contribute to the literature on loneliness in later life with a focus on minoritised older people, while implementing a co-research methodology. More specifically, this thesis sets out to explore a diverse range of lived experiences of loneliness amongst sexually and ethnically minoritised older people, highlighting the heterogeneity within the UK older population. It also aims to advance knowledge on how co-research methodologies can be facilitated with minoritised older people, responding to the recent calls for increased reflection and critical appraisal on the way in which such methodologies are implemented. The above-mentioned gaps in knowledge point this study in two directions: first, the experiences, drivers, and ways of coping with loneliness amongst minoritised older people will be explored through semi-structured interviews with older people, conducted by older co-researchers. The following research questions will be addressed:

* How do minoritised older people’s life experiences shape their experiences of loneliness in later life?
* What coping strategies do minoritised older people use to manage loneliness in their daily lives?

Second, the co-research methodology will be critically explored through focus groups with the older co-researchers, conducted by the thesis author. The following research questions will be addressed:

* What factors shaped the co-researchers’ experiences of being involved in this research?
* What are the challenges associated with co-research in older minoritised populations?
* How can we as researchers enable meaningful involvement of older people with minoritised identities in research?

**CHAPTER TWO: METHODOLOGY**

# 2. Methodology

## 2.1 Introduction

This thesis was designed to explore the experiences, drivers, and ways of coping with loneliness amongst minoritised older people. To do this, a qualitative co-research methodology was adopted. Semi-structured interviews, conducted largely by older co-researchers, examined how older people with minoritised identities experienced and coped with loneliness. Focus group interviews, conducted by the thesis author, investigated the co-researchers’ experiences of being involved with the research project, reflecting upon the factors influencing their involvement, perceived benefits and challenges, and how to meaningfully engage older people with minoritised identities in academic research. Recommendations for how to engage these populations in future research were also suggested.

The current chapter will now discuss the methodological approach adopted in this thesis. Please note, however, that details of the methods including the recruitment, training, roles, reflective processes, ethics of working with co-researchers, and focus group design are discussed in Paper 4 (Chapter Six). To avoid unnecessary repetition, this chapter focuses on the epistemological approach that was taken including defining and assessing the suitability of the co-research approach used and the rationale for using it. The validity of a co-research approach is then discussed, followed by an outline of the main ethical considerations. Each of the four papers presented within this thesis will then be introduced.

## 2.2 Epistemological perspective

Crotty (1998) notes that there are four key questions that need to be addressed when designing a research study: What methods we propose to use? What methodology governs our choice of methods? What theoretical or philosophical position underpins our choice of methods? What epistemological position we take? These questions are important as it is generally accepted that a central tenet of social research is that the choice of methodology is underpinned by epistemological assumptions and that these assumptions influence the research in terms of the way the data are collected, analysed and presented (Mason, 2002). Traditional research processes argue for the objective and value-free production of knowledge: a ‘scientific’ social science based on positivist assumptions (Letherby, 2011). Positivism posits that knowledge can only be gained by observing phenomena and that those findings are testable and quantifiable (Park, Konge, & Artino, 2020). Although this traditional research approach has been used extensively in gerontological research on loneliness in studies exploring prevalence and impact, it has been criticised for the objectification of respondents and failing to give older people a voice (Velzke & Baumann, 2017). Importantly, it also assumes that observation itself is value-free, ignoring the complex and subjective nature of loneliness and failing to acknowledge how the role of the researcher impacts the construction of evidence (Velzke & Baumann, 2017). While it is important to understand how many older people are lonely and the associated effects, it is also necessary to explore why they are lonely and how it feels. Gathering this information can help to tailor approaches to reducing loneliness. A positivist epistemological approach does not capture this information as the subjective experience is not viewed as important.

In contrast, interpretivism is a philosophical standpoint that focuses on the subjective experience, seeing the world as being ‘socially constructed’. This approach argues that positivist methods are not appropriate when studying complex human behaviour and that meaning can only be accessed via the lived experience, where multiple constructed realities exist (Williams, 2003). One criticism of interpretivist approaches is that the focus on multiple meanings make generalisations to the wider population impossible. While this is true, generalisation is not an intention of this approach; instead, interpretivist approaches enable the researcher to gather a “thick description” (Geertz, 1973) of the phenomena being studied. Such descriptions aid deeper understanding of the phenomena, taking into account the context in which an individual lives. Although interpretivism underpins approaches such as the emancipatory paradigm, interpretivist approaches still follow the traditional researcher-participant extractive model of research where academics collect information from community citizens and often use it for their own benefit.

Emancipatory research aims to redistribute power relations including the unequal relationships between researchers and those who are researched (Kivunja & Kuyini, 2017). As with interpretivist approaches, emancipatory research recognises that there are multiple constructed realities; yet it also acknowledges that research is not only created by the 'dominant or elite researcher' (Greene & Hall, 2010). Emancipatory paradigms attempt to recognise all people’s potential to become agents of change (Grundy, 1987), rejecting the positivist view of social research as the scientific pursuit of absolute knowledge. An emancipatory framework attempts to distribute power more equally, confronting social oppression at whatever levels it occurs (Oliver, 1992). It does this by changing the social relations of research production, placing control in the hands of the researched rather than the researcher (Oliver, 1992). Oliver (1997) states that there are three key fundamentals on which an emancipatory framework must be based: reciprocity; gain; and empowerment. That is, there should be mutual benefits for those involved in the research and the research should facilitate their empowerment, strengthening their voice. It promotes change within a society and often has a political agenda, working towards reducing inequalities. This is especially important for minoritised groups whose voices are neglected in gerontological literature and policy development (Bécares, Kapadia, & Nazroo, 2020). Hence, this thesis adopts an emancipatory approach.

## 2.3 Defining co-research

Underpinned by an emancipatory framework, ‘co-research’ falls under the umbrella term of participatory methods. It must first be noted that not all participatory methods involve the same level of participation; as depicted in Arnstein’s (1969) *Ladder of Participation,* different levels of involvement range from coercion, which views participants as passive recipients, to co-production/research, which aims to achieve an equal working relationship between researchers and community citizens. Co-research is an interactive process, rather than a one-off exercise extracting information from people, that involves researchers and participants making shared decisions from the design to the delivery of the project (Buffel, 2018). The fundamental principle is that the participants of research become involved as partners in the process of the enquiry, and that their knowledge and capabilities are respected and valued (Fudge, Wolfe, & McKevitt, 2007). It moves away from the traditional way of creating knowledge and is ultimately about relationship between the researcher and the researched and distributing power more equally (Ward & Barnes, 2016). The purpose of using participatory research methods varies, ranging from functional purposes such as generating specific information on a particular topic to more idealistic purposes such as aiming to empower individuals. Romsland, Milosavljevic, and Andreassen (2019) state that no matter what the purpose is, it is important that participants are involved in data collection and analysis, as it is during the analysis that much of the learning and knowledge creation takes place. Hence, the current study involves a group of older people as co-researchers from the design of the research study to dissemination of the findings (Chapter Six explores the factors that shaped co-researchers’ experiences of being involved in the project and how their involvement was facilitated). The following section will outline the rationale for adopting a co-research approach, highlighting why involving older people with minoritised identities in research and policy work is important.

## 2.4 Rationale for using a co-research approach

As this project explored minoritised older people’s experiences of loneliness, a co-research approach was beneficial for several reasons:

1. From an emancipatory perspective, individuals should be given a voice on research that is conducted on them. Many researchers view citizens as subjects of research, extracting information from them to inform future projects (Pain & Francis, 2003). They see this as their role as an academic researcher, studying populations and using this information to advance knowledge in a specific area. Some populations, often labelled as ‘seldom-heard’, are typically neglected in gerontological research and policy. The inclusion of such populations in emancipatory research will help to tackle inequalities by strengthening their voice (Chilisa & Kawulich, 2012). This imperative is particularly strong regarding older sexually and ethnically minoritised people because of their experiences of age, sexuality-based, and ethnic discrimination throughout the life course.
2. Including older people from design to the delivery of research has been found to directly benefit those involved, increasing confidence, self-esteem, skills, and social networks (Buffel, 2019: James & Buffel, 2022). Older people with minoritised identities commonly experience an accumulation of socioeconomic disadvantages across the life course and as a result, are often neglected in research and policy development (Bécares et al., 2020). Thus, offering co-research opportunities will promote the inclusion of such groups, with the aim of working towards reducing inequalities (Buffel, 2019).
3. Including older people with minoritised identities will help to challenge negative connotations and stereotypes of ageing. There is a stereotype that older people require a lot of resources and support and that they give little back to society (Minichiello, Browne, & Kendig, 2000). Involving older people as co-researchers will contribute to the perception that older people can be active autonomous agents who play a vital role in developing, shaping, and actioning both research and policy recommendations. This is essential as ageist attitudes can contribute to older people having negative self-perceptions of ageing, leading older people to relinquish control (Hopf, Walsh, Flynn, & Georgantzi, 2021).
4. Involving older people with minoritised identities as co-researchers will enable the inclusion of individuals who may not be involved in existing research and/or organisations/services, collecting information on the lived experiences of people who may be more excluded from society. This could help to inform the (co-)design of future interventions that meet the specific needs of such groups, improving the effectiveness of services.
5. Previous research has found that involving community citizens in research can improve the quality of research itself through a deepened understanding of the lived realities, increased empathy, and improved rapport with participants (Buffel, 2018; Littlechild, Tanner, & Hall, 2015). In particular, this has been found to be important in research on sensitive topics when individuals may feel more comfortable sharing personal stories with people from similar backgrounds to themselves (Pinto, Rodriguez, & Smith, 2022).

Perhaps most importantly, a co-research methodology was adopted to attempt to reduce inequalities within the gerontological literature. The involvement and voices of older people with minoritised identities are largely absent from co-research studies exploring loneliness in later life (Morgan, 2015; Buffel, 2018) and so this gap needed to be addressed. As a result of being excluded from research, such populations are also frequently excluded from policy discourse, meaning that these groups are underrepresented in the design of current interventions tackling loneliness (Gardiner, Geldenhuys, & Gott, 2018). Current interventions have largely been deemed inadequate, failing to reduce or prevent loneliness (Masi, Chen, Hawkley, & Cacioppo, 2011; Akhter-Khan, & Au, 2020); it is, therefore, important that further research is done in partnership with target populations in order to increase our knowledge on how loneliness is experienced and what older people can do in their day-to-day lives to alleviate loneliness.

## 2.5 Validity of a qualitative emancipatory framework

According to Kerlinger (1970), the best definition of validity is in the question: “are we measuring what we think we are measuring?”. McTaggart (1997), however, argues that this is a positivist definition of validity and in qualitative research, we are not *measuring* concepts but exploring subjective experiences. The discourse of validity has been colonised by positivist thought, which posits qualitative research is lacking validity for two reasons: the inability to generalise to large populations and the difficulties associated with inferring causality (Reason & Torbert, 2001). Firstly, it is argued that qualitative findings cannot be generalised to the rest of the population; in other words, the findings cannot be used to predict occurrences. Secondly, it is argued that qualitative research cannot discover ‘causal laws’ as other features of the social setting are considered to be ‘confounding variables’, biasing the results if they are not controlled for. Implicit in both of these points is an aspiration for replicability, prediction, and control which transcends time. Yet this is not a key commitment of qualitative researchers, nor indeed a realistic objective for any social science. There are alternative ways of thinking about validity which adopt a more comprehensive view and acknowledge that there are multiple socially constructed realities (reality in this view is different for different individuals and under different conditions) outlined by interpretivist and emancipatory paradigms (Kivunja & Kuyini, 2017). McTaggart (1997) explains that researchers adopting an emancipatory approach take a view of 'causality' associated with individual intentionality, agency, and subjectivity. They recognise that the political economy of knowledge production and distribution influences the veracity of knowledge itself, thus, “it is no longer sufficient to think about validity in terms of the defensibility of causal claims as if these stood aside from the methods, politics, and context of their production” (McTaggart, 1997). This posits that emancipatory research is valid, yet the way in which validity is measured is different to the traditional positivist approach.

McTaggart (1997) argues that to increase the validity of emancipatory research, co-research methodologies should follow guidelines to ensure that they are comparable. There are several resources that have been created to guide researchers using a co-research approach; these include guidance from the *INVOLVE Advisory Group* (INVOLVE, 2020)and *The Institute for Research and Innovation in Social Services* (IRISS; 2010). Ocloo and Matthews (2016) state six principles that underpin best practice:

1. *Assets*: recognising people as assets and giving them their own responsibilities based on their strengths;
2. *Capabilities*: building on people’s existing strengths;
3. *Mutuality*: having reciprocal relations with mutual responsibilities and expectations;
4. *Networks*: encouraging peer support and engaging a range of networks inside and outside services;
5. *Blur roles*: removing tightly defined boundaries between professionals and recipients to enable shared control and responsibility i.e. breaking down barriers between ‘us’ and ‘them’;
6. *Catalysts*: shifting from extracting information to supporting actions that benefit communities in the longer-term.

This doctoral research used these principles to inform the co-research approach that was implemented. It also recognised the importance of reflecting on how the co-research was implemented for mutual learning, responding to calls for increased reflexivity relating to how co-researchers shaped the research (James & Buffel, 2022). Henceforth, Chapter Six reflects on the co-research approach used in this study and includes a more specific discussion regarding the validity of the approach.

## 2.6 Ethical considerations

Undertaking any research with human participants and their personal information requires a full consideration of any ethical issues that may arise in the course of the work. Ethical approval (*see* Appendix A) for the project was obtained from the School of Social Sciences Research Ethics Committee at the University of Manchester with permission granted in September 2018 (Ref: 2018-4587-7146). The research was conducted in line with the guidance published by the British Society of Gerontology, British Sociological Association, Social Research Association, and the Medical Research Council. The thesis author was responsible for securing ethical approval. The issues most pertinent to this research primarily involve obtaining informed and negotiated consent, maintaining confidentiality, privacy, and anonymity, prioritising safety for all participants, and minimising harm.

### 2.6.1 Informed and negotiated consent

The project used a form of negotiated consent with the co-researchers, and informed consent with interviewees. Obtaining negotiated consent meant that the thesis author was involved in a process of consensus-building with the co-researchers, discussing their role in the research and its objectives. Group principles such as maintaining confidentiality and privacy, trusting one another, and showing empathy and compassion were agreed upon and followed throughout the project. Chapter Six (Paper 4) discusses this in more detail.

Interviewees provided written informed consent to the co-researcher prior to being interviewed; this meant that involvement was fully informed and voluntary. All co-researchers and interviewees read an information sheet covering the details of the study and the ethical principles being followed and then signed a consent form (*see* Appendix B, C, D, & E). The information sheet was a shorter ‘easy access’ version (*see* Appendix F), though co-researchers and interviewees were made aware (both in writing and verbally) that they could request the full-length version. The thesis author suggested that a shorter ‘easy access’ version may be more appropriate for interviewees given that the full-length version was six A4 pages long (compared to three pages for the shortened version). The shorter ‘easy access’ version still covered the aims of the research, inclusion criteria, role, what happens to the data collected, what happens if the individual changes their mind regarding their participation, and full contact details of the thesis author, main supervisor, and university research office if a problem was to occur. Details such as the duration and location of the research, complaint process, monetary compensation, and who reviewed the project; though all were discussed in-person before the interview took place. Co-researchers took copies of both versions of the information sheet to interviews, explained the difference between them to interviewees, and then provided interviewees with the one they said they would prefer to read. Participant information sheets were also available in an accessible format i.e. large emboldened font for those who had eyesight issues or translated into a preferred language. This ensured that all participants were informed about the study and their involvement, enabling them to provide informed consent to participate. All participants were given the opportunity to ask questions relating to the study before and after signing the consent forms. Interviewees received the information sheet at least 24 hours before they were required to make a decision about whether they would like to be interviewed. All co-researchers and interviewees involved in the study were living independently and in good cognitive health and therefore capacity to consent was not considered to be an issue (Gilhooly, 2002). Both co-researchers and interviewees were informed of their right to withdraw their data and/or involvement at any point of the project.

### 2.6.2 Maintaining confidentiality, privacy and anonymity

This research was carried out in accordance with the Data Protection Act and the University Data Protection Policy. Several strategies were used to ensure full confidentiality was maintained for co-researchers and interviewees throughout the research process. Most co-researchers interviewed people who were from similar backgrounds to themselves and although they did not interview close relatives or friends, they may have been familiar with some of the interviewee’s social contacts (for example, they may have known the community group coordinator who put them in touch with the interviewee). Co-researchers were reminded of the ethical research guidelines, emphasising the importance of maintaining privacy, confidentiality and anonymity. All participants were informed that their personal details would not be shared with anyone outside of the research team. Permission to audio-record conversations (including interviews and focus groups) was sought from co-researchers and interviewees. Any names mentioned during these conversations were removed from transcripts. All interviewees were given a unique participant ID number to enable the recording to be identified. All recordings were made using an encrypted audio-recording device. Once recordings were completed, they were transferred as soon as possible to a password-protected computer located on the university campus and deleted from the audio-recording device by the thesis author. To protect anonymity, transcriptions were anonymised with pseudonyms replacing the names of participants. Transcripts and personal information were securely stored in a locked filing cabinet on the university campus, whilst electronic versions were stored on a password-protected computer. All data collected were held in accordance with University of Manchester procedures. Steps to safeguard confidentiality were also taken when writing up the findings. For example, some highly idiosyncratic quotes were not described in the results. Both co-researchers and interviewees were assigned pseudonyms in written publications to ensure anonymity. Co-researchers gave permission for their names to be published on written reports/pamphlets/presentations, as and when necessary.

### 2.6.3 (Co-)Researcher safety in fieldwork

Researcher lone working was carried out in accordance with the institutional lone-working policy. Co-researchers used a ‘lone working buddy’ who they contacted prior to meeting the interviewee, stating an expected time that the interview would be completed (all co-researchers contacted the thesis author; the thesis author contacted the supervisory team). It was planned that if a co-researcher did not contact the thesis author within one hour of the specified time, the thesis author implemented a protocol to take further action. However, fortunately, it was not necessary to implement this protocol at any point of the project as all co-researchers contacted the thesis author after conducting interviews. Nevertheless, this protocol involved, first, contacting the co-researcher via telephone and email to ensure that they were safe and to discuss how the interview went. If the co-researcher did not reply within 24 hours, the lead researcher contacted their supervisors to make them aware of the situation before the lead researcher tried to contact the co-researcher again. The lead researcher would then inform them that their next of kin would be contacted if no communication was received within the next 24 hours. After 48 hours, the next of kin of the co-researcher would be contacted to ask about their communication with the co-researcher. If they expected to hear from the co-researcher and had not yet received anything, the police would be contacted.

### 2.6.4 Minimising harm to participants

It was recognised that discussing one’s minoritised identity and loneliness could be sensitive topics for some individuals. Due to the qualitative nature of the interviews, it was likely that interviewees would provide a greater level of detail about their experiences of loneliness which may evoke feelings of distress or sadness. For this reason, the interviews were semi-structured to allow interviewees to divulge as much information as they wished. If interviewees were adversely affected by the issues under discussion, they were given a break. They were then offered the option of terminating the interview if they wished to do so. This was also noted in the participant information sheet and consent form, which stated that interviewees could terminate the interview at any point without any consequences. Co-researchers were trained how to manage difficult situations; for example, they were told to regularly offer interviewees a break and were given signposting information for services which interviewees may wish to use post-interview, such as the Silver Line helpline (a free confidential helpline providing information, friendship, and support to older people, open 24/7 365 days a year). The ‘Where to go from here?’ signposting information sheet that was given to interviewees can be found in Appendix G. Co-researchers were encouraged to spend five minutes after each interview talking to interviewees about less emotive issues to enhance their mood and enable them to move away from any potentially distressing emotions raised by the interview. The emotional wellbeing of co-researchers was also of upmost importance. Interviewees may share emotive experiences which may pass some of the emotional burden onto the people who are conducting the interviews (Kleinman & Copp, 1993). The thesis author offered regular emotional support to co-researchers face-to-face or via telephone/email, contacting them within two hours of interviews ending and signposting them to relevant services if necessary.

Another risk to participants was sharing more personal information than desired, particularly due to the informal conversational nature of the interviews. Building a rapport is essential in qualitative research; however, Kvale and Brinkmann (2009) argue that interviewers can lead interviewees to disclose more than they are comfortable with, especially if participants are lonely. This risk is potentially heightened through the use of co-researchers, as interviewees were being interviewed by someone who had a similar background to themselves. In order to minimise this risk, co-researchers shared written transcripts of their conversation with interviewees so that interviewees could be reminded of what they had shared. Co-researchers also reminded interviewees of their right to withdraw their data at any time.

## 2.7 Conclusion

The aim of this chapter was to provide an overview of the epistemological origins of the methodology that was taken. This chapter discussed the rationale behind the decision to adopt an emancipatory framework over a traditional positivist or interpretivist approach. It was shown how an emancipatory perspective underpins the co-research methodology, while definitions and benefits of using a co-research approach were detailed. The opportunity for a co-research methodology to work towards reducing inequalities and strengthen voices of seldom heard minoritised groups was emphasised. The validity of a qualitative co-research approach was then explored, followed by a discussion of the ethical considerations. Papers 2, 3, and 4 include practical details of the methods used, including a critical interrogation of the co-research methodology in Paper 4 (*see* Chapters Four, Five, and Six). The next four chapters will present the papers in journal format.

**CHAPTER THREE: PREVENTING SOCIAL ISOLATION IN OLDER PEOPLE**

# 3. Preventing Social Isolation in Older People

## Abstract

The extent of social isolation amongst older people has emerged as a major concern for health and social policy. Although the social and health outcomes of social isolation are well documented, evidence regarding the prevention of isolation in later life remains scarce. This article addresses this by presenting the findings from a literature review focusing on the identification, assessment, prevention, and intervention strategies relevant to social isolation in older age. The paper first addresses the issues of identification and assessment, using an ecological framework to identify the risk factors for social isolation at four levels: individual, relationship, community, and societal. It then reviews different types of interventions to reduce or prevent social isolation in later life, including one-to-one, group, service provision, technology-based, neighbourhood, and structural interventions. The paper discusses both the opportunities and the constraints associated with these different approaches. The discussion highlights future directions for research, emphasising the need for a cultural change from ‘cure’ to ‘prevention’ of social isolation across the life-course, and the importance of acknowledging greater diversity within the ageing population.

## 3.1 Introduction

### 3.1.1 What is social isolation?

Social isolation can be defined as an objective measure reflecting an individual’s lack of contacts or ties with others, such as family, friends, acquaintances and neighbours (De Jong Gierveld, Van Tilburg, & Dykstra, 2006). Social isolation is characterised as an absence or limitation in the quantity of social interactions. It is distinct from the related and subjective concept of loneliness which occurs when there is a perceived discrepancy between an individual’s desired and achieved level of social interaction (De Jong Gierveld et al., 2006).

### 3.1.2 Why is tackling social isolation important?

Social isolation has been linked with a range of health problems in middle and later life. Individuals who are socially isolated have been found to be at greater risk of developing cardiovascular disease (Valtorta, Kanaan, Gilbody, Ronzi, & Hanratty, 2016), stroke (Valtorta et al., 2016), depression (Matthews et al., 2016), dementia (Kuiper et al., 2015, and premature death (Steptoe, Shankar, Demakakos, & Wardle, 2013). The mechanisms underlying the impact of social isolation on health remain unclear but are thought to include influences on health behaviours, sleep, exhaustion, and social connectedness (Courtin & Knapp, 2017). Social isolation affects both individuals and the wider community. Health issues arising from isolation and loneliness lead to an increased use of health and social care services, and a higher number of emergency admissions and GP consultations (Windle, Frances, & Coomber, 2011). This review of the literature on social isolation covers four main areas: first, identifying those at risk of isolation in middle and later life; second, methods for assessing isolation; third, developing interventions aimed at preventing isolation; and, fourth, future directions for research.

## 3.2 Methods

This review article presents current knowledge of how social isolation can be prevented in older age. PubMed, PsycINFO, EMBASE, ScienceDirect, and CINAHL were searched for relevant articles using the following key terms: social isolat\*, lonel\*, social connect\*, OR social relations AND reduc\*, minimi\*, less\*, OR prevent\*. Only publications written in English were included.

## 3.3 Identifying those at risk of social isolation

Social isolation often remains undetected as it is not routinely assessed in settings (such as primary care) that are well-placed to identify individuals who are at risk (Nicholson, 2012). This section addresses the importance of increasing awareness of social isolation as it develops across the life-course and the central role of frontline professionals in assessing and referring high-risk individuals to appropriate interventions.

### 3.3.1 Risk factors for social isolation

Most individuals experience feelings of loneliness or isolation at some point in their lives, although such moods may be transient with no long-lasting consequences. However, for some people they can persist with harmful effects on physical and mental health (Qualter et al., 2015). To understand the risk factors associated with isolation, it is useful to place the discussion within the context of an ecological framework (Krug, Mercy, Dahlberg, & Zwi, 2002). This views social isolation as the outcome of interaction among multiple factors at four levels: *individual*, *relationship*, *community*, and *societal* (*see* Figure 1; p. 50).

At the *individual level*, certain *personal characteristics* and *life-course transitions* have been associated with a higher risk of social isolation. The former includes: being 75 years and over (Victor, Scambler, Bowling, & Bond, 2005), living or spending a significant amount of time alone (Victor et al., 2005), having limited financial resources (Savikko, Routasalo, Tilvis, Strandberg, & Pitkälä, 2005), having psychological vulnerabilities such as a learning disability (Lasgaard, Nielsen, Eriksen, & Goossens, 2010), belonging to certain minority groups (Victor, Burholt, & Martin, 2012), language barriers (Miyawaki, 2015; Platt, 2009), and having no children (De Jong Gierveld et al., 2006; Platt, 2009]. Life-course transitions associated with social isolation include: a decline in general health including poor vision or loss of hearing (Victor et al., 2005; Savikko et al., 2005), physical disability or loss of mobility (Savikko et al., 2005), receiving a diagnosis of dementia (Rabin, 2000), retirement (Victor, Scambler, Bond, & Bowling, 2000), loss of income (Savikko et al., 2005), losing the ability to drive (Davey, 2007), moving to a care home (Savikko et al., 2005; Victor et al., 2000), losing a partner (Victor et al., 2000), becoming a caregiver (Victor et al., 2000) and having children leave home especially if they move a long distance away (Victor et al., 2005).

At the *relationship level*, personal relationships and social networks influence the risk of becoming socially isolated. For example, an individual who has little contact with friends and family is more likely to become isolated (Umberson & Karas Montez, 2010). Moreover, individuals who have poor quality personal relationships or those who experience regular conflict, disruption, or dysfunction are also at increased risk (Umberson & Karas Montez, 2010).

At the *community level*, the contexts in which social relations occur influence the risk of becoming socially isolated. The community level factors that are associated with an increased risk of isolation are: living in socially disadvantaged areas (Victor et al., 2005), high levels of neighbourhood crime (Nicholson, 2012), high residential mobility (Nicholson, 2012), limited opportunities to participate in social activities (Toepoel, 2013), and limited access to services, amenities, and public transport (Lucas, 2012).

At the *societal* *level*, structural factors influence whether social participation is encouraged or inhibited. The factors that increase an individual’s risk of becoming socially isolated are: experiencing discrimination and marginalisation (Visser & El Fakiri, 2016), having economic and social policies that produce and maintain socioeconomic inequalities (Nicholson, 2012), a lack of social cohesion (Platt, 2009), and social norms which discourage social activity (Lubben, 2017).

Figure 1. *The ecological framework: examples of risk factors for social isolation at each level.*

**Societal**

**Community**

**Individual**

**Relationship**

Personal characteristics:

* Being aged 75 years and over
* Living alone/spending significant amount of time alone
* Being widowed or divorced
* Having limited financial resources
* Having psychological vulnerabilities
* Belonging to certain minority groups
* Language barriers
* Having no children

Life-course transitions:

* Decline in general health including poor vision or loss of hearing
* Physical disability or loss of mobility
* Receiving diagnosis of dementia
* Retirement
* Loss of income
* Losing the ability to drive
* Moving to a care home
* Losing a partner
* Being a caregiver
* Having children leave the family home
* Having children who relocate a long distance away
* Discrimination/marginalisation
* Economic and social policies that maintain inequalities
* Lack of social cohesion
* Social norms

Living in an area with:

* Low income or social disadvantages
* High crime
* Limited opportunities for social participation
* High residential mobility
* Limited access to services, amenities, and public transport
* Frequency of contact with friends/family/ neighbours
* Size and quality of social network
* Family conflict, disruption, or dysfunction

### 3.3.2 Using assessment tools

Frontline professionals working in primary care or social work, as well as community workers, are well-placed to identify individuals who may be at risk. The ‘*Making Every Contact Count (MECC)*’ approach encourages frontline workers to have brief conversations with individuals about how they can make positive improvements to their own wellbeing (Baird, Charles, Honeyman, Maguire, & Das, 2016). This can act as an initial assessment of an individual’s risk of isolation, helping professionals or community workers to decide whether onward referral is appropriate. The MECC approach is practical as it can fit into existing clinical practice, whilst promoting community cohesion.

If an individual is considered at high risk of social isolation, further information may also be collected using validated assessments tools such as: the Lubben Social Network Scale (Lubben et al., 2006), Duke Social Support Index (Landerman, George, Campbell, & Blazer, 1989), and the Social Disconnectedness Scale (Cornwell & Waite, 2009). These measure the size, closeness, and frequency of contact between the individual and their social networks. However, they are designed for use in research and may be unsuitable for use within the community or high-pressure work environments such as healthcare settings. Moreover, quantitative scales often unintentionally neglect certain issues, for example, men are *less* likely to report being isolated due to the stigma attached to feeling lonely (Dykstra, 2009). There is therefore a need to develop practical assessment tools that provide an accessible method for identifying those at risk of social isolation. Nicholson (2012) suggests that conducting qualitative interviews may be useful in choosing the most appropriate referral that will suit an individual’s specific needs.

The risk of social isolation might also be examined at an area-level, reflecting the influence of neighbourhoods on health and social relationships. There have been several attempts to map the relative risk of isolation and loneliness across neighbourhoods. For example, Lucy and Burns (2017) devised a spatial composite index that determined the areas of a London borough with the highest risk of loneliness and associated health risks. By encouraging local authorities to proactively index and spatially visualise where social isolation is most likely to occur, preventative policies can be targeted in areas which have especially vulnerable populations (Lucy & Burns, 2017).

## 3.4 **Interventions tackling social isolation**

The need to identify and prevent social isolation and loneliness has been explored at a variety of levels, with the development of six types of interventions: working with individuals, groups, services, technology, neighbourhoods, and social structures. These will now be reviewed in turn, with summaries of the advantages and disadvantages of each approach.

### 3.4.1 One-to-one interventions

One-to-one interventions usually involve the pairing of an individual with a professional or volunteer, who regularly contact each other. Befriending schemes, where new friendships are formulated between an older adult and a volunteer who have common interests, are widely used in one-to-one interventions. Befriending has been found to have positive effects on health, helping people to reconnect with others (Windle et al., 2011; Cattan, Kime, & Bagnall, 2011). They also have the potential to be cost-effective and to benefit the volunteer befrienders, providing them with opportunities to maintain connections within their own communities (Cattan et al., 2011). However, there have been few attempts to measure levels of social isolation pre- and post-intervention. This limits the conclusions that can be drawn regarding the effectiveness of this approach. There is some evidence that befriending may be more effective with some social groups than others. For example, a systematic review concluded that this method significantly increased social support and reduced depression and anxiety in older adults with *chronic health conditions* (Siette, Cassidy, & Priebe, 2017). This highlights the need for evaluating the impact of befriending on levels of social isolation among different groups of older adults.

Cross-sectional studies have found that feelings of loneliness and isolation are often associated with cognitive biases that promote negative thinking and social withdrawal (Rotenberg et al., 2010). Thus, psychological interventions have been used to enhance the ability of individuals to cope with negative feelings and re-engage with their social networks. A review by Gardiner, Geldenhuys, and Gott (2018) reported that such approaches have had the most robust evaluation of different types of interventions, concluding that they successfully reduce social isolation. However, most of the identified interventions involved some degree of group interaction, making it difficult to separate individual and group factors in the success of the interventions. Moreover, the majority of studies used cross-sectional designs, thus causality cannot be inferred (Windle et al., 2011). This limits the conclusions that can be made about the effectiveness of one-to-one interventions in tackling and preventing social isolation.

### 3.4.2 Group interventions

Group interventions gather individuals around a common interest and can include social, educational, or physical activity sessions, group discussions, or group therapies. Several systematic reviews have found that group interventions that actively engaged individuals in the design, targeted specific groups, and included an educational and social aspect, were most effective at alleviating social isolation (Windle et al., 2011; Dickens, Richards, Greaves, & Campbell, 2011). However, none of the identified interventions included all of these aspects and there was significant heterogeneity in the interventions delivered. This limits the comparability of findings, making it difficult to confirm the active ingredients of effective group interventions.

Miyawaki (2015) suggests that group-based activities may be particularly important for ethnic minority groups who share the same cultural values and who may have difficulty interacting with the wider community due to language or cultural barriers. Such interventions can enhance an individual’s sense of belonging, whilst alleviating social isolation (Platt, 2009). As an example, the *New Beginnings Project* in the UK used bilingual volunteers to increase social support for isolated refugees and migrants, building their confidence in interacting with the wider community (UK Community Foundations, 2018). However, there has been no evaluation of the impact of this programme on levels of social isolation, restricting any conclusions that can be drawn.

According to the Social Care Institute for Excellence (2012) ‘research evidence is particularly supportive of group activities with a creative, therapeutic or discussion-based focus’. Mindfulness and stress reduction (Creswell et al., 2012), reminiscence group therapy (Liu, Lin, Chen, & Huang, 2007), and cognitive and social support interventions (Saito, Kai, & Takizawa, 2012) have been used to alleviate feelings of isolation, enhancing social support and quality of life. Other examples of group interventions that have reduced social isolation include: discussion groups around health-related topics among women living alone; bereavement support for people recently widowed; and peer- and professionally-led discussion groups for adult children who are primary carers (Windle et al., 2011; Cattan, White, Bond, & Learmouth, 2005).

### 3.4.3 Service provision interventions

Interventions in the context of existing service provision may offer advantages in ensuring that support can be sustained over the medium and long-term (Windle et al., 2011; Siette et al., 2017). Examples have included community navigator services where volunteers act as a link between hard-to-reach[[1]](#footnote-2) individuals and local services. For example, the ‘*Fit for the Future’* programme involved 11 local Age UK services in England which integrated older people with long-term health conditions into existing local services and activities such as exercise groups. This resulted in individuals, particularly older carers, reporting that they felt less isolated (Wigfield, Alden, & Kispeter, 2015).

Other service provision interventions have included students providing free computer training in retirement villages or care homes. Such interventions have successfully alleviated social isolation by connecting older adults to their friends and family online, whilst increasing younger adults’ self-esteem and confidence (Siette et al., 2017; Social Care Institute for Excellence, 2012).

### 3.4.4 Technology-based interventions

Advances in and increasing usage of social technology among older people (e.g., e-mail, Skype calls) highlight the potential of this medium for combating social isolation in later life. Internet usage among individuals aged 65 to 74 years old living in the UK has increased from 52% in 2011 to 78% in 2017, with almost a third of those adults using social networking sites (Prescott, 2017). Other forms of technology such as smartphones and virtual assistants have changed the way individuals communicate and manage their daily activities. Future advances in virtual reality experiences, artificial intelligence, and robotics are also expected to enhance social connectivity and reduce isolation, especially for those with cognitive impairments.

Research has found that the internet, social networking sites, and smartphone technologies boost the number of opportunities to socially connect with others, whilst improving quality of life and alleviating loneliness among older adults (Czaja, 2017). Chopik (2016) found that frequent use of social technology was associated with higher subjective health and wellbeing in older adults and lower depressive symptoms. The link between the frequency of use of social technology and these outcomes was mediated by reductions in loneliness. Other studies, however, have found no or only limited impact of technology use on health, loneliness, and social isolation (Czaja, 2017).

A challenge associated with modern technology-based interventions is that individuals who are at a high risk of becoming severely socially isolated in later life may be amongst those least likely to have access to this medium. For example, 60% of care home residents in the UK reported that they had never used the internet, with just one fifth of care homes in England providing access to the internet (Age UK, 2013).

### 3.4.5 Neighbourhood interventions

There is limited evidence about the effects of community development and neighbourhood interventions on reducing social isolation. However, the literature suggests that there is considerable potential in developing such approaches (Buffel, Handler, & Phillipson, 2018). Many older people report difficulties in walking around their neighbourhood as an impediment to leaving their house and connecting with others. Greater availability of seating areas, safer pedestrian crossings, and priority seating on public transport make communities more accessible to older people and may be important in preventing social isolation (Buffel et al., 2018). The importance of this issue has been recognised by the World Health Organisation (WHO) in their development of the concept of ‘age-friendly cities and communities’ (AFCCs) (Buffel et al., 2018). According to the WHO, an age-friendly environment is one which can provide a good place to grow old: ‘[it should] help people to remain independent for as long as possible, and provide care and protection when they are needed, respecting older people’s autonomy and dignity’ (World Health Organisation, 2015). In 2010, the WHO formed the Global Network for AFCCs which by 2017 had a membership of 533 cities and communities, covering 158 million people across the global north and south (Rémillard-Boilard, 2018).

### 3.4.6 Structural interventions

Structural interventions involve applying preventative strategies at the population level including promoting positive ageing through policy and attitudinal change. For example, the *New Zealand Positive Ageing Strategy* reinforces the Government’s commitment to promote the participation of older people in communities (Lianne, 2001). The strategy outlines key goals including implementing policies that support the employment of older workers such as providing family-friendly workplaces by recognising those with caring responsibilities and allowing flexible working hours; promoting mentoring programmes that harness the skills and experience of older people; and ensuring that training is available to all workers regardless of age (Buffel et al., 2018). Such government-level policies attempt to influence societal attitudes towards ageing by mandating behaviour change. This is important as public campaigns often encourage individuals to view older adults exclusively through a ‘prism of vulnerability’, meaning that many individuals believe that withdrawing from society is expected in later life. Government agencies have the power to change such misconceptions by ensuring that policies and campaigns portray positive images of older people, promoting social inclusion and preventing social isolation in older age.

## 3.5 Future directions

Based upon this review of the literature, several areas can be identified in terms of priorities for future research. Firstly, this paper suggests that a cultural change from cure to prevention of social isolation is required to successfully combat isolation in older age. Previous studies have aimed to reduce social isolation in adults aged 60 and over with limited success. This emphasises the importance of offering interventions at key transition points throughout the life-course, with the aim of building resilience for managing major changes associated with retirement, bereavement, and chronic ill-health (Windle et al., 2011; Nicholson, 2012; Qualter et al., 2015). Developing such an approach would allow stronger conclusions to be drawn regarding the most effective prevention strategies for different age groups.

Secondly, future research must acknowledge greater heterogeneity within the older population. Previous research has largely ignored diversity with only a limited number of studies exploring the specific forms of isolation experienced by ethnic or sexual minority groups. Future studies should compare determinants and interventions among individuals with different ethnicities, sexualities, and socioeconomic backgrounds to establish the predictors and optimum interventions for each group.

Thirdly, this paper confirms the importance of treating social isolation and loneliness as separate concepts, emphasising the need for future research to clearly define which dimensions of social relationships are being measured. Few studies distinguish between isolation and loneliness despite them having independent predictors and health effects (Courtin & Knapp, 2015). This restricts the conclusions that can be made regarding the effectiveness of prevention strategies.

## 3.6 Conclusion

Previous interventions have often overlooked the potential effect of historical, cultural, and political contexts on levels of isolation. This review has highlighted the importance of adopting a more holistic approach in the application of an ecological perspective for understanding social isolation. Moreover, a shift from cure to prevention, and in how social isolation is perceived, is required to permit further exploration of its multi-dimensional characteristics. Although there is no one-size-fits-all solution for preventing social isolation, promoting the creation and maintenance of high-quality social relationships throughout the life-course is vital. Furthermore, it is also important to promote social and emotional competence from an early age, with a focus on resilience building within communities. It is recommended that national, regional, and local authorities work together with communities to understand the context of social isolation across local areas, adapting interventions according to the needs of citizens. This will aid the prevention of social isolation, bringing associated social and economic benefits.

**CHAPTER FOUR: EXPLORING THE ROLE OF PLACE AND CUMULATIVE DISADVANTAGE IN SHAPING THE EXPERIENCE OF LONELINESS AMONG MINORITISED OLDER PEOPLE**

# Exploring the Role of Place and Cumulative Disadvantage in Shaping the Experience of Loneliness among Minoritised Older People: Findings from a Co-Research Study with South and East Asian and Gay Older People

## Abstract

Little is known about how cumulative disadvantage impacts loneliness in later life amongst minoritised groups. Given the increasing diversity of the ageing population, it is important to understand how experiences of ongoing disadvantage influence loneliness so that appropriate policies and interventions can be (co-)designed and used to combat loneliness and associated adverse effects. Using a co-research approach, this study examines how neighbourhood changes as well as the ongoing accumulation of disadvantages shape loneliness in a sample of older gay and South and East Asian people through the lens of cumulative disadvantage theory (Dannefer, 2003). Ten older people were recruited as co-researchers and conducted 31 semi-structured interviews with minoritised older people within their communities. Findings revealed diverse accounts of how ethnicity, sexuality, health status, and socioeconomic status influenced loneliness. The accounts contribute to the otherwise sparse literature on loneliness in older ethnic minority and LGBTQ+ groups, while highlighting the value of adopting cumulative disadvantage theory as a framework to understanding these experiences. The paper also argues for moving beyond an individualistic understanding of loneliness, urging researchers to consider how the accumulation of disadvantages of living in deprived neighbourhoods shape loneliness over time. This study provides a starting point for research to examine how cumulative disadvantage shapes loneliness in other groups. This will enable loneliness to be managed in these populations, informing the development of interventions.

## 4.1 Introduction

Loneliness has been linked to numerous physical and emotional health problems (Singer, 2018; Smith & Victor, 2019), is estimated to affect over a third of the global population (Varrella, 2021), and is, therefore, a pressing social issue. While feelings of loneliness can occur at any age, its prevalence follow a non-linear U-shaped distribution with the highest rates reported in young (<25 years) and older (>65) adults (Victor & Yang, 2012). The factors that drive loneliness differ by life stage, with the heightened risk faced by older adults thought to be related to factors such as retirement, chronic illness, and widowhood (Windle, Frances, & Coomber, 2011). Recent research found that the coronavirus pandemic and accompanying social distancing and stay-at-home measures further increased self-reported loneliness amongst older adults, especially for those who live alone (Savage et al., 2021). Further work revealed that this risk was highest for older people with poor self-reported health and low socioeconomic status (Chatzi & Nazroo, 2021).

As with most surveys of the general population, the experiences of the most marginalised groups, who may be at greater risk for loneliness, were underrepresented. This is particularly an issue for older members of minoritised groups such as ethnic minority and LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others) individuals who are often neglected in research and policy (Bécares, Kapadia, & Nazroo, 2020; Willis & Hafford-Letchfield, 2022). Nevertheless, where research has examined loneliness in such groups, it has shown that ethnically and sexually minoritised individuals are more likely to report often feeling lonely in later life (Salway et al., 2020; Fredriksen-Goldsen, 2016). It is important to examine why such differences occur so that appropriate interventions can be (co-)designed and used to combat loneliness and the associated adverse effects in those groups.

Research exploring the antecedents of loneliness in older adults has predominantly focused upon individual characteristics, such as chronic illness. Much less research exists on the impact of contextual factors, such as neighbourhood deprivation and population turnover (Prattley, Buffel, Marshall, & Nazroo, 2020). Furthermore, there are few studies that examine how the accumulation of social and economic disadvantage across a life course may influence the risk of loneliness for older members of minoritised groups (Bécares et al., 2020). The few studies that exist have found that life-long discrimination predicts loneliness in older ethnic minority and LGBTQ+ people (Hayanga, Kneale, & Phoenix, 2021; Wu & Penning, 2015; Perone, Ingersoll-Dayton, & Watkins-Dukhie, 2020; Beach, 2019). However, the quantitative nature of this research means that the processes that link experiences of discrimination and the increased risk of loneliness in later life have not been fully explored. The limited qualitative research on this matter also means that the voices of minoritised groups are largely absent in the literature (Salway et al., 2020; Kuyper & Fokkema, 2010; Torres, 2020), but for the appropriate development of policy there is an urgent need to incorporate the voices of people with minoritised identities.

To address these issues, this paper first reviews the literature on loneliness in older ethnic minority and LGBTQ+ people. Second, we argue for the importance of moving beyond an individualistic understanding of loneliness, considering the role of place and neighbourhood in the experience of loneliness in later life. Third, the paper details the value of adopting cumulative disadvantage theory as a framework to understand these experiences. We then discuss the co-research methodology used and present findings about the experiences of loneliness among two minoritised groups (South and East Asian older people and gay older men). Finally, the novel contributions and implications are discussed.

### 4.1.1 Loneliness in older ethnic minority and LGBTQ+ people

De Jong Gierveld, Fokkema, and Van Tilburg (2011) define loneliness as a multidimensional phenomenon experienced by an individual where there is an unpleasant lack of (quality of) certain relationships. This includes situations in which the number of existing relationships is smaller than is considered desirable, as well as situations where the intimacy one wishes for has not been realised. Social isolation, on the other hand, can be defined as an objective absence or lack of social contact, typically measured in terms of network size and community involvement (Portacolone, Perissinotto, Yeh, & Greysen, 2017). Here we focus on loneliness.

Given that life-long experiences of disadvantage and discrimination increase the likelihood of experiencing loneliness in later life, it is not surprising that minoritised older people are more at risk of loneliness than older people from majority groups (Heath & Cheung, 2007). Older lesbian, gay, and bisexual individuals, for example, are four times more likely to report often/always feeling lonely than older heterosexual people (Fredriksen-Goldsen, Kim, Bryan, Shiu, & Emlet, 2017), perhaps because they are more likely to be single, live alone, and have lower levels of contact with relatives (Kim, Fredriksen-Goldsen, Bryan, & Muraco, 2017; Witten, 2017). The discrimination LGBTQ+ people face also means that they are less likely to engage with health and social services (Foglia & Fredriksen-Goldsen, 2014). Furthermore, older gay men have been found to be more likely to engage in unhealthy behaviours than older heterosexual men, such as drinking heavily, when lonely (Peterson, Lee, & Russell, 2020), indicating that loneliness may also have more negative outcomes amongst some LGBTQ+ individuals.

People from ethnically minoritised backgrounds also face life-long discrimination and disadvantage and are often at an increased risk of experiencing loneliness in later life. In the United Kingdom (UK), older migrants from China, Pakistan, Bangladesh, Africa, and the Caribbean have a higher risk of reporting that they feel lonely compared to White British older people (Victor, Burholt, & Martin, 2012) – a risk that is increased further amongst new migrants, asylum seekers, and refugees (Strang & Quinn, 2014). A systematic review of UK literature found that cultural barriers, separation from families, and language barriers strongly contributed to the increased risk of loneliness amongst older South and East Asian adults (Shorey & Chan, 2021). Further evidence found that Indian older people reported the lowest levels of loneliness in comparison to African Caribbean, Pakistani, Black African, Bangladeshi people, while Chinese older people reported the highest levels (Victor, Dobbs, Gilhooly, & Burholt, 2021). This is consistent with patterns previously reported by Victor et al. (2012) and mirrors previous research that demonstrates the variations in the reporting of loneliness across ethnic groups (De Jong Gierveld, Van der Pas, & Keating, 2015; Visser & El Fakiri, 2016). The authors, however, conclude that it is not ethnicity per se that is important in generating differences in loneliness, but additional factors such as length of residence in UK, social networks, and sense of belonging (Klok, Van Tilburg, Suanet, Fokkema, & Huisman, 2017). Yet limited research has examined the impact of such factors, making it difficult to conclude whether the drivers behind loneliness differ in magnitude between groups.

### 4.1.2 Moving beyond an individualistic understanding of loneliness: the role of place

Research on loneliness in later life typically emphasises individual drivers of loneliness, such as psychological attributes (e.g. self-esteem), life-events (e.g. bereavement), or the onset of chronic illness. For example, Victor and Bowling (2012) found that changes in loneliness were linked with changes in marital status, living arrangements, social networks, and physical health amongst White British older people. What is less known is whether the drivers behind loneliness differ across ethnic and sexual minority groups and how this shapes experiences of loneliness in later life.

This paper argues that we need to move beyond an understanding of loneliness as an individual problem to consider how social-structural and environmental factors shape the experience of loneliness for minoritised older people. To illustrate the role of place, one study reported that older people living in the most deprived neighbourhoods were 53% more likely to feel lonely than those living in the least deprived areas, independent of individual-based characteristics (Victor & Pikhartova, 2020). Moreover, qualitative research in deprived urban settings has highlighted several factors which may increase the risk of loneliness in later life, such as the lack of facilities and social infrastructure, limited access to green and public spaces, and poor housing and neighbourhood design (Buffel, Phillipson, & Scharf, 2013; Lewis & Buffel, 2020). Ageing in neighbourhoods which are perceived to be unsafe can further generate social isolation and loneliness (Scharf, Phillipson, & Smith, 2005; Smith, Breakstone, Dean, & Thorpe, 2020). Such neighbourhoods can act as a barrier to accessing social, economic, and civic opportunities, and over time the accumulation of such disadvantages may put people who are ageing in place at a high risk of loneliness (Lewis & Buffel, 2020).

### 4.1.3 Inequalities across the life course: the role of cumulative disadvantage in loneliness

Cumulative disadvantage theory proposes that advantages and disadvantages accumulate over time leading to a growth in the level of inequality (Dannefer, 1987;2003). Factors driving this growth in inequality include access to housing, education, job opportunities, health and social services, and experiences of discrimination. Deficits in these areas at a given point in time work to amplify existing disadvantage, while, similarly, advantages at a given point are dependent on previous advantages (Dannefer & Settersen, 2010). Thus, in later life such differences become pronounced; for example, those who start with lower incomes earlier in life often remain in positions of greater economic disadvantage in contrast to those with higher incomes where greater wealth and resources are accrued and secured through pensions, investments, and savings (Crystal, Shea, & Reyes, 2017). There is ample evidence showing that ethnic minority older people are one of the most disadvantaged groups in terms of their health, access to social and health services, financial security and housing quality. The discrimination and racism that many ethnic minority individuals have faced across their life course is a fundamental factor in understanding the cumulative disadvantage experienced by ethnic minority older people (Stopforth, Kapadia, Nazroo, & Bécares, 2021; Byrne, Alexander, Khan, Nazroo, & Shankley, 2020). To illustrate, Stopforth et al., (2021) analysed UK data spanning two decades and found that for older people significant ethnic inequalities in limiting long-term illness (LLTI) and self-rated health persisted over this period. More specifically, Black Caribbean, Indian, Pakistani, and Bangladeshi respondents experienced particularly high rates of LLTI and fair/poor self-reported health; whereas the lowest rates of LLTI and fair/poor self-reported health were found in White British, Irish, Chinese, and Black African groups. White British, Irish, and Chinese respondents were consistently over-represented in the most advantaged socioeconomic positions; yet, Pakistani, Bangladeshi, Black African/Caribbean, and Indian respondents were consistently underrepresented in the highest income quintile across all years. Furthermore, Stopforth et al. (2021) demonstrated that such inequalities increased across age groups, a finding suggestive of the accumulation of disadvantage for these minoritised groups and one that is consistent with findings reported by Nazroo (2004).

Further research has found that LGBTQ+ people experience disproportionately worse health and have poorer experiences accessing health services than heterosexual people (Hsieh & Ruther, 2016; Beach, 2019). To illustrate, one study found that older gay people were 1.2 times more likely to rate their health as poor than heterosexual people, with older non-heterosexual men being most at risk of living with a LTLI and having lower life satisfaction (Beach, 2019). These differences persisted over time even after accounting for individual-level factors. This builds on evidence which demonstrates that older LGBTQ+ people have worse physical health, mental health, and experiences of discrimination compared to older heterosexual people (Sharek, McCann, Sheerin, Glacken, & Higgins, 2015; Wallace, Cochran, Durazo, & Ford, 2011). The accumulation of such disadvantages over time increases the risk for minoritised groups to experience loneliness in later life; yet the impact of cumulative disadvantage upon loneliness in later life is under-researched.

This study incorporates three recommendations for further research: first, the need to include the voices of minoritised groups when exploring loneliness, here focusing on South and East Asian people and gay men (Torres, 2020); second, a focus on how neighbourhoods in which people age shape experiences of loneliness, which is additionally important in the context of policy goals around creating age-friendly cities (Buffel & Phillipson, 2020); and third, a focus on understanding loneliness through the lens of cumulative advantage/disadvantage theory, acknowledging the ongoing impact of being exposed to poorer socioeconomic circumstances and discrimination (Stopforth et al., 2021). The next section describes the co-research methodology, which facilitated access to the voices of older people who are often overlooked in research.

## 4.2 Methodology

The study used a co-research methodology to explore how experiences of disadvantage had shaped loneliness in later life among ethnically and sexually minoritised older people. Co-research is a participatory approach that enables ‘the researched’ to become ‘the researcher’ by empowering communities to be involved in knowledge creation (Buffel, 2018). The research was conducted *with* older people to present an effective means of accessing and voicing the experiences of minoritised groups who are often missed from research and policy discourse (Mey & van Hoven, 2019). The co-researchers were ‘experts by experience’ meaning that they had knowledge of and established trust within their communities.

Given the focus on minoritised populations, an ‘older person’ in this study was considered to be aged 50 or older. This is because individuals from minoritised groups often exhibit rates of ageing and poor health at an earlier age than majority populations (Stopforth, Bécares, Kapadia, & Nazroo, 2021*;* Nazroo, 2004). The study also included experiences of heterosexual White British older people living in deprived neighbourhoods so that comparisons could be drawn.

### 4.2.1 Approach and method of data collection

Ten older people, recruited as co-researchers, conducted semi-structured qualitative interviews between January and June 2019. Co-researchers were recruited through a range of community groups. Seven co-researchers were female; three were White British, three were Pakistani, two were Chinese, one was Indian, and another was East-African Asian. Two male co-researchers identified as gay and another preferred not to say; all women were heterosexual. Three co-researchers were university educated; six were educated to secondary school level, and one to primary school level (*see* Table 1 for full demographics; p. 67).

Prior to conducting interviews, co-researchers completed three mandatory interactive training sessions covering ethical research practices, safeguarding, and qualitative interviewing techniques. Co-researchers were supported by the first author who held regular group and one-to-one meetings, as and when deemed necessary by the co-researchers. Co-researchers were reimbursed for expenses they incurred and received a £10 gift voucher for each interview they conducted. The inclusion criteria for interviewees were: individuals aged 50+ who lived independently in Greater Manchester, and those who identified as belonging to an ethnic and/or sexual minority.

The co-researchers, with facilitation from the first author, developed and piloted an interview guide with three older community coordinators. The broad areas of enquiry included how the interviewee had experienced loneliness, how past experiences had influenced their current situation, how they managed negative feelings, their health and wellbeing, and their community involvement. Interviews were conducted in semi-public places including community centres and, with consent, were audio-recorded. The first author transcribed interviews conducted in English verbatim. Interviews that were not in English were translated and transcribed by both community group coordinators and an independent translation service. Interviews lasted between 30 and 60 minutes.

Ethical approval for this project was granted by the School of Social Sciences Research Ethics Committee at the University of Manchester. The project used a form of negotiated consent with co-researchers and the first author involved in a process of consensus-building around the role of the team and the aim of the research. Group principles such as confidentiality, trust, and empathy were agreed upon and followed throughout. Consent forms and information sheets were signed by co-researchers and interviewees, with pseudonyms being assigned for both groups to ensure anonymity. Both groups held the right to withdraw at any time.

Table 1*. Sociodemographic characteristics of co-researchers*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Co-researcher** | **Gender** | **Age** | **Ethnicity** | **Sexuality** | **Self-reported health** | **Educational status** |
| Stuart | M | 71 | White British | Gay | Excellent | University |
| Ibrahim | M | 68 | East African-Asian | Prefer not to say | Good | University |
| Frank | M | 65 | White British | Gay | Fair | Secondary |
| Shakiba | F | 50 | Pakistani | Heterosexual | Good | Secondary |
| Zhan | F | 72 | Chinese | Heterosexual | Good | Primary |
| Tsey | F | 67 | Chinese | Heterosexual | Good | Secondary |
| Binita | F | 59 | Indian | Heterosexual | Good | University |
| Margaret | F | 79 | White British | Heterosexual | Fair | Secondary |
| Sonya | F | 65 | Pakistani | Heterosexual | Good | Secondary |
| Noor | F | 58 | Pakistani | Heterosexual | Good | Secondary |

### 4.2.2 Sampling and interviewees

Co-researchers used opportunistic sampling and recruited individuals who were known to them (acquaintances rather than relatives or close friends) or from community groups. Co-researchers shaped what type of people were involved. In total, 31 interviews were conducted with individuals aged 51 to 89 years old who were living independently at home (*see* Table 2 for interviewee demographics; pp. 69-70). 58% of the sample were female, 84% lived alone, and, for most, the highest level of education they had was secondary school (58%) with just 19% having a university education. 58% of interviewees originated from South or East Asia including individuals from Pakistan, India, Iran, and China; the rest were White British/Irish. 26% of interviewees identified as gay, all of whom were men.

Table 2*. Sociodemographic characteristics of interviewees*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pseudonym** | **Gender** | **Age** | **Ethnicity** | **Sexuality** | **Years lived in neighbourhood** | **Self-reported health** | **Who they live with** | **Educational status** |
| Aisha | F | 72 | Indian | Heterosexual | 11 | Fair | Alone | Secondary |
| Albert | M | 66 | White British | Heterosexual | 5 | Fair | Alone | Secondary |
| Aryan | M | 83 | Iranian | Prefer not to say | 31 | Good | Alone | Secondary |
| Bahaar | F | 71 | Indian | Heterosexual | 0.8 | Fair | Spouse | Secondary |
| Barbara | F | 72 | White British | Heterosexual | 20 | Fair | Alone | College |
| Bernard | M | 66 | White British | Prefer not to say | 19 | Poor | Alone | Secondary |
| Chandra | F | 83 | Indian | Heterosexual | 40 | Fair | Spouse | Secondary |
| Clifford | M | 64 | White British | Gay | 35 | Excellent | Alone | Secondary |
| Dorothy | F | 68 | Chinese | Heterosexual | 5 | Poor | Alone | Primary |
| Edith | F | 55 | White British | Heterosexual | 30+ | Good | Adult children | Secondary |
| Fatima | F | 57 | Pakistani | Heterosexual | 12 | Poor | Spouse and adult son | College |
| Fiona | F | 78 | White British | Heterosexual | 45 | Fair-Poor | Alone | Secondary |
| Hania | F | 79 | Pakistani | Heterosexual | 35 | Excellent | Adult son | University |
| Harold | M | 89 | White British | Gay | 14 | Fair | Alone | University |
| Indira | F | 79 | Indian | Heterosexual | 15 | Fair | Alone | Primary |
| Jeremy | M | 76 | White British | Prefer not to say | 8 | Good | Alone | College |
| Laila | F | 62 | Pakistani | Heterosexual | 40 | Fair | Alone | Primary |
| Matthew | M | 71 | White British | Prefer not to say | 37 | Poor | Alone | Secondary |
| Maya | F | 65 | Pakistani | Heterosexual | 10 | (very) Poor | Spouse | University |
| Michael | M | 69 | White British | Gay | 7 | Fair | Alone | Secondary |
| Nasreen | F | 63 | Pakistani | Heterosexual | 27 | (very) Poor | Alone | Secondary |
| Paula | F | 67 | Chinese | Heterosexual | 3.5 | Fair | Alone | Primary |
| Robert | M | 78 | White Irish | Heterosexual | 25 | Poor | Alone | Secondary |
| Rose | F | 70 | White British | Heterosexual | 58 | Good | Alone | Secondary |
| Sahid | M | 75 | British Pakistani | Heterosexual | 35 | Poor | Spouse | Secondary |
| Soraya | F | 66 | British Pakistani | Heterosexual | 5 | Poor | Alone | University |
| Tej | M | 74 | Bengali | Heterosexual | 6 | Poor | Alone | Secondary |
| Trevor | M | 62 | White British | Gay | 9 | Fair | Alone | Secondary |
| William | M | 68 | White British | Gay | 15 | Fair | Alone | University |
| Zainab | F | 51 | Pakistani | Heterosexual | 6 | Fair | Alone | University |
| Zarah | F | 76 | Pakistani | Heterosexual | 1.5 | Fair | Alone | University |

### 4.2.3 Data analysis

Thematic analysis was used to identify patterns of meaning both within individuals as well as across cases, showcasing the diversity of views collected (Clarke & Braun, 2014). Data were manually managed and coded in several team meetings (co-researchers read and analysed excerpts drawn from 60% of data collected). Three research questions guided the coding sessions including: ‘how is loneliness experienced among different older people?’, ‘what are the enablers and barriers of being socially connected?’, and ‘how have past life experiences influenced loneliness?’. Once data had been coded and mapped to descriptive categories, a series of meetings discussed organising codes into broader themes. For example, the descriptive category ‘fearing what others think of you’ in relation to why individuals did not attend social clubs, was organised into a broader theme around fear of rejection and discrimination based on their minoritised identity. The final themes that were agreed upon with the co-researchers remained the same, although for the purpose of this article data within each theme were read, considered, and revised iteratively by the first author.

## 4.3 Findings

Interviewees reported diverse accounts of how their ethnicity, sexuality, health status, and socioeconomic background had influenced their experiences of loneliness. Presented through the lens of cumulative disadvantage theory (Dannefer, 1987; 2003), six themes were identified including: growing pressures on health and difficulties accessing services, financial barriers to social participation, experiences of discrimination and rejection, digital exclusion, urban regeneration and neighbourhood change, and access to reliable public transport systems.

### 4.3.1 Growing pressures on health and barriers in accessing services

Most interviewees reported that their health was fair/poor. Individuals with worsening health reported this as a cause of their social isolation and consequent loneliness as it reduced their ability to be socially active. Maya, a 65-year-old refugee from Pakistan who arrived in the UK ten years ago, reported how living with poor mental health since adulthood restricted her social abilities; her physical mobility had also begun to deteriorate, worsening her isolation:

*‘I’ve always struggled since I was adult and had my own children but now…I can’t go out even if I tried now … I can’t face it most of the time. My walking is getting worse and worse with age. I’m not old but my health is poor.’* [Maya, Female, 65-years-old, Pakistani]

Maya felt that there was limited support in accessing or attending social groups or services which could help alleviate her loneliness:

‘*The doctor knows I am depressed, lonely, and knows about my health issues, but nobody helps me to go out. They just tell me that these groups exist, giving me a leaflet but I don’t know … how can I go, just like that without any help at all?* […] *You see, I don’t know my rights*.’ [Maya, Female, 65-years-old, Pakistani]

Tej, a 74-year-old first-generation Bengali man, who had lived in sheltered accommodation for six years, had suffered a stroke and could not leave his home due to severe mobility problems. He explained how his health had begun to worsen over a decade ago and that as a result he could no longer work. He expressed uncertainty about the help that might be available:

‘*my legs still do not walk, I still cannot walk properly. I sit down in the chair, then go to bed. I come down to watch TV. But no I don't go outside*. *I don’t know if anyone can help me to get out?*’ [Tej, Male, 74-years-old, Bengali]

Findings suggest that there was both a lack of information around available health and social services, and several barriers in accessing these. Several South and East Asian interviewees for example were facing language barriers in accessing health services. Indira, a 79-year-old female who had migrated from India to be with her adult children, explained that she avoided attending healthcare appointments because her daughter was the only one who could translate for her, but she did not want to burden her with this role. In contrast, Jeremy, a 76-year-old White British heterosexual male, reported how he could draw on social resources and knowledge available in his immediate environment to help him navigate the healthcare system. He had received a government voucher from his General Practitioner (GP) towards the cost of an electric wheelchair after having a stroke two years ago:

**‘***Yeah, you can get vouchers from the NHS* [National Health Service] *that help you buy a chair, because my God are they expensive.* […] *This is my life now … I’d be lost without it*’ [Jeremy, Male, 76-years-old, White British]

The wheelchair helped Jeremy to remain socially connected by enabling him to attend social clubs; yet Tej and other Asian interviewees were not aware of this support. Several South and East Asian interviewees had limited spoken English which, because of the difficulty in accessing translation services, made it difficult for them to make use of health, and other, services. This accentuated their social isolation from wider society. Indira, a 79-year-old female who had migrated from India to be with her adult children, described how her English was limited and explained how her daughter was the only one who could translate for her, but she did not want to burden her with this role. In relation to her health, she says:

‘*I try not to bother her because she works too so I don’t go to the hospital or doctor* […] *my health is not so good anymore, but no I don’t use the* doctor [because of my English].’ [Indira, Female, 79-years-old, Indian]

This illustrates how a language barrier that is not addressed through appropriate translation services amplifies risk of exclusion from key services for those with a minoritised identity. Some gay interviewees also reported that they felt socially excluded from health services. Most said they avoided them due to a fear of discrimination, particularly before they came out as gay. Harold, an 89-year-old White British male who came out as gay in his fifties, explained how he avoided telling his GP about any personal issues when he was younger as the GP knew his wife. He further commented how he still finds it challenging and how he has ignored many health issues because of this:

‘*two and a half years ago is when it* [decline in health] *started*. *But now it is serious deterioration. I’ve stopped going to my appointments. I just don’t think about it!* […] *I’m old anyway. I don’t want to talk about what’s wrong with me.’* [Harold, 89-years-old, Male, White British]

When asked to expand on the reason why he did not access healthcare services, Harold replied:

‘*I guess I’m scarred from my previous life. Still not many people who know me actually know I’m gay.’* [Harold, 89-years-old, Male, White British]

The ‘previous life’ Harold described refers to the time he was keeping his sexual identity hidden. His account highlights how his sexual identity may have negatively affected his health by discouraging him from accessing services that could provide support. It was clear that Harold’s worsening mobility had intensified his loneliness:

*‘I used to be in good health and went out by myself to clubs and all sorts. Now I can’t get out, I’m stuck in this chair. So it is a bit lonely. Definitely.’* [Harold, 89-years-old, Male, White British]

The interplay between Harold’s sexual identity, fear of discrimination, and his avoidance of healthcare services had contributed to his feelings of loneliness.

### 4.3.2 Financial barriers to social participation

All interviewees were from low-income backgrounds and had experienced a lifetime of economic disadvantage. Financial barriers were listed as one of the main reasons for not attending social events. William, a gay 68-year-old White British man who lived alone in a deprived area of Manchester, was unable to attend social groups due to his low income. He explained how he had stopped working due to mental health issues several years ago. He left his accommodation only for essentials and felt lonely:

*‘The state pension is not enough for me to go out and go to groups, I struggle to find money for food and bills.* […] *I can’t go because I can’t afford it. I do miss meeting friends.*’ [William, Male, 68-years-old, White British]

All Pakistani interviewees, however, attended a volunteer-run social club for older South-Asian women without costs. Fatima, an unemployed 57-year-old Pakistani female who lived with her husband, arrived in the UK seven years ago and did not speak English. She described how important the group was given her poor financial situation:

*‘I can’t afford to attend groups or go out with anyone to restaurants or shows…this group is my saviour* […]*. All my friends are here and we can meet and chat, and this makes me feel less lonely*.’ [Fatima, Female, 57-years-old, Pakistani]

Group members also helped Fatima financially as her husband was in precarious employment and both were classified as homeless living in a friend’s property:

‘*when it’s cold we can’t use heating, and even the windows have ice on them.* […] *I can’t work and my husband sells SIM cards, but he will make sometimes only £10 a day. I’m thankful that* [the group] *is close to me and helps me out’* [Fatima, Female, 57-years-old, Pakistani]

Nasreen, a 63-year-old economic migrant who had lived in England for 43 years, echoed the importance of having a free club that they could attend and meet similar women to themselves:

‘*it doesn’t cost anything because* [group coordinator] *does it from the kindness of her own heart. She wants to help us, those who can’t afford to pay for social groups and activities themselves but still want to meet friends.*’ [Nasreen, Female, 63-years-old, British Pakistani]

However, Indian, Iranian, and Chinese interviewees did not know of any free groups like this one, meaning that many interviewees in poorer socioeconomic positions could not attend social clubs. This was also an issue for White British interviewees from low-income backgrounds as Fiona, a 78-year-old White British woman who lived alone, explained:

‘*there’s nothing round here for me.* […] *I can’t spend that sort of money, even if it’s only £2.50 for a Sunday dinner…I can’t.*’ [Fiona, Female, 78-years-old, White British]

She further described how this contributed to her loneliness:

*‘I’d like to be able to afford to do things like that because it does get lonely, doesn’t it?’* [Fiona, Female, 78-years-old, White British]

### 4.3.3 Experiences of discrimination and rejection

All gay interviewees reported how their social interactions throughout their life course had been framed by stigma. They described these experiences as rejection, based on their sexuality. This rejection often led to feelings of loneliness, sadness, and shame. In turn, this was found to impact on individuals’ mental and physical health, constraining their ability to connect socially. This aligns with previous research that found that experiencing discrimination can cause significant stress, affecting physical and mental health outcomes (Meyer, 2003).

Most experiences of rejection amongst gay interviewees occurred at a family level immediately after the person had ‘come out’. Trevor, a 64-year-old White British male who identified as gay, described how early rejection from his family, when he first revealed his sexual identity to them, caused him to feel lonely and shameful:

‘*my own family completely blanked me! They never spoke to me again…and I think this did make me feel lonely. I could never be myself before that – I was just hiding myself. They made me feel like I should be ashamed…and I was.’* [Trevor, Male, 64-years-old, White British]

Trevor later explained how he still felt shameful despite feeling ‘*gay and proud*’. He described it as a ‘deep loneliness’:

*‘even though I am out and proud now, I still feel that sense of shame that I was made to feel particularly when I think about my parents, it’s a deep loneliness I feel, because they were great when I was growing up but I lost that the moment I told them I was gay.’* [Trevor, Male, 64-years-old, White British]

This highlights how the shame Trevor had felt throughout his life based on his sexual identity had shaped his later loneliness. He further reported how this had impacted his mental health, explaining how he felt ‘*down and just worthless*’ after being rejected. Trevor’s loneliness was connected to his poor mental health and desire to be more accepted by his family, with whom he used to get on well prior to coming out as gay:

‘*it really, really affected my mental health. I have good and bad days where I do feel lonely. I do miss my previous life where we used to get on and I actually had a family.’* [Trevor, Male, 64-years-old, White British]

However, he mentioned that he felt accepted within the LGBTQ+ community and that this had helped him to accept his identity:

‘*This group is like a family to me now*. […] *I don’t know what I’d do without this group, it’s really helped me to become comfortable with myself.*’ [Trevor, Male, 64-years-old, White British]

Harold told of a similar experience of his brother rejecting him when he came out as gay in his forties. This caused him distress, leading him to socially withdraw and consequently intensifying the loneliness he had felt his whole life:

‘*it’s my own brother! He hasn’t spoken to me since. It makes me feel quite lonely thinking about it because we used to get on well before all this, and we’re both only getting older.’* [Harold, 89-years-old, Male, White British]

Harold also explained how his experience of rejection had caused him significant stress, affecting his physical and mental health:

‘*my brother completely blanking, pretending I don’t even exist has caused me a lot of worry. It’s affected my depression and given me health problems, it has.*’ [Harold, 89-years-old, Male, White British]

South and East Asian interviewees also reported experiences of rejection, but instead of family it was from wider society. Soraya, a 66-year-old female from Pakistan, described how she felt that the social groups nearby were not meant for her:

*‘they’re all White there, you know? I don’t think it’s for me. No it’s not for me.* […] *There aren’t any groups near me that I can attend. I do feel lonely because I don’t get to go anywhere, really.’* [Soraya, 66-years-old, Female, Pakistani]

Interviewees also gave accounts of the discrimination that they had received from others, based on their sexuality, ethnicity, and/or socioeconomic status. Aryan, an 83-year-old Iranian male, reported feeling ostracised when he attended a social meeting:

*‘I did attend a U3A* [University of Third Age] *event once and I noticed they ostracised me. And I thought why should I come here to sit alone with other people talking with each other but when it comes to me they don't talk? … So I never did go back.*’ [Aryan, Male, 83-years-old, Iranian]

Aryan lamented that other attendees were not like him and when asked what he meant by this, he replied:

*‘I didn’t even go to school. I’m from a place where you just worked hard for your parents. I worked in their restaurant. In Iran, that’s what I did.* […] *I’m not educated at university but thought the group might be good for meeting my neighbours’* [Aryan, Male, 83-years-old, Iranian]

This suggests that Aryan’s sense of rejection was associated with his lower socioeconomic background and ethnic minority identity. This experience discouraged Aryan from attending social groups, contributing to his isolation and loneliness.

### 4.3.4 Digital Exclusion

Some interviewees spoke about how they felt digitally excluded in their older age and how this increased their loneliness. Fiona, who had lived in her neighbourhood for 45 years, felt that the social reliance on digital technology was preventing what she called ‘everyday interactions’:

‘*Everybody isn’t on the internet! So why do they assume that they know that everyone knows how to use the internet?* […] *No-one is just happy to chat or help you these days.*’ [Fiona, Female, 78-years-old, White British]

This view was shared by Michael, a 69-year-old White British male, who felt isolated in his home of seven years due to his local shops encouraging customers to use self-service technology:

‘*I can’t really use a computer and for that reason I feel isolated from the rest of society these days… Even shops are having those self-serve tills – I can’t use them and I don’t want to either. I want to speak to a proper person.’* [Michael, 69-years-old, Male, White British]

Michael’s digital exclusion promoted social isolation by restricting his social interactions. For others, however, digital technology helped maintain cross-national family ties. Dorothy, a 68-year-old Chinese female who had lived in sheltered accommodation for Chinese elders for five years, discussed how digital technology prevented her from feeling lonely as it allowed her to communicate with loved ones:

‘*my phone and Skype are so important to me…it is how I speak my own language with my friends and family back in China…I don’t know what to do without it…loneliness disappears!*’ [Dorothy, Female, 68-years-old, Chinese]

Several Pakistani women reported similar experiences; Nasreen, who lived with her adult son, relied on digital technology to communicate with family in Pakistan:

‘*nowadays it is so much easier, isn’t it? With Whatsapp, it is a lifesaver.* […] *we are so lucky to be able to do this even with a time difference*’ [Nasreen, Female, 63-years-old, British Pakistani]

Nasreen described *Whatsapp* as a lifesaver and explained how she would be *‘a lot lonelier without it*’. Thus, digital technology can prevent older people, particularly migrants from feeling lonely.

### 4.3.5 Urban regeneration and neighbourhood change

This section focuses on the experiences of loneliness in the context of urban regeneration. The findings presented here mainly come from the interviews with White British older people because most South and East Asian interviewees lived in low-income areas where regeneration had not occurred. The data revealed three mechanisms through which regeneration can generate feelings of loneliness in later life, i.e., through the increasing costs of local facilities, a decline in social meeting spaces, and through community change and population turnover.

#### 4.3.5.1 ‘I can’t afford to go out in my area anymore’: Increasing living costs

Some interviewees felt that they had been ‘priced out’ of their neighbourhood as they could no longer afford local facilities. Albert, a 66-year-old White British retired man who was living in sheltered accommodation since his wife died five years ago, reported a loss of meeting spaces for older people in his neighbourhood. He felt that people like him were forgotten by the council as he could no longer afford to socialise in his area:

‘*It's all younger people, they're always fancy bars, wine bars and places, you know? Gone are all the pubs and meeting places where the older people used to meet years ago. So they feel as if they're sort of hemmed in now.*’ [Albert, Male, 66-years-old, White British]

He explained how he used to be able to afford to socialise in his neighbourhood but widowhood, retirement, and urban change had meant that his income had reduced. The regeneration had reduced the number of affordable places to socialise, placing greater financial strain on him and causing him to withdraw from social life. Albert commented how this negatively impacted his mental health:

‘*I can’t go out anymore, and yeah, it does depress me as I don’t see anyone.* *I’m on antidepressants I’ll be honest, and it’s not getting better.’* [Albert, Male, 66-years-old, White British]

Barbara, a 72-year-old White British woman from a low-income background, also described how the neighbourhood she had lived in her entire life had changed. She explained how she could not afford to shop at the expensive stores that had replaced the cheaper supermarkets in her area. Barbara felt that she had no choice but to shop outside of her local neighbourhood – she used her free bus pass to visit a cheaper supermarket. She explained how this had made her feel ‘out of place’:

*‘I feel a bit out of place round here now. I’ve lived here 20 years, I own my house, it’s the house we said we would grow old together…it’s different now, very pricey, so I don’t really do anything here.’* [Barbara, 72-years-old, Female, White British]

#### 4.3.5.2 ‘It feels alien-like’: A changing physical environment

Interviewees also explained how social meeting spaces had been replaced by luxury accommodation. Consequently, some individuals felt that they no longer belonged in their neighbourhood. Matthew, a 71-year-old White British man, had lived in his neighbourhood for 35 years and reported feeling increasingly out of place. He explained how many social clubs had no secure premises and how the local public house had closed:

‘*Some groups have no premises, they might have somewhere to store stuff, but no meeting place* […] *the pub I used to go to everyday has gone, there’s nothing here for us oldies anymore.’* [Matthew, Male, 71-years-old, White British]

Matthew no longer socialised in the wider community, reporting his neighbourhood was *‘not for oldies like me anymore’*. Fiona described her local area as ‘*alien-like’* after seeing it recently change. She explained how the closure of community infrastructure had impacted her mental health:

‘*There’s nothing for me here, it’s all gone - closed … my health isn’t good anymore, my neighbours that were my friends have died or moved on and then the whole place has been changing too. It’s alien-like and it does make me feel alone here, it upsets me a great deal.’* [Fiona, Female, 78-years-old, White British]

William had a similar experience and felt like an outsider in his neighbourhood, mentioning that hiding his sexual identity had made him feel the same way:

‘*I’ve grown old here and it has changed, oh, so much. It isn’t a place for me*. *I don’t belong here… Being gay I’ve always felt like that really.*’ [William, Male, 68-years-old, White British]

The reduction of social spaces had a major impact on many interviewees’ social networks and sense of belonging, contributing to feelings of loneliness.

#### 4.3.5.3 ‘They’re not neighbourly’: Community change

As with previous research exploring experiences of ageing in place in a gentrifying neighbourhood (Buffel & Phillipson, 2019), some interviewees in this study made reference to a ‘lack of togetherness’ in their local area. Matthew, who had lived alone for 35 years, described his neighbourhood as ‘*not a community at all*’, suggesting that the changing social structure of the area had reduced social cohesion. He mentioned that population turnover meant that he did not know his neighbours well:

‘…*everything’s different…younger people round here now and it’s not the same…it’s all changed.* […] *they move after a couple of years too, nobody stays in their house for long these days anymore so we don’t get to know them.’* [Matthew, Male, 71-years-old, White British]

Fiona described her neighbours as ‘not neighbourly’, which made her fearful about leaving her home in case something happened and her neighbours did not notice:

‘*You know, my neighbours are all young professionals who have families of their own. What if something happened to me when I was out…nobody would even notice if I didn’t come home.* […] *it’s not like it used to be when we all looked out for each other.’* [Fiona, Female, 78-years-old, White British]

She reported how the changing neighbourhood demographics and therefore her perceived safety of the area had contributed to her loneliness:

*‘I never used to be lonely, back when I was younger and I knew all my neighbours. I could pop round anytime, and they would pop round here too without even any notice.* […] *It’s all changed now, and I’m just a lonely old lady*’ [Fiona, Female, 78-years-old, White British]

For both Fiona and Matthew there was a discrepancy between the present reality of their neighbourhood and a ‘lost community’ to which they expressed attachment. One explanation for this sense of nostalgia to a lost community in the past may be that older people’s view of their community reflects their *current* needs and issues affecting daily life (Lewis & Buffel, 2020). While referring to their locality as being more sociable in earlier times, for example, Fiona and Matthew commented on the limited support and number of friends available in their area, as well as the loss of social meeting spaces where they used to a sense of belonging to.

In contrast with the above, interviews with some of the South and East Asian participants provided insights into the ways in which being part of a strong supportive community network may prevent or protect against feelings of loneliness in later life. In these cases, a sense belonging was both created and reinforced through the proximity of members of the own ethnic community. Aisha, a 72-year-old Indian woman who had migrated 30 years ago, for example, reported she never felt lonely due to the cohesiveness of her community:

*‘my community is what keeps me going…the Indian community really do look after one another, you know?’* [..] *They would never allow me to feel lonely or left out because we are here for each other, you know?* [Aisha, Female, 72-years-old, Indian]

Indira explained how the stability of the Indian community and the support they provided prevented her from feeling lonely despite living alone:

*‘my neighbours have been the same since I moved here. We are like families.* […] *they are always here for me, I cook for them and they do the same for me. They stop any loneliness!’* [Indira, Female, 79-years-old, Indian]

In a similar fashion, Paula, a 67-year-old Chinese woman who lived alone in sheltered accommodation, commented:

*‘my neighbours have always been the same and I’ve got to know them well. I don’t feel lonely because they are all around me. I trust them.’* [Paula, Female, 67-years-old, Chinese]

These findings support research showing how living in areas with higher proportions of people of the same ethnic identity may promote wellbeing and health by facilitating social support and a sense of belonging – also known as the ‘ethnic density effect’ (Bécares, Nazroo & Stafford, 2009).

### 4.3.6 Access to reliable public transport systems

Findings suggested that a lack of access to reliable and affordable public transport systems also contributed to loneliness in later life. Transport that was reliable, accessible, and affordable was particularly important for individuals who were unable to drive, those with declining or restricted mobility, those living in poorly connected areas, and those living on low incomes. For example, Chandra, an 83-year-old first-generation Indian migrant who had lived in her house for 40 years, could not drive and did not have access to buses; therefore, the social spaces she could reach were limited, causing her to feel lonely:

‘*The buses have been stopped years ago and now the closest one is a 15-minute walk away, this is too far me because of my legs…If transport is provided then we can enjoy more and live a good life.* […] *I do feel lonely because I can’t get anywhere…*’ [Chandra, Female, 83-years-old, Indian]

Other interviewees, who were living in less deprived neighbourhoods, reported that having good transport links enabled them to remain socially connected. For example, Barbara relied on a local bus to attend a weekly luncheon club, which she could only afford because of her free bus pass. She reported that she would feel lost without the club as this was her only regular interaction following her husband’s death:

‘*the bus stop is just outside my house and I can hop on that and go and have my lunch once a week with the others I meet there.* […] *I don’t know what I’d do without that*.’ [Barbara, Female, 72-years-old, White British]

Some interviewees commented on the poor accessibility of buses and trains which prevented them from using public transport. Zarah, a 76-year-old British-Pakistani woman who had lived in the UK for 55 years, explained why she avoided travelling since her mobility had declined:

‘*The trains are too busy, sometimes you have to stand…the steps on them are also too high, I need assistance so I could never go out alone.* […] *there are too many steps for me in the town and not enough places to take a rest, so I don’t go out all*.’ [Zarah, Female, 76-years-old, British Pakistani]

Furthermore, the cost of public transport was perceived to be too high by interviewees who were not eligible for free passes, making travel difficult. Trevor for example stopped attending an LGBTQ+ group as he could no longer afford the bus fare since being allocated a house 20 miles away after being released from prison. He was isolated from his partner who lived an hour away:

‘*Well I used to go regularly* *but I stopped because it was costing money. “Oh yeah come and you'll get a free drink”, yeah but I’ve gotta get there. It's a fiver for a day ticket on the bus, you know? And like cos everyone who goes, or almost everyone, is over 65 they get a free bus pass but I don’t get mine till 66 anyway.*’ [Trevor, Male, 64-years-old, White British]

Trevor explained that he volunteered at a community kitchen to receive a free weekly bus pass. However, the volunteer scheme was ending imminently, leaving Trevor unable to afford transport. He feared that he would be ‘*lonelier than ever*’. Nasreen also explained how many Pakistani older women, including herself, were not eligible for a free bus pass as they did not qualify for the state pension:

*‘lots of women like me don’t drive, you know, and we can’t have the free bus pass that everyone talks about. So how are we supposed to travel anywhere? It’s just too expensive and not possible for us.*’ [Nasreen, Female, 63-years-old, British Pakistani]

## 4.4 Discussion

There has been limited research exploring experiences of loneliness among older minoritised groups and the impact of cumulative disadvantage (Stopforth et al., 2021; Torres, 2020). Through the lens of cumulative disadvantage theory (Dannefer, 1987; 2003), we moved beyond the individualistic conceptualisation of loneliness and accounted for contextual factors. A life course approach was adopted to understand the role of place and cumulative disadvantage on loneliness in later life among a sample of older people with minoritised identities. By adopting a co-research methodology, we found that individuals accumulated numerous disadvantages that later shaped experiences of loneliness including: growing pressures on health and accessing services; financial barriers to social participation; experiences of discrimination and rejection; digital exclusion; pressures linked to urban regeneration and community change; and difficulties accessing reliable and affordable public transport.

This study addressed three gaps in our knowledge about loneliness in later life. First, it provided a focus on qualitative experiences of loneliness among minoritised groups (older gay men and South and East Asian older people) who are largely neglected in loneliness research and policy discourse (Fokkema & Ciobanu, 2021; Bécares et al., 2020; Kuyper & Fokkema, 2010). To do this, a co-research approach was used, involving the recruitment of ten older people to conduct semi-structured interviews with other older people. This approach represented an effective means for accessing and incorporating the views of seldom heard groups of older people who face multiple forms of exclusion and discrimination. In this respect, the study can be viewed as a direct response to Victor et al.’s (2021) call for gerontologists to develop a research agenda on loneliness that includes minoritised older people, and the need for expanding methodological diversity in doing so (Buffel, 2018).

Second, this study moved beyond an individualistic understanding of loneliness by taking context into account, examining the role of place in the experience of loneliness in later life. For example, we found that experiences of community change and urban regeneration can translate into desires for a ‘lost community’ amongst those ageing in place, reflecting both the considerable investments older residents have made in their locality, but also a sense of disillusion that the changes affecting their neighbourhood seem beyond their control (Lewis & Buffel, 2020). Three mechanisms were highlighted through which urban regeneration can generate feelings of loneliness: first, through the increasing costs of local facilities; second, through the detrimental impact of population turnover on older people’s local support networks; and third, a decline of social infrastructure and meeting spaces where older people feel they belong, reducing their opportunities for social participation.

The importance of social infrastructure – the range of community spaces, facilities and organisations which support the formation, development, and maintenance of social relationships (Yarker, 2021) – was also highlighted in the interviews with ethnic minority and gay older people. Gay participants highlighted how vital it was for them to have affordable access to a welcoming, supportive, and safe space where they could meet older people with a shared sexual identity. Some had experienced a lifetime of discrimination and rejection, and referred to such social groups as their ‘family’, reflecting the critical role of such community spaces not only to maintain a sense of identity but also for bonding social connections. The findings also showed that when gay older people lose access to such community groups or spaces (e.g., because of the disappearance of such spaces due to austerity measures or a change in personal circumstances or resources) they may become especially vulnerable to loneliness.

The interviews with South and East Asian participants provided further insights into the ways in which being part of a strong local supportive community network may protect against loneliness, and how a sense of belonging is both created and reinforced through the proximity of members of their own ethnic community, creating opportunities for common social bonds. This aligns with research that found that individuals from ethnic minority backgrounds experience less discrimination and more social support in ethnically dense areas which, in turn, may protect against loneliness (Bécares et al., 2009). These findings further underline the importance of considering the impact of the broader living environment in exploring experiences of loneliness in later life (Victor & Pikhartova, 2020).

Third, this study has shown the need for exploring loneliness in old age from a life course perspective and highlighted the value of using a cumulative disadvantage framework in doing so. Cumulative disadvantage theory emphasises how early advantage and disadvantage is critical to our understanding of how people become differentiated in later life in terms of a range of health-related and economic outcomes (Dannefer, 2003). The theory has been widely used in many fields of social sciences but the potential impact of cumulative disadvantage upon loneliness in later life has remained under-researched (Hagan, Manktelow, & Taylor, 2020). In line with previous research (Stopforth et al., 2021; Beach, 2019 Hayanga et al., 2021), we found that in addition to socio-economic and health disadvantages and adverse life events, older people from minoritised groups had also experienced life-long discrimination and rejection. This study contributed insights about how such experiences can generate loneliness in later life. Thus, a cumulative disadvantage framework has the potential to provide insights into how loneliness in later life is shaped by the gradual accumulation of disadvantage and discrimination across the life course.

The study points at three implications for policy and practice. First, there is no one-size-fits-all approach to address loneliness in later life, and there is a need to tailor community services and interventions to suit the needs of individuals and groups who may be particularly vulnerable to loneliness, such as minoritised communities. One way forward in this respect would be to increase opportunities that allow for the co-production of policies and services to ensure that they are reflective of diverse experiences of ageing and, particularly, incorporate the views and experiences of minoritised older adults. Second, there is a need to acknowledge that experiences of loneliness in later life are linked to structural disadvantages and experiences of discrimination that have accumulated throughout the life course. Rather than considering loneliness as an individual problem in later life, this study makes the case for lifelong prevention and attention to the role of social, structural, and place-related factors in shaping experiences of loneliness across the life course. Finally, investing in the development of what has been termed ‘age-friendly’ communities to support the social participation of diverse groups of people of all ages should be considered a key strategy in preventing and addressing loneliness in old age. This may be particularly urgent in deprived neighbourhoods which often lack the social infrastructure considered to be especially important to maintain a sense of belonging and identity amongst minoritised older people.

There are four limitations of the research. First, only a few selected minoritised groups were included in this study, and further research is needed to examine the effect of cumulative disadvantage on loneliness in other groups to account for the heterogeneity of older adults. Second, this study did not adopt an intersectional lens, but we acknowledge that a focus on how multiple modes of oppression connect and overlap to shape experiences of loneliness could give deeper insights into the underlying processes. Third, there are limitations associated with the co-research methodology, such as the ‘closeness’ of, or similarities between, the co-researchers to their interviewees (e.g. gay older men interviewed gay older men) which, because of shared understandings, may have led to issues being under-explored or overlooked by co-researchers during the interviews (Buffel, 2019). Finally, this study has focused on the experiences of loneliness rather than the coping strategies, responses and various forms of agency that were also reported by the participants. This is the focus of another paper (authors, under review).

### 4.4.1 Conclusion

The findings of this study contribute to the otherwise sparse literature on older minoritised groups whilst adding to the scholarship on cumulative disadvantage, the role of place, and loneliness. The paper argues that a cumulative disadvantage framework (Dannefer, 1987; 2003) allows us to move beyond an understanding of loneliness as an individual problem in later life, by recognising the complex interplay of social-structural and environmental factors that shape the experience of loneliness across the life course. This study provides a base for further qualitative research to examine how cumulative disadvantage shapes loneliness in other minoritised groups. This will enable loneliness to be better addressed in these populations, informing the development of new interventions and changes that may be needed to existing ones.

**CHAPTER FIVE: HOW DO MINORITISED OLDER PEOPLE COPE WITH LONELINESS?: FINDINGS FROM A UK QUALITATIVE CO-RESEARCH STUDY**

# 5. **How do Minoritised Older People Cope with Loneliness?: Findings from a UK Qualitative Co-Research Study**

## Abstract

There has been limited research on how minoritised groups such as older Lesbian, Gay, Bisexual, and Transgender (LGBTQ+) and ethnic minority people experience and cope with loneliness. It is likely that these groups have encountered different life-course trajectories through processes of cumulative discrimination and disadvantage compared to majority populations and therefore draw upon different resources to cope. Given the associated adverse health effects of loneliness in later life, the limited success of interventions tackling loneliness, and the rising sexual and ethnic diversity, it is becoming increasingly important to consider how loneliness is managed in these populations. Using a novel co-research approach, this paper explores how minoritised older people cope with loneliness, drawing upon qualitative accounts of South and East Asian migrants and gay men. The findings provide insight into how older people who are vulnerable to discrimination and processes of cumulative disadvantage cope with loneliness in their daily lives, covering strategies that range from individual-oriented techniques such as distraction, emotional suppression, and cognitive reappraisal to more collectively oriented approaches such as developing and maintaining a social identity, and obtaining and providing social support. The findings provide critical new knowledge on the importance of identity affirmation, having ‘third spaces of belonging’, and acknowledging the role of community among minoritised older people when coping with loneliness. This has the potential to inform the development of policies and interventions that promote belonging and therefore aim to alleviate loneliness in these groups. The findings also contribute to the broader learning and development of traditional coping theory, highlighting the importance of viewing coping on an individual-to-collective continuum when dealing with a complex and subjective experience such as loneliness.

## 5.1 Introduction

Loneliness is a pressing issue globally, affecting over a third of the global population and having significant economic and social consequences (Meisters et al., 2021). Older people are deemed to be amongst the most at risk groups of the population for experiencing loneliness (Dahlberg, Agahi, & Lennartsson, 2018; Victor & Yang, 2012) and are most vulnerable to the associated adverse health effects such as cognitive decline, cardiovascular disease, and stroke (Andrew & Rockwood, 2010). However, attempts to cope with loneliness are not well-understood and with interventions designed to tackle loneliness having limited success, there is a need for research to explore how older populations self-manage loneliness so that health and wellbeing can be promoted in later life (Hemingway & Jack, 2013; Akhter-Khan & Au, 2020).

Yet, much of the evidence representing experiences of coping with loneliness in later life is based predominantly on experiences of majority populations, mainly those who are White and heterosexual (Bécares, Kapadia, & Nazroo, 2020). Only a small proportion of research examines how older people with minoritised identities such as Lesbian, Gay, Bisexual, or Transgender (LGBTQ+) individuals and ethnically minoritised people cope with loneliness (Chen, McLaren, Jones, & Shams, 2020; Willis, Vickery, & Jessiman, 2020; Ciobanu & Fokkema, 2017). This is problematic as older people from majority groups are likely to have experienced different life-course trajectories, largely accumulating more privilege, compared to those with minoritised identities who are more likely to have accumulated ongoing disadvantages including poor health, poverty, and discrimination (Stopforth et al., 2021). Consequently, older people with minoritised identities may have different experiences of loneliness, and in turn, may also have different ways of coping with fewer resources to draw upon (Willis, Vickery, & Jessiman, 2022; Heffer & Willoughby, 2017). With a growing global ageing population and rising ethnic and sexual diversity, it has become increasingly important to consider how older people with minoritised identities cope with loneliness (World Health Organisation, 2021).

This paper contributes to the otherwise sparse literature on how minoritised older people cope with loneliness, using a co-research methodology to allow for older people’s active participation as partners in the research process. The paper is divided into four sections: first, the literature on loneliness in older minoritised groups is explored, followed by a review of coping theories and existing evidence on how older people manage loneliness; second, the co-research approach developed for the study is detailed, covering how older people were recruited, trained, and involved in data collection, analysis, and dissemination; third, findings are presented focusing on experiences of coping with loneliness among older South and East Asian migrants and gay men; and fourth, the paper discusses the importance of identity affirmation, ‘third spaces of belonging’, and community in coping with loneliness amongst minoritised older people. This paper concludes by discussing the implications of the findings for policy and future research.

## 5.2 Background

### 5.2.1 Loneliness and older people from minoritised groups

Loneliness is a concept that has been interpreted in a variety of ways and is often seen as the subjective counterpart to the objective measure of social isolation which has been conceptualised as the measure of a person’s integration and meaningful communication with their community, family, and friends (Victor, Scambler, Bond, & Bowling, 2000), the objective experience of being alone (Hawkley & Cacioppo, 2010), a lack of meaningful social ties (Lubben & Gironda, 2003), or a lack of integration with social networks (Rook, 1984). This article focuses on older people’s subjective accounts of coping with *loneliness*, defined in this study as ‘the unpleasant experience that occurs when a person’s network of social relations is deficient in some important way, either quantitatively or qualitatively’ (Perlman & Peplau, 1981). This includes situations in which the *number* of existing relationships is smaller than is considered desirable or admissible, as well as situations where the quality or intimacy one wishes for has not been met. Loneliness is often accompanied by feelings of emptiness and rejection, and is considered to be the opposite of belongingness (De Jong Gierveld, Van Tilburg, & Dykstra, 2006).

Loneliness is a universal experience; yet some segments of the population are more at risk than others of experiencing the associated adverse effects. Older people become particularly vulnerable to experiences of loneliness when they are no longer able to actively engage within their communities owing to bereavement, reduced income, declining mobility, or deteriorating health (Social Care Institute for Excellence, 2012). Aside from these age-related life transitions, older people with minoritised identities also contend with negative experiences that might increase their risk of loneliness, such as those related to cultural/language barriers, separation from family, discrimination, stigmatisation, and other hostile reactions from wider society (Fokkema & Naderi, 2013; Hossen, 2012; Kendig & Nazroo, 2016; Shorey & Chan, 2021). Minoritised groups refer to individuals within a given culture, context, and history who are at risk of being subjected to multiple discrimination due to the interplay of different personal characteristics, such as sex, age, ethnicity, religion, health status, disability, sexual orientation, gender identity, education, income, or living in various geographic localities (Messiou, 2012). Belonging to such groups, or being perceived to belong to them, heightens the risk of experiencing inequalities in terms of access to rights and use of services in various domains through discrimination (Gunaratnum, 2003). This can include access to education, employment, health, social and housing assistance, health services, and justice (Chen et al., 2020).

Research has found that individuals with minoritised identities are more likely to accumulate disadvantages relating to health, employment, and poverty across the life-course than majority groups (Dannefer, 1987). A handful of studies that have attempted to track cumulative disadvantage found that being marginalised often resulted in discrimination, which, in turn, had consequent negative effects on long-term physical and mental health, as well as employment status and income – yielding growing disparities over time (Wallace, Nazroo, & Bécares, 2016; Stopforth, Kapadia, Nazroo, & Bécares, 2021; Byrne, Alexander, Khan, Nazroo, & Shankley, 2020). Experiencing discrimination has also been shown to increase stress, restrict economic advancement, cause distrust of others, and limit access to social opportunities (Lee, Biglan, & Cody, 2018; Meyer, Schwartz, & Frost, 2008; Zhang, Barreto, & Doyle, 2020). To illustrate, one study found that older gay and lesbian people commonly experience stigma-based rejection as many only became open about their sexual identity later in life after growing up during a time when their sexuality was less well-tolerated (Kneale, Thomas, & French, 2020). This type of discrimination has been found to lead to diminished trust in others, causing individuals to anticipate future social rejection and marginalisation (Zhang et al., 2020). Similar experiences have been reported amongst some Asian minority groups including Indian, Chinese, and Malaysian populations (Wilkes & Wu, 2019; Guillen & Ji, 2011; Tummala-Narra, Sathasivam-Rueckert, & Sundaram, 2013). Such consequences of discrimination can restrict opportunities for social interactions, which in turn, could exacerbate loneliness while hindering coping. Yet, there is a paucity of studies that explore how the cumulative effects of discrimination and disadvantage impact on experiences of and coping with loneliness in later life (Cela & Fokkema, 2017; Wu & Penning, 2015). The studies that do exist on this matter mostly involve older Chinese and Korean populations (Park, Morgan, Wiles, & Gott, 2019; Kong & Hsieh, 2012; Sin, Shao, & Lee, 2020; Mui, Kang, Kang, & Domanski, 2007); or have used cross-sectional quantitative data from older lesbian and gay populations (Kuyper & Fokkema, 2010; Peterson, Lee, & Russell, 2020; Pereira, De Vries, Esgalhado, & Serrano, 2021). Thus, little is known about how qualitative experiences of coping with loneliness may differ amongst other ethnically and sexually minoritised groups - a theme which will be further explored in the next section.

### 5.2.2 Coping with loneliness in later life

Coping is ‘a process that unfolds in the context of a situation or condition that is appraised as personally significant and as taxing or exceeding the individual's resources for coping’ (Lazarus & Folkman 1984: 141). The most dominant model of coping, the Cognitive Model of Coping, emphasises the interplay between an individual's perceived psychological stress, coping, and cognitive appraisals (Lazarus & Folkman 1984). This model is the foundation of much of the research on coping and differentiates between two types: emotion-focused coping (i.e. trying to regulate the negative emotions associated with a stressful situation) and problem-focused strategies (i.e. targeting the underlying causes of stress in practical ways and therefore managing associated negative emotions). It is important to note that not only beneficial efforts are perceived as coping in the literature.

Since the 80s, there have been substantial gains in further conceptualising coping in relation to loneliness. Rokach and Brock (1998) identified six different strategies for coping with loneliness: 1) acceptance; 2) self-development/understanding; 3) (re-)establishing social relations; 4) denying the problem; 5) seeking comfort in religion/faith; 6) participating in social activities. They found that individuals with good access to resources were more likely to use strategies (3) and (6), which were described as active strategies of coping (Rokach, 1999). More recent research on Arab and Iraqi immigrants and refugees in the US supported this point, with refugees more likely to employ passive strategies for coping with psychological distress and poor wellbeing – likely due to their lack of access to good resources (Elsouhag et al., 2015). Peterson, Lee, and Russell (2020) also found that older gay men were more likely to employ passive coping strategies such as denying the problem and drinking heavily when lonely. Stanisławski (2019), however, argues that such approaches to understanding coping fail to acknowledge its multidimensional nature, particularly as multiple coping strategies can be used simultaneously. He therefore suggests conceptualising coping using ‘The Coping Circumplex’, drawing inspiration from the tradition of circumplex models in psychology. This theory interprets Lazarus’ and Folkman’s (1984) problem and emotion coping dichotomy as bipolar dimensions with a total of eight coping styles forming a circumplex (positive emotional coping, efficiency, problem solving, preoccupation with the problem, negative emotional coping, helplessness, problem avoidance, and hedonic disengagement). Whilst the circumplex model has been influential in synthesising various coping constructs, it fails to incorporate strategies for seeking social support, which have been found to be particularly important amongst adults coping with psychological distress (Falgares, Lo Gioco, Verrocchio, & Marchetti, 2019).

To date, however, few studies have explored the ways in which coping strategies are employed by older people with minoritised identities, and the effect on loneliness, both in the short- and longer-term (Park et al., 2019; Ciobanu & Fokkema, 2021). A qualitative systematic review found 11 papers focusing on how older people cope with loneliness (Kharicha, Manthorpe, Iliffe, Davies, & Walters, 2018). It concluded that coping strategies ranged from prevention/action, where older people proactively attempted to deter loneliness through ‘keeping busy’, religious practices, and maintaining structure/routine, through to endurance/acceptance, where individuals accepted or endured the unpleasant feeling of loneliness. However, the findings have three limitations: first, all of the studies recruited older people from social services or through existing research projects, ignoring more marginalised individuals who were not engaged with these services. Second, all but one study conceptualised coping largely as an individual process, viewing coping as a psychological pattern that individuals used to manage their own thoughts, feelings, and behaviours. Just one study recognised that coping can include community dimensions for some individuals: Smith (2012) found that older White people in the US used strategies such as ‘reaching out to others’ and ‘helping those in need’ when dealing with loneliness, suggesting that coping may have a community dimension for some older people. Third, just two of the studies included older people from non-White ethnic groups (Roos & Klopper, 2010; Lou & Ng, 2012) and sexuality was not recorded in any of the studies. The two studies that included South-African and Chinese older people were conducted in South Africa and China, and therefore the interviewees were not migrants or ethnically minoritised. They are therefore less likely to have endured an ongoing accumulation of disadvantages and discrimination across their life-course based on their ethnic identities and consequently are likely to have more resources to draw upon when coping with loneliness than migrants (Byrne et al., 2021; Fernández-Reino, 2020). More recently, a two-year project focused on experiences of loneliness and coping amongst older men from seldom heard groups including gay and bisexual men living alone (Willis et al., 2020). Through qualitative interviews, three tips for coping with loneliness were reported: keeping busy, spending time on solo hobbies, and participating in group activities and events. However, the interviewees were asked for tips for combatting loneliness and did not report how they personally cope when lonely. Moreover, all interviewees were recruited from existing community clubs and support services via the organisation ‘Age UK’ and, therefore, were not as vulnerable to loneliness as more marginalised older people who were not known to services. Thus, the dearth of knowledge around how minoritised older people cope with loneliness remains – a gap this article proposes to address. Using a qualitative co-research approach and drawing upon 31 semi-structured interviews with older people living in the UK (22 with ethnically or sexually minoritised identities and a comparative sample of 9), the aim of the present study was to present the coping strategies employed by these individuals to prevent or alleviate loneliness. The minoritised groups in this study include South and East Asian migrants and gay men. These groups were chosen due to the increasing ethnic and sexual diversity in the ageing population, and due to the co-researcher’s own identities and the links they had in terms of recruiting relevant populations. Given the focus on minoritised populations, an ‘older person’ was considered to be aged 50 or over. This is because of the clear divergence in health inequalities that has been demonstrated amongst individuals with minoritised identities, with signs of ageing and deteriorating health occurring at an earlier age (Stopforth et al., 2021).

## 5.3 Methods

### 5.3.1 Background of the co-research approach

A co-research design was adopted to allow older people’s active participation as partners in the research process (Buffel, 2019). This approach was selected for three reasons: first, it presents an effective means of accessing and incorporating the views of socially minoritised groups into the process of knowledge production (Ward & Barnes, 2016); second, it promotes empowerment of older people to bring about community changes and contribute to the quality of services relevant to their needs (De Donder, Buffel, Dury, De Witte, & Verte 2013); and third, it helps to ensure that the topic under examination matters locally and increases the relevance of findings to those communities (Blair & Minkler, 2009). Older people took a central role in each phase of the research, from co-designing the aims of the study and recruiting and interviewing participants to analysing and disseminating the findings. One of the co-researchers’ main roles was conducting qualitative semi-structured interviews with older people in their communities. Co-researchers decided that interviews should gather lived experiences of loneliness among older people who may be more at risk of suffering from the associated adverse consequences, with a focus on the groups they were able to access easily which included South and East Asian migrants and gay men. Interviews with heterosexual White British older people living in deprived neighbourhoods were also conducted so that comparisons could be drawn. An objective of the study involved gathering information that could be useful for informing services, policies, and interventions designed to tackle loneliness in later life.

### 5.3.2 Recruitment and training of co-researchers

Ten co-researchers were recruited via the first author’s contacts with age-friendly networks (i.e. groups that connect communities who share the ambition of enabling people of all ages to actively participate in community activities). A recruitment advertisement was shared online and at various community meetings, presenting the aims of the study and the criteria used to select co-researchers (*see* Appendix H). The main inclusion criteria were: individuals aged 50 and over who lived in Greater Manchester and were willing to participate in research training. Seven co-researchers were female; three were White British, three were Pakistani, two were Chinese, one was Indian, and another was East-African Asian. Two male co-researchers identified as gay and another preferred not to say; all women were heterosexual. Three co-researchers were university educated; six were educated to secondary school level, and one to primary school level (*see* Table 1 for full co-researcher demographics; p. 67). Co-researchers tended to interview older people with similar ethnic and sexual identities as themselves.

Prior to conducting interviews, all co-researchers attended three interactive training sessions covering ethical research practices, safeguarding, and qualitative interviewing techniques. These were then followed by optional workshops including three reflective meetings, one data analysis session, and a report writing and dissemination workshop. One-to-one meetings with the first author were available for co-researchers, as and when they felt necessary. The aim of the reflective meetings and one-to-one sessions was to encourage critical reflection of co-researcher involvement, identify challenges, and consider how to overcome any issues that were faced (Buffel, 2019). The training addressed all elements of the research process, from planning the project’s aims to disseminating findings given the importance of involving co-researchers in every stage of research (James & Buffel, 2022). The sessions prior to conducting interviews focused on issues relating to interview techniques including: how to ask questions, how to listen, how to probe, how to raise sensitive issues, how to keep on track, how to raise a safeguarding issue, when to move on, and when to allow interviewees to speak without interruption. The format of all workshops encouraged interaction and reflective conversation, whilst allowing co-researchers to practice their skills with one another. They used the practice during the workshops to learn from one another, discussing any challenges they came across. The training sessions were delivered by the first author with support of three community group coordinators.

### 5.3.3 Interviews with older people

Co-researchers used convenience sampling and recruited individuals who were known to them (acquaintances rather than relatives or close friends) or from various community groups. Given that co-researchers had existing links with minoritised communities and were expected to recruit interviewees under tight research deadlines, convenience sampling was considered to be the best option. The inclusion criteria for interviewees were: individuals aged 50 or over who lived independently in Greater Manchester, and those who identified as belonging to an ethnic and/or sexual minority group. The exclusion criteria were: individuals aged under 50, those who lived in residential care/nursing homes, and individuals living outside of Greater Manchester. Co-researchers shaped what type of people within these groups were involved. Co-researchers, with support from the first author and three community group coordinators, designed and piloted a semi-structured interview guide, covering a range of themes such as social relationships, community involvement, loneliness, health and wellbeing, and how they coped with negative feelings (*see* Appendix I). The utility of the questions was reviewed throughout the project by the first author and co-researchers resulting in several refinements of the interview guide. Co-researchers organised the date, time, and venue for their interviews with the interviewee and relayed this information to the first author. The first author contacted co-researchers before and after they had conducted an interview to discuss any issues. Interviews were conducted in semi-public places including community centres and, with consent, were audio-recorded. The first author transcribed interviews conducted in English verbatim. Interviews that were not in English were translated and transcribed by an independent translation service. Interviews lasted between 30 and 60 minutes. Co-researchers were reimbursed for expenses they incurred and received a £10 gift voucher for each interview.

### 5.3.4 Ethics

Ethical approval for this project was granted by the School of Social Sciences Research Ethics Committee at the University of Manchester. The project used a form of negotiated consent with co-researchers and the first author involved in a process of consensus-building around the role of the team and the aim of the research (Grout, 2004). Co-researchers, facilitated by the first author, agreed upon group principles around maintaining confidentiality, trust, and empathy throughout and beyond the project. Consent forms and information sheets were signed by co-researchers and interviewees, with pseudonyms being assigned for both groups to ensure anonymity. Both groups held the right to withdraw their involvement and/or data at any time.

### 5.3.5 Interviewee demographics

Interviewees included 31 individuals aged 51 to 89 years old living at home independently in the community (*see* Table 2; pp. 69-70). The average age was 70 years old; 18 were female. Interviewees self-identified as White British (13), Pakistani (9), Indian (4), Chinese (2), Iranian (1), Bengali (1), or White Irish (1). Individuals were interviewed in their preferred language (20 in English, five in Urdu, two in Punjabi, two in Hindi, one in Mandarin Chinese, and one in Cantonese). Most interviewees lived alone (22); others lived with their spouse and/or adult children (9). Five interviewees, all of whom were White British men, identified as gay (5); others identified as heterosexual (22) or did not disclose their sexuality (4). The highest level of education most interviewees had was secondary school (18) with six having a university education; primary school was the highest level of education for four interviewees and college for three interviewees. Six individuals refused to participate in the study, providing reasons around having little time or interest in the project and/or health issues.

### 5.3.6 Data analysis

Thematic analysis is a method of analysing qualitative data, which results in a rich, yet accessible account of data rather than a theoretic approach (Braun & Clarke, 2006). The research team used this method of analysis to make sense of the data, reporting patterns inherent within the data collected. Data were manually managed and coded in several team meetings (co-researchers read and analysed samples taken from 60% of data). A coding schedule was established collectively by the group and was guided by the research question: ‘what strategies do different groups of older people use to cope with loneliness?’. Coding was conducted systematically and iteratively. Once data had been coded and mapped to descriptive categories a series of meetings discussed organising codes into broader themes. For example, the descriptive category ‘being a family person’ in relation to how some individuals dealt with feelings of loneliness, was organised into a broader theme around developing and maintaining a strong social identity. The final themes that were agreed upon with the co-researchers remained the same, although for the purpose of this article data within each theme were read, considered, and revised iteratively by the first author.

## 5.4 Findings

### 5.4.1 Coping strategies

Interviewees described a wide variety of approaches to coping with loneliness. The approaches could be placed on an individual to collective continuum as they ranged from individual-oriented psychological techniques such as emotional suppression, distraction, and cognitive reappraisal to more collectively oriented approaches including finding comfort in religion, developing and maintaining a social identity, community action and volunteering, and obtaining and providing social support.

#### 5.4.1.1 Emotional suppression: ‘I try not to think about how lonely I am’

Some interviewees frequently suppressed negative emotions to cope with loneliness. This was true for all five of the gay men interviewed, where there was an accumulation of stressors that were perceived to be outside of the person’s control. To illustrate, Harold, an 89-year-old White British man who came out as gay in his late forties, described himself as being ‘*lonely inside for a lifetime’* due to concealing his gay identity and a history of childhood abuse until recently due to perceived stigma. Concealing one’s identity is associated with deleterious outcomes such as reduced belonging, self-esteem, and job satisfaction (Newheiser, Barreto, & Tiemersma, 2017), but how concealment of identity influences the ways in which an individual copes with loneliness is less well-known. When Harold was asked how he dealt with his deteriorating health and intensifying loneliness, he reported that he ‘*stops the feelings by putting them to the back of his mind*’. He also admitted that he does not think about his health issues, demonstrating his tendency to inhibit negative thoughts and emotions:

*‘I don’t like to think about what the doctors say to me, so I don’t* [laughs]. […] *I try not to think about how lonely I am either, as it’ll only upset me so there’s no point* […] *you can avoid it by telling yourself don’t think about it and get on with it.’* [Harold, Male, 89-years-old, White British]

Michael, a 66-year-old White British man who also identified as gay and lived alone in publicly funded sheltered accommodation due to deteriorating health, told a similar story. He spoke about how his sexual identity and the associated perceived stigma had forced him to remain distant from people throughout his life, while admitting that suppressing loneliness was difficult to maintain:

*‘I try my best to not think about it … when I’m feeling lonely, I try to not think about it or how sad I feel or anything like that. It can be hard, but you get on with things* […] *it always comes back though, the lonely type feeling...and the thoughts do too.’* [Michael, 69-years-old, Male, White British]

The ‘thoughts’ Michael relates to here were around thinking about how alone he was. He spoke about how he avoids contact with people other than greeting his neighbours. He also mentioned he had no children, friends, or family after his parents rejected him following him coming out as gay in his twenties. His health had been poor for a decade and he spoke about how he drank alcohol regularly to aid his emotional suppression of his loneliness. Individuals like Harold and Michael were still ‘*getting on with things*’ as Michael described, but their ability to function in everyday life was impaired due to the lack of resources they were able to draw upon to cope. Thus, emotional suppression may temporarily alleviate loneliness but it did not prevent loneliness or enhance quality of life.

#### 5.4.1.2 Distraction: ‘music is a good medicine’

Distracting oneself from negative emotions associated with loneliness was a common coping strategy amongst interviewees with minoritised identities. It was used a psychological technique and often was a solitary activity in which individuals did not leave the house. Maya, a 65-year-old refugee from Pakistan who arrived in the UK ten years ago, could no longer go out due to her worsening physical mobility which had, in turn, negatively impacted her mental health. She had experienced trauma and poverty in Pakistan and had migrated with her husband. She felt lonely often but found some relief when distracting herself with a hobby she enjoyed while growing up – playing Mahjong. She explained how this was an odd game to play for a Pakistani woman but had played it with a Chinese childhood friend:

‘*Mahjong is what I do if I feel lonely. I play online and it is the perfect distraction.’* [Maya, Female, 65-years-old, Pakistani]

Maya was the only woman who reported using distraction to manage loneliness, though playing a childhood game may have also increased her sense of connection with her homeland and therefore accentuated her sense of belonging. Individual action-oriented distractions, such as reading, painting, and listening to music, were used mostly by men who lacked social support from significant others. This suggests that perhaps distraction was used in the absence of being able to draw upon social resources. All five gay men discussed having restricted social networks: Harold explained how he had no contact with family or any close friends after experiencing familial rejection associated with his gay identity and the loss of friends due to HIV. Painting helped him cope, however, the loneliness returned when the distraction ended:

*‘when I’ve finished my painting, the feelings start to return* […] *I feel lonely again … so I start another one*… [Harold, Male, 89-years-old, White British]

Harold hinted at the relentlessness of using both distraction and suppression as an approach to coping with loneliness, drawing upon his own psychological resources. Distraction, however, was not exclusively used amongst minoritised interviewees. Albert, a 66-year-old heterosexual White British man who lived alone in sheltered accommodation, reported that listening to music distracted his mind from the loneliness he had felt when his wife had died:

‘*of course, music is a good medicine.* […] *Music has been a part of my life all the way through… it’s helped me, especially in dark, lonely times*.’ [Albert, Male, 66-years-old, White British]

Albert spoke of his struggle with poor mental health since his wife’s death five years ago. He was financially struggling and had moved to cheaper accommodation, leaving his established social network behind. This likely contributed to diminishing the resources available to Albert to enable him to use more active coping strategies. These findings resonate with previous research that found that men were more likely to use distraction to regulate emotions when coping with stress compared with women (Hobfoll, Dunahoo, Ben-Porath, & Monnier, 1994). Hobfoll et al. (1994) also found that individual-oriented strategies that attempted to exclusively regulate negative emotions were related to greater long-term emotional distress for men, but not women, suggesting that men may have a narrower range of beneficial coping strategies that they can draw upon. This may explain why men in this study reported experiencing loneliness over a long time, having no success at alleviating loneliness for more than a few hours at a time.

#### 5.4.1.3 Cognitive reappraisal: ‘Accept it and it’ll move on’

Several interviewees, all of whom were men, attempted to change the emotional impact of loneliness by cognitively reappraising the situation. Aryan, an 83-year-old Iranian man who migrated to the UK 40 years ago and had been living alone since his wife died three years ago, described how he felt excluded from social meeting spaces as an Iranian man. His experience of feeling ostracised had contributed to his feelings of loneliness. He explained how changing the emotional nature of his thoughts helped him to cope with his loneliness, so he replaced his negative thoughts with positive ones:

*‘Loneliness is inside yourself. Inside myself. Inside everybody. If you want it to upset you, it will upset you if you let it. If you want it to, be happy with your situation and continue with that*.’ [Aryan, Male, 83-years-old, Iranian]

This suggests that Aryan learned to change the emotional impact of loneliness by accepting it as a fact of life, which consequently helped him to cope. By saying ‘*loneliness is inside everybody*’ emphasises the perceived normality of loneliness. Robert, a 78-year-old White Irish man who had lived alone for 25 years, also dealt with loneliness by accepting its normality and temporality:

*‘Loneliness is a feeling and feelings don’t last forever, do they?* […] *it’s normal, particularly when something bad is happening to you.* […] *Accept it and it’ll move on.’* [Robert, Male, 78-years-old, White Irish]

Robert reappraised the loneliness he felt after divorcing his wife, an emotion-eliciting situation, as a normal occurrence which enabled him to build resilience and cope with adverse feelings. In comparison to the other male interviewees reporting that they used cognitive reappraisal, Robert did not have an ethnically or sexually minoritised identity. He reported having a very small social network and often feeling lonely in his home when alone but he was *‘not bothered about it’.* Robert appeared to have a high sense of self-worth, reminiscing proudly about his successful career in engineering (which he had retired from 10 years ago). Tej, a 74-year-old first-generation Bengali man who lived alone, reported never feeling lonely because he changed his perception of loneliness:

‘*you don’t have to feel lonely…life is what you make it. Feel grateful and happy for your life experiences instead and you won’t feel bad when you’re alone.’* [Tej, Male, 74-years-old, Bengali]

This suggests that reappraising negative thoughts and circumstances could aid the prevention of loneliness and associated negative emotions for some older men. Tej, however, was fortunate enough to have his adult children visit him often and therefore was never alone for extended periods.

#### 5.4.1.4 Finding comfort in religion: ‘Loneliness cannot harm you if you have God’

All Pakistani and Iranian interviewees, as well as two Indian interviewees, explained how they sought comfort in religion when experiencing loneliness – a common coping strategy amongst ethnically minoritised groups (Ciobanu & Fokkema, 2021; Zhang & Zhan, 2009; Rokach & Brock, 1998; Park, 2005). Aryan, for example, suggested that the support he received from God had helped him cope with his wife’s death, protecting him from feeling lonely at a challenging time:

*‘I tell you, I have a lot of big support from God. I do extremely, extremely believe that there is someone up there who looks after me. That's enough for me. God is my father, God is my mother, God is my brother. God is my everything. Everybody needs this God. This is my philosophy, this is my belief. Loneliness cannot harm you if you have God.’* [Aryan, Male, 83-years-old, Iranian]

Fatima, an unemployed 57-year-old Pakistani female who lived with her husband, echoed this point. She described Allah as her ‘*saviour’* who guided her, helping her to avoid feeling lonely despite having restricted social networks and little interaction with wider society due to language barriers. Religion acted as a protective mechanism for several others, aiding daily coping with loneliness. Bahaar, a 71-year-old Hindu woman who had migrated from India 25 years ago but had moved into her current neighbourhood eight months ago, had never felt lonely despite only seeing one person – her spouse who she lived with – regularly. She suggested that the sense of collective belonging she gained from her religious beliefs helped her cope with stressors such as losing her physical mobility and prevented her from feeling lonely:

*‘I’m not lonely…I am busy with worship and I spend time praying, worshipping my God. This is what I spend my time doing.* […] *He is all I need.’* [Bahaar, Female, 71-years-old, Indian]

Others who felt lonely found that their religion minimised the impact loneliness had on them. Maya explained how she felt more isolated and lonely living with her spouse in the UK compared to in Pakistan. She reported that her limited English proficiency, immigration status, and unemployment acted as barriers to social interaction. She explained how Islam had provided her with an inner strength, enabling her to minimise the impact loneliness had on her wellbeing:

*‘God (Allah) saves me from the devil.* […] *I like to live my life in a biosphere and I do my prayers to God so that he can give me strength to face all this.* […] *Loneliness doesn’t harm me because I have God, although I do feel very very lonely God helps me.’* [Maya, Female, 65-years-old, Pakistani]

Religious practice also provided a sense of hope during difficult times, with individuals reporting that praying gave them guidance and strength. Hania, a 79-year-old first-generation migrant from Pakistan, described how her relationship with God helped her to develop mental resilience following the deaths of her husband and daughter:

‘*And I think I'm very very grateful to God that I didn't lose my mind* […] *Allah kept me sane* […]. *I pray whenever I want to feel strong and it makes me feel connected to my daughter.’*  [Hania, Female, 79-years-old, British Pakistani]

Hania further commented:

*‘I don’t feel lonely often really…and when I do, I can just pray to Allah and he will take care of me.’* [Hania, Female, 79-years-old, British Pakistani]

These findings are consistent with previous research that has highlighted the importance of religion in coping with negative feelings amongst some ethnic minority groups (Ciobanu & Fokkema, 2017; Morlett Paredes et al., 2021; Carr, 2018). It is thought that religion can provide comfort when facing sources of stress that are outside of the person’s control, reducing negative responses such as loneliness by boosting an individual’s sense of collective belonging (Carr, 2018; Kharicha et al., 2020). The community dimension of religious activity will be discussed in the section *‘Obtaining and providing social support’.* White British interviewees were not religious and therefore did not find comfort in religion; in fact, Harold reported holding negative views of religion given that his Christian parents ‘*were against homosexuality’*.

#### 5.4.1.5 Developing and maintaining a social identity

Some interviewees, particularly South Asian women, identified strongly with familial roles, which provided a sense of purpose and aided coping with loneliness. Bahaar, who lived with her husband, explained that her identity as a wife and mother provided her with social roles which occupied her, preventing her from feeling lonely:

*‘I’m always cooking as we like to eat together. I cook, clean, and look after the house and my husband too. That’s my responsibility and something I enjoy as part of myself, you know?* […] *I also still cook for my children too sometimes and bring them food round, so no time to feel sad or lonely*.’ [Bahaar, Female, 71-years-old, Indian]

Zarah, a 76-year-old British-Pakistani woman who had lived in the UK for 55 years, reported a similar experience about how her identity as a mother enabled her to fulfil certain social roles, helping her to deal with loneliness:

*‘Even though they are adults, it makes me happy to cook for them, to care and look after them. It reminds me of who I am and what Allah said I was supposed to do. This helps.’* [Zarah, Female, 76-years-old, British Pakistani]

Interviewees who talked about how their social roles and family relationships helped them cope with loneliness were mostly Indian and Pakistani women. One exception was Tej, who had lived in sheltered accommodation for six years after experiencing a stroke. He described the day he had his first daughter as ‘*the day I became who I am today’*, highlighting the importance of family to Tej’s social identity. He felt particularly proud that they were now caring for him, and explained how this helped him with loneliness:

*I’m so proud of them, you know? They are representing the true meanings of family looking after their father in his old age and ill health. They give me a reason to continue living, you know?* […] *I cannot be lonely when I have my daughters, even if they didn’t come* […] *I don’t see anyone but they are the only people I want to see everyday anyway… they are part of me and that’s it.* [Tej, Male, 74-years-old, Bengali]

Developing a social identity as a ‘family man’ helped to prevent loneliness as Tej reported that he would never feel lonely, even if his daughters did not visit. This suggests that Tej gained an enhanced sense of belonging from identifying as a father which comforted him when alone.

Other interviewees identified more strongly as a member of a social club rather than a familial identity. Social clubs designed to promote social activity were described by interviewees as essential in helping them deal with loneliness. A likely reason for this is that belonging to a social group provides a social identity, which can improve self-esteem and sense of belonging (Spears, 2011; Kuyper & Fokkema, 2010). Some interviewees were able to attend groups which operated as a ‘community of identity’ and promoted social interaction without financial costs. Examples included a group for South-Asian older women and a hub for older Chinese people. Many individuals travelled to neighbouring districts to attend such groups, highlighting the demand for such groups amongst older South-Asian and Chinese people. Nasreen, a 63-year-old economic migrant who had lived in England for 43 years, discussed how her attendance at a social club specifically for older South-Asian women enabled her to cope with the loneliness she felt as a result of not being able to travel outside of her neighbourhood due to financial barriers. Members of the community group picked Nasreen up from her house in order to attend the group given that she could not afford public transport:

*‘I owe everything to this group. My friends are there and they have been my friends and sisters since I joined. They help me through the hard times and it’s difficult for me to feel lonely with them around me. I can walk here in 10 minutes and I can see my family here. They are like a family.’* [Nasreen, Female, 63-years-old, British Pakistani]

Nasreen identified so strongly with the community group that she considered other attendees to be her family; attending the group, therefore, reinforced her social identity and prevented her from feeling lonely.Clifford, a 64-year-old White British man, had developed a new social identity after coming out as gay in his fifties shortly before being made redundant. He had joined an LGBTQ+ group and later volunteered as the leader. Prior to coming out as gay, Clifford reported feeling chronically lonely:

*‘When I joined this group I became who I am today and I’m happy about that…not like I was before*. […] *I stepped up to lead the group. And I’m very good at it...it’s made me who I am today…and trust me, I’m much less lonely than I was years ago when I hadn’t come out yet, believe me.’* [Clifford, Male, 64-years-old, White British]

Clifford felt a sense of belonging in the LGBTQ+ community; his role as leader of the group appeared to boost his self-confidence by encouraging him to recognise his strengths and maintain his social identity. Positively affirming and revealing his social identity had benefitted Clifford by enabling him to target causes of his loneliness in practical ways, consequently reducing stress. However, Clifford demonstrated that coping is a non-linear process as his feelings of loneliness returned if he was unable to attend the group:

*If I can’t go one week* *then I start to feel really down and lonely as I feel like I’m no longer part of the group or I’m missing out on something, which I know is silly.* [Clifford, Male, 64-years-old, White British]

This suggests that maintaining a social identity is equally important as developing one as it helps individuals to maintain social commitments. Clifford’s strong sense of belonging and social identification with the LGBTQ+ community also highlights the importance of having social clubs aimed at specific demographic characteristics to enhance coping via strengthening social identities. For example, Pakistani, Chinese, and LGBTQ+ interviewees all attended social clubs targeted at older ethnic or sexual minorities. Some of these groups were also gender-specific, particularly when cultural and religious beliefs restricted interactions between sexes. Trevor, a 64-year-old White British gay man, explained how attending an LGBTQ+-specific group helped him to manage his loneliness by enabling him to socialise with people who have similar life experiences:

*‘I feel a lot less lonely when I go to that group, yeah* […] *a lot of us are in the same boat, you know* […] *I don’t have my family around so it was my only social contact really but it helped a lot.’* [Trevor, Male, 64-years-old, White British]

The sense of shared identities helped Trevor to feel less alone, alleviating the loneliness he felt after his family rejected him due to his sexual identity when he came out as gay in his forties. The importance of sharing an identity was also highlighted by Dorothy, a 68-year-old Chinese woman who attended a social club for Chinese over 50’s. Dorothy claimed that the group helped her cope with the loneliness she felt from wider society by allowing her to converse in her native language:

*‘I don’t go to any other activities* […] *because of the language barrier.* […]  *This group is only Chinese people so I feel less lonely when I speak my language as my English is not good…and I don’t want to be embarrassed and it reminds me of my home in China*.’ [Dorothy, Female, 68-years-old, Chinese]

Language was important to Dorothy’s identity and thus attending a group which enabled her to speak Chinese strengthened her Chinese identity which made her feel less lonely and more connected with her original country. Previous research suggests that it is possible that this sense of shared identity protected against the potential discrimination interviewees felt that they may experience in generic social clubs for older people where attendees are mostly White and heterosexual (Goll, Charlesworth, Scior, & Stott, 2015). Aryan, for example, described an occasion when he felt ostracised by others after attending an older person’s social event over a year ago. He had had no social interactions since other than with his daughters and healthcare workers. He reported feeling lonely due to not being able to socialise with people like himself:

*‘I did attend a U3A* [University of the Third Age] *event once and I noticed they ostracised me. And I thought why should I come here to sit alone with other people talking with each other but when it comes to me they don't talk? … So I never did go back.’* [Aryan, Male, 83-years-old, Iranian].

As illustrated in Aryan’s case, experiences of discrimination can cause individuals to socially withdraw. This suggests that attending social groups that may threaten an individual’s social identity could restrict social resources, making it more difficult to obtain social support and therefore potentially more difficult to cope with loneliness (Southcott & Nethsinghe, 2019; Li & Southcott, 2012).

In contrast, none of the White British heterosexual individuals attended social clubs, though all individuals knew of local groups nearby. Fiona, a 78-year-old White British woman who lived alone following her husband’s death two decades ago, felt that she did not need to attend community gatherings:

*‘yes I’ve got heart problems and don’t go out much, but I don’t need to be going to* [name of local group]. […] *I like volunteering in my charity shop, giving a helping hand, instead, getting the bargains too!.’* [Fiona, Female, 78-years-old, White British]

Fiona volunteered in a local charity shop, reporting that she was a *‘helpful person*’ and that this helped prevent loneliness by providing her with a purpose. The role of community action and volunteering in alleviating loneliness will be discussed in the following section.

#### 5.4.1.6 Community action and volunteering: ‘I really do feel strongly about helping people like me’

Some individuals undertook community action and volunteering to cope with their loneliness, reporting that they felt the need to help others in their community. Clifford voluntarily led an LGBTQ+ group following the death of his partner, explaining that helping his community helped him to cope with widowhood:

‘*I accepted the leadership role because I really do feel strongly about helping people like me, in the LGBT community.* […] *helping my community helps me to help myself, you know?’* [Clifford, Male, 64-years-old, White British]

Trevor volunteered at a city centre community kitchen Monday to Friday; he reported wanting to ‘give something back’ to the community following a period of imprisonment. He also described how volunteering helped him to combat his own loneliness by providing him with a daily structure and a free weekly bus pass, allowing him to travel to visit his partner. Trevor had applied for this volunteering opportunity after leaving prison one year ago, however, the placement was ending in three weeks due to increasing pressure from his work coach to find paid work. This left Trevor feeling uncertain and fearing that he would be ‘*lonelier than ever*’ and not know how to cope:

*‘I’m gonna miss this place… I don’t know what I’ll do come August. I think it might become a problem*. […] *not sure how I’ll cope with it.’* [Trevor, Male, 64-years-old, White British]

Volunteering appeared to provide Trevor with structure and a sense of purpose, which, in turn, helped him to alleviate the loneliness he experienced after being allocated accommodation located over an hour away from where his partner lives. Though it also helped him to be more socially active through the use of a free bus pass; Trevor had experienced multiple disadvantages across his life including unemployment, imprisonment, poverty, and discrimination, thus, volunteering offered him more resources to draw upon when coping with loneliness.

Others volunteered in a less formal capacity; for example, Laila, a 62-year-old Pakistani Muslim woman who had lived in the same neighbourhood for 40 years, spent time cooking for her neighbour who lived alone and for members of the social group she attended. She explained how this helped her to deal with the loneliness she felt as a stay-at-home-mother following her adult children moving out:

*‘I cook for my neighbour who has nobody…she is English and loves my food so I share it with her. I also bring it into the group because I know some people struggle to cook healthy food for themselves. It means I am busy and less lonely. I don’t have to cook for my children everyday anymore.’* [Laila, Female, 62-years-old, Pakistani]

This finding is consistent with previous research that indicates that volunteering, in a formal or informal capacity, can aid coping with loneliness in later life by providing a sense of responsibility and social action (Patzelt, 2017; Carr, Kail, Matz-Costa, & Shavit, 2018). Volunteering as a way of coping with loneliness was used by both majority and minority groups.

#### 5.4.1.7 Obtaining and providing social support: ‘They will always be there to help me if I need it...and I will for them’

Some interviewees proactively sought face-to-face social support from family, friends, and neighbours whenever they felt lonely. South-Asian interviewees including those from Pakistan and India tended to have particularly strong family networks who they contacted during difficult times. These interviewees also tended to live in ethnically dense areas, living among neighbours with the same ethnic identity as themselves. It has been found that people from minority groups living in areas of higher own-group density reported improved social support, enhanced trust, and less discrimination (Das-Munshi, Bécares, Dewey, Stansfield, & Prince, 2010; Bécares, Nazroo & Stafford, 2009). Contrary to assumptions (Katbamna, Ahmad, Bhakta, Baker, & Parker, 2004), however, few South-Asian interviewees in this study lived in extended family households; although, South-Asian adults often lived closer to their parents compared to White British interviewees. Zarah asks her sons who live close-by to visit when she feels lonely:

‘*I call my sons on the phone, chat with them and invite them to see me, ask if they could come and visit me more often. And they do…it gives me something to look forward to.’* [Zarah, Female, 76-years-old, British Pakistani]

Although obtaining family support was common, interviewees also provided social support to friends, neighbours, and acquaintances. This was particularly the case for South-Asian interviewees living in high ethnic-density neighbourhoods and those who regularly attended places of worship. For example, Soraya, a 66-year-old female from Pakistan who had lived alone in England for 15 years, remembered her Pakistani neighbour who had died and how they would check on one another everyday:

*‘She was living in a flat in front of my house, I can see the windows, I used to check the lights on - if not, I called to see if she was OK. She would do the same with me. I was very happy that somebody was watching me all the time, but since she died there is nobody to watch me.’* [Soraya, 66-years-old, Female, Pakistani]

Soraya continued to explain that she sought emotional support from her neighbour with problems she could not discuss with anyone else:

*‘I could go round anytime and talk to her about how I felt during my divorce or other stress I’ve had* [...] *I’ve no-one now*.’[Soraya, 66-years-old, Female, Pakistani]

The relationship between Soraya and her late neighbour was reciprocal, highlighting the importance of both obtaining and providing support as a way of coping with loneliness. Soraya did not know her current White British neighbours which left her feeling unable to cope with her loneliness, given that she lived alone in poor health. This highlights the potential protective effect of living among people with the same ethnic identity. Hania obtained social support from friends when she felt lonely, offering them practical support by cooking for them in return:

*‘I will ring up a friend of mine saying what are you doing now, shall I come round or you come round. Always inviting them, I'm always cooking for them. You know, always doing things like that’.* [Hania, Female, 79-years-old, British Pakistani]

Laila dealt with her loneliness following a divorce by providing support to her adult children whilst reinforcing her identity as their mother. She did this by avoiding discussing her loneliness with her children in order to prevent burdening them, protecting them from her own worries. Instead, she sought emotional support from members of her social club:

*‘I don’t want to talk about how lonely I am with my children…they have their own lives. I don’t want to burden them.’* [Laila, Female, 62-years-old, Pakistani]

Laila further reported that attending mosque where she would practice her religion whilst providing practical support (i.e. cooking meals) provided her with a sense of community, helping her to cope with loneliness:

*‘My religious practices also help to keep me involved and support me to feel less lonely.* […] *I cook in the kitchen there* [at the mosque] *and like to be as helpful as I can by supporting people there too.* […] *They will always be there to help me if I need it...and I will for them.’* [Laila, Female, 62-years-old, Pakistani]

This not only highlights that older people cope with loneliness by obtaining *and* providing support, but also how religion can promote a sense of community support.

In contrast, White British interviewees (both gay and heterosexual) did not report obtaining or providing social support. For those White British interviewees who had adult children, their children did not live close-by and most White British individuals were not in contact with their neighbours. Barbara, a 72-year-old White British widow, elaborated:

*‘I don’t know many neighbours. We don’t really talk or help each other out, not like it used to be.* […] *My sons live down South so I don’t see much of them because they have their own families. They’ll ring now and again but I don’t get help from them – so it can get lonely from time to time’* [Barbara, Female, 72-years-old, White British]

Three gay interviewees had children but were in limited contact with them; they did not report having caring responsibilities or receiving social support.

## 5.5 Discussion

This study has contributed to the otherwise sparse literature on how older people with minoritised identities cope with loneliness, focusing upon a sample of South and East Asian migrants and gay men. The findings show a diverse selection of coping strategies were used by individuals, ranging from individual-oriented techniques such as emotional suppression, distraction and cognitive reappraisal to more community-oriented approaches including finding comfort in religion, developing and maintaining a social identity, volunteering, and obtaining and providing social support. Older South and East Asian migrants and gay men experienced similar ongoing challenges relating to their sense of belonging arising from the processes of cumulative disadvantage and its impact on coping. In terms of the latter, the consequences of societal discrimination and having fractured relationships with family meant that the gay men in this study relied more on psychological coping techniques such as suppression, distraction, and reappraisal than heterosexual White British interviewees. Community-oriented approaches such as developing and maintaining a social identity through family or social clubs were also particularly important among those with minoritised identities, whereas heterosexual White British interviewees did not recall the importance of seeking a sense of belonging through social clubs. The findings particularly highlight the importance of identity-specific groups in aiding coping with loneliness as all interviewees with minoritised identities who attended specific clubs reported that their loneliness would worsen if they could no longer attend. Although attending the groups did not completely alleviate loneliness, it provided a place of safety and offered an exclusive space where individuals could be themselves. Many interviewees highlighted that the exclusivity of the space influenced their intention to attend. This is in line with previous findings that have called for exclusive social spaces for older lesbian women as a way of promoting wellbeing and tackling loneliness in later life (Wilkens, 2015).

In terms of novel findings, three aspects may be singled-out for discussion that relate to how older people with minoritised identities cope with loneliness: first, the importance of identity affirmation; second, the need for ‘third spaces of belonging’; and third, the role of community in coping with loneliness. First, the importance of identity affirmation and its relevance for minoritised individuals was highlighted. South and East Asian interviewees affirmed their identities through family relationships and religious practice, whereas gay interviewees’ identities were often challenged by family and instead affirmed through attending LGBTQ+-specific social groups and events. Affirming one’s identity in such ways has been linked to greater psychological wellbeing including heightened self-esteem, a more positive self-concept, and fewer mental health issues among ethnic minority and lesbian and gay people (Ghavami, Fingerhut, Peplau, Grant, & Wittig, 2011; Willis et al., 2020). Interviewees described how developing a strong sense of belonging to one’s social groups enabled them to cope with loneliness, with some individuals reporting that their connection to broader society enhanced their coping further. This is consistent with previous research that has found that the impact of minority identity on wellbeing depends not only on aspects of minority identification but also on the individual’s identification with the majority culture (Fingerhut, Peplau, & Ghavami, 2005; Wilkens, 2015). This further emphasises the importance of identity affirmation in coping with loneliness for different groups.

Second, the findings illuminated the importance of third spaces where older people with minoritised identities feel safe. Third spaces are defined as public gathering places that ultimately contribute to the strength of the community such as churches, libraries, and parks (Yuen & Johnson, 2017). Most interviewees attended either LGBTQ+ or ethnicity-specific social groups that were held in third spaces as they felt safe from discrimination, thus, helping individuals to be socially active. Attending such groups appeared to help individuals to self-manage the impact feeling lonely had on them. Previous research found that people with stigmatised identities have little trust in others who identify differently to themselves due to experiences of discrimination (Zhang et al., 2020); therefore, it is important that older people from marginalised groups are able to attend social clubs where they feel safe in order to encourage the formation and maintenance of social interactions and relationships. Furthermore, the findings indicate the importance of having third spaces where older people living in deprived areas can meet. All interviewees lived in poorer areas where local facilities such as libraries and churches were closing and/or funding for social clubs was limited or non-existent, meaning that social opportunities were limited. This made it more difficult for these individuals to self-manage their loneliness by restricting the available social resources, suggesting that austerity limits coping with loneliness in later life.

Third, community-focused coping approaches were vital for both older migrants and gay men in this study. Interviewees reported that obtaining and providing community social support aided coping with loneliness by providing them with a sense of purpose, whilst enhancing self-esteem, confidence, and sense of belonging. The importance of community dimensions of coping has previously been highlighted in literature examining physical ill health amongst older Indian people (Roh, Burnette, Lee, Lee, Easton, & Lawler, 2015), disaster relief efforts in developing countries (Almazan, Cruz, Alamri, Albougami, Alotaibi, & Santos, 2019), and bereavement in later life (Cabana, García-Caballero, & Mateos, 2019). This study extends this knowledge to older South and East Asian migrants and gay men, highlighting the importance of being socially involved within a community in later life.

The findings from this study further contribute to the broader learning and development of coping theory in two ways, by demonstrating that coping conceptualisations are often 1) too individualised and 2) too simplistic. First, previous coping theories such as Lazarus’ and Folkman’s (1984) theory of stress and coping focus on an individual’s ability to manage their own emotions privately. This emphasises the individualised nature of coping, placing responsibility on the individual for coping with loneliness. If an individual is consistently lonely despite efforts to cope then their own resilience may be questioned and they may be perceived to be at blame (Agren & Cedersund, 2020; Neves, Sanders, & Kokanović, 2019). However, the current findings highlight the important influence of environmental and community resources on coping with loneliness in later life – an aspect of coping which is missed in circumplex models. Interviewees emphasised the role of social infrastructure in facilitating a shared social identity, which was critical in aiding coping with loneliness. The findings henceforth argue for traditional coping circumplex theories to include a more holistic ‘community dimension’, viewing coping as a function of one’s family, neighbourhood, community, employment, and volunteering activities, shaped by their ethnicity, sexuality, gender, and socioeconomic position. This knowledge will help researchers to better understand how coping strategies are employed in different communities.

Second, the findings support evidence suggesting that existing coping theories have over-simplified coping by dividing strategies into categorisations; for example, the emotion versus problem-focused dichotomy in Lazarus’ and Folkman’s (1984) theory. Interviewees were shown to use multiple strategies, often simultaneously, and therefore coping could not be divided into contrasting categories. Alternatively, the findings suggest that coping approaches could be placed on an individual to collective continuum, in place of categorisations. Interviewees ranged from using individual-oriented strategies that involved individuals coping privately with loneliness such as emotional suppression, distraction, and cognitive reappraisal, to more collectively oriented strategies where individuals attempted to find meaningful engagement, connection, and/or belonging to others and places. These strategies included finding comfort in religion, developing and maintaining a social identity, undertaking community action and volunteering, and obtaining and providing social support. However, strategies such as finding comfort in religion are both individual and collectively oriented. The individual-oriented aspect of religion related to individuals privately practicing their religion to manage their emotions, whereas, the collectively-oriented aspect related to religion bringing individuals physically together in a place of worship and also providing a shared sense of belonging and religious identity. This further highlights the importance of recognising that coping strategies do not fit neatly into categorisations, but adopting a continuum approach is more appropriate as it is able to deal more effectively with the complex nature of coping with a subjective experience such as loneliness.

### 5.5.1 Implications

Whilst loneliness has been widely recognised as a public health concern, less is known about how older people with minoritised identities cope with loneliness in their daily lives. Such populations are excluded from policy discourse and service provision, yet evidence suggests that they suffer disproportionately from the adverse associated health effects of loneliness (Bécares et al., 2020; Heinrich & Gullone, 2006). This study provides a first step towards exploring how older minoritised populations cope with loneliness, offering the potential to inform, support, and shape interventions and policies designed to tackle loneliness by promoting belonging.

Based on the findings, we can identify several policy recommendations. First, there is a need to fund social clubs targeted at specific groups within the older population. Many interviewees such as Trevor and Nasreen commented on how their loneliness would worsen if LGBTQ+ and South-Asian social clubs did not exist. Given that social infrastructure is disappearing as a result of public funding cuts and increasing austerity, funding such clubs is crucial in areas of high deprivation and/or high ethnic-density (Klinenberg, 2018). This would promote equal accessibility for minoritised groups who often experience numerous barriers to accessing services and therefore are more likely to suffer adverse health, social, and economic effects (Allik, Brown, Dundas, & Leyland, 2019).

Second, the importance of community approaches should be recognised in future policies relating to tackling loneliness in later life. The findings show that older people rely on their communities to cope with experiences of loneliness, even when it only temporarily alleviates lonely feelings. Yet current UK policies largely view coping as an individual process and place the responsibility of coping on the individual (Platt, 2009; Victor & Pikhartova, 2020). Furthermore, traditional gerontological approaches characterise loneliness as a pathology that is relieved with external intervention (Sullivan, Victor, & Thomas, 2016). The current findings, however, highlight that coping does not mean that loneliness is completely alleviated. Promoting a sense of belonging and identity affirmation through adopting a more cohesive community approach to tackling loneliness should be encouraged so that social context is taken into account and that the impact of loneliness on older people’s daily lives is lessened.

Third, it is crucial that policies recognise the heterogeneity among older populations, moving away from a ‘one-size-fits-all’ approach and instead recognising individual’s specific needs, whilst investing in targeted interventions that reflect the diverse experiences of older people. Grouping older people into one category masks the differences between certain groups, ignoring barriers such as language, social identities, and perceived/actual discrimination that some individuals experience. Thus, person-centred discussions about individual coping strategies and contexts should take place when identifying support for helping older individuals to cope with loneliness.

Finally, this study has highlighted the potential for co-research in loneliness research. The benefits of using co-research in this instance included: increased accessibility to seldom-heard individuals, empowerment of older minoritised individuals, and enhanced knowledge production and insider knowledge. Unlike previous studies on coping with loneliness among minoritised older people (Willis et al., 2020; Kharicha, Manthorpe, Iliffe, Davies, & Walters, 2018), many interviewees did not speak English and were not known to existing support services; yet their stories were told through trusted older people within their communities. Both co-researchers and interviewees reported feeling empowered, while co-researchers explained how their ‘insider knowledge’ had helped interviewees to open up and feel at ease when discussing sensitive topics. It is therefore recommended that future research and policies consider using co-research methodologies to better inform interventions tackling loneliness.

### 5.5.2 Limitations

Although this study identifies important dimensions to older people’s experiences of coping with loneliness, this research is not without limitations. First, the number of sexually minoritised people included in this study is small and restricted (five gay men). This sample is likely not fully representative of the gay population and no conclusions can be made about other LGBTQ+ identities. This study, however, did capture some of the heterogeneity within the older population by including gay older men and individuals from South and East Asian backgrounds, highlighting the diverse experiences and ways of coping with loneliness among older people.

Second, the gay men in this study were open about their sexual identities and attended LGBTQ+ groups that enhanced their sense of belonging. However, it is important to explore how older people with concealed stigmatised identities cope with loneliness. Previous research has shown that individuals with concealed stigmatised identities have a lower sense of belonging, self-esteem, and trust in others and are therefore more likely to socially withdraw and have restricted social support (Newheiser et al., 2017). Yet no research, to date, has investigated how individuals with concealed stigmatised identities experience or cope with loneliness. This research could be particularly important for individuals with multiple stigmatised identities, for example, ethnic minority people who identify as LGBTQ+ but are concealing this identity from others. These individuals are not represented in policies, service provision, or research and are therefore considered to be the most at risk of experiencing adverse consequences of loneliness (Cacioppo, Cacioppo, Capitanio, & Cole, 2015); it is therefore important to understand how such populations cope with loneliness.

Third, interviewees with minoritised identities included only White gay men and individuals who identified as (South/East) Asian in this study. Yet it has been found that transgender and Black older people are more likely to experience multiple disadvantages including increased discrimination and are amongst the most marginalised populations (Hayanga, Kneale, & Phoenix 2021; Simpson, Almack, & Walthery, 2018). This is particularly true for individuals with intersecting minority identities (i.e. being both Black and Transgender). For example, McConnell et al. (2018) found that Black sexual minority men reported the highest levels of ethnic stigma in LGBT spaces and White sexual minority men reported the lowest. Yet no research has examined how such identities affect identity processes and their impact on coping with loneliness. Thus, it is vital that research examines experiences of coping with loneliness in a full range of minoritised populations in order to improve the health and wellbeing of these potentially vulnerable groups.

Fourth, there were some limitations associated with the co-research methodology. For example, purposeful sampling was difficult as individual co-researchers recruited their own participants from their communities and were limited with who they could access as they were not able to know the interviewee personally for ethical reasons. This meant that, although diverse, the final sample consisted of a small number of different minoritised identities. Other research has also found that co-research methodologies may increase socially desirable responses or may miss opportunities to follow-up or explore a topic further when sharing similar experiences to the interviewee (Buffel, 2019). Chinese co-researchers in this study spoke about how Chinese interviewees would rarely admit feeling lonely to other members of their community in order to avoid feelings of familial shame. It is therefore important that future research employing a co-research methodology reflects on the drawbacks of this approach, as well as the benefits, to assess whether it is the most appropriate methodology to use.

## 5.6 Conclusion

This study provides some novel contributions to the literature on coping with loneliness amongst older gay men and South and East Asian people. The unique contribution of this paper is threefold: first, it provides insights into how older people who are vulnerable to experiences of discrimination and processes of cumulative disadvantage develop strategies to cope with loneliness, providing critical new knowledge in how policies and interventions can be (co-)designed to tackle loneliness in later life. Second, the paper highlights the potential of involving older people as co-researchers in accessing, incorporating, and empowering the voices of minoritised groups into the process of knowledge production. Third, the study has contributed to the potential for expansion of existing coping circumplex models and Lazarus’ and Folkman’s (1984) cognitive model of coping by placing strategies for coping with loneliness on an individual-to-collective continuum. It has also highlighted the importance of coping theories taking an individual’s community context into account including identity affirmation, the role of ‘third spaces of belonging’, and collectively oriented ways of coping in later life.

**CHAPTER SIX: “HOLDERS OF KNOWLEDGE ARE COMMUNITIES, NOT ACADEMIC INSTITUTIONS”: LESSONS FROM INVOLVING MINORITISED OLDER PEOPLE AS CO-RESEARCHERS IN A STUDY OF LONELINESS IN LATER LIFE**’

# 6. “Holders of Knowledge are Communities, Not Academic Institutions”: Lessons from Involving Minoritised Older People as Co-Researchers in a Study of Loneliness in Later Life

## Abstract

This paper presents several critical reflections on how a co-research methodology was implemented in a research project exploring experiences of loneliness amongst minoritised older people. In doing so, this paper responds to recent calls for increased reflection and appraisal when using such methodologies in order to promote mutual learning and guidance on adopting a co-research approach. The reflections in this paper draw upon three qualitative focus groups with ten older co-researchers alongside field notes recorded throughout the project to critically appraise the co-research approach that was taken. Co-researchers reflected on their motivations for being involved in the project, the perceived benefits and challenges, and how they engaged in the research process including their involvement and responsibilities. They also developed recommendations for future researchers, advising how minoritised groups can be more involved in research. Four key themes relating to the factors that shaped co-researchers’ involvement emerged from the data, covering issues around: power and privilege; co-research as an extractive process; co-ownership; and time and financial constraints. At the core of this paper is an examination of how the power and privilege held by academic researchers shape and constrain opportunities for individuals to meaningfully engage in co-research. The importance of changing institutional expectations, priorities, and hierarchies as ways of negotiating power imbalances with community partners is emphasised.

## 6.1 Introduction

Co-research is a participatory method of research that involves participants as joint contributors throughout all stages of the research process, from the design through to dissemination of findings. The term ‘co-research’ is often used as an umbrella term to encompass a family of approaches such as ‘participatory’, ‘emancipatory’, and ‘inclusive’ research (James & Buffel, 2022). All of which are linked to a set of core principles that emphasise the value of lived experience, collaboration, building on capabilities, creativity, and planning and delivering support and action (Moll et al., 2020). One of the main philosophies of co-research methodologies includes promoting the development of equitable and mutually beneficial academic-community collaborations, addressing community socioeconomic inequalities (Felner, 2020). The popularity of co-research methodologies has recently risen in response to the growing need for more inclusive and responsive policies and services that meet the direct needs of communities (James & Buffel, 2022; Clarke, Waring, & Timmons, 2019). Yet there continues to be a lack of clarity around what co-research approaches should involve as well as debates around whether individuals are meaningfully engaged in the process.

Several reviews have evaluated studies involving community citizens as co-researchers. Stoecker (2009), for example, analysed 232 research applications sent to the Sociological Initiatives Foundation that proposed implementing a co-research approach. He found that most proposals emphasised neither participation nor action; most co-researchers were limited to collecting data and were rarely involved at the crucial decision stages of research. Furthermore, the purpose of the majority of the research was to produce papers, presentations, or websites rather than supporting community action. This is in line with Littlechild et al.’s (2015) review that found that the most common forms of engagement amongst older people were skewed towards a tokenistic approach. A more recent systematic review that explored how older people had been involved in research also found evidence that studies often keep individuals at the ‘lower end of the participation ladder’, as described by Arnstein (1969; James & Buffel, 2022). The authors analysed 27 academic papers that involved older people as co-researchers across more than one stage of the research process (James & Buffel, 2022). The results showed that very few studies reported how co-researchers were involved with developing the study, though most included co-researchers in recruitment, data collection, and data analysis – though it was often unclear how this was done. In the majority of studies, co-researchers’ involvement appeared to gradually fade when data were being analysed, written up, and disseminated. The authors conclude with four lessons if co-research is to reach its full potential including: developing diversified structures of involvement which allow co-researchers to decide on their level of participation; supporting co-researchers and fostering a culture of trust, openness, and co-learning; embedding principles for improving the rigour of co-research including the need to gather direct perspectives from co-researchers themselves; and ensuring co-ownership of change, including the involvement of co-researchers evaluating impact of co-research both in terms of their own experience and the project outcomes.

This paper responds to these recommendations, drawing on a co-research study exploring loneliness among minoritised older people, with the aim of critically reflecting on our practice of co-research to promote mutual learning. In particular, this paper aims to highlight the politics, practice, and consequences of involving minoritised older people in co-research. This is important as people with minoritised identities are largely underrepresented in the co-research literature, yet these populations are most affected by injustice and thereby may benefit the most from being involved in co-research (Ellins & Glasby, 2016).

The next section will explore how previous studies have used co-research methodologies with minoritised populations and will further highlight how this paper aims to advance knowledge and understanding of using co-research with such groups. This will then be followed by an examination of how a co-research approach was implemented in the study under discussion that investigated the lived experiences of loneliness amongst minoritised older people including an overview of the background of the study, details of the methods, and associated ethical challenges. Next, co-researchers’ critical reflections on being involved in this study will be discussed. Drawing upon focus group data, challenges associated with: power, co-research as an extractive process, co-ownership, and time and financial constraints will be examined. Finally, the paper will develop several recommendations for future research.

### 6.1.1 Co-research with minoritised populations

Co-research methodologies aim to prioritise collective decision-making and devolved power, with attempts to empower community citizens and to promote knowledge production within communities (Ward & Barnes, 2016). Such methodologies are therefore particularly important when working with minoritised populations whose voices are typically neglected in traditional research (Ellins & Glasby, 2016). Minoritised populations include individuals who are often labelled as ‘vulnerable’, not because of individual characteristics but as a result of social and systemic barriers (Rogers & Lange, 2013). Minoritised individuals may be discriminated against because of their age, ethnicity, sexuality, gender, and/or socioeconomic status (Gunaratnum, 2003). A distinctive feature of participatory methods, as described by Haarmans and Nazroo (2022), is the ‘repoliticising of participation where those most affected by injustice are central in both producing knowledge about injustice and implementing solutions.’ Yet minoritised groups are underrepresented in co-research, with only a handful of studies including minoritised individuals as co-researchers (Ellins & Glasby, 2016; Buffel, 2018; Tanner, 2012); this further contributes to the power imbalances that stem from an accumulation of disadvantage across the life course for such groups (Kalathil, 2013).

One study that amplified the voices of minoritised individuals by including them as co-researchers explored experiences of hospital and discharge process among ethnic minority groups (Asian, Black, and Gyspy/Traveller; Ellins & Glasby, 2016). They reported that co-researchers were more likely to be able to elicit richer and more nuanced insights from interviewees due to their shared experiences and minoritised identities. However, the authors did not gather direct perspectives from co-researchers or interviewees. Buffel (2018), however, did interview co-researchers directly about their experiences of being involved in a research project exploring age-friendly communities. A group of 18 older people (from White British/White Irish/Asian/Black backgrounds) reported that the main benefit of their involvement was their ability to develop trust with interviewees due to shared experiences, as well as having the opportunity to develop new and existing personal skills. The project’s findings benefited the local communities involved as it contributed to the restoration of a much-valued bus service. These findings suggest that co-research has the potential to benefit minoritised individuals and the communities in which they live, suggesting that such methodologies could be used to ensure that services and organisations better meet their needs (Jagosh et al., 2012). The next sections of this paper will explore the practice and politics of using a co-research approach in a study which explored the experiences of loneliness amongst minoritised older people.

## 6.2 Co-research in practice

### 6.2.1 Background of the research study

In response to the opportunities and challenges of an ageing population in Greater Manchester, the Greater Manchester Ageing Hub was set up by the Greater Manchester Combined Authority (GMCA). The ageing hub brings together partners across Greater Manchester to support and improve the lives of older people across the region. The current research was conducted in partnership with a programme called *Ambition for Ageing –* which, as a partner of the ageing hub, aimed to tackle social isolation in later life, empowering people to live fulfilling lives as they age.

There were three distinct but related parts of the current research: first, a narrative review of the literature on social isolation and loneliness among older people was conducted, highlighting the gaps in the academic literature. Second, a group of older co-researchers was recruited, trained, and supported to refine, conduct and analyse interviews with older people. The aim of this work was to explore the experiences, drivers, and ways of coping with loneliness amongst minoritised older people in the UK. Using an emancipatory framework amplified the voices of minoritised older people involved, providing them with the opportunity to become a co-researcher on a project working to further understand loneliness within marginalised communities. The purpose of this was to promote the participation of groups who may be more vulnerable to loneliness in the design and development of interventions aimed at combatting loneliness (Gardiner, Geldenhuys, & Gott, 2018; Akhter-Khan, & Au, 2020). Third, focus groups were conducted with the co-researchers to explore their experiences of being involved in the research while discussing challenges, benefits, and ways of facilitating future involvement. The purpose of this was to interrogate our own practice of co-research, encouraging mutual learning and furthering our understanding of how co-research can be implemented in different populations.

### 6.2.2 Involving older people as co-researchers

#### 6.2.2.1 Recruitment of co-researchers

Co-researchers were recruited from established community groups, community meetings, and public seminars using criterion, opportunity, and snowballing sampling techniques. Inclusion criteria were that they had to be aged 50 or over, living in Greater Manchester, and have an interest in conducting research. In line with Greater Manchester’s age-friendly policy frameworks, an older person included anyone aged 50 and over in this study. A recruitment leaflet and poster advertised the opportunity to become a co-researcher in a project examining experiences of loneliness in older age. This advertisement was distributed to community centres, local GP surgeries, and sheltered housing schemes. It was also distributed online via several newsletters through Greater Manchester’s age-friendly networks. Most individuals expressed an interest in the opportunity via email or face-to-face contact. They were then given additional information about the opportunity, an equality and diversity monitoring form, and a contact form requesting their contact details and preferences. This was returned via email or face-to-face meeting. Those who had expressed an interest were then invited to attend the first training session.

#### 6.2.2.2 Mandatory training for co-researchers prior to conducting interviews

In total, 18 co-researchers completed three mandatory interactive research training sessions prior to conducting interviews. These sessions aimed to enhance and share knowledge between co-researchers about research processes including ethical practice, safeguarding, and qualitative interviewing techniques. The first session encouraged co-researchers to refine the focus of the research and to create an initial interview guide. The narrative review published in the first part of the programme of work was presented to the co-researchers, making them aware of the gaps in the academic literature and allowing them to make decisions on refining the focus of the research. For example, co-researchers jointly decided that the project would focus on loneliness rather than social isolation as the initial proposal had planned. A focus on ethnically and/or sexually minoritised groups was also jointly decided upon and specific research questions were co-created. The second session covered ethical research practice and safeguarding protocols. The final session covered qualitative interviewing techniques including how to listen, probe for further information, and how to approach potentially sensitive topics (*see* Table 3 for full training schedule; pp. 129-131). Co-researchers refined and finalised the interview schedule as a collective three weeks after the first training session.

Each session was delivered by the first author at three community centre locations: a centre for Chinese elders, a centre for older South-Asian women, and a general community centre (LGBTQ+ and White British older people attended this session). The groups were trained separately due to the need for translation in the Chinese and South-Asian sessions. Though all co-researchers were fluent English speakers, some preferred to have a translation in their native language to ensure full understanding of written materials. The respective community group coordinator provided oral translations within the sessions. Members of both the Chinese and South-Asian groups volunteered to translate the written materials including the interview schedule, consent forms, and participant information sheets. Community groups were paid for all translation work that was required. Following completion of the three mandatory training sessions, four male and four female co-researchers decided not to participate any further in the research project. This was due to their personal circumstances, health issues, or having other commitments.

#### 6.2.2.3 Optional training sessions for co-researchers post-interviews

Following best practice, co-researchers were given a choice regarding their level of involvement and engagement (James & Buffel, 2022). Following data collection, two optional training sessions focusing on data analysis and dissemination were offered to co-researchers. In total, seven out of the ten co-researchers attended the data analysis session and five attended the dissemination workshop. The data analysis session focused on how to use thematic analysis, a method of analysing qualitative data which results in a rich, yet accessible account of the data (Braun & Clarke, 2006). Co-researchers were taught how to make sense of the data and to report patterns inherent within it, reading and coding a sample of anonymised transcripts. Thematic analysis was used because this is an accessible, flexible, and interactive qualitative analysis technique that allows for a diverse group of older people to be involved (Buffel, 2018). A dissemination workshop was also held, with co-researchers discussing how the project findings could be presented to the city council, community groups, and the public. This later resulted in a co-produced pamphlet about how researchers can facilitate co-research with minoritised older people (*see* Appendix J).

Table 3. *Co-researcher training schedule*

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| --- | --- |
| **MANDATORY SESSIONS** | |
| 1. **Induction: The Loneliness project**   Co-researchers were provided with a description of the proposed project including background information on loneliness and the current academic literature. Opportunities to refine the project proposal were given, with co-researchers suggesting what to focus on, how to collect data, and how to share the findings. Objectives included:   * Introduce co-researchers to background information on loneliness and current academic literature * Agree on a focus of the project, developing research questions to be addressed * Agree on method of data collection * Draft interview guide including potential interviewing questions * Agree on desired outcomes of the research including how to disseminate findings * Agree on timeline of research project | *Completed in October-November 2018 (18 attendees)* |
| 1. **Ethics and safeguarding: ‘Keeping yourself and others safe’**   Information on ethical research guidelines was provided, emphasising the importance of safeguarding protocols in regards to the project. Co-researchers took part in a quiz to assess their knowledge of ethical practice before and after the session. Objectives included:   * To gain an understanding of research Ethics principles and good research conduct * To gain an understanding of researcher responsibility * To acknowledge and understand the safeguarding protocol including how to keep oneself and interviewees safe during fieldwork * To understand the importance of confidentiality, privacy, and anonymity in co-research * To gain an understanding of how we can promote equality and diversity in research * To assess knowledge of ethical research practice and guidelines | *Completed in December 2018 (18 attendees)* |
| 1. **Qualitative interviewing techniques: ‘How to conduct interviews’**   Information on how to conduct high quality qualitative interviews with the target population was provided. Co-researchers were able to practice their interviewing skills on one another including learning how to use a digital dictaphone. Objectives included:   * To gain an understanding of why collecting rich data is essential in qualitative research * To gain an understanding of what a ‘good interview’ is including what rich qualitative data look like * To gain an understanding of how to listen effectively * To gain an understanding of how and when to probe for further information * To gain an understanding of how to handle sensitive topics and challenging conversations * Learn and familiarise self with using a digital dictaphone * Practice interviewing techniques learnt during the session with a partner with the draft interview guide provided | *Completed in January 2019 (18 attendees)* |
| **OPTIONAL SESSIONS** | |
| 1. **Data analysis: ‘Let’s analyse! How to analyse interviews’**   This session covered thematic analysis, including what it is, how to use it, and why it was the most appropriate analysis technique. Anonymised transcripts were read and coded by co-researchers, followed by discussions about broader themes and patterns within the data. Objectives included:   * To gain an understanding of what thematic analysis is and why it is the most appropriate technique * To re-emphasise the specific research questions to be addressed in the project * To re-emphasise good research conduct and ethical practice, including confidentiality * To read sample transcripts and to code some data excerpts * To organise codes into more general themes, identifying any patterns and coding schedules | *Completed in June 2019 (seven*  *attendees)* |
| 1. **Report writing and data dissemination: ‘Sharing our findings’**   Together with the co-researchers, the best ways of sharing the findings from the research were discussed. Objectives included:   * To gain an understanding of how to plan, draft, and write a report for the public * Agree on what information from the findings would be most useful to share and with whom * Agree on the most appropriate formats for sharing findings including the most appropriate ways of sharing the findings | *Completed in November 2019 (five attendees)* |

#### 6.2.2.4 Co-researchers conducting interviews

Following completion of the mandatory training, the data collection phase of the research project commenced. A final group of ten co-researchers participated in this phase (*see* Table 1 for sociodemographic characteristics of co-researchers; p. 67). Co-researchers were aged between 50 and 79 years old (average = 65 years); seven were female. Co-researchers were from a diverse range of ethnically and sexually minoritised backgrounds, self-identifying as Pakistani (3), White British (3), Chinese (2), Indian (1), and East-African Asian (1). Most were regularly involved in social clubs (9) and lived alone (6). Most reported good health (7), with one person reporting excellent health and two reporting fair health. Most co-researchers’ highest level of education was secondary school (6), with three being university-educated, and one leaving education after completing primary school. Co-researchers were mostly heterosexual (7), with two White British men identifying as gay, and one preferring not to say.

The main role of the co-researchers was to each recruit and interview at least two older people aged 50 or over who lived independently (i.e. not in residential care) in Greater Manchester. The exclusion criteria for interviewees were: if the individual was younger than 50 years old, if they lived in a residential care, or if they lived outside of Greater Manchester. The inclusion criteria were intentionally kept rather broad to ensure that all co-researchers were able to find someone to interview. The initial focus was on recruiting older adults who did not regularly attend organised social activities. However, co-researchers decided that this criterion was not appropriate as people could still be lonely despite being socially active. It was therefore agreed that older people who attended social groups could be interviewed, but there would be more of a retrospective focus on the times in their lives when they felt lonely. Co-researchers identified interviewees via their social networks (acquaintances rather than relatives or close friends), with interviews being conducted between January and June 2019. Interviews were semi-structured through the use of a written interview guide that was collaboratively created and refined by the co-researchers. The interview guide was piloted by the co-researchers with three community group co-ordinators. Questions deemed to be too restrictive and/or leading were made clearer and more open-ended; if a co-researcher did not collect information on something they deemed to be important, a new question was added following approval from the rest of the group. The final interview guide contained open questions that covered the individual’s personal background and demographics, community involvement, social relationships, experiences of loneliness, and ways of coping. Co-researchers arranged to collect interviewing materials including an audio-recording device (digital dictaphone) prior to their first interview. One-to-one drop-in sessions were offered throughout the data collection phase to provide co-researchers with the opportunity to reflect on their role and discuss any challenges, as and when necessary. Over half of the co-researchers requested feedback on the first interview they conducted, providing them with an opportunity to reflect on the impact of their role on the data collected, enabling to build their confidence. Co-researchers were reimbursed for travel expenses and received a £10 gift voucher for each interview conducted.

#### 6.2.2.5 Co-researchers analysing interviews

In total, co-researchers conducted 31 interviews with 18 in English, three in Urdu, four in Punjabi, three in Hindi, one in Cantonese, and two in Mandarin (*see* Table 2 for sociodemographic characteristics of interviewees; pp. 69-70). Interviews were transcribed verbatim after each interview recording was received – though with those interviews conducted in a language other than English, the respective community group coordinator met with the first author and provided oral translations while the translations were typed up. These meetings were organised with the respective community group coordinator, as and when necessary. Transcripts and original interview recordings were checked by professional interpreters for translation accuracy and meaning equivalence.

In line with the emancipatory framework used, co-researchers were given the opportunity to analyse the data. This is a novel aspect of the project that many studies involving co-researchers do not fulfil (James & Buffel, 2022). In total, seven co-researchers analysed purposefully selected samples of data (samples were taken from 60% of the interviews collected given time constraints) using thematic analysis in an interactive workshop. A coding schedule was established collectively and was guided by the research questions. Broad themes around the factors shaping experiences of loneliness (poor health, difficulties accessing health services, discrimination, digital exclusion, poverty, access to public transport, and type of neighbourhood in which an individual lived) and coping strategies (psychological techniques, finding comfort in religion, identity affirmation, volunteering, and obtaining and providing social support) were created. One interview contained solely yes/no responses and was excluded from further analysis (in total, 30 interviews were analysed). A summary of the findings was shared with the co-researchers and interviewees prior to using data for academic publications.

#### 6.2.2.6 Ethics of involving co-researchers

Ethical approval for this project was granted by the School of Social Sciences Research Ethics Committee at the University of Manchester. The project used a form of negotiated consent, prioritising consensus-building around the role of the co-researcher group and the research objectives. Co-researchers agreed on group principles around maintaining confidentiality, trust, respect, anonymity, and empathy throughout and beyond the project. There was a continuous and reflexive engagement with the principle of informed consent; for example, consent was (re)negotiated before, during, and after each stage of research. Information sheets were given to co-researchers and interviewees, and consent forms were signed by both groups; the completed paperwork was then kept in a locked office on the university campus. Identifiable information was removed from transcriptions and pseudonyms were assigned to ensure anonymity of data. As requested by most of the co-researchers, this included the names of co-researchers in order to protect their privacy. Co-researchers/interviewees held the right to withdraw their involvement and/or data at any time.

## 6.3 Critical reflections: Focus groups with co-researchers

The next part of the paper will present four critical reflections from the co-researchers based on their involvement in the project. This information was collected via focus groups conducted by the first author with the co-researchers as the participants. The details of those focus groups and the analysis of the data will now be discussed, before moving on to report the reflections that came from those focus groups.

### 6.3.1 Conducting focus groups with co-researchers as participants

Focus groups were conducted to explore co-researchers’ experiences of being involved with the project, their thoughts on the benefits and challenges they faced during the research process, how they felt about the research process, their involvement, and the responsibilities that they had. The co-researchers also developed recommendations on how to include diverse groups of participants in future co-produced projects. In total, three focus groups were conducted - one for each group of the ten co-researchers who conducted interviews (South-Asian, Chinese, and a LGBTQ+/White British group). The groups were kept separate as they were based in different neighbourhoods and therefore it was difficult to find one venue that could easily be accessed by all individuals; but also, it was considered best to meet separately so that the groups could reflect on particular issues such as racism, homophobia, and classism in a safe shared space. Focus groups were conducted face-to-face in private community centre spaces and lasted between 60 and 90 minutes, with a mean duration of 72 minutes. The focus group topic guide was informed by findings from Buffel’s (2018) co-research and was drafted and later refined. It was piloted with three older community group coordinators who were not co-researchers. The guide was then adjusted accordingly. The focus groups were conducted in English, semi-structured, and included open questions such as ‘what challenges did you face as a co-researcher on this project?’. Co-researchers also completed a brief socio-demographic questionnaire. Focus groups were audio-recorded with consent and transcribed verbatim.

### 6.3.2 Analysis of focus groups with co-researchers as participants

Transcripts of the focus groups with the co-researchers were iteratively and systematically coded and analysed using thematic analysis. Excerpts in the qualitative data were systematically categorised in order to find themes and patterns, while being guided by the following research questions: 1) what factors shaped the co-researchers’ experiences of being involved in this research?; (2) what challenges are associated with co-research with minoritised older people?; and (3) How can researchers facilitate meaningful involvement of minoritised older people in future research? The codes assigned to the excerpts of data were then sorted into broader themes such as ‘issues of power’, ‘challenges around co-ownership’, and ‘limits on time and finances’. The final themes that are included in this article were summarised and sent to the co-researchers for approval via e-mail.

### 6.3.3 Co-researcher reflections on the benefits of co-research

Co-researchers mostly reported that they had benefited from their involvement through learning new skills, meeting new social connections, and feeling that they had made a difference to their community. They also discussed several benefits they felt their involvement brought to the project too, including gathering more in-depth understandings of loneliness among minoritised older people given that they shared similar backgrounds, identities, and experiences with interviewees. For example, Stuart, a 71-year-old White British man who identified as gay, explained how having a similar life experience to an individual he was interviewing aided his interview performance as he ‘*just knew how to approach certain questions*’:

‘*Being a gay man who was very lonely in the past made me a better interviewer I think as I just knew how to approach certain questions, you know, I could sense which ones I had to be a bit more careful about and move on if they didn’t want to talk about something that made them uncomfortable with me*’ [Stuart, Male, 71-years-old, White British]

Another benefit to the project included the ability to amplify voices of more marginalised individuals; for example, individuals who did not speak English or those who were socially isolated. Shakiba, a 50-year-old Pakistani woman, explained how her ability to fluently speak four different languages (Arabic, Urdu, Punjabi, English) enabled us to reach women who did not speak English and therefore gather new knowledge on loneliness within these groups:

*‘these women would not be able to speak to you in English, so they would be missed if I couldn’t speak different languages.* […] *They are important as they do not go out much because of the barrier in language, you see? So we got to tell their stories, instead of just missing them out.’* [Shakiba, Female, 50-years-old, Pakistani]

Other reported benefits included: co-researchers being able to offer different interpretations of findings; co-researchers building trust more easily with interviewees which enabled higher-quality data to be collected; and co-researchers being able to disseminate research findings more easily within the community given their established connections. To illustrate, Ibrahim, a 68-year-old man who identified as East-African-Asian, said:

‘*I think we had that relationship where he could trust me – when I started speaking Urdu, his eyes lit up. He doesn’t have anyone else to talk to in Urdu. So this connected us, and I think that’s partly why this interview went so well.’* [Ibrahim, Male, 68-years-old, East-African-Asian]

Noor, a 58-year-old British Pakistani woman, gave examples of how her long-standing community connections helped her share the findings of the study and the implications of that:

‘*so I am known in my community as I stand for* [a political party] *and am part of several older person groups and activities. I discussed the findings of your project at the most recent board meeting, and we are in the process of organising an event around loneliness in Asian communities, something that we haven’t done before. So I do think me having those sorts of connections can also benefit research at the university, if you know what I mean?’* [Noor, Female, 58-years-old, British Pakistani]

### 6.3.4 Co-researcher reflections on their involvement in the study

In terms of the factors that had shaped co-researchers’ involvement, four key themes emerged from the focus group data. The themes critically reflect on issues with: power; co-research as an extractive process; co-ownership; and time and financial constraints. Each of these themes will now be reviewed in turn.

#### 6.3.4.1 The issue of power

The inherent power held by academic institutions, and therefore researchers, is one of the main barriers to achieving equity in co-research approaches (Minkler, 2004; Malone, Yerger, McGruder, & Froelicher, 2006). Power is multi-dimensional and relates to all stages of the research process; thus, it is a challenge that underlies all subsequent themes in this paper. Our aim as academic researchers was to redistribute the power and overcome the participant to research partner divide. As co-researchers reflected on their involvement in the research process, some demonstrated that they may have felt more like participants rather than equitable research partners. For example, Binita, a 59-year-old Indian woman, referred to the first author who delivered the training sessions as ‘teacher’ and described refining the interview guide as ‘homework’. Whilst it was emphasised that the co-researchers were experts, and had been chosen due to their lived experience, this did not seem to change some co-researchers’ perspectives as they continued to use hierarchical language which suggested that they continued to view themselves as ‘students’. This was a particular challenge when working with co-researchers whose first language was not English as they assumed that the first author was more of an expert than them given that English is her first language. This is demonstrated in the quotes below from two Chinese co-researchers, Tsey and Zhan:

‘*You’re born here so you know, it is easy for you, my English needs improving so we follow you* [laughs] […] *Since being a researcher, you know, I’ve been speaking to so many more people who are not Chinese.* […] *I feel more comfortable practicing English because of speaking to you and doing training, interviews.’* [Tsey, Female, 67-years-old, Chinese]

‘*You taught me so much new words in English, research words.* […] *you’re the expert in researching!’* [Zhan, Female, 72-years-old, Chinese]

At the same time, however, Tsey referred to herself as ‘being a researcher’, which suggests that she felt more than a participant on the project and identified as a researcher. This suggests that she does feel at least partially responsible for the project, demonstrating that at least some power had been redistributed. Yet it was clear that she internalised an academic/research hierarchal structure when she explained why the Chinese co-researchers did not contribute to refining the interview schedule:

*‘you being the lead researcher means you are respected already, and we agreed your ideas sounded great’* [Tsey, Female, 67-years-old, Chinese]

Zhan echoed the point that they did not want to ‘offend’ the first author when asked to review the interview guide despite being encouraged to do so. This internalisation of hierarchy and power is a major challenge to truly collaborative co-research (Grant, Nelson, & Mitchell, 2008).

On reflection, the way in which the training was carried out may have also reinforced the internalisation of hierarchy. Training sessions, meetings, and one-to-ones were mostly delivered in a traditionally academic format. For example, meetings took place in community centres with PowerPoint slideshows, paper materials, and a dictaphone to record the sessions. Such meetings may be referred to as ‘micro-practices’ of power (Foucault, 1979), where existing power structures are reproduced. To some extent, the current analysis further reinforces this point, as we (academic researchers) are now reflecting on *their* (co-researchers’) experiences of being involved in the project.

Power differentials also existed between the co-researchers and interviewees, replicating the more traditional researcher-participant hierarchy. Co-researchers used participatory and inclusive language, for example, calling interviews ‘conversations’ to help build a more equal relationship with the interviewee; yet many co-researchers used an investigative interviewing tone, as well as reading from the interview guide. Co-researchers also required interviewees to read and sign participant information and consent forms, as well as seeking consent to record the conversations with dictaphones. Margaret, the only White British female co-researcher, explains how she felt like a journalist, a profession she had left decades ago:

*‘It reminded me of my younger days, you know? I forgot how difficult it was.* […] *I did tell my interviewees this* [that she had to keep the interview on track]*.’* [Margaret, Female, 79-years-old, White British]

Margaret, here, refers to the people she interviewed as ‘my interviewees’ suggesting she feels she holds some power, responsibility, and ownership over them. A main philosophical principle of co-research, and one of its major reported benefits, is that it should address structural injustice, working towards reducing health and social inequalities; yet in this case, those inequalities may have just been reproduced by making the co-researchers the privileged group and the interviewees the less privileged individuals. Of the ten co-researchers who conducted interviews, eight had participated in research as participants or data collectors before; all but one were regularly socially active within community groups; and, all spoke English fluently. This suggests that the co-researchers began the research as a more privileged group despite their minoritised identities, and their interviewer role in the project may have accentuated this privilege rather than fostering equity.

#### 6.3.4.2 Co-research as an extractive process?

A main principle of co-research is that the research is collaborative and should empower and benefit local communities (Durose et al., 2011). The opposite approach to this is often coined ‘the extraction model of research’, where academics enter marginalised communities to research and feedback to institutions with little input or follow-up from the people they worked with (Markowitz, 2021). Chambers (2008) describes this as “outsiders obtaining information rather than local people gaining and using it”. In this study, local people were recruited as co-researchers with most reporting that they felt that the project was different to previous projects they had been involved in as they believed they were more ‘*like equal partners’* than subjects of research. Yet the extent to which the co-researcher’s involvement with the interviewees was empowering is questionable. The role of the co-researchers could be seen as extractive as the interviewees did not appear to benefit from being interviewed. Only co-researchers received gift vouchers and expenses for their participation; though most donated their vouchers to community groups. Frank, a 65-year-old man, donated his to the LGBTQ+ group he attends and expressed how he felt that interviewees should have received an incentive:

*‘I think the people we interviewed should have got the vouchers as a thank you.* […] *It was a nice touch for us, but it didn’t affect my involvement in the project. It’s not like it made me take part. There are groups who need it more, like the one I go to!*’[Frank, Male, 65-years-old, White British]

He continued to say he felt like he ‘*took the information from them’*, which may be indicative of how some co-researchers felt that they were trained to extract data from their communities with little benefit to the interviewees. However, other co-researchers contradicted this viewpoint; for example, Shakiba emphasised the importance of telling others’ stories and how this was one of the most important outcomes of the project:

‘*The main benefit for me is the fact we will have made a difference to the people we interviewed by retelling their stories…their own words – they deserve it.*’ [Shakiba, Female, 50-years-old, Pakistani]

Shakiba felt that story-telling enabled people, who are not currently included in research and policy, to have a voice and express their own feelings, experiences, and narratives using their own words. Wilmsen (2008) notes that research may be extractive when it is carried out but can later be used to empower communities and provide long-lasting benefits. He uses the example of old ethnographies that now provide benefits to Native American communities who are using them to relearn and revitalise their traditional cultures. In contrast, however, Bermingham, Porter, and Cropper (2007) argue that ultimately, most research with marginalised communities reinforces the ‘stigmatising label of deprivation’ instead of making a beneficial difference to people’s lives.

Albeit, some co-researchers reported that the project had benefited minoritised communities by raising awareness of the importance of acknowledging and tackling loneliness in these groups. Stuart gave an example where he had asked the coordinator of a large LGBTQ+ group in the city centre to host an event focusing on loneliness in older LGBTQ+ people on the weekend. This was because several interviewees had reported that the weekend was when they felt most lonely, as is consistent with other research (Qualter et al., 2021):

*‘it’s been absolutely fantastic for me. I’ve even asked* [LGBTQ+ group coordinator] *whether we can do an event at the weekend. I’d love to be involved again in another one* [co-research project] […] *Honestly, just holding events like this in the gay community, I know will help so many lonely people out there.’* [Stuart, Male, 71-years-old, White British]

In summary, co-researchers reported benefiting both socially and financially (through receipt of expenses/vouchers). Co-researchers also spoke of the potential for the re-telling of interviewees’ lived experiences, as well as demonstrating some tangible community changes (i.e. Stuart hosting a weekend event for lonely older LGBTQ+ people).

#### 6.3.4.3 Co-ownership or not?

Co-researchers were unable to be involved in the early planning stages of the project as the focus of the study had been predetermined by the academic institution and then advertised as a PhD opportunity. This meant that the main decisions of the research design had been decided in advance, yet once co-researchers had been recruited they were able to further refine and re-design the study aims, focus, and procedures. For example, co-researchers chose to focus on ‘loneliness’ rather than ‘social isolation’ as originally planned given that they felt a focus on subjective experiences was more useful information to collect. They also influenced the focus on people with ethnically or sexually minoritised identities as many of the co-researchers identified as having a minoritised identity themselves and viewed loneliness as an important yet neglected topic within their communities. However, data collection methods and the format of the training sessions were pre-determined and no opportunities to change these methods were given to the co-researchers. Despite this, many co-researchers felt that they were given an appropriate amount of control and that they felt like authentic researchers on a co-designed project. For example, Ibrahim noted:

*‘I think we had the right amount of responsibility. I did feel like I was co-researching loneliness with you and the others, yes.’* [Ibrahim, Male, 68-years-old, East-African-Asian]

Other co-researchers stated how they valued the choice to ‘pick and choose’ what parts of the project to be involved with, for example, some co-researchers chose to not partake in the analysis or dissemination stages of the research, as Margaret demonstrates here:

*‘I didn’t analyse the interviews. It’s not my thing! I’ll leave that to you and will read it after. It’s not to say I didn’t appreciate the invite though!’* [Margaret, Female, 79-years-old, White British]

As stated in the recent systematic review, diversifying co-researcher roles and structures of involvement, as well as being attentive to different contributions that co-researchers feel comfortable making, is vital for enabling participatory methods to reach the full potential (James & Buffel, 2022).

It could be argued, however, that individuals were given the sense of ownership and control within the context of constraints based on power. Ozer, Newlan, Douglas, and Hubbard (2013) use the term ‘bounded empowerment’ to describe this. Co-researchers were not able to access data as it was locked in a cabinet within an office on the university campus. Co-researchers were also not given the opportunity to co-author academic publications given that they contributed to the first author’s doctoral thesis. Thus, the extent to which co-researchers could be considered to be ‘co-owners’ of the project is questionable.

Furthermore, although co-researchers stated that they benefited personally from being co-researchers on the project, for example by increasing social networks, learning new skills, and making a difference to their communities; the first author benefited both personally and professionally, by gaining new transferable skills and ultimately achieving a PhD with the data collected. One of the allures of co-research approaches is the opportunity in which community partners and academic researchers equally contribute to and benefit from the research, thus, demonstrating their co-ownership (Felner, 2020). Yet this research demonstrates the difficulties around assessing equal benefits given that different types of roles reflected different types of benefits. It was not clear whether all co-researchers benefited from being involved in the current study. Sonya seemed unsure of whether she benefited from being a co-researcher:

*‘I’m not sure I did learn more about loneliness, which is why I joined at the beginning… hmmm. I helped to tell the lady’s stories for them?’* [Sonya, Female, 65-years-old, Pakistani]

Perhaps individuals’ expectations matching the benefits they received was most important, as Frank comments:

*‘I knew what to expect from the beginning, I knew I wasn’t expected to publish a paper with you. I’m not fussed about that. For me it was about giving something back and really making sure that loneliness in my community is, shown awareness of. So people know actually, older gay men can be very lonely and need help.’* [Frank, Male, 65-years-old, White British]

*6.3.4.4 Time and financial constraints*

Given that the project was part of an academic dissertation, there were significant time and budgetary constraints that limited how truly collaborative the partnership with the co-researchers could be. Criticism from the co-researchers related to the lack of time or funding secured for the study. The quote from Margaret below demonstrates the time pressures many of the co-researchers felt:

‘*I sort of thought we didn’t have enough time to look back at the interviews we did – months had passed and we were acting against a deadline.* […] *I could have probably done with more time for interviews too – it was a really busy week for me and I’m not sure if I put my all into it to be completely honest with you.*’ [Margaret, Female, 79-years-old, White British]

Several other co-researchers also stated that their ideas and performance were bounded by time. Co-researchers were given six weeks to recruit interviewees and conduct interviews and a further eight weeks to analyse data and attend the optional training sessions. This timeframe included translation as and when necessary. When asked if they would do things differently if there was more time, Sonya added:

*‘yes, more time is needed. Definitely. On a project looking at loneliness in ethnic minority communities? Of course. I could find ladies who never go out, don’t speak any English and struggle with everything they do. Different strategies could be used… but it was a rush and I couldn’t do that, sorry.’* [Sonya, Female, 65-years-old, Pakistani]

Sonya therefore believes that the short timeframe limited the recruitment strategies she could use, highlighting the academic constraints and pressures that shaped the co-researchers’ involvement.

Furthermore, limited funding was secured for the study given it was a dissertation project and this also impacted the co-researchers’ involvement. To illustrate, Frank suggested that more funding would have helped to build a better co-researcher network, enabling him to feel more like he was a member of a team:

*‘I think if you had money to do events for us as co-researchers, and we could invite the people we interviewed too. It would have felt more like a team, yeah. I sort of felt like I was working alone sometimes, and I never met the other groups* [of co-researchers]*. I just reported back to you, and that was that, if you know what I’m trying to say?’* [Frank, Male, 65-years-old, White British]

It was made clear from the beginning of the project that there were no funds to sustain the project after disseminating the findings. This is not in line with the philosophical principles of co-research that suggest that co-research projects should consider the sustainability of a project. Nonetheless, Stuart’s motivation to run an event in order to highlight the issue of loneliness among older LGBTQ+ individuals may have contributed to temporarily improving the wellbeing of his local community.

Budgetary constraints also meant that co-researchers were not paid for their contributions, and instead received travel expenses and gift vouchers for their participation. As mentioned previously, this highlights the unequal power dynamics and brings into question whether the co-researchers co-owned the project. Past studies have, however, reported practical challenges when paying co-researchers for their contributions. For example, Clark, Holland, Katz, and Peace (2009) underestimated the amount of time needed to check individuals’ contributions against their allocated time sheets, as well as managing expectations of both co-researchers and the university financial systems that were not geared up to respond to individuals not accustomed to working within such large systems. McLaughlin (2010) further emphasises the importance of any system of payment and reimbursement being quick and responsive – this is often a challenge within university financial systems. When the co-researchers of this study were asked about how they felt about the travel expenses and gift vouchers they received, most appeared indifferent and no-one considered financial payment as essential to their future involvement. Shakiba elaborated:

*‘look, we decided ourselves to take part in this project, didn’t we? So it obviously does not matter to us. There are other reasons for us* [to participate]. [Shakiba, Female, 50-years-old, Pakistani]

*‘I didn’t take it* [payment] *into account as I knew what the deal was when I volunteered myself. I don’t expect to be paid for something I choose to do.’* [Ibrahim, Male, 68-years-old, East-African-Asian]

Motivations to participate included a will to learn and develop skills, a personal interest in loneliness research, and wanting to ‘help out’ and make a difference. Although the co-researchers did not expect financial payment for their contributions, the lack of financial resources may have excluded some groups within the older population from participating and therefore may have further contributed to power imbalances, ethical issues, co-ownership, and the potentially extractive nature of the approach that was taken.

## 6.4 Author reflections and recommendations

This article reflects on how a co-research methodology was implemented in a research project exploring experiences of loneliness amongst minoritised older people. In particular, it highlights how the underlying issues of power and privilege held by academic researchers shaped the opportunities for individuals to engage authentically in co-research, attempting to avoid tokenistic involvement. It addresses the paucity of academic research on co-research practice, responding to the call for increased reflection on implementing such methodologies (James & Buffel, 2022; Amann & Sleigh, 2021). The current findings suggest that co-research methodologies offer the potential to amplify the voices of minoritised groups, encouraging individuals to make small community changes. However, there were also fundamental challenges that constrained the opportunities that the co-researchers had in this project including issues around: power, co-research as an extractive method, co-ownership, and time and financial constraints. We now share some of our own reflections and recommendations for future researchers.

### 6.4.1 Negotiating power: Engage ‘experts by experience’ as early as possible and for as long as possible

A core challenge of co-research, as discussed previously, relates to the redistribution of power through overcoming the participant-partner divide. Upon reflection, it is clear that power could never be completely shifted to the co-researchers as it is inherent within the academic institution. The use of participatory language had limited effect on redistributing power in practice, with many co-researchers never accepting the ‘partner’ role (e.g. the Chinese co-researchers who declined to amend the interview guide). The same power dynamics as in traditional research appeared to be reproduced but the language used was co-opted to describe the methods. It was even more of a challenge to shift the power to interviewees who were in less privileged positions than the co-researchers themselves. This was likely due to the internalisation of the hierarchical structure; as demonstrated in several previous co-research studies, community citizens may feel that they lack a sense of legitimacy and therefore rely on the guidance of ‘expert’ researchers (Grant et al., 2008; Haarmans & Nazroo, 2022). This can reproduce or perpetuate inequalities - the opposite of what a co-research approach aims to achieve (Parveen et al., 2018). However, one co-researcher suggested that the project was simply ‘*drawing on everyone’s strengths’* as they perceived the first author to be an *‘expert in research’* and perceived themselves to be an ‘*expert in life/by experience’*. Instead of perceiving a power imbalance, they viewed themselves as having different but equally important roles as the first author, reflecting the different roles within the team.

It is therefore recommended that future researchers ensure that they recognise the different power structures within co-research teams and discuss these openly with co-researchers. We encourage co-researchers to reflect on their own positions in relation to the academic researchers and other co-researchers, encouraging open discussions on how power imbalances could be disrupted in training sessions. For example, having official research roles titled ‘expert by experience’ could help to reorganise and equalise the academic hierarchy as they could be more involved in the first planning stages of research prior to approval from ethical review boards. It is advised that potential community partners are involved as early as possible and for as long as possible, while researchers should be transparent about any pre-planned procedures to promote more equal power distribution. In order for this to happen, academic researchers must focus on striking a balance between meeting the principles of co-research with commitment to research governance standards, funder expectations, and institutional priorities.

### 6.4.2 More than storytelling: Encourage partnership working to improve research impact

Critical participatory action research approaches centre community partners’ contributions and plan for mutually and equitably beneficial outcomes (Torre, Fine, Stoudt, & Fox 2012). We reflect upon the complexities of the term ‘equitable beneficial outcomes’; for example, who assesses the value of beneficial outcomes? Can beneficial outcomes ever be equitable? How do we assess the value of these outcomes for different people? In our study, different individuals received different benefits and most importantly, all co-researchers reported that their involvement had met (or exceeded) their initial expectations. Several co-researchers stated that they benefited from being involved in the project, though others seemed unsure whether they had personally benefited. Unfortunately, it is not possible to assess whether interviewees or the co-researchers only involved in the initial training sessions benefited as these data were not collected. What is known is that the project had a beneficial impact within the older LGBTQ+ community, as one co-researcher organised a weekend event focused on increasing awareness around loneliness within the community. The co-researcher since reported that the LGBTQ+ organisation now hosts regular events at the weekends to alleviate the loneliness that several attendees reported feeling. The findings also had an academic impact, addressing several gaps in knowledge within the research community including creating a co-produced guide on facilitating co-research in minoritised populations (*see* Appendix J). It is perhaps too early to confirm its impact on Greater Manchester policy, though we argue that there is the potential for this research to make an impact because of the advocacy of academics, older community members, and the authentic voices of minoritised older people.

We recommend that future researchers unpack what community participation is (and is not), while partnership working to promote tangible community impacts should be encouraged. Involving charities, organisations, and local governments/authorities would further increase the reach of findings, encouraging larger changes within communities. It would also contribute to providing more opportunities to secure funding and resources to improve the scale of research outputs (INVOLVE, 2020).

### 6.4.3 Promote co-ownership: Use different forms of recognition

The challenge of co-ownership is strongly tied into previous discussions around power, bounded empowerment, internalisation of academic hierarchies, and extractive processes. Given that the project formed the basis of the first author’s doctoral research, it was not considered possible for co-researchers to co-author academic papers. Yet members of the academic supervision team were co-authors, further highlighting the inherent power and internalisation of academic hierarchies. Co-researchers instead were given the opportunity to co-author the ‘grey literature’ – a pamphlet facilitating co-research with minoritised groups that was disseminated to community organisations and networks. Upon reflection, this suggests that the co-researcher’s involvement was bounded and they were not treated as equal partners; they were restricted to the ‘community aspect’ of the project rather than contributing to the academic impact and therefore did not benefit professionally from the work as the academics did. Thus, in future research, we advise that researchers offer different forms of recognition - monetary and non-monetary. This could include fair payments, co-authorship of main publications, or recognising them as official members of the research team as has been done in a small number of previous studies (Ayre, Wallis, & Daniell, 2018; Minogue, Cooke, Donskoy, & Vicary, 2016). There is a need, however, for academic institutions to recognise the value of participatory methodologies and community knowledge in order to make this possible.

### 6.4.4 Importance of time and resources: Plan for the unexpected

Although all research projects are subject to time and financial constraints, this study formed part of a doctoral thesis which meant that both funding and time were especially tight. This clearly impacted the way in which the co-research approach was implemented; for example, further training sessions (beyond the three mandatory and two optional workshops) were not possible due to the limited time and finances. Yet two co-researchers suggested that they would have benefited from having more than one session on qualitative analysis techniques. More time and financial resources would have provided opportunities for co-researchers to be more involved in the decisions around the methods and analysis techniques used. To illustrate, one co-researcher who did not continue with their role after the initial training sessions suggested making a video documentary over conducting semi-structured interviews. Ultimately, the academic institution had the final say in which methods could be used given the time and financial constraints; thus, highlighting that the roles of the academics and co-researchers involved were not equal. These constraints also appeared to impact the co-researchers’ involvement, particularly *who* they were able to recruit – many recruited individuals known to local organisations or services and therefore missed opportunities to reach more socially isolated individuals. The lack of available financial resources also meant that only more privileged individuals could volunteer to become a co-researcher as there was no income attached to the role. In line with previous research (Clark et al., 2009), we recommend that universities offer flexible and creative administrative arrangements to renumerate co-researchers for their contributions. We also advise that future researchers conduct thorough cost-benefit analyses, forecasting for any potentially unexpected additional costs prior to implementing a co-research approach. Future researchers should carefully plan each stage of research on a timeline, setting realistic goals, and allowing for unexpected delays. The extent of co-researchers’ involvement at each stage should be made clear prior to recruiting individuals. We do recognise the difficulties of planning for unexpected expenses and time delays and therefore we expect that co-research methods will only reach their full potential when used on longer term projects.

### 6.4.5 Reflect on who is interviewing who: Acknowledge how characteristics shape data

It is also important to reflect upon the impact of the demographic characteristics of the co-researchers and authors on the data obtained, as it enables us to recognise the biases that are present in our findings. Though co-researchers did not discuss this issue in the focus groups, academic papers have highlighted the need for increased reflexivity in co-research studies in order to improve the rigour of the methodology (James & Buffel, 2022). We recognise that the experiences and constructed social realities of both co-researchers and interviewees in this study are not fully representative of other ethnically or sexually minoritised older people given their level of privilege and involvement in university research. We also recognise that having ten individuals conduct interviews meant that different data were collected in different ways and that the quality of the interview data varied. Furthermore, the first author, who conducted and analysed the focus groups, is a White British, straight, cisgender woman in her early-30s and the study referred to in this article was the basis of her doctoral research. Not only will there have been some researcher bias towards how the focus groups and data were analysed, but the co-researchers’ perceptions of the first author may have influenced their responses within the focus groups (Wuyts & Loosveldt, 2020). A selection of quotes collected from the co-researchers support this theory:

‘*you young people have it tough these days. I wouldn’t want to be you. I do feel for you.’* [Margaret, Female, 79-years-old, White British]

‘*you’re white, English, so young. I wouldn’t expect you to begin to understand it all.’* [Noor, Female, 58-years-old, British Pakistani]

*‘my son has recently been through this* [writing an academic dissertation] *and I saw the stress impact on him. I will do anything to make it easier for you and that’s why I decided it was a good opportunity for me to help you.*’ [Shakiba, Female, 50-years-old, Pakistani]

*‘you’ve got enough on your plate and to be getting on with!’* [Frank, Male, 65-years-old, White British]

We recommend that future researchers foster critical reflection of the validity of their own data by examining the positionality and demographics of all those involved. This is especially important when working with minoritised populations given the significant power differentials that may exist between the researchers and the researched (Littlechild et al., 2015; Amann & Sleigh, 2021).

## 6.5 Limitations

This article has made some novel contributions to the co-research literature; though the study is not without limitations. A key limitation is that co-researchers were recruited from established community groups and were therefore not necessarily fully representative of the minoritised populations included. Mathie et al. (2014) argue that this could reinforce the views and priorities of articulate and more privileged groups who may formally satisfy the criterion of belonging to a minoritised group, yet do not truly represent the views of that population. For example, all co-researchers spoke fluent English but some interviewees spoke little English; furthermore, all co-researchers had been involved in previous research projects or regularly attended social groups but some interviewees had never done either of those things, thus, it is likely that they had different levels of privilege. There may, as a result, be an issue with equity of access with recruiting co-researchers from established community groups. Another limitation is that interviewees were not asked about their perspectives of the co-research approach. A previous study found that some older women reported that they did not want to be interviewed by someone from their own community (Warren & Cook, 2005). It would be useful for future research to explore how co-research is perceived by interviewees, as well as examining the benefits and challenges for them. This would further contribute to the knowledge on co-research methodologies, helping researchers to weigh up the costs and benefits of the approach for all those involved.

## 6.6 Conclusion

This article responds to the calls for the need for more reflection when using co-research approaches in order to promote knowledge exchange and mutual learning, rather than the development and application of prescriptive rules. It addressed the gap in the co-research literature as few studies, to date, have reflected on *how* the co-research approach was implemented. This paper explored the practice of co-research in a study investigating loneliness amongst minoritised older people and then examined co-researchers’ reflections on being involved in the process. At the core of this paper was an examination of how inherent power and privilege from academic researchers and institutions underlie other challenges such as co-research being an extractive process, co-ownership, time and financial constraints, and the validity of co-research data. We conclude that co-research methodologies should not be viewed as panaceas to challenging inequalities and structural injustice - using such methodologies can exacerbate inequalities rather than working to reduce them. We have suggested some ways in which to negotiate power with community partners, highlighting the importance of changing institutional expectations, priorities, and hierarchies to reflect an approach that is more aligned with the collaborative nature of co-research.

**CHAPTER SEVEN: CONCLUSIONS AND FUTURE WORK**

# 7. Conclusions and future research

## 7.1 Key conclusions and new insights

The aim of this thesis was to address the paucity of research exploring the experiences, drivers, and ways of coping with loneliness among minoritised older people using a co-research approach. Loneliness is a particularly important topic to study given the associated social, health, and economic costs. Chapter Three identified several gaps in the current literature including the need to understand the experiences of loneliness among minoritised older people, recognising the heterogeneity within the older population. Minoritised older people are underrepresented in the literature yet are often found to be more vulnerable to loneliness and its associated adverse effects (Victor et al., 2012; Wu & Penning, 2015). Using a co-research approach to amplify voices of older people with minoritised identities, this thesis has shone light on how minoritised older people experience and cope with loneliness while highlighting the potential of using co-research methodologies with such groups. This thesis contributes to and builds upon the existing body of knowledge on both loneliness and co-research in a number of ways which will now be discussed in turn.

### 7.1.1 Advanced understanding of loneliness among minoritised older people

This thesis has advanced our understanding of loneliness among minoritised older people in three ways. First, it has demonstrated that the accumulation of disadvantages that minoritised older people experience throughout their life course later shape their experiences and ways of coping with loneliness in later life. The findings demonstrate that a variety of structural disadvantages such as growing pressures on health, difficulties accessing health and social care services, financial barriers, experiences of discrimination, digital exclusion, neighbourhood exclusion, and a lack of access to public transport impact loneliness (*see* Chapter Three and Four). Discrimination, for example, played an important role in many interviewees’ experiences of loneliness by limiting opportunities for social interactions. Gay interviewees reported how their social interactions had been framed by stigma throughout their life course, whereas South and East Asian interviewees spoke about feeling ostracised from wider society due to structural racism and language barriers (*see* Chapter Four). Experiences of discrimination also often meant that individuals had fewer resources to draw upon in order to cope with loneliness (i.e. restricted social interactions); whereas, White British heterosexual individuals did not report experiencing such restrictions (*see* Chapter Five).

Second, the findings highlight the importance of adopting a life course perspective when exploring loneliness among minoritised older people. Many of the structural disadvantages that minoritised interviewees reported were also present earlier in life. For example, gay individuals told stories of a lifetime of discrimination and stigma which had caused them to conceal their identities, consequently leading to feelings of loneliness (*see* Chapter Four). Individuals with restricted social networks in their later life also reported having smaller social networks earlier in the life course (*see* Chapters Four and Five). For some individuals, having restricted social networks did not contribute to loneliness in earlier life stages, although many were also experiencing deteriorating health in later life and were therefore experiencing difficulties coping with loneliness due to having fewer social resources to draw upon (*see* Chapter Five). Much of the previous research on loneliness in later life fails to account for differences across the life course (Phillipson, 2015), highlighting the novelty of this research.

Third, the importance of identity affirmation among minoritised older people when experiencing and coping with loneliness was highlighted in the data. It was particularly common for South and East Asian interviewees to affirm their identities through family relationships and religious practice, whereas gay interviewees’ identities were often challenged by family and instead affirmed through attending LGBTQ+-specific social groups and events (*see* Chapter Five). Individuals described how developing a strong sense of belonging to one’s social groups not only protected against discrimination, but it also eased loneliness and aided coping by providing individuals with social resources to draw upon (*see* Chapter Four and Five). These findings support previous research on older Lesbians (Wilkens, 2015), further contributing to our understanding of loneliness among minoritised older people.

### 7.1.2 Demonstrated importance of context, place, and community

This thesis has demonstrated the importance of context, place, and community among minoritised older people in three ways.First, the findings highlight the importance of moving beyond an individualistic understanding of loneliness by taking context into account. Chapter Three used an ecological framework to explore the risk factors of loneliness, highlighting the role of an individual’s neighbourhood and community while identifying that much of the previous research has focused on individual factors for loneliness. Chapters Four and Five demonstrated the significant role of place in the experience of loneliness, highlighting how an individual’s neighbourhood can impact the ways they cope with loneliness. For example, the findings demonstrated that experiences of community change and urban regeneration were largely negative with older people mourning ‘a lost community’ and being unable to afford the groceries, bars, and restaurants in the regenerated neighbourhood which restricted their social opportunities and resources to cope (*see* Chapters Four and Five). Other findings highlighted how obtaining and providing social support within local communities such as cooking food for neighbours and hosting street parties aided coping with loneliness for ethnically and sexually minoritised older people (*see* Chapter Five). Thus, the findings call for neighbourhood context to be taken into account when exploring loneliness among minoritised older people.

Second, the findings demonstrate the importance of having third spaces of belonging where minoritised older people feel safe. Chapter Four highlighted the need to have social infrastructure that not only provides older people with a physical space to meet but is also a welcoming, supportive, and safe space for those with minoritised identities. Many interviewees reported that they felt unsafe and uncomfortable attending social events for older people unless they were specific to their ethnic or sexual identity. Chapter Five also showed that most interviewees attended either LGBTQ+ or ethnicity-specific groups in order to cope with loneliness as they felt safe from discrimination. The findings also showed that the disappearance of such third spaces worsened loneliness and made coping with loneliness more difficult for some interviewees.

Third, the role of community on loneliness was highlighted, further supporting the notion of moving beyond an individualistic understanding of loneliness. Being part of a strong, local, and supportive community was found to protect against loneliness while promoting coping (*see* Chapters Four and Five). Being part of a community created and reinforced individuals’ sense of belonging through proximity of own ethnic or sexual communities, while promoting opportunities for social bonds and resources to draw upon during challenging times. For example, interviewees reported that they obtained both practical and emotional support from community members when feeling lonely (*see* Chapter Five). Chapter Four also demonstrated the detrimental impact of population turnover on community networks, which caused older people to feel more lonely, leaving them with fewer resources to draw upon to cope. This further highlights the importance of having a strong and stable community network when experiencing and coping with loneliness.

### 7.1.3 Contributed to new theoretical insights on loneliness

This thesis has made two novel theoretical contributions to the literature on loneliness. First, this was the first study that has applied the cumulative disadvantage theory to loneliness. Although the cumulative disadvantage theory has been widely used in many fields of the social sciences, the potential impact of cumulative disadvantage on loneliness in later life is under researched (Hagan, Manktelow, & Taylor, 2020). Chapter Four and Five demonstrated how minoritised older people accumulate a myriad of disadvantages across their life course (largely stemming from discrimination) which later shape their experiences of loneliness and impact the resources that are available to them to use in order to cope with loneliness. Thus, this research highlights the potential of using a cumulative disadvantage framework when exploring experiences of loneliness amongst minoritised individuals.

Second, this thesis contributes knowledge to the broader learning and development of existing coping theories for loneliness by highlighting the importance of more community (or collectively)-oriented ways of coping. Chapter Five demonstrated that current coping conceptualisations are often too individualised and simplistic. For example, Lazarus’ and Folkman’s (1984) theory of stress and coping focus on an individual’s ability to manage their own emotions privately. This emphasises the individualised nature of coping, placing responsibility on the individual for coping with loneliness – a view that most current interventions tackling loneliness adopt (Sullivan et al., 2016). Yet the findings of this thesis highlight the important influence of community resources on coping with loneliness in later life. Many minoritised individuals used community support to cope with loneliness; White British interviewees tended to use more psychological individual strategies. This community dimension of coping is often missed in coping circumplex models. It was also found that individuals use multiple coping strategies simultaneously, ranging from more individual-oriented techniques such as cognitively reappraising the situation to more collectively oriented strategies including obtaining support from the local community. The findings henceforth provide potential to expand upon existing coping theories by placing ways of coping on an individual to collective continuum, viewing coping as a function of one’s family, neighbourhood, community, employment, and volunteering activities, shaped by their ethnicity, sexuality, gender, and socioeconomic position.

### 7.1.4 Advanced the development of co-research methodologies

This thesis advances the development of co-research methodologies in two ways. First, it responded to calls for increased reflexivity, interrogating the implementation of a co-research methodology with minoritised older people. Few researchers have examined their own practice of co-research in academic journals; thus, the thesis author has provided new insights by critically reflecting upon the challenges of using a co-research methodology with minoritised individuals. Chapter Six discussed five critical reflections that cover issues with power, co-research as an extractive process, co-ownership, time and financial constraints, and the validity of a qualitative co-research approach. At the core of this paper was an examination of the impact of the inherent power and privilege of the academic researcher and how this constrained co-researchers’ opportunities to shape the research. For example, the academic researchers often made the final decisions, putting the co-research principle of ‘equitable involvement’ into question. These new insights have provided a clear account of how a co-research approach was implemented with a group of minoritised older people, further advancing knowledge of this methodology.

Second, due to the author’s critical reflection, this research has provided opportunities for mutual learning on how best to use a co-research approach with minoritised individuals (*see* Chapter Six). Rather than developing and applying prescriptive rules, this thesis has highlighted several challenges associated with using a co-research approach with minoritised individuals including the impact of power imbalances on co-ownership and extractive processes, as well as how time-intensive and costly such methodologies are. It has also provided recommendations for future researchers including potential ways of negotiating power, privilege, and academic research hierarchies, such as having open discussions about power imbalances, ensuring that co-researchers are appropriately recognised for their contributions, and encouraging researchers to consider the sustainability and long-term benefits of using such an approach within the community. Moreover, direct accounts from the co-researchers were highlighted, increasing the validity and rigour of the findings. A co-produced guide to facilitating involvement of older people with minoritised identities in research was also created using these data and was then distributed to relevant ageing networks, organisations, and local authorities to encourage future involvement and empowerment of such communities (*see* Appendix J). Thus, not only has this research advanced our knowledge on how to facilitate minoritised groups in co-research but it has also increased awareness of the potential of participatory methods amongst non-academic stakeholders.

## 7.2 Implications for policy and practice

This thesis demonstrates the wide variation in experiences, drivers, and ways of coping with loneliness among minoritised older people. There are a number of implications for policy and practice. First, the findings indicate that interventions designed to tackle loneliness in later life should consider the impact of community, while promoting a shared sense of belonging. As Chapter Three outlined, current interventions largely place responsibility on the individual and have had limited effectiveness on alleviating loneliness. This research goes some way to inform future interventions by showcasing the importance of collectively oriented coping strategies and the role community plays in the experience of loneliness in later life, emphasising that there is no one-size-fits-all solution (*see* Chapters Four and Five). A shared sense of belonging was particularly important for ethnically or sexually minoritised older people; thus, future interventions should perhaps encourage a shift towards promoting belonging rather than tackling loneliness.

Second, policy makers should take note of the vital importance of social infrastructure and the need to fund specific social groups when addressing loneliness within the older population. The importance of third spaces of belonging and specific clubs aimed at ethnically or sexually minoritised individuals was highlighted by interviewees in Chapters Four and Five. It is clear from this research that more investment in social spaces for older people is needed, particularly in deprived areas, if loneliness is to be addressed. This is in line with previous research calling for authorities to fund and develop ‘age-friendly’ places and cities that aim to encourage healthy ageing and promote an improved quality of life among older people in urban areas (Buffel, Phillipson, & Rémillard-Boilard, 2019; Greenfield & Buffel, 2022).

Third, policy makers should adopt a life course perspective when exploring ways to tackle loneliness. Current policies focus on strategies to reduce loneliness in later life, yet the findings show that individuals accumulate disadvantages (or advantages) throughout the life course. Thus, it is recommended that policies focus on building and maintaining social networks across each stage of life, emphasising lifelong prevention and attention to the structural factors that shape experiences of loneliness. Moreover, the findings indicate the heterogeneous nature of the older population, with previous research showing that inequalities increase with age (Stopforth et al., 2021). It is therefore important that policy makers recognise the diversity within this population, accounting for ethnic, cultural, and sexual differences.

Fourth, this research highlights the potential for involving older people in policy and practice design. The findings demonstrate how minoritised older people can be empowered to meaningfully contribute to academic research and community change (over tokenistic involvement). Involving individuals as co-designers of interventions designed to tackle loneliness would ensure that their specific needs are met, increasing the effectiveness of such programmes.

## 7.3 Limitations

There are a number of limitations associated with the methods used in this thesis including: restrictions related to purposive sampling, recruiting co-researchers via existing age-friendly networks, the cross-sectional nature of the study, and the limited involvement of co-researchers in disseminating the findings and the lack of tangible outcomes in their communities. These will now be discussed in turn.

A major limitation of this research was that purposive sampling was restricted due to the co-research design (*see* Chapter Four and Five). This meant that although the final sample of interviewees was diverse, only small numbers of gay men, Chinese, Indian, Bengali, and Iranian individuals were included. Sampling, alongside many other decisions, was designed in partnership with the co-researchers. Ultimately, who they chose to interview was restricted to who they were able to access within their communities; for example, Indian and Pakistani female co-researchers only interviewed other women as it was perceived to disrespectful to share or discuss personal stories with men they do not know. Thus, although the co-research methodology was flexible, this meant that sampling was guided by convenience to some extent. This means that drawing conclusions beyond the individuals included in this thesis requires additional theoretical and empirical work. Nevertheless, the findings add critical new knowledge on how having a minoritised identity may shape experiences, drivers, and ways of coping with loneliness, drawing from the accounts of older South and East Asian migrants and gay men in the UK.

A second limitation of this research refers to the way in which co-researchers were recruited. Co-researchers were recruited via existing age-friendly networks, largely guided by the leads working on the *Ambition for Ageing* programme at GMCVO. A fundamental principle of co-research is to work towards reducing inequalities by including seldom heard voices; however, given that co-researchers were largely already known to existing services and organisations they could be perceived to be already advantaged or privileged. Thus, the approach may have further reinforced inequalities rather than working to reduce them (*see* Chapter Six for a more detailed discussion). Nonetheless, the majority of co-researchers identified as having a minoritised sexual or ethnic identity and made efforts to reach more socially isolated interviewees who were not already engaged with social organisations or who were more isolated from the wider community due to not speaking English well. Thus, the findings do increase the representation of minoritised older people in the literature.

A third limitation refers to the cross-sectional nature of the research. Interviews exploring the experiences, drivers, and ways of coping with loneliness were conducted at one point in time. Questions were asked retrospectively, exploring older peoples’ experiences of loneliness across different stages of the life course. This means that assumptions around the factors contributing to individual experiences of loneliness were made in retrospect, retrospect, raising the possibility of inaccurate recall of circumstances, or post hoc interpretations of events. However, the study did recognise the importance of adopting a life course approach when studying loneliness, adopting theories such as the cumulative disadvantage theory (Dannefer, 1987; 2003) to demonstrate how earlier experiences and stressors can accumulate and impact later life.

A final limitation refers to the limited involvement of co-researchers in the dissemination of the findings and a lack of tangible outcomes in their communities. The co-research process came to a rather abrupt end due to the onset of COVID-19 in February 2020 and therefore the thesis author could no longer meet with the co-researchers to co-create reports that share the findings. Many co-researchers did not have sufficient access to digital technology or video conference. Co-researchers who were able to access the internet were sent emails summarising the findings and next steps, and were subsequently involved in the digital creation of the co-research pamphlet. The thesis author telephoned co-researchers who did not have internet access and discussed the findings and next steps with them. Given the time-sensitive nature of the doctoral project, the thesis author analysed the focus groups, drafted academic papers, and digitally created the co-research pamphlet (which used data from the focus groups with the co-researchers) without co-researcher involvement. In addition to the challenges around meeting with the co-researchers during the COVID-19 pandemic, broader structural constraints are likely to have restricted opportunities for the co-researchers to action social change: for example, as a doctoral candidate, I was unable to secure funding that could then be used to offer employment contracts, payment, and external training to co-researchers, both during and after the research project had ended. This goes against the emancipatory framework that underpins the research presented in the thesis; hence, why it is noted as a limitation.

## 7.4 Reflections and future research

Reflecting on the co-research approach, co-researchers interviewed people who they did not know personally but perhaps knew of or were acquainted with (40% were strangers). Although co-researchers did not perceive this to be an issue, there are some associated ethical challenges. Many of the interviews were emotionally charged and discussed sensitive topics, with a small number of interviewees getting upset while reflecting on the losses they have experienced and the loneliness that ensued. Co-researchers offered those interviewees the ‘Where to go from here?’ signposting information sheet (*see* Appendix G). However, it is possible that the boundaries between the co-researcher and interviewee may have become blurred at times. In one instance, a co-researcher spoke about their own experiences of poor mental health and asked an interviewee a leading question about seeking professional help. Dickson-Swift, James, Kippen, and Liamputtong (2007) noted that this is a common challenge in qualitative research, where interviewers can become more like therapists. This may have meant some interviewees overshared, particularly if co-researchers exposed their own vulnerabilities to interviewees given their similar life histories. Co-researchers were encouraged to reflect upon their interviews with the thesis author. The thesis author kept a reflexive research diary and noted all discussions with co-researchers in research memos that were written up immediately after each conversation.

More personally, while reflecting on the co-research approach I had implemented I realised that I had unintentionally replicated much of a traditional research paradigm, rather than following a more emancipatory framework. Some aspects of the co-research process, such as giving co-researchers a gift voucher for each interview, could seem exploitative. Other aspects such as encouraging co-researchers to access ‘seldom heard’ groups could be perceived as instrumental, as following an extractive research model. Although this view did not appear to be held by co-researchers, it is an important reflection given that one of the main aims of an emancipatory approach is to reduce inequalities and distribute power more equally. The fact the project was part of a doctoral thesis meant that time and finances were limited, making the co-research methodology more challenging to implement. However, there were numerous benefits of using this approach including co-researchers reporting that they felt empowered and more confident as a result of their involvement. Many of the co-researchers whose first language was not English reported that they felt more confident speaking English. Over half of the co-researchers reported feeling keen to be involved in future research at the university, demonstrating that the experience had been a positive one for them.

Recommendations for future research have been discussed in all four papers included in this thesis. It is important, however, to emphasise that future work should explore experiences, drivers, and coping with loneliness in other older minoritised groups. For example, lesbian, non-binary, and transgender people. Individuals with multiple minoritised identities may be of particular interest, for example, lesbian women from ethnic minority backgrounds, as these populations are likely to have experienced an even greater accumulation of disadvantages throughout their life course than those with single minoritised identities (Grollman, 2014; Lehavot, Balsam, & Ibrahim-Wells, 2009). It may also be useful for future research to adopt a more grounded theory perspective, recruiting larger samples of one specific minoritised identity to explore heterogeneity in experience. This would enable a more nuanced examination of experiences, drivers, and ways of coping with loneliness in such populations. Finally, in terms of future research implementing a co-research approach, this project suggests that a societal and institutional shift is needed before emancipatory methodologies are able to transform oppressive practices and effectively challenge power structures. Academic institutions must be on board with pushing for social change through the use of such methodologies and must feel comfortable relinquishing control over knowledge production, and embracing the need to value community citizens as ‘experts by experience’.

## 7.5 Conclusion

The aim of the thesis was to address the paucity of research examining the lived experiences of loneliness amongst minoritised older people, while exploring how co-research could be facilitated with these groups. This thesis has demonstrated that the nature of older people’s experiences of loneliness has its roots in experiences across their life course. By viewing their experiences through the lens of cumulative disadvantage theory, it was possible to see how previous circumstances and socioeconomic factors had shaped later loneliness and social connections. It was also shown how experiences and ways of coping with loneliness was influenced and shaped by the wider context including the neighbourhoods in which people lived. The findings demonstrated potential to expand upon existing coping theories, further emphasising the importance of communities and collectively oriented coping strategies amongst minoritised older people. By applying an emancipatory framework to the research, it was possible to involve a group of older people with minoritised identities in all stages of the research process. This provided the group of older people with the opportunity to contribute to knowledge on loneliness, while promoting small social changes within their communities to alleviate loneliness in later life. To conclude, loneliness is an important, albeit complex, topic amongst minoritised older people which is widely experienced. It is important that the dearth of knowledge in this area is prioritised within research in order to inform the design of more effective interventions tackling loneliness in older age.

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# Appendix A: Ethical approval for the study

Social Sciences School Panel

 School of Social Sciences

The University of Manchester

Manchester

M13 9PL

Email: SoSS-Student-EthicalApprovals@manchester.ac.uk

Ref: 2018-4587-7146

10/10/2018

Dear Ms Natalie Cotterell, , Dr Kingsley Purdam, Dr Tine Buffel

**Study Title**: Growing old in the city: tackling social isolation in later life

Social Sciences School Panel

I write to thank you for submitting the final version of your documents for your project to the Committee on 26/09/2018 12:18 . I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:

|  |  |  |
| --- | --- | --- |
| **Document Type** | **File Name** | **Date Version** |
| Advertisement | Expressions of interest advert\_PDF | 30/05/2018 1 |
| Consent Form | New\_consentform\_co-researchers | 22/07/2018 1 |
| Consent Form | New\_consentform\_stakeholderinterviews | 22/07/2018 1 |
| Consent Form | New\_consentform\_olderpeopleinterviews | 22/07/2018 1 |
| Additional docs | Distress Policy\_completed | 23/07/2018 1 |
| Additional docs | Confidentialty agreement | 23/07/2018 1 |
| Additional docs | lone working policy\_completed | 23/07/2018 1 |
| Additional docs | Insurance for Research Involving Human Subjects – Dec 2014\_completed | 24/07/2018 1 |
| Additional docs | Risk assessment\_eg | 24/07/2018 1 |
| Additional docs | Where to go from here signposting | 25/07/2018 1 |
| Additional docs | Data Management Outline - Growing old in the city tackling social isolation in later life | 25/07/2018 1 |
| Participant Information Sheet | New\_PISolderpeople | 05/08/2018 1 |
| Participant Information Sheet | New\_PISstakeholders | 05/08/2018 1 |
| Participant Information Sheet | New\_PIScoresearchers | 05/08/2018 1 |
| Additional docs | DRAFT2 INTERVIEW GUIDE FOR INTERVIEWS WITH CORESEARCHERS | 05/08/2018 2 |
| Additional docs | DRAFT2 INTERVIEW GUIDE FOR INTERVIEWS WITH STAKEHOLDERS | 05/08/2018 2 |
| Additional docs | training booklet for co-researchers\_2 | 05/08/2018 1 |
| Additional docs | Draft\_vignette1 | 05/08/2018 1 |
| Additional docs | Data-Management\_Plan\_PDF | 24/09/2018 2 |
| Additional docs | Data-Management\_Plan\_PDF | 24/09/2018 2 |
| Participant Information Sheet | EasyAccess\_PIS\_stakeholders | 24/09/2018 2 |
| Participant Information Sheet | EasyAccess\_PIS\_Co-researchers | 24/09/2018 2 |
| Participant Information | EasyAccess\_PIS\_olderadults | 24/09/2018 2 |

Page 1 of 2

|  |  |  |
| --- | --- | --- |
| Sheet  Additional docs | DRAFT INTERVIEW GUIDE FOR INTERVIEWS WITH OLDER PEOPLE | 24/09/2018 2 |
| Additional docs | ethics letter\_NC | 24/09/2018 1 |

This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC) however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.

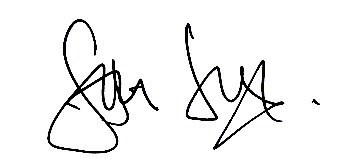
**Reporting Requirements:**

You are required to report to us the following:

1. [Amendments](http://documents.manchester.ac.uk/display.aspx?DocID=36448)
2. [Breaches and adverse events](http://documents.manchester.ac.uk/display.aspx?DocID=23493)

We wish you every success with the research.

Yours sincerely,



Dr Stuart Shields

Social Sciences School Panel

# Appendix B: Co-researcher participant information sheet

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**Growing old in the city: tackling social isolation in later life.**

**Participant Information Sheet (PIS) for co-researchers – FULL DETAILS VERSION**

This PIS should be read in conjunction with [The University privacy notice](http://documents.manchester.ac.uk/display.aspx?DocID=37095)

You are being invited to take part in a research study aiming to explore how we can tackle social isolation in later life. This is research being conducted in fulfilment of the named researcher’s postgraduate research degree (a Doctorate of Philosophy [PhD]). Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

**Who will conduct the research?**

The research will be conducted by Natalie Cotterell (School of Social Sciences, University of Manchester). The project is supervised by Dr Kingsley Purdam (University of Manchester) and Dr Tine Buffel (University of Manchester).

The Greater Manchester Centre for Voluntary Organisation (GMCVO) is listed as a CASE partner of the PhD, providing support for the student.

**What is the purpose of the research?**

The aim of this study is to explore ways of tackling social isolation in later life in different ethnic groups of older adults. This will help to inform relevant policies and interventions in Greater Manchester.

**Why have I been chosen?**

You have been invited to take part because:

* You are aged 50 years old or over.
* You live independently in Greater Manchester.
* You have shown an interest and commitment to tackling social isolation in later life in your area.

There will be a total of 24 older ‘age-friendly co-researchers’ involved in the project.

**What would I be asked to do if I took part?**

As an ‘age-friendly co-researcher’ you will be expected to attend three mandatory training sessions, each lasting half a day. You will co-develop and shape the research project’s aims, research questions, and interview topic guides. You will undertake a number (max. 4) of qualitative semi-structured interviews with older adults who live independently and do not attend social or voluntary groups. The first interview will last approximately 45 minutes with the two follow-up interviews lasting 30 minutes. Following data collection, you will be given the choice to be involved with qualitatively analysing the data and co-authoring a report that will be aimed at the public and policy makers. You also have the opportunity to be involved with disseminating the research findings at several public engagement events.

The lead researcher will hold regular reflection meetings and drop-ins to ensure that you are fully supported throughout the entire research process. Full risk assessments will be undertaken before each interview you conduct.

As an ‘age-friendly co-researcher’ you will be asked a series of questions relating to your motivations for becoming involved, your thoughts about the current interventions designed to tackle social isolation among older people, and how you found the co-research process. You will be interviewed on three separate occasions (before data collection, during data collection, and three months after data collection has finished). The first interview will last up to 45 minutes, with the two follow-up interviews lasting approximately 30 minutes.

**What will happen to my personal information?**

In order to undertake the research project we will need to collect the following personal information/data about you:

* Sex
* Date of birth
* Address (or at least first part of postcode)
* Marital status
* Ethnicity
* Educational level
* Contact details i.e. email address, telephone number
* Whether you consider yourself disabled/any accessibility requirements

All interviews, including the ones you conduct and the ones in which you are interviewed, will be conducted on a one-to-one basis and will be voice-recorded. The recordings will be transcribed and then destroyed. The transcriptions may be used for other purposes in an anonymised format.

Only the research team will have access to this information.

We are collecting and storing this personal information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information. The legal basis upon which we are using your personal information is “public interest task” and “for research purposes” if sensitive information is collected. For more information about the way we process your personal information and comply with data protection law please see our [Privacy Notice for Research Participants](http://documents.manchester.ac.uk/display.aspx?DocID=37095).

The University of Manchester, as Data Controller for this project, takes responsibility for the protection of the personal information that this study is collecting about you. In order to comply with the legal obligations to protect your personal data the University has safeguards in place such as policies and procedures. All researchers are appropriately trained and your data will be looked after in the following way:

Only the research team will have access to identifiable information i.e. data which could identify you, but this will be made anonymous as soon as the data is transcribed using randomly generated pseudonyms. The anonymous transcriptions will not be shared with any other organisations. The anonymised transcriptions, consent form, and contact details will be retained for five years in a secured filing cabinet.

The voice recordings of the interviews conducted by the lead researcher will be immediately transferred to the lead researcher’s password protected University computer.

Before collecting each interview, you should make the lead researcher aware of the time and location of the planned interview with the older person. After collecting each interview yourself, you should aim to let the lead researcher know when the interview has finished no more than three hours after the estimated finish time. The lead researcher will then arrange to collect the voice recording from the device as soon as possible. It will then be transferred to the lead researcher’s password-protected University computer. All recordings will be destroyed following transcription.

You have a number of rights under data protection law regarding your personal information. For example you can request a copy of the information we hold about you, including audio recordings or photographs. This is known as a Subject Access Request. If you would like to know more about your different rights, please consult our [privacy notice for research](http://documents.manchester.ac.uk/display.aspx?DocID=37095) and if you wish to contact us about your data protection rights, please email [dataprotection@manchester.ac.uk](mailto:dataprotection@manchester.ac.uk) or write to The Information Governance Office, Christie Building, University of Manchester, Oxford Road, M13 9PL. at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner’s Office](https://ico.org.uk/concerns), Tel 0303 123 1113 .

**Will my participation in the study be confidential?**

Your participation in the study will be kept confidential to the research team and those with access to your personal information as listed above. The lead researcher will use the voice recordings of the interviews to create transcripts. Any identifiable information will be removed from the final transcript and randomly generated pseudonyms will be used to de-identify the data. All voice recordings will be destroyed as soon as they have been transcribed, ensuring that individuals cannot be readily identified. Transcriptions and personal information will be securely retained for 5 years. All recording devices will be encrypted by the University of Manchester and will be exclusively for research use.

In the event that there are concerns about an interviewee’s safety or the safety of yourself or others then please contact the lead researcher immediately.

Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

**What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised and forms part of the dataset as we will not be able to identify your specific data. This does not affect your data protection rights.

It is essential to your participation in the study that all interviews are audio recorded. You should feel comfortable with the recording process at all times. If you do not, then you are free to stop recording at any time.

**Will my data be used for future research?**

When you agree to take part in a research study, the information about your health and care may be provided to researchers running other research studies in this organisation. The future research should not be incompatible with this research project and will concern social isolation in older age. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/)**.**

This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and care research, and cannot be used to contact you regarding any other matter or to affect your care. It will not be used to make decisions about future services available to you.

**Will I be paid for participating in the research?**

You will receive travel expenses and a £10.00 sterling gift voucher for each interview conducted.

**What is the duration of the research?**

As an ‘age-friendly co-researcher’, you will be expected to attend the three mandatory training sessions, each lasting half a day. You will then conduct approximately three interviews with older people who do not attend social or voluntary groups. Each interview will last approximately 45 minutes. The data collection period for these interviews will be from January 2019 to April 2019. The commitment of the co-researcher is flexible and so if you wish to be involved further, then you will have the opportunity to be involved in the data analysis, writing-up the research findings, and dissemination of the findings. The whole research process will last 12 to 18 months. It is hoped that the group of ‘age-friendly co-researchers’ will form a sustainable group and may wish to undertake further research in their own communities with local voluntary organisations.

You will also be asked to participate in a qualitative interview with the lead researcher at three follow-up points: before data collection, during the data collection period, and after the data collection period has ended. The first interview will last approximately 45 minutes and will begin in the autumn of 2018 (second and third interviews are expected to be shorter – i.e. around 30 minutes).

**Where will the research be conducted?**

All participants in the study will live in Greater Manchester. All interviews will take place at a mutually convenient publicly accessible or partially publicly accessible location.

**Will the outcomes of the research be published?**

Co-researchers will have the opportunity to co-author a report aimed at the public and/or policy makers detailing the research findings and subsequent policy and research recommendations. Several public engagement events will be organised with the co-researchers to disseminate the findings. The role of the ‘age-friendly co-researchers’ will be acknowledged in any publications. Regardless of the level of your involvement, all co-researchers will receive a summary of the findings including a copy of the final report.

The research will also form part of the lead researcher’s PhD thesis for submission to the University of Manchester. The results may also be submitted for publication in academic journals. However, all of the data will be analysed and reported anonymously.

**Disclosure and Barring Service (DBS) Check (if applicable)**

You must have a valid DBS check to become an ‘age-friendly co-researcher’ given the potential for older adults to be seen as vulnerable. If you already volunteer for an organisation then it is likely that you already have one. The lead researcher must have sight of your DBS certificate.

**Who has reviewed the research project?**

This project has been reviewed by the University of Manchester Research Ethics Committee (UREC).

**What if I want to make a complaint?**

**Minor complaints**

If you have a minor complaint then you need to contact the lead researcher in the first instance:

***Natalie Cotterell,*** [*natalie.cotterell@postgrad.manchester.ac.uk*](mailto:natalie.cotterell@postgrad.manchester.ac.uk)***, Room 2.13A, Humanities Bridgeford Street Building, School of Social Sciences, The University of Manchester, M13 9PL.***

**Formal Complaints**

If you wish to make a formal complaint then in the first instance please contact the lead researcher Natalie Cotterell using the contact details above.

If you are not satisfied with the response you have gained from the lead researcher then please contact:

* Dr Kingsley Purdam: [kingsley.purdam@manchester.ac.uk](mailto:kingsley.purdam@manchester.ac.uk), 0161 275 4719, The *University of Manchester, Humanities Bridgeford Street Building, School of Social Sciences, M13 9PL.*
* TheResearch Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: [research.complaints@manchester.ac.uk](mailto:research.complaints@manchester.ac.uk)  or by telephoning 0161 275 2674.

**What Do I Do Now?**

If you have any queries about the study or if you are interested in taking part then please contact the lead researcher**: Natalie Cotterell –** [natalie.cotterell@postgrad.manchester.ac.uk](mailto:natalie.cotterell@postgrad.manchester.ac.uk)**.**

**This Project Has Been Approved by the University of Manchester’s Research Ethics Committee [2018-4587-7146]**

# Appendix C: Interviewee participant information sheet

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**Growing old in the city: tackling social isolation in later life.**

**Participant Information Sheet (PIS) for older people – FULL DETAILS VERSION**

This PIS should be read in conjunction with [The University privacy notice](http://documents.manchester.ac.uk/display.aspx?DocID=37095)

You are being invited to take part in a research study aiming to explore how we can tackle social isolation in later life. This is research being conducted in fulfilment of the named researcher’s postgraduate research degree (a Doctorate of Philosophy [PhD]). Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

**Who will conduct the research?**

The research will be conducted by Natalie Cotterell (School of Social Sciences, University of Manchester). The project is supervised by Dr Kingsley Purdam (University of Manchester) and Dr Tine Buffel (University of Manchester).

The Greater Manchester Centre for Voluntary Organisation (GMCVO) is listed as a CASE partner of the PhD, providing support for the student.

**What is the purpose of the research?**

The aim of this study is to explore ways of tackling social isolation in later life in different ethnic groups of older adults. This will help to inform relevant policies and interventions in Greater Manchester.

**Why have I been chosen?**

You have been invited to take part because:

* You are aged 50 years old or over.
* You live independently in Greater Manchester.
* You are not regularly involved in any voluntary/social groups, clubs, or organisations

There will be a total of approximately 72 older people in Greater Manchester being interviewed.

**What would I be asked to do if I took part?**

You will be interviewed for approximately 45 minutes. You will be asked about your own social networks, social activities, and social relationships. Your views on the types of intervention programmes available for older people will also be explored. The interview will include mainly open-ended questions with some use of vignettes to prompt discussion.

If you have limited English language skills then please let the lead researcher know whether you would prefer a registered independent interpreter or an interpreter (including a friend, family member, or group coordinator) of your own choosing.

**What will happen to my personal information?**

In order to undertake the research project we will need to collect the following personal information/data about you:

* Sex
* Date of birth
* First part of postal code
* Marital status
* Ethnicity
* Educational level
* Contact details i.e. email address, telephone number
* Whether you consider yourself disabled/any accessibility requirements
* Whether you own your home
* Who the significant people in your life are

All interviews will be conducted on a one-to-one basis and will be voice-recorded. The recordings will be transcribed and then destroyed. The transcriptions may be used for other purposes in an anonymised format.

Only the research team will have access to this information.

We are collecting and storing this personal information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information. The legal basis upon which we are using your personal information is “public interest task” and “for research purposes” if sensitive information is collected. For more information about the way we process your personal information and comply with data protection law please see our [Privacy Notice for Research Participants](http://documents.manchester.ac.uk/display.aspx?DocID=37095).

The University of Manchester, as Data Controller for this project, takes responsibility for the protection of the personal information that this study is collecting about you. In order to comply with the legal obligations to protect your personal data the University has safeguards in place such as policies and procedures. All researchers are appropriately trained and your data will be looked after in the following way:

Only the research team will have access to identifiable information i.e. data which could identify you, but this will be made anonymous as soon as the data is transcribed using randomly generated pseudonyms. The anonymous transcriptions will not be shared with any other organisations. The anonymised transcriptions, consent form, and contact details will be retained for five years in a secured filing cabinet.

The voice recordings of the interviews conducted by an ‘age-friendly co-researcher’ will be transferred to the lead researcher’s password protected University computer as soon as possible after the interview has terminated. All recordings will be destroyed following transcription.

You have a number of rights under data protection law regarding your personal information. For example you can request a copy of the information we hold about you, including audio recordings or photographs. This is known as a Subject Access Request. If you would like to know more about your different rights, please consult our [privacy notice for research](http://documents.manchester.ac.uk/display.aspx?DocID=37095) and if you wish to contact us about your data protection rights, please email [dataprotection@manchester.ac.uk](mailto:dataprotection@manchester.ac.uk) or write to The Information Governance Office, Christie Building, University of Manchester, Oxford Road, M13 9PL. at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner’s Office](https://ico.org.uk/concerns), Tel 0303 123 1113 .

**Will my participation in the study be confidential?**

Your participation in the study will be kept confidential to the research team and those with access to your personal information as listed above. The lead researcher will use the voice recordings of the interviews to create transcripts. Any identifiable information will be removed from the final transcript and randomly generated pseudonyms will be used to de-identify the data. All voice recordings will be destroyed as soon as they have been transcribed, ensuring that individuals cannot be readily identified. Transcriptions and personal information will be securely retained for 5 years. All recording devices will be encrypted by the University of Manchester and will be exclusively for research use.

In the event that there are concerns about the safety of yourself or others then please contact the lead researcher immediately.

Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

**What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised and forms part of the dataset as we will not be able to identify your specific data. This does not affect your data protection rights.

It is essential to your participation in the study that all interviews are audio recorded. You should feel comfortable with the recording process at all times. If you do not, then you are free to ask the interviewer to stop recording at any time.

**Will my data be used for future research?**

When you agree to take part in a research study, the information about your health and care may be provided to researchers running other research studies in this organisation. The future research should not be incompatible with this research project and will concern social isolation in older age. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the [UK Policy Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/)**.**

This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health and care research, and cannot be used to contact you regarding any other matter or to affect your care. It will not be used to make decisions about future services available to you.

**Will I be paid for participating in the research?**

No monetary compensation will be awarded.

**What is the duration of the research?**

You will also be asked to participate in a one-to-one qualitative interview which will last approximately 45 minutes.

**Where will the research be conducted?**

All participants in the study will live in Greater Manchester. All interviews will take place at a mutually convenient publicly accessible or partially publicly accessible location.

**Will the outcomes of the research be published?**

A final report, aimed at the public and other stakeholders, will be co-authored by the research team including the group of co-researchers. All participants will receive a summary of the findings and a copy of the final report.

The research will also form part of the lead researcher’s PhD thesis for submission to the University of Manchester. The results may also be submitted for publication in academic journals. However, all of the data will be analysed and reported anonymously.

**Disclosure and Barring Service (DBS) Check (if applicable)**

All of the interviewers have a valid DBS check.

**Who has reviewed the research project?**

This project has been reviewed by the University of Manchester Research Ethics Committee (UREC).

**What if I want to make a complaint?**

**Minor complaints**

If you have a minor complaint then you need to contact the lead researcher in the first instance:

***Natalie Cotterell,*** [*natalie.cotterell@postgrad.manchester.ac.uk*](mailto:natalie.cotterell@postgrad.manchester.ac.uk)***, Room 2.13A, Humanities Bridgeford Street Building, School of Social Sciences, The University of Manchester, M13 9PL.***

**Formal Complaints**

If you wish to make a formal complaint then in the first instance please contact the lead researcher Natalie Cotterell using the contact details above.

If you are not satisfied with the response you have gained from the lead researcher then please contact:

* Dr Kingsley Purdam: [kingsley.purdam@manchester.ac.uk](mailto:kingsley.purdam@manchester.ac.uk), 0161 275 4719, The *University of Manchester, Humanities Bridgeford Street Building, School of Social Sciences, M13 9PL.*
* TheResearch Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: [research.complaints@manchester.ac.uk](mailto:research.complaints@manchester.ac.uk)  or by telephoning 0161 275 2674.

**What Do I Do Now?**

If you have any queries about the study or if you are interested in taking part then please contact the lead researcher**: Natalie Cotterell –** [natalie.cotterell@postgrad.manchester.ac.uk](mailto:natalie.cotterell@postgrad.manchester.ac.uk)**.**

**This Project Has Been Approved by the University of Manchester’s Research Ethics Committee [2018-4587-7146]**

# Appendix D: Co-researcher consent form

Graphical user interface, application

Description automatically generated

# Appendix E: Interviewee consent form

Graphical user interface, application, Word

Description automatically generated

# Appendix F: Interviewee ‘easy access’ participant information sheet

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**Growing old in the city: tackling social isolation in later life.**

**PARTICIPANT INFORMATION SHEET (PIS) FOR OLDER PEOPLE - EASY ACCESS VERSION**

You are being invited to take part in a research study aiming to explore how we can tackle social isolation in later life. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for taking the time to read this.

**WHAT IS THE AIM OF THE RESEARCH?**

The aim of this study is to explore ways of tackling social isolation in later life in different ethnic groups of older adults. This will help to inform relevant policies and interventions in Greater Manchester.

**WHY HAVE I BEEN CHOSEN?**

You have been invited to take part because:

* You are aged 50 years old or over.
* You live independently in Greater Manchester.
* You are not regularly involved in any voluntary/social groups, clubs, or organisations.

There will be a total of approximately 72 older people in Greater Manchester being interviewed.

**WHAT WOULD I BE ASKED TO DO IF I TOOK PART?**

You will be interviewed for approximately 45 minutes (please note that you are able to request a break at any time). You will be asked about your own social networks, social activities, and social relationships. Your views on the types of programmes available for older people will also be explored. The interview will include mainly open-ended questions.

If you have limited English language skills then please let the researcher know whether you would prefer a registered independent interpreter or an interpreter (including a friend, family member, or group coordinator) of your own choosing.

**WHAT HAPPENS TO THE DATA COLLECTED?**

We will record the conversation and the recordings will then be transcribed. Only the researchers will have access to any information that you provide. We are collecting and storing this personal information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018 which legislate to protect your personal information.

The research will use quotes from the interview, but these will be anonymised. Information produced from the research will be stored in a password protected computer for five years. After this time, the material will be destroyed.

**WHAT HAPPENS IF I DO NOT WANT TO TAKE PART OR IF I CHANGE MY MIND?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised and forms part of the dataset as we will not be able to identify your specific data. This does not affect your data protection rights.

It is essential to your participation in the study that all interviews are audio recorded. You should feel comfortable with the recording process at all times. If you do not, then you are free to ask the interviewer to stop recording at any time.

**WHO DO I CONTACT FOR MORE INFORMATION ON THE RESEARCH?**

If you have any questions or concerns, please feel free to contact the lead researcher. I’m available to speak with you at any time during the course of the research project. My details are as follows:

* Natalie Cotterell: [natalie.cotterell@postgrad.manchester.ac.uk](mailto:natalie.cotterell@postgrad.manchester.ac.uk) *Tel:* 07887427956, School of Social Sciences, University of Manchester, Bridgeford St. Building, Manchester, M13 9PL.

**WHO DO I CONTACT IF THERE IS A PROBLEM?**

In the first instance please contact the lead researcher Natalie Cotterell on the details above.

If you do not get a satisfactory response, please contact:

Dr Kingsley Purdam: [kingsley.purdam@manchester.ac.uk](mailto:kingsley.purdam@manchester.ac.uk), 0161 275 4719, The *University of Manchester, Humanities Bridgeford Street Building, School of Social Sciences, M13 9PL.*

Failing that please contact:

* TheResearch Governance and Integrity Manager, Research Office, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: [research.complaints@manchester.ac.uk](mailto:research.complaints@manchester.ac.uk)  or by telephoning 0161 275 2674.

**\* If you would like further information on any of the points above, please ask your interviewer for the full details version of the participant information sheet.**

# Appendix G: ‘Where to go from here?’ signposting information sheet

Graphical user interface, application, Word

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# Appendix H: Advertisement for co-researcher opportunity

Graphical user interface

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Graphical user interface, text, application

Description automatically generated

# Appendix I: Final interview guide for interviews with older people

**INTERVIEW GUIDE FOR MANCHESTER SOCIAL CONNECTIONS STUDY**

**CHECKLIST**

What to take with you:

* **Voice recorder**, batteries/charger
* **Participant Information Sheet** (see Annex 1) – participant must be aware of this
* **Consent form** (see Annex 2) – this must be signed by the participant
* ‘**Where to go from here’** signposting sheet (annex 3)
* **Interview guide** (this document!)
* **Notebook**, **pens**, markers

**NOTES TO INTERVIEWERS**

1. If a question in this guide is written in **bold and underlined** font, then these are main questions which must be asked.

If a question is *italicised* then this should be asked if it has not been covered in the answer to the main question.

1. **Introduction of the interview:**

* Put the interviewee at ease – make sure they feel comfortable.
* Introduce yourself
* Explain what the research is about and hand over the Participant Information Sheet (see annex 1 for easy access version – provide full information sheet if older adults requests further details) for the interviewee to read
* Remind the interviewee that they can decide not to answer any questions if they want, and that there will be no negative consequences.
* Check that the interviewee is okay with the interview being audio-recorded – explain why this is necessary and ask them to sign the consent form (see annex 2).
* Check that everything is okay and that all equipment is in working order. Turn the recorder on**,** press the button to begin recording, and begin!

Remember to keep a note of, and state at the beginning of the recording, *the place* the interview was held, and *the date*.

1. **During the interview:**

* Listen carefully and ask about anything that might be unclear to other people
* Ask for EXAMPLES and make people think about concrete situations
* Prompt for more details if necessary – “earlier you said…, can you tell me a bit more about why that was?”
* Try not to give interviewees responses to questions
* Try to keep a natural conversation going. Don’t worry if the interviewee talks early on about issues that come later in the interview schedule!
* Use gentle responsiveness – eye contact, nodding, using their words, to encourage interviewees.
* Don’t be scared by silence! Let interviewees have time to think about what they want to say.
* Call the interview a ‘discussion’ – using the word ‘interview’ can seem daunting!

**START OF THE INTERVIEW: - OPENING STATEMENT:**

Hello. My name is [insert name] and I’m a co-researcher. This means that I’m interested in having a chat about your life, focusing on your social relationships. In the first part of our chat I want to get a broad picture of your life history, including hearing about the significant people in your life. Then I will ask you about your everyday activities including any regular social activities, social relationships, and community involvement. Finally, it would be great to chat about your views and experiences of social isolation and loneliness in later life. We will start with a very broad opening question (see below, question 1).

This interview should last around 45 minutes. Please let me know if you want a break at any point during our chat.

**PART ONE: - INTRODUCTION (+/- 3 MIN.)**

1. **Can you tell me a bit about yourself?**

[Note to interviewer: Use this question as an icebreaker, allowing the participant to introduce her/himself e.g. age, whether they live alone, country of birth]

**PART TWO: - YOUR COMMUNITY INVOLVEMENT (+/- 15 MIN.)**

1. **How long have you lived in your area and how did you come to live here?**

* Prompt for: job/career, relationships, children, finances, retirement, migration, health issues etc.
* How long have you lived in this house? On this street?

[Note to interviewer: if the participant migrated from a different country or region, ensure that you give them the opportunity to talk about their migration and settling experiences.]

1. **Do you feel that you belong here?**
   * Prompt for:

* Do you feel ‘at home’ here?
* *Where is your preferred place to grow older?*
* *Have you ever experienced any discrimination or racism whilst living here?*
* How involved do you feel with your neighbours?
* Do you feel part of a community?
* Is being part of a community important to you?

1. **What kind of activities do you do in your local area?**

* Prompt for:
* Do you do your shopping, exercise, voluntary work, community groups, religious activities, seeing friends etc.
* *Are there any activities you would like to do more of in your area?* If so, why aren’t you able to do them at the minute?
* What takes you outside of the local area, and why?
* Have you always been involved in activities in your area?
* Why did you become involved in the first place?

1. **Could you please tell me a bit more about the social groups that you attend.**

[Note to interviewer: If the participant does not attend any groups then ask for: is there a reason why they don’t go to any groups? What kind of activities do they do to socialise with other people?]

* + Prompt for:
* *When did you become involved?*
* What was going on in your life?
* Why this specific organisation/group/activity and not another one?
* What sort of activities do you do?
* *How often do you attend?*
* Do you tend to socialise with the same people?
* *What do you like about it?*
* *How do you think it could be improved?*

**PART THREE: - YOUR SOCIAL RELATIONSHIPS (+/- 10 MIN.)**

1. **What do you think about the opportunities for older people to meet each other in Manchester?**
   * Prompt for:

* Where do you meet people?
* *Is it easy or difficult to make friends as an older person in Manchester?*
* *How do you think the opportunities could be improved?*

1. **Can you tell us a bit more about your social life?**
   * Prompt for:

* Could you tell us a little more about the contacts you have with your family and friends?
* Do you have members of your family and friends living nearby or with whom you are in regular contact with?

1. **What sort of contact do you have with your neighbours?**
   * Prompt for:

* Would they provide any assistance or support if required? Or would you do that for them?
* Has your contact with your neighbours changed over the years?

**PART FOUR: - SOCIAL ISOLATION AND LONELINESS (+/- 15 MIN.)**

1. **Do you ever feel isolated in your neighbourhood?** 
   * Prompt for:

* Any feelings of isolation or loneliness? If so, in what situations?
* What helps to alleviate or reduce these negative feelings?

1. **How much time do you spend alone?**
   * Prompt for:

* *How does this make you feel?*
* Who do you see regularly?

1. **How have you managed any negative feelings in the past?**
   * Prompt for:

* What did you do to stop yourself from feeling isolated or lonely?
* What helped or supported you to do this?

1. **Do you see yourself as a sociable person?**
   * Prompt for:

* *Have you always been like how you described?*

1. **What are your experiences of accessing health, social, and community services?**

* For example, this can include health services such as GP surgeries, dentists, hospitals, social care services, and access to community centres
  + Prompt for:
* *Does anything make it difficult for you to access the services you mentioned? If so, what?*
* Would you be happy to share one good experience and one bad experience of accessing such services? Please tell me more.
* *How does your access to these services impact your life?*

1. **So now we are going to review some of the official government measures of a person’s social life, social activities, and interactions. What are your thoughts on the following question(s)?** [Note to interviewer: read out questions and responses one by one and gather comments on each question separately]
   * Prompt for:

* How would you answer the question?
* Are they appropriate for older people?
* What are the good things about the question?
* What are the bad things about the question?
* *How else would you ask the question?*

1. *“Have you felt lonely much of the time during the past week?”*

Responses: Yes/No/Don’t know

1. *“How often do you feel lonely?”*

Responses: Often/Some of the time/Hardly ever or never

1. *“How often do you feel you lack companionship?”*

Responses: Often/Some of the time/Hardly ever or never

1. *“How often do you feel left out?”*

Responses: Often/Some of the time/Hardly ever or never

1. *“How often do you feel isolated from others?”*

Responses: Often/Some of the time/Hardly ever or never

1. **Finally, what does loneliness mean to you?**

**PART FIVE: - CONCLUSION (+/- 1 MIN.)**

Thank the participant for his/her time. Ask whether we have missed anything during the interview or whether they would like to raise any additional points.

Give the participant the ‘where to go from here’ signposting sheet (see annex 3).

Finally, ask whether the participant is happy to complete this short questionnaire, just so that we have some background information. Note that the participant will not be identified in the report as everything will be anonymised.

**PART SIX: - PERSONAL INFORMATION (+/- 2 MIN.)**

NAME OF INTERVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How old were you on your last birthday?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_years old

1. What is your gender?

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| Prefer not to say |  |

1. How would you describe your ethnicity?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you describe your sexuality?

|  |  |
| --- | --- |
| Heterosexual |  |
| Homosexual/gay/bisexual |  |
| Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. How long (in years) have you lived in your neighbourhood?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years

1. What is your present employment status? (please tick)

|  |  |
| --- | --- |
| Retired |  |
| Work full-time |  |
| Work part-time |  |
| Unemployed |  |

1. How you would describe your current health? (please tick)

|  |  |
| --- | --- |
| Excellent |  |
| Good |  |
| Fair |  |
| Poor |  |

1. What is your highest level of education? (please tick)

|  |  |
| --- | --- |
| Primary school |  |
| Secondary school |  |
| College |  |
| University |  |

1. Which statement regarding your home is applicable to you? (please tick)

|  |  |
| --- | --- |
| I am a home owner |  |
| I am a tenant (public rental) |  |
| I am a tenant (private rental) |  |
| Other (please state) | |

1. Who do you live with? (tick all that apply)

|  |  |
| --- | --- |
| I live alone |  |
| Spouse/partner |  |
| Children |  |
| Other relatives |  |
| Other (please state) |  |

1. Ensure that the recording is saved and that you note down the following information after the interview:

**WHEN THE INTERVIEW IS DONE: - TASKS FOR THE INTERVIEW**

* + Full name of participant
  + Age of participant
  + Gender of participant
  + Ethnicity of participant
  + Name of interviewer

1. Make notes about how the interview went.

* What was your experience of the interview like?
* How do you think the participant experienced the interview?
* Is there anything that stands out – anything you find particularly interesting about the interview?
* Is there anything you need to report back/signpost?

1. Report back to the lead researcher (via telephone or email) and arrange to hand over the audio-recorder.

# Appendix J: Co-produced pamphlet about facilitating co-research with minoritised groups

Text

Description automatically generated

Graphical user interface, text, application

Description automatically generated

1. Although used in this published paper, ‘hard-to-reach’ implies a problematic characteristic of the minoritised group referred to. Rather, it is more appropriate to identify the issue as one of minoritisation, and use terms such as ‘seldom heard’. [↑](#footnote-ref-2)