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Viewpoint
Ageism, overlapping vulnerabilities and equity in the COVID-19 pandemic

COVID-19's impact, as a pandemic, has been global. But, the extent of this impact on daily life and morbidity is shaped by national and local policy interacting with economic and environmental variables. Though reported as the 'great leveller', the burden of infection and mortality disproportionately falls on those already marginalised (Kirby, 2020). This article considers the experiences within one country, the UK, where COVID-19 has laid bare deep chasms in society, magnified after a decade of austerity and the global financial crisis of 2008. Figures from the Office for National Statistics reveal stark differences in mortality rates by deprivation and occupation, and between ethnic groups (ONS, 2020). Moreover, the impact on already strained health and social care is undeniable, whether in the shambolic and failed provision of PPE (Personal Protective Equipment) or the devastation of care home populations. Yet the disparities and injustices illuminated by COVID-19 go deeper, revealing inherently divisive policy approaches which are ultimately reflected in the entrenchment of inequalities in social, economic and health outcomes, but also in inequities in service planning or provision, and resource allocation.

To 'flatten the curve', policy responses focused on halting the spread of the virus, and shielding vulnerable groups. For the former, the population was urged to practice social distancing, to work and school from home, limit outdoor activities to one hour a day, restrict shopping trips to once a week and for essentials only, and avoid public transport. Notwithstanding the necessity for 'key workers' to maintain employment during what is known as the 'lockdown' phase, this approach was deeply problematic, particularly when considering wider social determinants of health. The health and well-being of an individual is socially determined, shaped by the context in which people are born, school, socialise, live, work and age (Marmot et al., 2010). Differences in these contexts within which we live, work and so on then contribute to social and spatial inequalities in health and well-being, exposing multiple dimensions of inequality that will shape uneven experiences of lockdown. These will vary significantly between people and places according to a range of socio-economic and area-level features – for example, the precarity of an individual's employment or household tenure; the nature of their occupation; the size of their house and household; their digital competency

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and access to stable WiFi or information technology; and their access to a private vehicle or proximity to green space, services (e.g. healthcare) and food shops. Implicit in the policy of lockdown is the assumption that all will and are able to adhere to it. Such an approach was necessarily universal given the severity of rates of infection. Yet as the government's 'roadmap to recovery' gains substance, it and policies seeking to shield the vulnerable must take heed of the diversity and extent of existing inequality within the population, particularly given the increasing threat of significant recession (Wearden, 2020).

Pregnant women, people with specific underlying health conditions or those aged over 70 have a heightened risk of severe consequences from COVID-19 and have therefore been encouraged to shield. This places a significant emphasis on social distancing for these groups, with more extreme isolation encouraged for those whose clinical risk is considered severe. Yet these policies are also problematic in their assumptions around vulnerability, particularly for older people. The COVID-19 pandemic has illuminated openly ageist discourses (Brooke and Jackson, 2020) which have long characterised public policy and rhetoric for a demographic all too often demonised as a burden on society. Policy, research and public opinion that conceptualises all those aged over 65 as old, elderly or senior falls to the assumption that older age equates with dependency, frailty and automatic vulnerability. Yet with overall increases in life and healthy life expectancy, and the ageing of an increasingly ethnically, socially and economically diverse population, such age-based prejudices not only are morally problematic but also fail to accurately represent this demographic (North and Fiske, 2020).

So what are the implications for policy, service provision and resource allocation? If we consider the response to the blanket shielding of all aged 70 and over, this illustrates how inequities and inequalities may be exacerbated and introduced. Multiple food retail stores have taken action to support vulnerable groups, dictating specific store opening times for older people only, and in some cases restricting access to online delivery slots to those identified as vulnerable. For some, these actions may be life-saving. Yet for others, this preferential treatment based on an assumption of universal vulnerability for 'older' people (e.g. 70 and over) may unintentionally erode access to help and support for those truly in need. The assumption of vulnerability is too simplistic, both in including those whose health, social capital and situation may negate any need for targeted support, and in ignoring the complex and overlapping vulnerabilities that may increase the need for targeted support amongst some.

The vulnerability of 'older' people is mediated by their housing and environmental circumstances, which, though highly variegated, are structured. Yet this contrasts with discourses in planning which tend to caricature older people either as NIMBYs (Not In My Back Yard) or as a specialist group with particular needs. NIMBY interest groups are frequently castigated as either anti-growth or anti-progressive

reactionaries. Whilst the identified characteristics of NIMBYs vary in the planning literature, their age is often a key descriptor, and it is not unusual for discussion to frame them either implicitly or explicitly as 'baby boomers' (Holleran, 2020), an older generation largely undeserving of their voice in public policy, or, even worse, during this pandemic (Brooke and Jackson, 2020). Thus one lens of 'older people' in planning is as a problematic cohort of self-interested voices. In contrast, a second strand of the literature focuses on 'older people' as a subgroup of society that requires particular concessions or interventions to make urban forms and housing capable of containing them. A wide variety of specific planning interventions have been suggested to provide specialist support for the ageing process, whether through the creation of residential care homes (which themselves have been described as ageist and segregated spaces (Peterson and Warburton, 2012)) or through urban and architectural design for ageing in place (a process which is often contingent upon individual resources and capacity in limited welfare states (Martens, 2018)).

These two examples of framing older people in relation to planning and housing issues show that 'progressive' arguments have sometimes failed to distinguish between chronological age, functional age and the vulnerabilities of groups of older people (Vasara, 2015). However, some planning and housing research has recognised that vulnerable characteristics (e.g. health, economic capacity, social capital) are not equally distributed amongst older people and that policies and built interventions need to reflect the diversity of abilities as well as inabilities, and recognise that social, economic and environmental resources interact with the ageing process to frame vulnerability for planning and housing (e.g. Forsyth et al., 2019). Planning and housing research, however, rarely considers spatial aspects of vulnerability and ageing across the population, but talks in generalisations, thus missing a crucial component for intervention.

The UK's population, like many in the global North, are ageing. By 2041, approximately 26 per cent of the UK's population will be aged 65 and over, with ages 50 and over likely comprising around half the adult population (ONS, 2018). This dramatically shifting age structure will challenge the fiscal sustainability of existing models of service provision, further complicated by the tendency to talk in generalisations, which serves to undermine equity in service provision and resource allocation. For example, planning for healthcare and social-care provision must be carefully targeted with significant sensitivity to local context and the social and spatial differentiation within the older population. While planners are conscious that the social, economic and environmental requirements of an older population will be significantly different from those previously encountered (RTPI, 2004, 2), current policy development and resource allocation models are evidently not equipped with the tools and resources to best understand how, where and for whom need is greatest. This is clearly apparent in the current crisis and will become ever more critical as the population ages.

To overcome deficiencies in policy and the planning system which – though unintentional – exacerbate existing inequity and inequalities, it must be possible to say more than that a particular locality is resident to a higher concentration of people aged 65 and over. As the UK's planning system is both nationally and locally proscribed, such attention to local context is possible. It is therefore essential to develop tools to equip policy makers, planners and service providers with a better understanding of the social and spatial variation in the characteristics, behaviours and needs within the older population. This will ensure we can move towards the type of *proportionate universalism* called for in the Marmot review (Marmot et al., 2010), recognising and responding to differential vulnerabilities in the population. Sensitivity to the geography of our aged population at a small-area level will ensure that the government's 'roadmap to recovery' avoids universalist approaches. Such approaches will further erode equity in service provision, channelling resources away from those most in need, while simultaneously exacerbating existing social and spatial inequalities in society. Moreover, it will ultimately challenge ageist discourses which have been thrown into stark relief amidst the current crisis.

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