Covid-19 and Social Exclusion: Experiences of Older People Living in Areas Of Multiple Deprivation

Manchester Urban Ageing Research Group

Interim Report No.2

Research Team: Sophie Yarker, Luciana Lang, Chris Phillipson, Patty Doran, Tine Buffel, Camilla Lewis and Mhorag Goff

MANCHESTER 1824
The University of Manchester

This report is based on research undertaken by members of the
Manchester Urban Ageing Research Group:

First published in 2020

Contents

1.Background to the research

The Manchester Urban Ageing Research Group (MUARG) has been working since March 2020 on various aspects of the challenges facing older people in the context of COVID-19. The focus of the work has been around a research project, funded by the *Centre for Ageing Better, Manchester City Council, and Greater Manchester Centre for Voluntary,* examining the experiences of older people and community organisations across local authorities in Greater Manchester.

The project works with community stakeholders across the region to examine the support provided to people 50 and over in the context of the pandemic. Community organisers have subsequently approached people in this age group to ask if they would be willing to be interviewed for the research. The focus has been on **interviewing older people** who are likely to have been **at risk of social exclusion** prior to the advent of COVID-19, with a particular interest in examining the **challenges facing lower income communities.**

This **second** report from the project covers the following areas:

- An updated review of the research literature which has been informing the work of the project;
- Findings from interviews from Wave 1 of the study, carried out from the end of April to August 2020; together with case studies looking at changes over Wave 1 and Wave 2 of the research.
- A summary of work to be undertaken over the period December 2020 to March 31st 2021.

This research has been based on a number of assumptions and observations about research examining the impact of COVID-19 on older people.

First, much of the information to date on the impact of Covid-19 has been provided through survey work of various kinds, notably that conducted by the Office for National Statistics, the UK Household Longitudinal Survey, and Ipsos MORI, but supplemented as well through online surveys (e.g. Abrams et al., 2020). There have also been important surveys covering groups from minority ethnic communities (e.g. Haque, Becares & Treloar, 2020; Nandi & Platt, 2020; Sze et al., 2020), and the LGTB community (e.g. Kneale & Bécares, 2020; LGTB Foundation, 2020). The Manchester Urban Ageing Research Group (MUARG) study is designed to *complement* these by using a qualitative, longitudinal methodology. The argument here is that the data produced from this type of approach is:

'...best suited for uncovering the breadth and diversity of individual situations and subjective responses to the threat of illness and public health restrictions meant to contain it. [Moreover] individual interpretations of [older people's] experiences of quarantine, alterations to their sense of control, and efforts to exercise agency and maintain a sense of well-being in the face of the pandemic are varied and nuanced and not well-assessed by fixed-choice survey questions' (Settersten et al., 2020).

Uncovering the effect of the pandemic – on all social groups – has raised a challenge for social research, both because of the impact and abruptness of the lockdown, and its variable consequences for different sections of society. We have found that qualitative research, using semi-structured interviews, albeit through the medium of telephone, has allowed us to examine areas of everyday life which may be difficult to capture through large-scale surveys.

A second assumption behind our work concerns the importance of community organisers and activists working with, and co-ordinating support for, older people within Greater Manchester. A significant part of our research has involved talking to such groups about their activities, including how these have changed in the context of COVID-19, the impact of social distancing, and any resourcing issues which have emerged during the pandemic. Community organisers and activists have also been instrumental in accessing and recruiting participants for our research, and in highlighting the new challenges when addressing social isolation. Interviewing gatekeepers and community leaders has given us a privileged perspective not only of the struggles experienced by older people facing unprecedented circumstances, but also of the obstacles that community workers are having to overcome in order to provide vital support.

A third element in our research has been support from a range of communities and networks across Greater Manchester. To this end we have been extremely grateful for assistance from a variety of organisations who have helped with accessing participants for the research, notably the Manchester BME Network, the LGTB Foundation, the Kashmiri Youth Organisation, the Ethnic Health Forum, and the Caribbean and African Health Network.

From this summary of the context for the study, this report now reviews some of the key themes from the research literature relevant to our own work. This review focuses on three key issues: first, *the impact of inequality; second, neighbourhoods and COVID-19; third, everyday life under COVID-19; fourth, mental health and Covid-19.*

2. Inequalities and COVID-19

The MUARG research, with its focus on working in low-income neighbourhoods, has been especially influenced by research highlighting the impact of inequalities on communities affected by the pandemic. Richard Horton (2020: 48) makes the point that COVID-19 is not socially neutral, describing how: 'Coronavirus exploits and accentuates inequality'. Older people living in areas affected by deprivation may, it might be argued, experience a *'double lockdown'* – suffering the effects of enforced social isolation whilst living in places affected by cuts to services and social infrastructure (Yarker, 2019; Buffel et al., fortcoming).

Evidence gathered over the past decade reveals an increase in levels of inequality affecting neighbourhoods. The Marmot Review (2020), which traced changing health inequalities between 2010-2020, documented the rise in deprivation affecting many parts of England. Marmot highlighted the problems facing 'left behind' and 'ignored communities' which were experiencing long-term deprivation: 'Over the last 10 years, these…communities and areas have seen vital physical and community assets lost, resources and funding reduced, community and voluntary sector services decimated and public services cut, all of which have damaged health and widened inequalities. These lost assets and services compound the multiple economic and social deprivations, including high rates of persistent poverty and low income, high levels of debt, poor health and poor housing that are already faced by many residents.' (Marmot et al., 2020: 94).

Similar conclusions can be made in relation to the situation facing older people living in areas of multiple deprivation. Research based on the English Longitudinal Study of Ageing (ELSA) demonstrated a causal relationship between area deprivation and social exclusion in later life. The study revealed that older people living in deprived urban neighbourhoods had the highest levels of social exclusion compared with less deprived neighbourhoods, with evidence suggesting that this stems from barriers experienced across a range of domains such as access to services and amenities, social relationships, and civic, cultural and leisure participation (Prattley et al. 2020).

Neighbourhood-based inequalities have deepened in the context of COVID-19, with people (of all ages) living in the poorest parts of England and Wales dying at twice the rate from COVID-19 compared with those in more affluent areas (ONS, 2020a). There are also widening inequalities between ethnic groups, with research from the ONS (2020b) showing that, when taking age into account, Black males were 4.2 times more likely to die from a COVID-19-related death than White males. Bangladeshi and Pakistani males were 1.8 times more likely to die from COVID-19 than white males, after other pre-existing factors had been accounted for, and females from those ethnic groups were 1.6 times more likely to die from the virus than their White counterparts.

Sze et.al. (2020) examined the role of ethnicity on clinical outcomes for Covid-19. Their meta-analysis of 50 studies confirmed that individuals of Black and Asian ethnicity were at increased risk of Covid-19 compared with White individuals. The authors argue that in addition to factors such as occupational risks, poor housing, and poverty, **racism and structural discrimination** may also play a role in increasing the risk of worse clinical outcomes. The researchers go onto argue that within a health care context, the experience of discrimination and marginalisation:

'contributes to inequities in the delivery of care, barriers to accessing care, loss of trust, and psycho-social stressors. There is evidence to suggest that ethnic minorities and migrant groups have been less likely to implement public health measures, be tested, or seek care when experiencing symptoms due to such barriers and inequities in the availability and accessibility of care, underscoring critical health disparities'. (pp.9-10).

Public Health England (2020) suggest that the key factors influencing widening inequalities include: **living in urban areas; in overcrowded households; in deprived areas; and working in high-risk occupations.**

The possibility of new forms of inequality emerging as a consequence of the pandemic has also been identified. For example, with the promotion of physical distancing practices and the increased reliance on digital technology to manage daily functioning, limited access to technology or *limited ability* to use technology might, it has been argued, become major risk factors for depression and loneliness (Ayalon et al., 2020). Ayalon et al. (2020: 3) note that: 'These factors may be especially risky for some older adults by preventing them from accessing goods and services and obtaining the social support they may need during the outbreak. Thus, taking into account the "digital divide" that may exist for disadvantaged older adults also deserves attention'.

The Centre for Ageing Better (2020) (in association with the Kings Fund) report *Homes, Health and Covid-19,* highlights the extent to which the pandemic has **amplified housing-related health inequalities**: first, through the acceleration of the virus in areas of poor housing; second, through measures to control the virus which have deepened health inequalities for those restricted to their homes. **Once again, it is minority ethnic groups who are likely to be amongst the worst affected: those 55 and over from BAME backgrounds occupy homes with 30% less usable space in comparison to their White counterparts** (Gardener et al. 2020).

3. Neighbourhoods and COVID-19

This study has a particular focus on researching the experiences of older people within the context of their local community. The importance of neighbourhood relationships, together with the spaces and places of which they are a part, has been a feature of research into social aspects of ageing (e.g. Gardner, 2011; Stafford, 2019). COVID-19 has given further emphasis to the importance of the individual's immediate locality, as a source of support and everyday contact. There is some evidence (e.g. The Young Foundation, 2020; Rutter, 2020) of communities coming together in the early – March/April 2020 – phase of the pandemic, reflected in the weekly *'Clap for our Carers'* which ran from the end of March to the end of May 2020. However, there are also indications that, after this early period, this initial sense of unity had begun to weaken (Ipsos MORI, 2020).

Rutter (2020), from her review of a survey of 2,010 adults conducted over two time periods in March and June, attributes a weakening in solidarity to factors such as: *perceptions that some groups were ignoring rules about social distancing; intergenerational differences – older people's concerns with health; younger people's worries about whether they would have jobs; and divisions around the use of technology.* Rutter (2020: 33) suggests – although more evidence is needed on this point – that: 'Some people [in the survey] felt that neighbourliness and community spirit was weaker in areas of high deprivation…As well as poverty, population churn and fear of crime were also challenges that made community-building more difficult in urban areas'.

Demos (2020) in *'Britain Under Lockdown'*, citing a survey of 2,000 adults by YouGov, reported people feeling a greater sense of community, although this was not spread amongst all age groups, with people aged 55 and over more likely to have noticed an improved sense of community with their neighbours (38%) compared to those aged 18-34 (31%). There were also important variations according to the type of housing in which people were living: those in larger homes were more likely to feel connected to their community; people in detached homes had felt the greatest increase in ties to their community and neighbours (43%), followed by those in semi-detached houses (41%), bungalows (36%), terraced houses (31%), and flats/apartments (26%).

Borkowski and Laurence (2020) used nationally representative data from the *Understanding Society* study (see further below) to examine both trends over time in overall levels of social cohesion as well as positive and negative changes experienced by individuals. They argued that evidence from the research literature on the effects of the pandemic (e.g. on financial insecurity, higher levels of stress, social isolation) could contribute to a sense of reduced cohesion within neighbourhoods – especially in the case of communities experiencing disadvantages of various kinds. The researchers concluded that:

'…despite the positive prognoses across media/political narratives, cohesion appeared to decline quite substantially around the pandemic, compared to pre-pandemic periods. This decline occurred across all five dimensions of cohesion: both behavioural dimensions of 'talking to neighbours'…but also perceptual dimensions, such as neighbour-trust'. Borkowski and Laurence (2020:15).

However, the researchers go onto make the important observation that the negative impact of the pandemic was not shared equally across all people and places:

'More vulnerable groups, including residents of disadvantaged communities, those with lower education, and certain ethnic minorities such as Pakistanis/Bangladeshis, 'Other' minorities and Blacks, all experienced a greater decline compared to their less vulnerable counterparts. For several minority groups, alongside residents of disadvantaged communities, this stronger decline had the pernicious effect of widening pre-existing inequalities with their White British and affluent area counterparts' (Borkowski and Laurence, 2020:16).

Abrams et al. (2020) have reported on an ongoing project of regular online surveys examining issues concerning COVID-19 and social cohesion, with separate surveys of adults (n=1,160) and community organisers. On the issue of social cohesion, 44% viewed their local area as becoming more united or with no change (34%), and only 22% viewed it as becoming more divided (22%). In respect of personal relationships, the survey suggested important changes with 51% reporting a loss of connection with their friends, and 54% with work colleagues. Against this, 47% reported increased connection with their family, 45% with neighbours, and 31% with people from their local area.

It is noteworthy, however, that in Abrams et. al. survey, older people reported feeling less connected than younger people did to family and friends. This in part may be a consequence of findings which suggest **lower rates of socialising** amongst older people in comparison to other age groups, along with **stricter adherence** to stay at home guidelines (Gardner et al., 2020). Certainly, there is evidence, according to a survey conducted by Sport England (2020), for substantial drops in *physical activity* amongst older people during March-May 2020. This survey found 'unprecedented drops in activity' between this period. Although the 55-74 and 75 and over age groups were seeing strong growth in activity levels up to the pandemic, both groups saw significant declines in physical activity following the first lockdown, with those 75 and over affected proportionately more in comparison to other age groups.

However, we do not know from the Abrams et al. (2020) survey why older people in particular may feel a degree of *disconnect* from their immediate social network. This is an important issue which will be addressed in the qualitative study presented here. It is possible that those older people who are more *'neighbourhood-bound'* experience greater pressures, especially where community resources are unavailable or limited. And for those who spend most of their time in their immediate area, rules about social and physical distancing may bring additional pressures. Honey-Rosés and colleagues (2020) suggest that COVID-19 may bring significant changes to our relationship with public space, reducing the possibility of spontaneous or casual relationships. As the researchers point out, the two activities which bring people into public space – *shopping* and *socialising* – are precisely those most affected by the pandemic.

Ethnic differences in the use and experience of public space may also be important to consider. Nandi and Platt (2020), analysing data from the Understanding Society data set, found that all ethnic groups reported lower levels of interpersonal contact within the neighbourhood than before the pandemic, consistent with the impact of lockdown and social distancing requirements. But they conclude that: 'After taking account of individual, household and neighbourhood characteristics, these perceived reductions in neighbourhood communication appeared greatest among Pakistani, Bangladeshi and Black Caribbean's'. *This may suggest the need for more nuanced targeting of neighbourhood support, especially for those who are more geographically isolated from their own ethnic group (see further below).*

One argument in the paper by Honey-Rosés et al (2020) is the likely growth in 'demand for smaller green spaces or neighbourhood parks which serve as places of refuge'. The importance of gardens and green spaces is an issue covered in a number of surveys. The Ipsos Mori (2020) review of the impact of COVID-19 on 50-70 year olds, confirmed the importance people attached to having a garden, and the extent to which this provided 'an extra room in the house'. The ONS (2020c) survey of the social impact of COVID-19 on older people found that those over 60 were much more likely than other age groups to report that reading and gardening was helping them to cope with staying at home, and that this was especially the case with those in the 70-79 age group. The Young Foundation (2020) highlighted the pressures on people living in flats, in contrast to those in houses with access to a garden (a finding reflected in the Demos (2020) survey cited earlier).

4.Everyday life and COVID-19

There are still relatively few detailed accounts of everyday life under COVID-19, and the pressures facing particular groups. The challenge is understanding issues such as: *to what extent people may feel a sense of 'disconnection' from close and intimate ties? Which groups might be especially vulnerable? What are the main causes of feelings of marginalisation and exclusion?* Examining the results from surveys to date, a number of issues are especially relevant to this study, in particular: evidence for the spread of ageism; discrimination against minority groups; and mental health issues.

On the first of these, evidence reviewed by Abrams et al. (2020) highlighted the extent to which ageism was still rife in the UK – with one in three people reporting they had experienced some form of age discrimination or age prejudice. But the extent of ageism would appear to have increased in the context of COVID-19. The review by Ayalon and colleagues (2020: 1) concluded that: '… with the pandemic there has been a parallel outbreak of ageism. What we are seeing in public discourse is an increasing portrayal of those over the age of 70 as being all alike with regard to being helpless… and unable to contribute to society'. And a survey by Ipos MORI (2020:6) of those in the 50-70 age group confirmed this point, observing that: 'COVID-19 [had] served to reinforce the idea of older people as frail and vulnerable'.

But it remains unclear who is most affected by the proliferation of such stereotypes, given the heterogenous nature of older adults as an economic and social group. Again, qualitative research may help to provide some clarification on this issue.

There has been only limited research to date on the cumulative effect of the loss of rituals associated with funerals, or the curtailed or absence of visits to loved ones in care homes, or the limited informal contacts with friends and neighbours who have been bereaved. These everyday formalities and informalities are woven into the fabric of everyday life – taken for granted at least in pre-pandemic days. Over time, their absence or the extent to which they are now heavily diminished, may have substantial consequences for individual health and well-being as well as relationships within communities. Harrop et al. (2020) investigated more than 500 deaths since mid-March, around half from Covid-19. They discovered that Covid-bereaved people were less likely to say goodbye to loved ones, less likely to have visited prior to deaths, and less likely to have contact with friends and family after bereavement. The study found that 70% of bereaved people whose loved one died of confirmed Covid-19 infection had limited contact with them in the last days of life; 85% were unable to say goodbye as they would have liked; and 75% experienced social isolation and loneliness.

Research commissioned by Public Health England suggests that organisations embedded in local areas are particularly well placed to work with individuals and communities in order to identify those at risk of social isolation, and to engage them in finding solutions for developing new types of support (Durcan and Bell, 2015). The MUARG research aims to provide further information about this issue, drawing on information from a variety of groups across Greater Manchester.

5. Mental health and Covid-19

Substantial work has been carried out using survey data to examine issues relating to issues relating to mental health and well-being during the pandemic. **Understanding Society is a longitudinal study that gathers data from over 40,000 individuals.** The Understanding Society COVID-19 Study (University of Essex, 2020) explores how the pandemic is impacting families and communities using a large, representative sample from the UK population. The COVID-19 questionnaire has been initially answered by between approximately 13,000 to 17,000 individuals (via monthly surveys starting in April). Data from the COVID-19 Study can be linked back to Understanding Society pre-pandemic data, as a way to benchmark current experiences. The survey contains information about mental and physical health, health behaviours, caring, housing, employment, income, education, and family relationships within and beyond the household. From the data we can understand how the national population has been affected by the pandemic and the social distancing measures.

The Understanding Society COVID-19 Study has been used to explore experiences of loneliness and mental well-being during lockdown. Mental well-being is measured using the General Health Questionnaire (GHQ-12), which asks questions relating to depression, anxiety, confidence and happiness. Using Wave 1 data collected in April, Li & Wang (2020) found a high prevalence of general psychiatric disorders (29.2%) and loneliness (35.9%). Findings suggested that younger people aged 18-30 were significantly more likely to report loneliness and poor mental well-being compared to older age groups.

Both living with a partner and having a job were identified as protective factors. Similarly, the **Opinion and Lifestyle Survey** conducted by the ONS, reporting on data from research carried out in early November, found a higher percentage of those 16-29 (60%) reported that their well-being had been affected by the pandemic, as compared with other age groups (e.g. 46% 50-69; 32% 70 plus).

One important issue raised by research concerns the extent of discrimination experienced by particular groups, in the context of COVID-19. Kneale and Bécares (2020) carried out a web-based anonymised survey exploring the mental health and experiences of discrimination of LGTBQ+ people during the pandemic. They found that almost one in five respondents had experienced some form of discrimination during the pandemic, with the suggestion of a 'u-shaped trend in terms of age', with the oldest and youngest LGTBQ+ groups at greatest risk of discrimination. This finding was supported by a survey by the LGTB Foundation (2020), which highlighted the greater likelihood of isolation amongst older LGTB people (40% of survey respondents 50 plus were living alone compared with 30% of all LGTB respondents). The survey noted:

'LGTB older people who live in a world hostile to their identities may be reluctant to access support due to fears of encountering discrimination, further exacerbating this isolation and lack of support'.

Evidence concerning ageism and discrimination affecting various groups may be an important explanatory factor behind the mental health issues reported in a variety of surveys. The Ipsos MORI (2020) survey found that more than a third (35%) of those aged 50 to 70 reporting a deterioration in their mental health since the start of the pandemic.

Kneale and Bécares (2020) found high levels of depression and stress in their LGTBQ+ sample, with the majority exhibiting significant depressive symptomology (although levels of depression were lower amongst older than younger respondents).

Nandi and Platt (2020) found that Pakistani and Bangladeshi men had experienced higher declines in mental health than White UK men with otherwise similar individual and household characteristics. However, the same study noted that women, from all ethnic groups, experienced greater declines in mental health than men. An important finding

from this research was that amongst Pakistani and Bangladeshis, the decline in mental health was only observed for those living in areas with lower shares of their own ethnic group. The researchers conclude that: 'This suggests that own group concentration provided some support for mental health for this group'.

Summary of Key Messages From The Research Literature

- Neighbourhood inequalities have deepened in the context of COVID-19
- Evidence for widening inequalities between ethnic groups
- New forms of inequality may develop, e.g. through the digital divide
- Initial experience of community solidarity may be weakening
- COVID-19 has brought changes to the use and experience of public space
- Importance of gardens and green spaces has increased during the pandemic
- Rise of ageism as a consequence of COVID-19
- Certain groups especially vulnerable to discrimination, e.g. those from the LGTBQ+ community
- Evidence for negative impact of the pandemic on mental health – especially amongst younger age groups
- Impact of the loss of rituals and diminished contact with those who have been bereaved

6.Aims of the study

1. To work with community organisations in selected areas, examining *responses to COVID-19 and strategies for contacting and supporting older people.* The organisations and individuals approached will include a cross-section of different groups, working across a range of neighbourhoods in Greater Manchester.

2. To examine the *impact of social distancing measures on experiences of everyday life among older people* from marginalised communities and/or minority groups.

3. To *contribute to evidence to assist local, regional, and national policies* which aim to increase support for older people and organisations working on their behalf.

7.Research questions

1. How do older people living in, or belonging to, marginalised communities experience 'social distancing'? How does this vary *within* and *between* different groups (age, gender, social class, health, ethnicity, sexuality) and neighbourhoods?

2. What capacities and *resources* (individual or community level) do older people draw on when negotiating the experience of social distancing?

3. How has social distancing affected older people's *everyday lives*, relationships and support networks?

4. What types of support services exist or could be developed to alleviate the *impact* of social distancing on older people experiencing exclusion and isolation?

8.Methodology of the study

The first stage of the research involved telephone interviews with community stakeholders/gatekeepers, who were asked about the type of support provided to older people, how this had changed with COVID-19, the impact of social distancing both upon their work, and that of older people they support, and any resourcing issues experienced by their organisation. The interviewee was asked to introduce the research team to older people with whom they are working and who may also be willing to be interviewed. These are likely to be older people known to be at risk or vulnerable to social exclusion.

The second stage of the research has involved telephone interviews with older people identified through community organisers. *Each participant is being interviewed on two occasions*, with the intention of examining experiences associated with COVID-19 over the Spring and Winter of 2020. The interviews include questions such as:

- How has everyday life changed since social distancing rules were introduced?
- What does an average day consist of?
- How have relationships changed with family, friends, and neighbours?
- How have older people been using online or equivalent forms of communication?
- How has social distancing affected mental and physical health?
- Can people identify areas of support which would be helpful to them?

8.1 This second interim report covers analyses results from the Wave 1 interviews with some analysis of Wave 2 interviews. The first wave of interviews began on May 5th and were completed on August 28th. The second wave of interviews began on June 5th and were completed on November 19th. The total number of participants included in Wave One was 102, and the total number for Wave 2 was 99. These participants came from 31 neighbourhoods across Greater Manchester (see Table 1), represented different age groups (see Table 2), and some can be defined as belonging to different marginalised groups according to their identity as an LGBT person or their ethnic identity (see Table 3):

Table 1: Neighbourhoods where older participants were living:

Levenshulme	Tameside	Salford	Wigan	Other Neighbourhoods:
10	3	7	9	73 (Brunswick; Hulme; Middleton; Rochdale; Bury, Stockport; Wilmslow; Moss Side; Trafford; Chorlton; Cheetham Hill; Crumpsall; Heaton Chapel; Stretford and Northern Moor).

Table 2: Age of participants

50-59 years old	60-69 years old	70-79 years old	80-89 yeras old	90-99 years old
21	39	27	14	1

Table 3: Participants from minority groups:

LGBT	Pakistani	Indian	Sri Lankan	East African Asians	Kashmiri/ Kashmiri Pakistani	Bangladeshi	Afro-Caribbean (Including Nigeria, Ghana, and Jamaica).
8	20	7	5	2	5	9	15

In terms of gender the sample is more or less evenly split between 53 women and 49 men.

8.2. Coding of data

The interviews were categorised or 'coded' according to themes using a program called NVivo. The aim of coding is to explore and identify recurring themes and patterns across the interviews (e.g. people's common experiences of social distancing; the impact of digital exclusion; deterioration in physical and mental health) and also unexpected themes that were anticipated in advance.

Coding also enables researchers to verify how often certain words and phrases run are used by participants (e.g. people's use of words like 'lonely', 'depressed', or 'prayer'), and to compare responses between different groups within the sample (e.g. how many times people talked about gardening activities or exercising outdoors). In terms of the coding process, we start by selecting parts of the transcripts which are relevant according to each theme (there are around 15 themes for each wave of interviews). A *cross-sectional analysis* was then conducted - looking across the whole data set to see how these themes differ between the groups we have selected. At a later stage, after we conduct the second wave of interviews, the data will be analysed *longitudinally*, examining how responses change *over time. The quotes from respondents used in the report have been anonymised throughout.*

9. The effects of social distancing on everyday life

This section of the report presents a provisional analysis of Wave 1 data and some Wave 2 data in relation to the first two research questions:

- How do older people living in low income neighbourhoods or belonging to minority groups experience 'social distancing'? How does this vary *within* and *between* different groups (age, gender, social class, health, ethnicity, household composition) and neighbourhoods?

- What capacities and *resources* (individual or community level) do older people draw on when negotiating the experience of social distancing?

Between May and November 2020, we interviewed 102 participants from four broad groups: South Asian (48 participants); White British (31); African-Caribbean (15); and White British LGBT+ (8), all residents of Greater Manchester and living in 31 neighbourhoods.

A majority of our respondents (88/102) had experienced a decline in social connections with the onset of the lockdown in March 2020. The 14 participants who saw little change were people who, because of mental and/or physical health issues, reported as being isolated prior to Covid-19; in some cases, people who were confined to their own household and/or who lived alone with a set of interconnected disadvantages. This reflects the circumstance of 9 participants (out of 48) in the South Asian sub-group, mostly individuals with chronic health issues; and 5 (out of 31) in the White British sub-group, mostly individuals with severe mobility issues.

9.1. Maintaining social connections

Whilst the impact of social distancing demonstrated considerable variation, some generalisations can be made. For example, those able to maintain social connectivity throughout the first period of lockdown gained a significant advantage but one dependent on factors such as access to financial resources, use of technology, and membership of social (now virtual) groups. Another generalisation, common to all sub-groups in our sample, concerned the impact of the loss of physical contact: out of 102 interviewees, 52 participants from across all four sub-groups mentioned hugging as a greatly missed part of their lives. As the weeks turned into months, the longing for physical contact became more deeply felt, affecting in many cases people's well-being and motivation. Other forms of physical contact, from shaking hands, to having a cup of tea with a neighbour, or stroking a dog in the park, were also greatly missed.

The research found that interconnected advantages and disadvantages not only informed people's coping mechanisms but also people's appreciation of how external changes could influence their lives. The ability to stay socially connected expanded the resources available to people during a time marked by considerable uncertainty. An indication of this was the use of passive voice by participants: 'something done to me'; 'that was stopped'; 'not much we can do'; and the use of the word 'control', mentioned by 34 (out of 102) participants, as in the need to accept having 'no control over situations that one cannot change', or 'no control over how other people behave'.

Additionally, certain factors, such as ill-health and financial distress could also contribute to people's experience of social isolation, although this was also dependent on people's situation pre-Covid. Our research found that participants who were isolated before the pandemic, and/or whose social networks had been restricted for some time, had often experienced little change in their everyday-life:

"When you're living on your own, because [in my case] your wife has passed away…and when you've spent the last 15 years looking after your parents through dementia and Parkinson's and cancer, all of your own local friend base drifts away. So, now that my parents have died all my friends are just no longer there and I am literally just on my own" (Rod, a 64 year-old White British man).

Experiences of the changes introduced by social distancing pointed to three main variations across the different groups interviewed for our research: first, those who had experienced no real change over the period of the lockdown; second, those for whom it had brought changes to parts of their lives, or for whom there were good days and bad days; third, those who experienced a significant decrease in the quality of their life.

'No change'

The participants who experienced little or no change reported that isolation had been a feature of their lives well before the lockdown:

"I don't really get any visitors or anything like that so nothing much has changed. I'm still just struggling along. I was depressed before and I'm still depressed now" (Michael, a 64 year-old White British man living on his own).

"It's not changed a great deal. I mean, obviously, I can't go [travelling], I can't go to restaurants, I can't go to the pub, and I haven't been able to see people, so that's been very bad. But… as a retired person that spends a lot of time on their own at home anyway…." (Brian, 74 year-old White British man living on his own).

"Nothing really, nothing that's really changed, apart from having to stay indoors" (Patricia, 75 year old White British woman living on her own).

"If there's one thing I have learned from this lockdown, it's just how isolated I am really" (Sydney, 73 year-White British man living on his own).

'Up and down'

A second group comprised those who, whilst feeling fortunate about their own situation, were still susceptible to changes of mood and negative feelings. Stewart, a 72 year-old financially secure White British man, has been active in church activities and volunteering throughout the pandemic. He has good physical health and is in regular contact with his children. Yet, despite what he sees as the positive aspects of his life, Stewart finds living on his own a challenge given the impact of social distancing, a view echoed by some of our other respondents:

"Some days I get up and I feel dreadful…they call it a coronacoaster don't they [laughing] I think that's the new word". (Stewart)

"Everyone sort of stayed in their rooms [in his housing scheme]. So, I started staying in my room but after a while you are almost climbing the walls" (George, 71 year-old White British man living alone).

"Just mood swings" (Barry, a 73 year-old White British man living alone).

For some respondents, these 'mood swings' had got worse with the passing of months:

"I'm very happy. It's only when the weather is miserable that I get a bit sad or a bit lonely". [And in Wave 2 interviews] "It has been an up and down time really, in fact it has been more down than up" (Nadine, an 81-year old White British woman living alone).

'Life has stopped'

For a third group, social distancing had introduced more drastic changes into their lives. Sydney was a 73 year-old White British man whose wife had died some years ago. He had no children and his two sisters lived some distance from Manchester. He would normally have four breaks during the year, travelling to different places or going to his sisters:

"I was coping, my way of coping was by going to these different groups, friendship groups and archive places and church and so at least I got some sort of human contact. So… of course… everything stopped in March and that made me realise just how isolated I am. I didn't feel isolated before because I was, I'd got various groups that I was going to and I can always go and sit in the local library for an hour or two if I'd got nothing else to do. But the local library hasn't reopened yet").

A participant who uses a wheel-chair explained her experience of the lockdown:

"[It has] has changed my life. [I have] become much more isolated and confined to my home. I am unable to go to the gym or for a swim and miss the group connection with my spiritual practice" (Nikita, 62 year- old Indian woman).

Douglas, a 70 year-old gay man, described a similar experience:

"That's one thing I have felt, the kind of isolation of being a single man, 70 years- old, who suddenly is cut off from all the normal social activities that he would do".

Other respondents report additional pressures as a result of other stresses on their lives. Paula commented:

"I'm quite a busy person and the lockdown has been, for me, horrible—it's just been horrible…It's been a real stress, and sometimes I'm walking out, I'm just walking and crying and walking and crying (Paula, a 75 year-old White British woman whose partner is undergoing cancer treatment).

And Nikita comments on the impact of losing social connections (Case study no 1)

Case Study No.1

Nikita is a 62 year- old Indian woman and retired lawyer. She lives alone in a house with a garden in South Manchester. She suffers from post-polio syndrome and she's in chronic pain. Nikita uses a wheel-chair but is normally very active:

"My life changed drastically. I would regularly see my mother, siblings and the extended family in Leicester. My daughters regularly visited myself in Manchester. I also enjoyed social and leisure: meeting friends for lunches, cinema, theatre, art galleries, etc. I had a routine of going to the church for art and choir, meditation practice and to the Gurdwara… For me the impact has been losing the human connections: face to face and physical – hugs from my daughter, to my mother and friends".

Changes over Wave 1 and Wave 2

In some cases, social distancing often meant an additional layer to existing disadvantages affecting people's lives. For those living alone, visits and contact with people outside the home were especially important. A decline in morale and motivation was one of the most striking differences between Wave 1 and Wave 2 interviews, with some participants showing an acute change in mood (23 out of 102) over the course of the two interviews.

In the second wave of interviews some participants had abandoned activities (for example, arts and crafts) that entertained them in the initial period. Ruth, a 90 year-old, who was the oldest participant in our research, had occupied herself with paintings and drawings, some of which were shared with the research team:

But by the second interview, Ruth had abandoned her hobby:

"I'm afraid I've stopped them… at first it seemed as though we were going to do things and then all meet up again soon".
In Ruth's case, an otherwise cheerful participant who appeared to laugh off her own age-related difficulties, it was the long-term effect of social distancing that had begun to affect her mood, compounded by her age and feelings of loneliness:
"I mean when you're on your own and you get to a certain age you do feel, you feel lonely. Because all your friends, your sisters and brothers, everybody is gone, all my family… you're still going to feel lonely because the thing with people who you knew when you were younger, they know you, they know what you were like. People who see you now only see an old person".

9.2. Shielding and social isolation

Shielding, either through choice or direction, presented another set of challenges for our participants to negotiate. Evidence from the English Longitudinal Study of Ageing, reported by Steptoe and Steel (2020) found shielding to have had a considerable impact on people's mental health, with high risk participants experiencing higher levels

of depression, anxiety and loneliness. Our research confirms this picture, highlighting the impact on some of our respondents of the letter sent to those considered clinically vulnerable at the start of the lockdown in March 2020. At least twenty-two out of 102 participants mentioned receiving the letter from the Government advising them to shield. This number is approximate because some interviewees were not sure they had received it, whilst others assumed they had to shield because of age and/or health factors. Government guidelines were often described as 'confusing', affecting the clarity of official messages regarding who should shield. This meant that shielding categories were at times blurred, prompting us to group our participants into three categories: first, those who shielded because they received the letter from the government in March 2020; second, those who received the letter but had decided not to shield because they felt vulnerable; third, those who shielded because a partner or child was seen as vulnerable.

One of our reported feeling 'devastated' upon receiving the letter:

"When I read the letter, and saw the text, I actually cried; I sat here on my own in my apartment… And I'd heard about these texts going out, and I thought, they won't include me in this, I know I'm HIV positive but I've no viral load, and generally I'm healthy. When it said, you cannot leave your home for 12 weeks minimum, I actually wept; the thought of that really did affect me mentally…at the time it seemed an eternity"(Douglas, 70 year-old White British man).

Because he's HIV positive he was considered clinically vulnerable but that's not how he sees himself given that he is very fit and active. Another respondent expressed his shock at receiving the letter and how it made him more scared of going out:

"I had a letter saying that I was of the age that it was more, how did they put it? I was more susceptible to the, to get the Covid virus" (George, a 71 year White British man).

For this participant, the letter advising him that he was at risk greatly diminished his confidence to go out of his house. He was already isolated prior to the pandemic but still ventured out occasionally to the local shops in his mobility scooter. After the letter, he stopped going out altogether. Another participant received two letters:

"I thought, Oh, God, I'm vulnerable and it was a bit of a shock because I don't see myself as being vulnerable, but obviously, the realisation that I have got underlying illnesses that I need to be aware—well, I'm aware of but that it was, I needed to protect myself from getting—or reducing the chances of getting Covid. So, that was a bit of shock" (Layla, 56 year- old African-Caribbean woman).

Some participants assumed they had to shield despite not receiving the letter:

"But it hasn't been a government thing with us, it's been like a communal—like everybody in the community all over the world has got to stay in at certain points. In 20 weeks, I have only been out 4 times. And it's awful" (Irene, an 85 year- old White British woman).

"I'm an asthmatic but did not get a shielding letter, my husband is a diabetic with a heart condition and he did not get a letter either but we are shielding for protection" (Maliha, 59 year- old Pakistani woman).

9.3. Resilience and life experiences

Social distancing had, as indicated, led to a variety of reactions and responses amongst those interviewed. In some cases, these reflected how people had managed difficulties or challenges earlier in their lives. Carl is 65 and an active member of the LGBT community. His biological family disowned him when he came out as gay, and he lost his lifelong partner some years ago:

"I am quite a resilient person on the whole. I mean I have had to be because (laughs) because you know what life throws at you, you have to sort of go with it really".

Similarly, people's responses to the lockdown were often informed by experiences and decisions made in the past. Expressions such as 'you just have to get on with things';

'I'm quite resilient'; or 'I'm a half-full-glass person' were common and not restricted to any particular group, relating instead to people's upbringing and life experiences. A few of our participants had lived through serious illnesses, the loss of a partner, or other challenging events. These were often drawn upon to minimise or rationalise the impact of the pandemic. A global overview also helped some people put into perspective the hardships experienced in the UK, as expressed by a South Asian participant:

"Seeing other countries like Yemen and Syria, it's so frightening so we are lucky here – we just have the virus not the war as well, no bombs flying around, not starving for food" (Rushik, 74 year-old Indian man living on his own).

People's experiences of hardship in the UK, specially by those who were alive during war time also gave them a different take on the situation, with qualifiers such as 'stoic', 'resilient', and expressions such as having to 'grit your teeth', and 'just get on with things' being used by a significant number of respondents. This is voiced by Ruth in Case study no.2

Case Study 2

At the age of 90, Ruth is our oldest participant. She lives alone with her cat in a semi-rural area of Greater Manchester. She has children, grandchildren, and great-grandchildren. She talks about her past to explain why she feels okay as long as she's moving her body:

"When I was 14... I started work in the mill. Because in the mill you're walking about all the time, the job we were doing. And where I lived, I lived at the top of a hill...we lived up at the top up there and I had two children by the time I was 20. And I used to put them in the pram and push them, it didn't matter which way I went shopping I had a big hill to come back".

Ruth adds that "all you need in life is a roof over your head and a good pair of shoes" and that she appreciate things because she was 9 when the war started. She 'felt weepy' a few times between W1 and W2, but she then got annoyed at herself for it:

"I just think [pause] you just have to stop, there's no point to it. You just think oh, stop it, you're being silly. It's just that [pause] what it is when you're on your own, you go out of the house and when you come back it's exactly the same. And there's no, it's just there's an emptiness about a house when you're on your own, yeah. But I have the cat and the cat's very good. And she comes, in the morning she'll come and sit with me for about a quarter of an hour".

Being financially secure and owning your home brought important advantages to people in times of uncertainty, though intersecting disadvantages, such as underlying mental health issues or ongoing social isolation, could also jeopardise the ability to cope with the effects of social distancing. Michael, for example, although feeling reasonably well-off, also reported struggling with the effects of the pandemic:

"To be honest it's just a catalogue of things that are forever going wrong...my washing machine is broken and my cooker is broken, and my fridge freezer has broker. My boiler has now broken. Basically, what happens here in my house, because of lack of money, anything that breaks basically just gets left" (Michael, 64 year-old White British widower).

Michael's wife had died a number of years ago and he felt that he had never quite recovered from losing her. He stopped working shortly after she died and then spent some years looking after his parents before they died. He had limited social contacts before the pandemic and the effects of social distancing had been to compound his growing sense of isolation. In some cases, even those living with their families or with children 'close-by' reported difficulties. For example, some of the women of South Asian heritage who self-identified as 'housewives' and lived with members of their immediate family reported feelings of 'depression' arising from the lockdown (10 out of 13):

"I got so depressed and all the time in some sort of fear" (Tahira, 63- year old Pakistani woman who lives with her family in North Manchester)

"I spend all day spent in tension and depression. Now I feel like to take antidepressants and go for sleep. I couldn't do any house chores at all" (Soray, a 54 year-old Pakistani woman who lives with her family in North Manchester)

Yasmin voiced her experiences in the following way (Case study no.3)

Case Study 3

Yasmin is a 64 year old Pakistani woman who lives with the family in North Manchester:

"I am a housewife and I stay at home mostly but I love socialising and meeting people". Yasmin became obsessed with cleaning after the lockdown started. She feels that their lives have changed and they can never be normal like before:

"Every day we used to stay at home like we are caged. I used to keep myself busy in housing chores. I was so depressed and mentally I wasn't okay so I used to fight with my husband.
We are living as temporary and we never can get out from fear. It has increased my faith so I spend more time on praying, reciting the Quran and talking to my children.

Even though I used to be at home most of the time but that time was like we are free but now I feel like I'm in jail or prison. I miss a lot my mother who is sick and I can't go to visit her because she is in Pakistan so that hurt me more than anything".

Others had managed to find various ways of coping. Dharti is a Sri-Lankan 50 year-old housewife who lives in South Manchester with her family:

"We weren't allowed to meet anyone so we spent a lot of time walking and cycling, and although we did these things before the lockdown, I think after the pandemic started... we did these things more. To make sure we were being active a little bit and doing some exercises. I also feel like I was talking to people more over the phone, I was calling my friends more often as I had to check up on how they were doing".

There were other experiences specific to the different groups interviewed. Amongst South Asian participants, for example, everyday life was intertwined with religious practices (see further below). The inability to go to the mosque was deeply felt amongst male respondents; for both women and men, prayer was embedded in daily life, as illustrated in the following comments:

"Praying, listening and reciting Qur'an, watching TV, doing chores around the house"(Farida, 72 year-old Pakistani woman).

"I have routine as start early morning with prayers and sort the meals" (Buhmi, a 68 year-old East-African Indian woman).

"My average day is getting up early for prayers, going to work, shopping, cooking, cleaning and trying to contact friends and family" (Nasrin, a 60 year-old Pakistani woman).

A significant number of participants expressed gratitude when asked about whether spending more time at home helped them reflect on their lives:

"I am fortunate that I am at ease in my own company and have a variety of interests from history to engineering to current affairs with the odd dips into television and fictional stories to escape for a while and just enjoy"(Suzanne, 72 year-old white British woman).

But whilst higher levels of positive feelings were found amongst participants with greater financial security, expressions of gratitude were at times interwoven with identity rather than economic circumstances, like being a 'half-glass-full' person:

"I'd like to think that I'm quite resilient, I'd like to think that I'm a you know, I'm not even a half glass, I'm a 3/4 glass full person and I'll turn lemons into lemonade" (Layla, 56 years-old African-Caribbean woman).

10. Managing everyday life

From this outline of the variety of experiences and attitudes towards lockdown and social distancing, the report will now turn to four overarching themes that emerged from the analysis of our data. Responses and coping mechanisms have been organised into four categories:

1. Re-inventing social relationships;
2. Adapting routines and practices;
3. Changing networks of care;
4. Engaging with shared and green spaces.

The report will look at the common themes across all groups; particularities of each sub-group; and then compare Wave 1 responses to that broad theme to participants' observations in Wave 2, providing an initial assessment of the impact of social distancing over time.

10.1.*Re-inventing social relationships*

An important finding from our research was the extent to which social relationships had to be 're-invented' given the nature of the pandemic. As Paula, a 75 year-old White British woman commented:

"The biggest change is not being able to be the social person I am that…that's The biggest change. It's a horrible change because I am and always have been for the whole of my life a social person".

Paula's comment is representative of many those interviewed, reflecting how the pandemic had led to a need to 're-invent' or 're-create' the social dimension to everyday life. The research illustrates the wide variety of ways which this was done amongst our respondents. Some participants revisited old ways of maintaining social relationships, such as writing:

"I create greeting cards and have sent them all over the world to friends and family sharing what I'm grateful for them for in my life" (Raquela, 50 year- old African-Caribbean single mother).

For a number of our respondents, the lockdown had also provided space for reflection, which often translated into efforts to reconnect with a neglected part of their identity. Creativity proved a valuable coping mechanism for a significant number of participants, with around one-third reporting activities related to arts, crafts, dancing, or writing. From taking more time to prepare attractive dishes, to writing poetry, singing, and doing line dancing on Zoom, participants have found that these activities helped them cope with living alone. What seems to be key is that these activities motivate and helped to provide a structure to everyday life
.
"Its the creative side of me, which is in a sense I've rediscovered the gift that I had as a teenager to write poetry" (Suzanne, 72 year-old White British woman living on her own)

Suzanne shared one of her pieces with the research team:

Staying sane in isolation
Alone for 12 weeks long
what does it mean to me?
where do I belong
how sane will I still be?
Thanks to Radio Manchester
hearing music and voices
when all seems to fester
help in a time of choices
Phone calls with friends
and with family also on face time
chatting on FB without pens
so many ways of being on line
Shopping delivered to my door
thanks to my helper from MAG Bury
and those folk from the Radcliffe market floor
without them I would be full of worry
Seeing the sun glow
hearing birds and seeing bees
Spring is here now
Lucky to be here eating Cheshire cheese.

Suzanne has also been involved with various LGBT+ groups and activities. The inventiveness of the LGBT+ group in maintaining social connectivity was a feature of the interviews with these respondents, as illustrated in Case study no.4

Case study 4
Douglas is a 70 year old White British gay man living in North Manchester. He used to be a teacher and is now very active in the LGBT+ community. He has lived in a one-bedroom flat for many years.

"I've got good neighbours, the flats are well kept. We have lovely communal gardens, which I work in an awful lot, I'm a very keen gardener so during the lockdown I've done a lot of work in the gardens and they look really, really good at the moment... I know more about my neighbours, and they know more about me now, than I ever did; which is a good...people phone me, I do Zoom meetings with some of the groups I'm in. We do a line-dance Zoom meeting every Tuesday and we dance".

The majority of our participants relied on connecting with people in their neighbourhoods, in places of worship, face-to- face, over the phone, or through letters. However, the interviews highlighted the increased important of online and digital technologies in maintaining communication. Technology proved to be an invaluable tool for maintaining and developing new relationships, but we found a number of variations in experiences across our respondents. In terms of use of technology, we divided our participants into three categories:

a) regular users of computers, tablets and/or smart phones;
b) occasional users with more limited digital skills;
c) non-users (digitally excluded and/or people resisting remote relations).

Some of the regular users reported their positive experiences in the following way:

"I felt that I was more connected deeply this time... spiritually... during Ramadhan via the webinars and zoom group this year. These connections had been beyond Manchester and it was international. I had more conversations too via the family across the world" (Aakaar, 54 year-old Bangladeshi man).

"Ramadhan kept me occupied, too and the grandchildren. We had a number of family conversations via different video calling platforms and attending spiritual classes plus conversations... I have been busy supporting the school round – dropping a child to school in North Manchester as well as Jumma (Friday payers) at home" (Idris, 56 year-old Bangladeshi woman).

"The experience has been amazing to link via different formats such as zoom. It has opened more doors and links beyond my locality. It has also built new friendships around the globe" (Jumman, a 57 year-old Bangladeshi man).

"I kind of say that I'd learned something at my age, I've learned, and realised how stupid it was to have this block about not having the internet, because it's opened another way for me to communicate with people, and another way to attend meetings. I never would have thought that possible, so that's a good part of the being locked in the house" (Doris, an 86 year-old White British woman).

Doris told us how she learned this new skill from her granddaughter who gave her a lesson in the garden, socially distanced: "the next morning, through my letterbox arrived a step by step, seven step, four page, seven step detail of how I access Zoom, and it's quite a good piece, a document".

People reporting having made new friends not only over zoom but also over the telephone, with some participants becoming increasingly aware of their 'screen time'. But not all participants were able to maintain connectivity and re-invent social relationships given the limitations imposed by the lockdown:
"I tried one of the choirs online but it didn't work for me" (Nadine, 81 year-old white British woman living alone).

Other respondents mentioned the extent to others within their circle had more limited access to technology:

"I connect with family and friends by FaceTime, WhatsApp etc. However...a lot of my loved ones do not have smartphones where we can see each other by face which has been a lot harder because I have not seen them since the pandemic hit" (Rakib, a 61 year-old Bangladeshi man).

Some commented how some of their friends found it difficult to adapt to remote meetings:

"They don't have, you know, I'm talking about people in their late 70s, 80s and 90s. You know there's only about, I think there's four or five of us who have got laptops and who know how to use them" (Patricia, a 75 year-old white British woman).

Changes over Wave 1 and Wave 2

Engaging with technology was of considerable importance for maintaining relations during the pandemic and this became more obvious in the Wave 2 interviews, with the extension of social distancing. Monica, for example, felt more dependent on calling relations abroad but did not own a a smart phone which meant that the only way she could contact family members in Jamaica was through her landline, which was expensive for her. It is perhaps no coincidence that the majority of participants who mentioned 'feeling worse' or more 'down and depressed' in Wave 2 were those without access to computers and/or smart phones. Conversely, it was also the case that there were participants who did have access and skills for remote communication but were 'sick and tired' of it (Nadine). A number of participants mentioned how they made a conscious choice of turning away from their phones and not watching 'downbeat' news.

To sum up how participants responded to social distancing by re-inventing social relationships, the research found that being digitally connected can mean a new lease of life, especially for those who had to shield. Creativity was also a valuable means of re-connecting with people given the realities imposed by the lockdown. But digital exclusion was also an important issue, reflecting lack of familiarity but also lack of resources in respect of purchasing appropriate technology.

10.2 Adapting routines and practices

The second important theme to emerge concerned the different routines and practices developed to accommodate to the new realities of everyday life. The report focuses on just one of these – religious practices – to illustrate some of the changes which people had made in their everyday lives. Our research found that religion, in various guises, was a key coping mechanism for many respondents. During the post-lockdown period in August and September some churches had re-opened with several adaptations to allow for social distancing. These varied depending on the church denomination but were significant in many cases. Stewart, a 72 year-old White British man, described changes at his local Anglican Church:

"Initially it had to close, and we did services through Zoom meetings you know, Zoom type which I don't particularly like, but it worked. And then we were allowed to open…they socially distanced everything, had to wear masks, there was sanitiser you know these. We couldn't sing obviously, that's out, the services were shortened. The vicar printed the sermon out rather than sort of verbally did it to keep the services as short as they could… the church is split into two sides, the chairs, and we go up in a sort of row by row order. Now, [the vicar] gives the communion wafer out with tongs and she has got a shield on and she gives you that. And that's, but you take that and that's it. Then she takes the wine, communion wine for everybody at the end. So, she is not serving wine to each individual, she just takes it on behalf of the congregation".

While those changes were met with sadness and frustration by many respondents, the most significant disruption was the getting together of the congregation following the service, often accompanied by cups of tea and biscuits. A participant, who was also a minister at his church, felt depressed because he 'can't mix with people'. He says that 'there's no fellowship with people' because the social interaction is gone. Referring to how he has to wear a mask and sanitise himself, he adds: 'I believe that God has made us to breathe fresh air [wearing a mask] is not natural; not what God intended' (Michael, 84 year-old African-Caribbean man). Other comments included:

"I've got a pad, an iPad but I don't use it a lot. I only use it to read the news or hook up with the church for the Sunday service" (Grace, 72 year-old White British woman).

"I think what they've forgotten is there was a big social aspect to churches. Irrespective of which religion you followed, it was the very fact that you had contact with like-minded people and you knew what their lives were" (Doris, 86 year- old White British woman).

.

Brandon is an 80 year-old man originally from Jamaica. He used to go to the New testament Church of God every Sunday morning and evening and sometimes during the course of the week for bible study and other activities:

"All that is missing you see. We just have to do things now via you know is it the App and what have you YouTube and all of this".

Our research revealed wide-ranging spiritual experiences across all groups, reflecting the diversity of religious denominations and

affiliations in the region. Generally speaking, spiritual life offered a lens through which to interpret the pandemic, and to cope with social distancing. Respondents often found new ways of 'doing service' and new forms of activism, as illustrated in Case study no.5.

Case study 5

Raquela is 50 years- old, identifies herself as Black Caribbean, lives in rented accommodation, and is a single mum with two adult children. She's self-employed as an inter-faith minister, and is very active in her local community:

I used to go for a sauna or a steam twice a week. I'd walk every day—walk and pray every day. And I would meet friends and usually go out for lots of meals or I'd cook for them or they would cook for me. I like to go out dancing, so, maybe every couple of months we would go and hear some soul music and dance.

During the lockdown in April she became active within Black Lives Matter after experiencing a police harassment incident:

At the beginning [of the lockdown], I would sleep until like 11 or 12 but when Black Lives Matter came, I was up at 7 or 8 and I've been in meetings from morning till afternoon. It became busy, I was connecting with a lot more people and a lot more groups and I've also been contacted by a lot more people to give support or help on certain things.

I've listened to people's concerns around Covid, but spiritually for me, there was something about—we were meant to stop. And we were meant to rest, and we were meant to look at our lives and we were meant to rethink our choices and do things differently when we come out.

Changes between Wave 1 and Wave 2 interviews

Some participants experienced frustration with a further closing of places of devotion during the second lockdown. Michael commented that from the from the first Sunday of the second lockdown in November 2020 his church had to close again for services, but was open for private prayer. The thing he most misses is '"the Peace" where you shake hands with everybody, and you can give them a hug'. Gatik, a 61 year- old Bangladeshi man, is feeling worse because he can't go to the mosque:

"The only thing that has changed is that mosques have closed which is hard and upsetting because I used to go for my five daily prayers".

Other rituals, such as Ramadhan and Eid, were greatly missed and simply 'not the same this year'.

"It is a shamble the country is going to the dogs. Look at Eid, all the food we prepared and then to be told minutes before that you cannot see your family". (Maliha, 59 year- old Pakistani woman)

But there were also positive experiences between Wave 1 and Wave 2 interviews. Andrea, an 80 year-old woman originally from Nigeria, started to learn more about Zoom during the first lockdown as a means to communicate with her two sons living in the US. As time progressed, she found more things she could do with Zoom, and she now watches services led by one of her sons. Another example is Michael, who had been teaching the scriptures at his church for decades but Zoom opened a new horizon for him. He now runs sessions over Zoom three times a week and one of the changes between Wave 1 and Wave 2 interviews is that he is now reaching people in Jamaica, Barbados, the US and Canada.

10.3 *'Doing community' and changing networks of care*

A third important theme from our research concerned the role of care and caring in people's lives. Those respondents who were shielding would often receive support from their children. The disadvantage of not having children to draw upon was an issue raised by a number of our respondents. Amongst the white British group, including the LGBT+ cohort, the numbers were high for people living alone (28 out of 39 white British participants) and without children (13/39). Along with living alone, being childless was seen as a disadvantage by the overwhelming majority. Samantha, for example, is 69 years-old and in a same sex relationship with no children. Both her and her wife are also only

children and have already lost their parents. The lockdown period made them acutely aware of the implications of not having children, as they witnessed most neighbours relying on children to do shopping and run errands:

"Because of the nature of how things were, women of our age that are lesbians, tend to not have children. If you don't have children, you don't have grandchildren and you will see the absences that flow out from that. Also, as it happens, we are both only children, so no brothers, no sisters, no nieces, no nephews".

At the same time, many of the networks of care in our research also highlighted the family-like relations with 'non-kin' as well as kin. The range of formal and informal networks of care mentioned by respondents was broad: caring for/by neighbours, for/by members of congregations and community organizations, care within the home, and care of family members overseas (for example by sending remittances). Only a handful of participants did not mention any form of caring, and these tended also to be separated from support networks of any kind.

Many participants reported new forms of contact and support with people in their neighbourhood, with a majority signalling this as one of the positives brought about by the pandemic. Many were active in the community, highlighting the importance of older people as volunteers within their community. After listing a number of groups in East Manchester, from campaigning to make streets safer to raising awareness about climate change, a respondent explained that:

"Though I'm not working you're still doing things. I'm also like everybody else have my own vulnerability, so as a vulnerable person in a sense, living particularly on my own, I go to the Inspire Centre a lot and have my lunches there normally and liaise with people there" (Kath, 65 year-old white British woman).

The role community centres played in respondents' lives prior to lockdown cannot be overstated. Some of these centres changed their practices to include a variety of new services, from phone buddies, to meal distribution and art and craft packs, as illustrated in Case study no.6.

Case study 6

Patty is a 64 year-old woman, white British, living in rented accommodation in East Manchester. She lives alone and has an estranged biological son and family. She has many illnesses, including severe depression, and uses a motorised wheelchair. Prior to lockdown, she was very active in a community hub in her neighbourhood but after she started shielding she the arts and craft packs sent by the centre became the focus of her day:

"the way live is I live each day as it comes and depending on how I'm feeling that day depends on what I do. And because the depression side of it has kicked in again, I'm not really doing much craftwork. Normally and at the beginning of the lockdown, I was doing a lot of craftwork…the one thing I am able to do and that is colouring but I do it on my mobile and my iPad. And that's what I spend my time doing at the moment is just colouring in, painting pictures using those apps. So in a way, I am keeping my brain busy".

But the nature of support networks and how they are developed and maintained varied amongst the different groups within our sample. Those amongst the South Asian group were generally a mix of immediate and extended family, along with friends and neighbours, illustrated in the comment from Buhmi:

"My son and his family ring me including the wider family networks as well as friends. If we need any assistance such as in a crisis with health related issues – my neighbour assists as one of them is a medic (Buhmi, a 68 year-old East African Indian woman).

For the White British sample, neighbours proved an indispensable part of their network of care, these on occasions brought together in unprecedented ways:

"Initially when we first started with the lockdown, we have neighbours at either side that would send a text and say "We're going to the supermarket, is there anything you need?" and we'd say "Yes, we need this or that" and send them a text back and then they would put it on the front step" (Paula, a 75 year- old White British woman).

A number of respondents expressed the view that giving support was vital to their wellbeing:

"I provide support in the community and have support through the diverse networks" (Jumman, 57 year-old Bangladeshi man)

"If I can support other people, that gives me pleasure, and also, it's a two-way street with chit chat. It's not, you know, it's not me listening, it's not them just rabbiting away and me listening. It's a two-way thing, because they're my friends"(Suzanne, 72 year-old White British woman).

Layla is 56 years old and identifies herself as black Caribbean. She lives alone, has no children and suffers with lupus and chronic back pain. She has aids in the house and 'takes her time' to do her chores. Still, she found that helping out was important for her sense of well-being:

"I kept myself busy, unfortunately, with Lupus, you have times when you can't do very much. So, I just said to myself, well it's not as bad, at least I'm at home and I can do stuff. I cooked meals for people in the community, so, I was able to keep busy doing that".

Respondents also found that the act of calling others to check on them brings people closer. Three participants from the LGBT+ group found that giving support over the phone made relations that were previously superficial much more meaningful:

"I find it really helpful because sometimes when I've spoken to [a phone buddy] I've been quite down, or she's been quite down, and we've helped each other (Paula, 75 year-old White British woman).

But relationships had been affected in different ways. While some felt that lockdown strengthened some relationships that used to be more superficial, a significant number felt that 'the fellowship has gone', for example in the case of church-based activities. However, if caring for others during the pandemic was vital for those on the receiving end and for people giving out help, some did suffer from competing demands on their time, and the pressures this created, as in case study No.7.

Case study 7

Benazir is a 70 year- old Pakistani woman living with her family in North Manchester:

"I look after my husband and my sons. I have carers who come and help me care for my husband's needs daily. I don't have a social life or any hobbies as all my time is focused on looking after them. I was struggling financially to begin with before the pandemic started, and payments were all scheduled via payment plans for all my expenses. My husband being bed-bound means more spending on hygiene products being bought and extra care to be provided.

This lock-down left me feeling on my own. All services were limited. This made me angry and upset. I had so many questions. I was used to a walk every day to maintain my mental health, get fresh air and stay sane but that had to be avoided as I was scared that I would pick up the virus and end up giving it to my husband or sons".

Changes between Wave 1 and Wave 2 interviews

Respondents noted that there was a point during lockdown when neighbours came together in solidarity, but in Wave 2 interviews this seemed less in evidence:

"When they were all coming out clapping, that was nice. Because you could see all different people outside but now it's all stopped, that" (Ruth, a 90 year-old white British woman).

The interviews in Wave 2 made more salient the role of social infrastructure in providing vital networks of care to participants and how, when unable to physically access these spaces, adaptation to social distancing became more distancing. In addition, respondents who had been involved in caring responsibilities throughout the lockdown reported tiredness and isolation in some cases. Buhmi, a 68 year- old East-African Indian woman, cares for her husband and had to shield to reduce his risks of catching the virus. She described her situation in the second interview as significantly worse because now all the caring responsibilities to support her husband fell onto her as her son and family were longer being able to visit.

"My life has become more restrictive with the recent lockdown measures in the Greater Manchester. My son and his family who supports us and were in our bubble group cannot visit anymore at our home or in the garden".

We also noted in W2 that there were individuals who were very isolated but were not receiving support, signalling to how isolated individuals can be 'off the radar'. For example, we found that respondents below the age of 70 often missed out on the services being offered to those over 70, such as telephone buddies or meals on wheels. Another 58-year old male participant from Salford who is extremely isolated dismissed

his own loneliness maintaining that not much had changed. He said he only gets phone calls from the doctor's. He mentioned that he did some volunteering and said he 'did feel upset' about the Salvation Army shop closing down, as though this was a sudden awareness of how he missed going out, eventually admitting he 'enjoyed meeting people'.

10.4 Engaging with shared spaces and gardens

The final main theme concerned the change to public space as a result of the pandemic, together with the importance attached to green spaces (Honey-Rosés et al. 2020). Our interviews suggested that people's emotional response to green spaces was enhanced during lockdown. Being able to experience outdoors was considered one of the greatest assets across all sub-groups, this often associated with the weather during Spring and early Summer:

"We were very fortunate generally across the country that the first two or three months, the weather was very good" (Chris, 66 year- old White British man)

"We were very, very fortunate, because the weather was lovely" (Dorothy, a 78 year-old White British woman)

"The weather has been good so I have spent a lot of time in my own garden"(Amlika, 62 year-old Bangladeshi woman).

"I was very fortunate that I could go out" (Joseph, 69 year- old white British man).

"As the weather has been good to us, I have been doing some gardening, going for walks with my wife, helping with the cooking" (Gatik, 59 year-old Bangladeshi man)

"I don't know what we'd have done without it [the garden]" (Paula, 75 year- old White British woman, LGBT).

"We did a lot of gardening as well, the weather was nice during the pandemic so we did spend a lot of time doing that" (Dharti, 50 year- old Sri Lankan woman).

Green spaces had enabled groups to meet and socialise while respecting social distancing, constituting a 'lifeline' and in some instances 'strengthening' relationships:

"We have had two meetings but we decided to have them, well we could only have them outside because of the virus so we had one in the park and about 20 people came…On that day it was 30 degrees, it was really hot but we sat in the shade like in little groups, you know close to each other but keeping a social distance and it just felt really, really good" (Carl, 65 year-old white British man).

An increased interest in nature and wildlife was present across all groups:

"I feel like I have been interested in birdwatching. I have been looking at birds, you know we have a few bird feeders, so there are lots of birds coming to our garden. And I try to find out which type of birds who are coming and more and more interested about birds now". (Dharti, 50 year- old Sri Lankan woman)

"I have started being more active with gardening in the shared space and outside my own small porch. I also enjoy bird watching and became close and attached to a Jackdaw. However, I was sad to part with the Jackdaw for its own safety and it is now with RSPB" (Nikita, 62 year-old Indian woman).

But it is not only gardens and parks that saved people from social isolation. Community groups have found creative ways of using shared spaces, such as beer gardens at pubs and car parks, or even a bench in the city centre:

"If the weather is good… I take a trip to town and spend time sitting on bench, If any of my friends see me they also come and join me and we have a chat" (Zahra, 85 year- old Pakistani woman)

Our research found that any outdoor space where people could meet and social distance was greatly appreciated. Inspire, a community centre at the heart of Levenshulme, started having meetings in June in a car park, while Out in the City met in pubs in August. A relevant observation is that parks are multicultural spaces, perceived as shared spaces by all groups, even if some participants observed that more could be done to make them more inclusive:
"[It would be good to have] culturally appropriate befriending service as I do not go to pubs and for parks to be safe against the Covid 19 virus in toilets and on benches" (Buhmi, 68 year-old East African Indian woman).

A common response to the question of whether people saw any positives resulting from the period of lockdown and social

distancing was a newfound appreciation of neighbourhoods as broader spaces that enabled social interaction with social distancing, as in the comment by Ruth:

"One of the reasons I like going out is we're near the canal and I get on there and people walk their dogs and that. And you always get a chance to say, "hello, how are you, good morning" so you're meeting people, I'm not stopping and having a chat with them, I'm just saying, passing the time of day really. So, you feel as though you're part of the world again don't you when you do that?"

Changes between Wave 1 and Wave 2 interviews

For those participants who had to isolate for most of the year, the garden offered a precious break from the isolation felt within the four walls of the house. Paula has hardly seen anyone since March because her partner was diagnosed with cancer just before the beginning of the lockdown. The last few months she's been undergoing chemotherapy and the garden has been one activity that offers them both pleasure:

"She does really well with the garden, and I like the garden, and she's been ordering all the plants and all the compost and all that, and they've been delivering it. So, we've been able to manage to do that".

For some participants, green spaces offered an opportunity for social interaction in social distancing times, and there was an increase in frustration levels between Wave 1 and Wave 2 interviews when these windows of respite closed once again:

"The gardening session did start again at Inspire and I do like that where we can just chat and meet friends – socially distanced. But 2 weeks after the sessions started further restrictions came in and so it stopped again – I am not happy… As you get older, you get weaker and these activities keep your strength up and confidence so the longer the lock down and restrictions on activities the weaker we will get and loose our confidence" (Rushik, 72 year-old Indian man).

There was an especially high number of participants whose motivation had deteriorated quite dramatically in Wave 2 interviews because the weather was no longer inviting for outdoor activities:

"Weather is bad so can't even do garden, it's windy and rain so just stop in bed"(Daksha, 50 year- old Indian woman).

"Last few days I have taken shorter trips, today I have not gone out at all . Beginning to feel like my energy levels are lower" (Rushik, a 74 year-old Indian man living on his own).

This general drop in motivation as the year went by pointed to the need of looking at the 'tool kits' available to people to cope in extraordinary circumstances. In the case of Ruth, our oldest participant, pets played an important role:

"Sometimes I don't want to get up. But I get up to feed the cat, right because the cat is out, she stops out all night in the summer. And I just let her, get up and let her in and feed her".

The extent of engaging with shared and green spaces are evidence of the importance of such spaces, and the need for policymakers to invest in social infrastructure that allows for fleeting encounters. Neighbourhoods benefit immensely from such spaces and urban planners should make sure they accommodate diversity in terms of gender, ethnicity, race, age, social class.

11. Conclusion and next steps

The longitudinal and qualitative research methodology makes this study uniquely suited to uncover the breadth and diversity of individual and subjective responses to the pandemic, as well as how these change over time. This report has provided insights into some of the preliminary findings based upon interviews from Wave One with different groups of older people and a selection of follow-up interviews from Wave Two.

11.1. *Work over December – February*

The main activities over the next four months include:

- Ongoing work coding of Wave 2 data
- Cross-sectional and longitudinal analysis of both Wave 1 and 2 data
- Follow-up interviews with stakeholders
- Continuing literature review
- Developing policy implications of the research
- Preparation of papers and further reports

11.2 There has been very low attrition over Wave 1 and Wave 2 and the possibility of a third interview is being considered. This would need to take place early in January to leave sufficient time for including in the final report to be presented at the end of March 2020.

12.Selected references

Ayalon, L et al. Aging in the time of the COVID-19 Pandemic: Avoiding ageism and fostering intergenerational solidarity. Journals of Gerontology

Becares, L. and Nazroo, J. (2020) 'Racism, ethnicity, and COVID-19 related inequalities in the UK'. In : Solène Brun and Patrick Simon (eds.), Issue 'Inégalités ethno-raciales et pandémie de coronavirus', De facto, http://icmigrations.fr/2020/05/13/defacto-019-02/?lang=en

Borkowska, M. and Laurence, J (2020) Coming together or coming apart? Changes in social cohesion during the Covid-19 pandemic in England. European Societies https://www.tandfonline.com/doi/full/10.1080/14616696.2020.1833067

Centre for Ageing Better (2020) Doddery but dear? Examining age-related stereotypes. https://www.ageing-better.org.uk/sites/default/files/2020-03/Doddery-but-dear.pdf

Demos (2020) Life Under Lockdown. London: Demos

Durcan, D. and Bell. R. (2015). Local action on health inequalities: Reducing social isolation across the lifecourse. London: Public Health England.

Evandrou, M., Falkingham, J., Qin, M., & Vlachantoni, A. (2020, June 24). Older and 'staying at home' during lockdown: informal care receipt during the COVID-19 pandemic amongst people aged 70 and over in the UK. https://doi.org/10.31235/osf.io/962dy

Goff, M., Doran, P., Phillipson, C. and D'Andreta, D. (2020) Community Interventions to Promote 'Ageing in Place': Developing the 'Village' model in Manchester. The University of Manchester: MICRA http://documents.manchester.ac.uk/display.aspx?DocID=48721

Harrop, E. (2020) Supporting people bereaved during COVID-19: Study Report 1 https://2158a728-76d2-4aee-b2a8-646f37e9b97e.filesusr.com/

ILGA-Europe, Equality for lesbian, gay, bisexual, trans and intersex people in Europe (2020) COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact. https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

Institute for Public Policy Research (IPPR) Hitting the poorest worst? How public health cuts have been experienced in England's most deprived communities. https://www.ippr.org/blog/public-health-cuts.

ipsos.com/ipsos-mori/en-uk/COVID-19-impact-lockdown-older-generations

Kirby, T. (2020) Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities. The Lancet/Respiratory Medicine, Online first: DOI:https://doi.org/10.1016/S2213-2600(20)30228-9

Li, L. Z., & Wang, S. (2020). Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom. Psychiatry research, 291, 113267. https://doi.org/10.1016/j.psychres.2020.113267

Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2020) Health Equity in England: The Marmot review 10 years on. London: UCL Institute of Health Equity.

Office for National Statistics ONS (2020a) Deaths involving COVID-19 by local area and socio-economic deprivation: deaths occurring between 1 March and 31 May 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/

Scharf T, Phillipson C, Smith A, and Kingston P (2002) Growing Older in Socially Deprived Areas: Social Exclusion in Later Life. London: Help the Aged.

Platt, L. and Warwick, R. (2020) Are some ethnic groups more vulnerable to COVID-19 than others? London: The Institute for Fiscal Studies (Funded by Nuffield Foundation) https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others/

Prattley, J., Buffel, T., Marshall, A. and Nazroo, J. (2020). 'Area effects on the level and development of social exclusion in later life', Social Science & Medicine. 246, 112722.

Public Health England (2020) Disparities in the Risks and Outcomes from COVID-19. London: PHE. https://www.gov.uk/government/publications/COVID-19-review-of-disparities-in-risks-and-outcomes

Rutter, J. (2020) http://www.britishfuture.org/publication/remembering-kindness-strangers/

Steptoe, A. & Steel, N The experience of older people instructed to shield or self-isolate during the COVID-19 pandemic http://allcatsrgrey.org.uk/wp/download/older_

Sport England (2020) Active Lives Adult Survey Coronavirus (Covid -19) Report Mid-March to Mid-May 2020

UK Parliament (2019) Local government finance and the 2019 Spending Review, https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/2036/203605.htm

United Nations (2020) Policy brief: The impact of COVID-19 on women. https://www.un.org/sites/un2.un.org/files/policy_brief_on_COVID_impact_on_women_9_apr_2020_updated.pdf

University of Essex, Institute for Social and Economic Research. (2020). Understanding Society: COVID-19 Study, 2020. [data collection]. 3rd Edition. UK Data Service

World Health Organization (2020) Social stigma associated with COVID-19. https://www.who.int/docs/default-source/epi-win/stigma/COVID19-stigma-guide.pdf

Yarker, S. (2019) Social infrastructure: How shared spaces make communities work. Manchester: Ambition for Ageing and the University of Manchester.