



COVID-19 and Social Exclusion: Experiences of older people living in areas of multiple deprivation

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

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<https://www.micra.manchester.ac.uk/muarg/>



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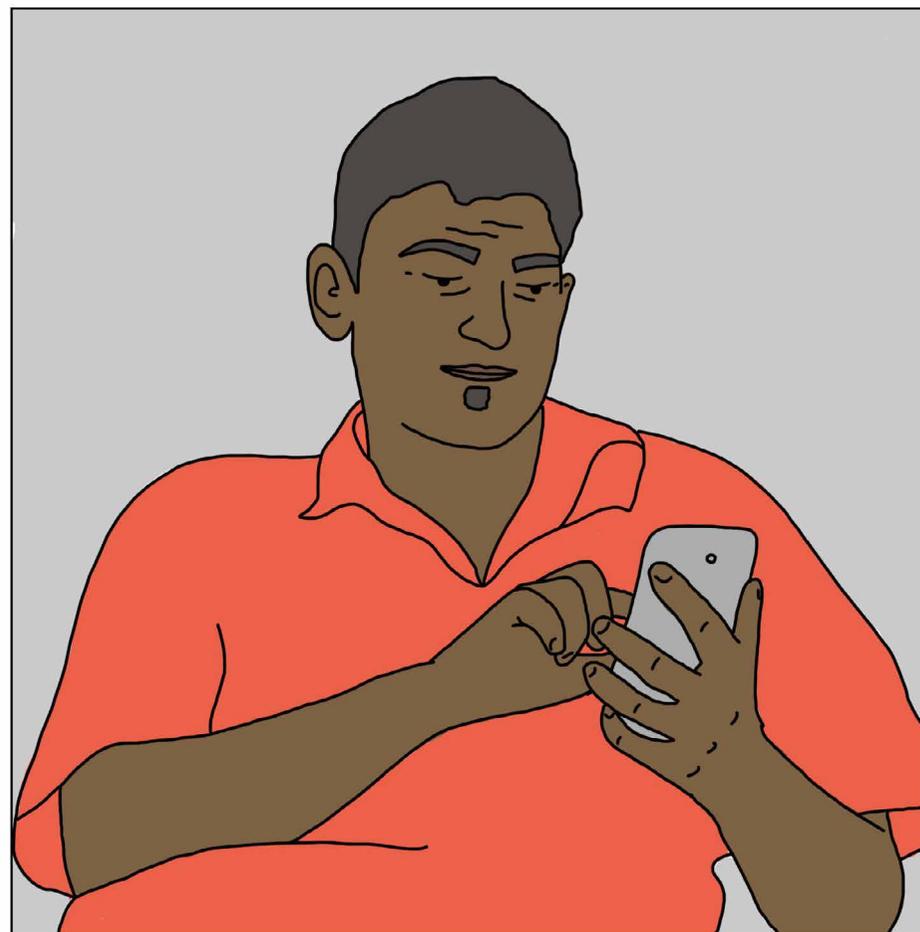
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“It has been a big shock; I can no longer meet family and friends when I’d like to. I feel very restricted and I’m not used to using technology, I’m forced to talk to people on FaceTime or telephone. I can’t really move around; I’m worried about the future and about my family and friends”
(Tajim, 55 year-old Bangladeshi taxi driver)

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The research is built around the advice, experiences, and comments from 21 organisations across Greater Manchester, together with interviews with 102 people 50 and over living in various neighbourhoods across the region. The research team is hugely grateful for their willingness to talk about the impact of COVID-19. As we discovered, organisations had to re-invent themselves to provide new ways of working with and supporting older people. For older people themselves, there were, as we shall demonstrate, a variety of reactions to the pandemic. However, few of those who we interviewed were left untouched by its profound effect on the routines and relationships which make up everyday life. We hope our report conveys the challenges and responses across the different organisations and groups of older people who we interviewed. The research team is indebted to all those who gave their time to talk about their experiences. We hope that our record of what we have learnt will prove valuable in developing policies in supporting communities and organisations recovering from what has been a devastating 12 months.

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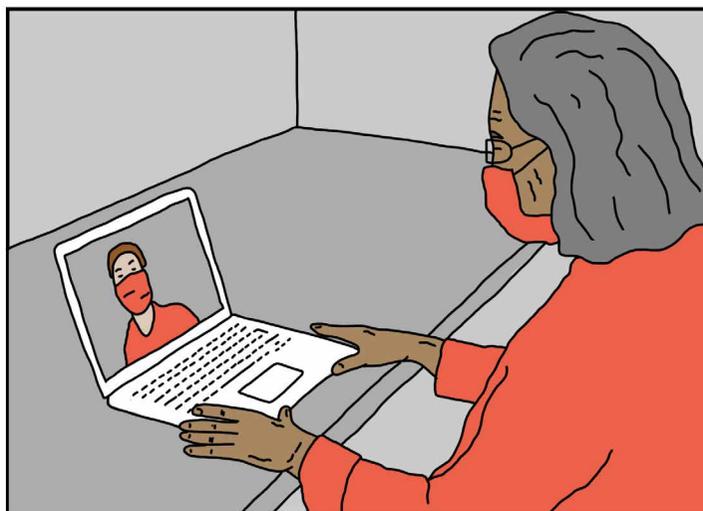
Key messages



Community participation is vital for developing effective responses to COVID-19



Community advocates will be needed to prevent isolated individuals from being denied treatment and support



Community organisations - including those led by older people - should be co-equals in tackling the pandemic

Findings and Recommendations in Brief

Findings in brief

- This study examined the impact of COVID-19 through the experiences of *21 organisations* working with older people, and *102 older people aged 50 and over*, the majority of whom were interviewed three times during 2020 and early 2021.
- The study sample comprised four ethnic/identity groups: African Caribbean, South Asian, White, and LGBT+ .
- Organisations were asked about how COVID-19 had affected ways of working, and *support* provided to older people. Older people were asked about the impact of, and response to, *social distancing*.
- In many respects, older adults were like other age groups during the pandemic, managing as best they could given *pressures* on social relationships and support networks. Many were highly creative in devising ways of spending their time through developing long-standing interests, or befriending or assisting others in various ways.
- Adapting to, and exploiting the *benefits of technology*, was crucial for many participants. Those without access to online media were disadvantaged in a number of respects. Our findings highlight that differences in the use of technology may introduce new forms of *inequality* within the older population.
- Gardens, parks and communal spaces provided relief from the pressures of lockdown, but an important priority coming out of the pandemic will be tackling *inequalities in access* to green spaces.
- *Religion* played an important role for many of our participants, providing both structure and meaning to everyday life.
- *Physical and mental deterioration* over the course of the lockdowns was reported by many of our participants. They spoke of the impact of restricted mobility over a number of months, as a result of being confined to their house or flat. In some cases, the pandemic seemed to have increased awareness about ageing itself, but this was often perceived as a negative rather than positive life transition.
- *Social isolation* increased for particular groups, notably for South Asian women and White British men living alone. The former reported feelings of depression, and being a ‘prisoner in your own home’, partly driven by the increased pressures women felt as carers. Many of the single men interviewed went into the pandemic with relatively limited social support networks, poor physical health, and low incomes, with COVID-19 creating additional constraints due to the closure of the facilities upon which they had previously relied.
- The research highlighted the strains affecting *friendships*, arising from the impact of social distancing. For many participants, digitally included and excluded alike, keeping friendships going during the pandemic was a challenge. For some, the loss of friends may be a damaging side-effect of the pandemic.
- If friends became, in some cases, more distant, family was centre-stage for many. Again, this was often the case amongst those most digitally connected, Zoom and WhatsApp being drawn upon to maintain regular contact. And use of the internet to maintain transnational ties was an important element in the daily lives of some of our African Caribbean and South Asian participants.

- All our participants who had been involved in community activity before the pandemic missed the sociability involved. Digital technology helped fill the gap for many, with notable examples from the LGBT+ community. However, technology was rarely seen as compensating for the importance of direct physical and social relationships in everyday life. Ensuring the provision of neighbourhood facilities, as a means of helping people re-engage with their community, will be essential to COVID-19 recovery.
- With people deprived of their usual support networks, social relationships in the immediate neighbourhood assumed greater importance. The experience varied for different participants and between neighbourhoods. In some cases, localities with more *transient populations*, or those which had undergone substantial change due to gentrification, produced feelings of alienation, with individuals less inclined to draw on the support of those living around them. In others, there was evidence for strong neighbourhood attachments based on informal social ties between neighbours, which provided much needed support and access to resources.
- This research, supported by national studies, underlines the extent to which COVID-19 has undermined neighbourhoods already damaged by austerity and the loss of social infrastructure. Coming out of the pandemic, and in preparation for future waves, it will be vital to focus on the restoration of, and access to, community spaces which give meaning and vitality to neighbourhood life.
- Working within neighbourhoods is especially important given the possibility of continued unequal vaccination levels between different social and ethnic groups. This may give rise to localised epidemics amongst those communities most at risk of serious disease and death, extending the inequalities exposed by the pandemic during its initial and subsequent waves.
- There will also be a vital need to strengthen the community organisations around which the response to COVID-19 has been built. Despite (or because of) their many successes, organisations will need a commitment for adequate funding in order to survive or meet the range of needs which are likely to emerge after three successive lockdowns. Enhanced support will be especially important for equalities-focused organisations working with minority groups, who have made a major contribution in providing support to people experiencing considerable suffering as a result of COVID-19.

Recommendations in brief

- The report emphasises the importance of developing a '*community-centred*' approach in COVID-19 recovery planning, an essential part of which will be ensuring that the views of older people take centre stage. They have been a missing voice throughout the pandemic. A key task moving forward will be to build the capacity of local organisations representing diverse groups of older people, around which future strategies can be developed.
- Given the importance of community organisations, we would suggest an audit be carried out – led by the *GM Ageing Hub* – assessing the range of additional resources that are likely to be needed to assist recovery coming out of the pandemic. This might also be linked with region-wide discussions aimed at sharing lessons learnt in responding to COVID-19, identifying gaps in support which have emerged over the lockdowns, and making decisions about priorities for intervention over the short- and medium-term.

- We would also see community renewal as a process which needs to come from *above* (the work of the *Greater Manchester Inequalities Commission* is vital here), as well as *below* (through engaging with local leaders and community organisations). An effective community-centred approach will require the integration of both elements, ensuring that the kind of mutual aid networks that have developed over the course of the pandemic are supported in the various neighbourhoods across the region.
- Community renewal must also be embedded in tackling *systemic discrimination* affecting different groups within society. COVID-19 has exposed and exacerbated *longstanding inequalities affecting ethnic minority groups* in the UK. Much of this was predictable given available knowledge about poverty, co-morbidities, poor quality housing, and low incomes. Despite this, there was a failure to provide enhanced support to ethnic minority groups from the beginning of the pandemic. Such targeted work, involving community leaders wherever possible, will certainly be essential over the medium and longer-term.
- An observation from our interviews, was that the pandemic may have led to a *loss of confidence in social participation* amongst some individuals and groups who were experiencing isolation before the pandemic. This will require innovative forms of community support to re-engage with people, with good neighbourhood groups, voluntary organisations, and informal leaders within neighbourhoods, all having a vital role to play.
- A related issue concerns recruiting '*community advocates*' for those in the community whose voices go unheard. There are increasing numbers in the older population who may be vulnerable to having their interests ignored, given pressures on services and support arising from COVID-19. In this situation, advocates within communities will be important to prevent isolated individuals being denied appropriate treatment and support. Such individuals could be drawn from existing organisations, for example local Age UK branches, and Good Neighbour and befriending groups.
- An important task for local authorities, the NHS, voluntary groups, and neighbourhood organisations, will be tackling experiences of *social exclusion*, which have intensified during the pandemic. Our research has highlighted the challenges facing women from the South Asian community, men and women living alone, and those who were in poor physical and/ mental health before the pandemic began. Community organisers – formal and informal – are best placed to know who needs support within their neighbourhoods. But the work ahead will be difficult: there is likely to have been a substantial increase in need as a result of the pandemic – especially amongst those with limited social networks who have spent a large part of the year confined to their own homes.
- COVID-19 has highlighted strengths in community organisation (e.g. new forms of grass-roots leadership) as well as consolidating existing inequalities (e.g. around ethnicity). It has also confirmed significant variations within the older population, especially in respect of adjusting to life after lockdown. These and other dimensions will need to be incorporated into new approaches and methods in developing a post-pandemic GM Age-Friendly Region.

Executive Summary

Introduction

Since March 2020, the Manchester Urban Ageing Research Group (MUARG) has been working to develop new insights into the challenges facing older people in the context of COVID-19.

The research has been funded by the *Centre for Ageing Better*, *Manchester City Council*, the *National Lottery Community Fund's Ageing Better programme* via the *Greater Manchester Centre for Voluntary Organisations*, and *Policy@Manchester*.

The research team collaborated with community stakeholders across the region to examine the impact of the pandemic on people aged 50 and over, during the course of the national lockdowns from March 2020 to March 2021. Community organisers assisted in finding individuals willing to be interviewed for the research, identifying people who were already at risk of social exclusion.

We have been especially concerned with examining the effect of COVID-19 on people living in low income neighbourhoods in Greater Manchester, where issues relating to limited social infrastructure, social isolation, and environmental pressures of different kinds, were apparent even before the pandemic took hold.

The first stage of the research comprised 21 interviews with a range of organisations, including statutory service providers, community and voluntary sector centres, neighbourhood associations, and local government initiatives supporting older people. This report describes their experiences in developing services to support older people, areas of innovation, difficulties encountered during the pandemic, and their views about the future.

The second stage of the research involved telephone interviews with an initial sample of 102 older people. Each participant was invited to be interviewed on three occasions by a member of the research team or partner organisation, examining experiences associated with COVID-19 over the period from Spring and Autumn of 2020 to Winter 2020/21. The sample comprised of four broad ethnic/identity subgroups: African Caribbean, South Asian, White, and White LGBT+. We asked all participants for their preferred identification. All of the quotations in this report are followed by a pseudonym to protect the anonymity of participants, as well as their age and how they describe their identity.

The research questions which formed the core of our study were:

- **How do older people at risk of social exclusion experience 'social distancing'? How has social distancing affected everyday life and support networks?**
- **What capacities and resources (individual or community level) do older people draw on when negotiating the experience of social distancing?**
- **What has been the impact of social distancing over time?**
- **What types of support services exist or could be developed to alleviate the impact of social distancing on older people experiencing exclusion and isolation?**

Our study has provided unique insights into the lives of older adults, and the impact of COVID-19 on everyday life. The research highlights the challenges people have faced when forced to 'stay apart' from family and friends. We examine how experiences have varied according to household composition, ethnicity, sexuality, gender, and age cohort.

What are some of the key findings from our research?

A first observation is that, in many respects, older adults behaved like other age groups during the pandemic, managing as best they could, given the limits posed on physical and social relationships. Many were highly creative and adaptable, devising ways of spending time, whether through re-discovering interests in poetry and writing, craft activities, or befriending others through counselling via the medium of the telephone or online platforms. In this regard, our participants demonstrated a strong sense of agency, autonomy and creativity in coping with what was an undoubted crisis affecting their daily lives.

Adapting to, and exploiting *the benefits of technology*, was crucial for many of those interviewed. Indeed, an important finding from our work has been how the use of platforms such as Zoom has entered into the language and rhythms of daily life: people spoke of it opening up opportunities to engage with family and friends in other countries; as a medium for sustaining their involvement in different social activities; and as a source (particularly for the LGBT+ community) for reaffirming identity at a time when traditional ways to socialise were unavailable.

Equally, it was clear that those without access to online media were disadvantaged in a variety of ways, notably in being unable to maintain contact with friends who were themselves confident in using digital media, and in being deprived of services and activities which were only available online. *Differences in the use of technology through the pandemic has, we suggest, introduced new forms of inequality within the older population, which is likely to have renewed significance in the years ahead.*

We also noted the importance of access to *gardens, parks and communal spaces* in maintaining well-being for many of our participants in providing some relief from the pressures of lockdown. Those with access to a garden and/or a nearby park found these spaces especially beneficial. Indeed, an important priority coming out of the pandemic, will be redressing the negative impact of *unequal access to green space*.

Another observation from our research concerned the important *role of religion* in 'structuring time' and giving meaning to our participants. In many cases, faith and prayer were central to the organisation of everyday life; in some cases, also providing a framework for making sense of the pandemic itself.

One of the advantages of our study was being able to identify *changes affecting people over time*; a period which captured three successive lockdowns. For some people, there was little change to report, especially for those already isolated; routines had, in many instances, been developed which at least provided some structure to daily life. For others, however, there were substantial changes which had begun to have a negative affect on the quality of people's lives.

Ageing under lockdown

An important finding from our research concerned a degree of *physical and mental deterioration*, affecting some of our participants, over the duration of the research. Some spoke of the impact of restricted mobility over a number of months, as a result of being confined to their house or flat. In some cases, this resulted in reduced confidence in leaving their home or re-starting exercise routines. In cases such as these, the pandemic also seemed to increase awareness about ageing itself, but often as a negative rather than positive life transition.

A related issue concerns the extent to which the pandemic may have *heightened* feelings of vulnerability amongst certain groups. An example from our research concerned those who had received a letter advising them to shield. Our evidence on this is that such guidance could have a devastating effect. It was indeed a shock for some to be told they were ‘vulnerable’. This was not part of their self-image or how they defined themselves as a person. This may be another example where the pandemic will have a long-term (and potentially negative) impact on how many people think about their health and well-being coming out of lockdown. Perceptions of vulnerability may also be traced to other sources: people feeling they had become a ‘burden’ on their family or even on society itself; amongst our South Asian and African Caribbean groups, racism may also have played a role in creating a sense of marginality or precariousness.

Social isolation under lockdown

Another observation from our research concerned the increasing extent of *social isolation* arising from the pandemic, evident in particular groups, with particularly striking examples from some of the South Asian women interviewed, and from White British men living alone. The lived experiences of social isolation were distinctive for each group but raise important questions for community support more broadly. Amongst the former, there were powerful expressions of the anguish caused by successive lockdowns, these resulting in feelings of depression, anxiety, and being a ‘prisoner in your own home’. Such sentiments were invariably driven by the increased pressures women felt as carers. Responsibilities – for example caring for a sick husband – had remained the same but support had weakened with social distancing and pressures on statutory services.

Single men living alone presented a contrasting set of issues, but with similar experiences of intense isolation amongst some of those we interviewed. The context was one of people going into the pandemic with relatively ‘shallow’ social networks, poor physical health, and low incomes. The additional pressure created by COVID-19 concerned the closure of vital social infrastructure which the men had often relied upon for support – community centres, local cafés, libraries, and pubs. The loss of these had a considerable impact, and was a reminder of the importance of their eventual restoration, especially within inner-city neighbourhoods.

Families and friends under lockdown

What do we know, based on our interviews, about the impact of COVID-19 on *intimate ties*? To what extent has the pandemic affected relationships with family and friends? Our research indicated the strains affecting friendships, arising from the impact of social distancing. ‘Not having much to talk about’ was a typical comment, but it illustrated a wider problem that the activities which sustain friendships – confiding, laughing together, sharing interests, providing emotional and instrumental support – could often only happen on a virtual basis. Again, this worked in some cases for those who could access (or who had already accessed prior to the pandemic) technology as a way of maintaining relationships. But for many, digitally included and excluded alike, keeping friendships going in the pandemic was a challenge. For certain groups, the loss of friends may indeed be one important and negative side-effect of the pandemic .

If friends became, in some cases, more distant, family was certainly centre-stage for many of those we interviewed. Again, this was often the case amongst those most digitally connected, Zoom and WhatsApp being drawn upon to maintain regular contact. And use of the internet to maintain *transnational ties* (almost certainly a feature of life before the pandemic), was an important element in the daily lives of some of our African Caribbean and South Asian participants. However, for those women with significant caring responsibilities – our group of South Asian women were an obvious example – separation from sons and daughters was a major source of anxiety.

Neighbourhoods under lockdown

With people deprived of their usual support networks, social relationships in the immediate neighbourhood assumed greater importance during lockdown. The experience of these varied for different participants and between neighbourhoods. In some cases, localities with more transient populations, or those which had undergone substantial change due to gentrification or urban regeneration, produced deeper feelings of alienation, with individuals less inclined to draw on the support of those living around them. In others, there was evidence for strong neighbourhood attachments which relied on informal social ties between neighbours providing much needed support and access to resources for older people.

Recommendations : Developing a community-centred approach

Over the period from March 2020 to March 2021, the research team spent time with over 100 people aged 50 and over in Greater Manchester, together with 21 community organisations and stakeholders. This has, we believe, provided us with valuable insights into the strengths of current work across the region, but also ideas about priorities for further activity, as social distancing measures are relaxed. In terms of the broad framework, the kind of community-centred model advocated by Public Health England, provides an important reminder about how interventions need to be developed:



Community (or citizen) participation, that is the active involvement of people in formal or informal activities, programmes and/or discussions to bring about planned change or improvements in community life, services and/or resources, has long been a central tenet of public health and health promotion...There is a compelling case for a shift to more people and community-centred approaches to health and wellbeing. The core concepts that underpin this shift are **voice** and **control**, leading to people having a greater say in their lives and health; **equity**, leading to a reduction in avoidable inequalities, and **social connectedness**, leading to healthier more cohesive communities. **(Authors' emphasis).**⁷⁴

Based upon our research, a community-centred approach is essential, for at least four reasons:

1. It offers a corrective to negative or misleading views about the importance of COVID-19 vaccines and related medicines

2. Community-based approaches are important because of the ‘clustering’ of ‘at risk’ groups (e.g. in over-crowded housing; areas with high levels of deprivation)

3. Work based around specific areas is better able to target isolated individuals, for example those not using the internet or social media

4. A community-centred approach may be vital in convincing people that their own actions really can make a difference in tackling the pandemic.

Greater Manchester has a number of advantages in developing a community-centred approach to COVID-19, in particular the:

- rolling out of age-friendly work across the region, resulting in GM being named the first age-friendly city region
- five-year programme of work tackling social isolation developed through Ambition for Ageing
- deployment of neighbourhood workers within local authorities, supported by third sector and not-for-profit organisations
- range of equalities organisations, including those representing BAME and LGBT+ communities
- expansion of mutual aid groups in response to COVID-19.

These characteristics represent a significant infrastructure of social capital and social networks, as well as political support for age-friendly work, around which a post-pandemic strategy can be built. From our research, we would emphasise the importance of taking the following issues into account in developing future community programmes:

1. Community renewal

Our research, supported by national studies, underlines the extent to which COVID-19 has undermined neighbourhoods already damaged by austerity and the loss of social infrastructure (shops, day centres, libraries). Coming out of the pandemic, it will be vital to focus on the *restoration of, and access to, those community spaces* which give meaning and vitality to neighbourhood life. The evidence is overwhelming that living in neighbourhoods with limited access to such resources is associated with *poorer physical and mental health*. Re-building social infrastructure of all kinds, and supporting older people to re-engage with these spaces, must be a priority, and the best way of strengthening the informal – or ‘natural’ – neighbourhood networks around which communities are maintained.

Working within neighbourhoods is especially important given the possibility of continued unequal vaccination levels between different social and ethnic groups. This may give rise to localised epidemics amongst those communities most at risk of serious disease and death, extending the inequalities exposed by the pandemic during its initial and subsequent waves.

A key part of neighbourhood working must also include *strengthening the community organisations* around which the response to COVID-19 has been built. Despite (or because of) their many successes, organisations will need a commitment for adequate funding in order to survive or meet the range of needs which are likely to emerge after three successive lockdowns. Enhanced support will be especially important for *equalities-focused organisations* working with minority groups, who have made a major contribution in providing support to people experiencing considerable suffering as a result of COVID-19.

During the initial response to the pandemic, many of these organisations demonstrated their detailed knowledge of the communities in which they work, and being able to identify those most at risk. This knowledge and expertise needs to be brought closer into strategic decision-making, with more support given to allow further collaboration between different community organisations.

Given the importance of community organisations, we would suggest an audit should be carried out – led by the *GM Ageing Hub* – assessing the range of additional resources they are likely to need to assist recovery coming out of the pandemic. This might also be linked with region-wide discussions aimed at sharing lessons learnt in responding to COVID-19, identifying gaps in support which have emerged over the three lockdowns, and making decisions about priorities for intervention over the short- and medium-term.

We would also see community renewal as a process which needs to come from *above* (the work of the *Greater Manchester Inequalities Commission* is vital here), as well as *below* (through developing and engaging with local leaders and community organisations). An effective community-centred approach will require the integration of both elements, but also entail that the kind of mutual aid networks that have developed over the course of the pandemic (and which are likely to continue to be needed) will be properly supported in the various neighbourhoods across the region.

Community renewal must also be embedded in tackling *systemic discrimination* affecting different groups within society. COVID-19, as numerous reports have made clear, has exposed and exacerbated *longstanding inequalities affecting ethnic minority groups* in the UK. But much of this was predictable given available knowledge about poverty, co-morbidities, poor quality housing, and low incomes, affecting many of those in South Asian and other communities. The question is why there was a failure to develop preventative forms of community-centred working with ethnic minorities groups from the beginning of the pandemic. Such targeted work, involving community leaders wherever possible, will certainly be essential over the medium and longer term. However, as suggested earlier, this type of initiative will require additional sources of funding to support what are financially constrained organisations even in ‘normal times’.

Older people from the LGBT+ community will be another important group who may be experiencing greater vulnerability as a result of the pandemic. This may be especially the case where there has been a weakening of social networks, arising from the loss or closure of community meeting spaces.

Finally, key to developing a community-centred approach will be ensuring that the views of older people take centre-stage in COVID-19 recovering planning. They have been a missing voice through the pandemic, and a central task will be to build local organisations representing diverse groups of older people, around which strategies can be built.

2. Responding to social isolation

Greater Manchester, through the work of local authorities, voluntary organisations, and Ambition for Ageing, has developed a strong programme of interventions around the issue of social isolation in later life. We think an emphasis on this theme will continue to be important but that, given the changing conditions produced by the pandemic, may require new types of initiatives and interventions. An observation from our interviews, was that the pandemic may have led to a loss of confidence in social participation amongst some individuals and groups who were already facing isolation. This will require innovative forms of community engagement to reach out to people, with good neighbourhood groups, voluntary organisations, and informal leaders within neighbourhoods, all having a vital role to play. In addition, the different pressures on communities and individuals which emerged during the course of the pandemic have led to new dimensions of exclusion, suggesting the need for more reflection on possible changes in the way in which social exclusion is defined and experienced by particular groups.

A related issue concerns recruiting '*community advocates*' for those in the community who may be unable to ensure their voices are heard. There are increasing numbers in the population who may be vulnerable to having their interests ignored at times of crisis such as those associated with COVID-19. In this situation, and given the long-term pressures facing health and social care, advocates within communities will be important to prevent isolated individuals being denied appropriate treatment and support. Such individuals could be drawn from existing organisations, for example local Age UK branches, and Good Neighbour and befriending groups.

3. Targeting socially excluded groups

An important task for local authorities, the NHS, voluntary groups, and neighbourhood organisations, will be tackling experiences of *exclusion*, which manifest themselves in a variety of ways in everyday life, and which have intensified during the pandemic. For example, our research has highlighted the challenges facing women from the South Asian community, men and women living alone, and those who had poor physical and/ mental health before the pandemic began. Community organisers – formal and informal – know best who needs support within their neighbourhoods. But the work ahead will be difficult: there is likely to have been a substantial increase in need as a result of the pandemic – especially amongst those with limited social networks who have spent a large part of the year confined to their own homes.

There is a task here for social research in examining some of the changes which have affected the older population in Greater Manchester as a result of COVID-19. For example, exploring the following questions:

- Who are the individuals and groups most disengaged from their social networks?
- Are there particular resources, the absence of which have been especially significant in amplifying social exclusion?
- Are there new forms of discrimination emerging which are affecting some groups more than others?
- Have differences in access to, and confidence in, use of the internet, accelerated the exclusion of some groups over the course of the pandemic?

We would suggest that these questions – and others – should be considered in a programme of research, sponsored by the Greater Manchester Ageing Hub. We would also suggest older people themselves be co-investigators in any study, recruited from representative groups across the region.

COVID-19 has highlighted strengths in community organisation (e.g. new forms of grass-roots leadership) as well as consolidating existing inequalities (e.g. around ethnicity). It has also confirmed significant variations within the older population, especially in respect of adjusting to life after lockdown. These and other dimensions will need to be incorporated into new approaches and methods in developing a post-pandemic GM Age-Friendly Region.

1. Introduction to the study

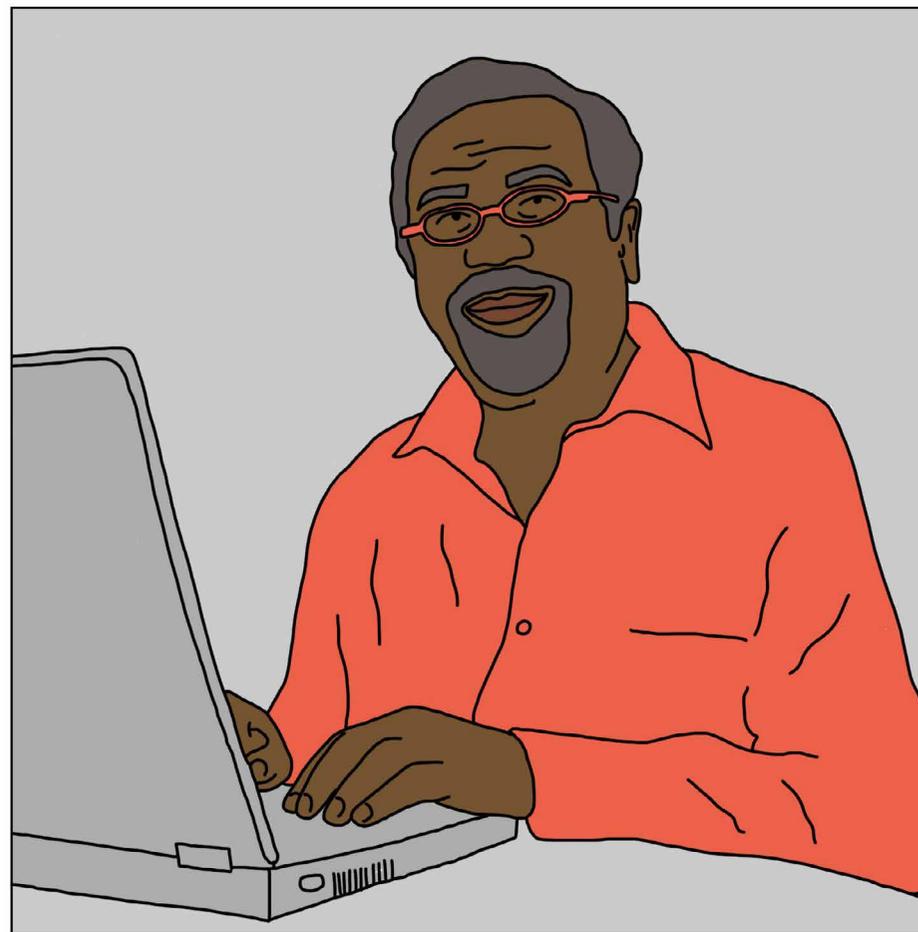
1.1 Background to the research

Since March 2020, the Manchester Urban Ageing Research Group (MUARG) has been working to develop new insights into the challenges facing older people in the context of COVID-19.

The research has been funded by the *Centre for Ageing Better, Manchester City Council*, the *National Lottery Community Fund's Ageing Better programme* via the *Greater Manchester Centre for Voluntary Organisations*, and *Policy@Manchester*.

The research team collaborated with community stakeholders across the region to examine the impact of the pandemic on people 50 and over, during the course of the three national lockdowns from March 2020 to March 2021. Community organisers also assisted in finding individuals willing to be interviewed for the research. The focus of the research has been on talking to older people who may have been at risk of social exclusion prior to the advent of COVID-19, tracing their subsequent experiences over a 12-month period.

The study represents a departure from existing work examining the impact of the pandemic on older people. Much of the information to date has been provided through survey work of various kinds, for example that conducted by the Office for National Statistics (ONS), the UK Household Longitudinal Survey, and the English Longitudinal Study of Ageing (ELSA).¹ There have also been important surveys covering groups from minority ethnic communities and the LGBT+ community.^{2,3} The Manchester Urban Ageing Research Group (MUARG) study is designed to *complement* these by using a qualitative, longitudinal methodology. The argument is that the information produced from this type of approach is:



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



...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'.⁴

Uncovering the effects of the pandemic – on all social groups – has raised numerous challenges for social research, both because of the impact and abruptness of the initial lockdown in March 2020, and its variable consequences for different sections of society. We have found that qualitative longitudinal research, using semi-structured telephone interviews, has allowed us to examine areas of everyday life over time which may be difficult to capture through large-scale surveys.

Another feature of our work has been collaborating with 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, and any resourcing issues which have emerged during the pandemic. To this end, we are extremely grateful to a variety of organisations for providing advice and feedback throughout the project, notably AgeUK Salford, AgeUK Wigan, the Manchester BME Network, the LGBT+ Foundation, the Kashmiri Youth Project, the Ethnic Health Forum, and the Caribbean and African Health Network.

The Greater Manchester Combined Authority (GMCA) Ageing Hub also provided extensive help and support throughout the project.

From this summary of the context for the study, we now review the theoretical background drawn upon for the research, outlining its relevance for understanding issues relating to COVID-19.

1.2 Social inclusion/exclusion of older adults

Promoting social inclusion and tackling social exclusion emerged as an important social policy issues in Europe during the 1980s and 1990s, reflecting concerns about the social costs arising from long-term unemployment, the impact of poverty, and social divisions within communities.⁵ While some research had a focus on older people,⁶ most attention was placed on children and families and younger adults. As a consequence, important sections of the population who are particularly vulnerable to social exclusion were under-represented in research.⁷

Social inclusion has been defined as a process which ensures that everyone, regardless of their life experiences or circumstances, can achieve their potential.⁸ Warburton et al. suggest that this definition has: 'highlighted important concepts that are central to the notion of social inclusion such as equality, rights and social cohesion and draws attention to barriers or inequalities that prevent individuals or groups from taking a full role in society'.⁹

Following this approach, *social exclusion* has been taken to denote a broad set of disadvantages, all linked to *limited participation* in, or marginalisation from, mainstream institutions.¹⁰ Levitas et al. defined exclusion as 'the lack or denial of resources, rights, goods and services, and the inability to participate in normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas'.¹¹

In his comparison of data from ten European countries, Ogg identified the following dimensions of exclusion: the regularity of meeting with friends and relatives; taking part in social activities; self-rated physical and mental health; self-rated income; and the quality of the local area.¹²

An important strand in the discussion about exclusion has concerned changes to the neighbourhood environment.¹³ This reflects evidence that exclusion tends to be spatially concentrated in localities such as disadvantaged inner-city neighbourhoods.¹⁴ Research has also highlighted an emerging gap between *socially excluded people* and *socially excluded places*, with policies that target specific neighbourhoods an important focus for promoting social inclusion. The policy goal of creating ‘age-friendly cities and communities’, to take one example, reflects attempts to develop supportive and inclusive communities for older citizens, focused on improving the homes and neighbourhoods in which people may have spent most of their adult life.¹⁵

The impact of Covid-19 on social inclusion/ exclusion

Evidence concerning the impact of the pandemic, indicates that processes of exclusion will almost certainly have increased for various groups.¹⁶ Walsh et al.¹⁷ suggest three main types of exclusionary mechanisms may be at work, these linked to:

- **Strategies to control the spread of the virus**
- **Decision-making practices**
- **Public and policy discourses about older people.**

Strategies to *control* COVID-19 may lead to various forms of exclusion affecting all age groups, but may raise particular issues for older people, for example, around the effects of social distancing, digital exclusion, loss of access to community support, and social isolation.

Health care practices during acute phases of the pandemic may have led to *decisions* to *exclude* particular groups of older people from life-saving critical care, along with the inappropriate use of ‘do not resuscitate’ orders in advanced care.¹⁸ Older people may also have been disproportionately affected by the rationing of general health care given pressures on services arising from the pandemic.¹⁹

Walsh et al. highlight the extent to which: ‘public and policy discourses on ageing and older people have the potential to act as powerful exclusionary and *discriminatory* processes’.²⁰ They suggest this has developed through the adoption of paternalistic measures to support older people, presenting them as passive agents in responding to the pandemic; and through ways in which they have been framed – by some groups – as presenting an undue burden on the health care system, blocking access of younger, healthier individuals to treatment services.

Our research set out to provide insights into the way in which the pandemic may have *increased* various forms of social exclusion affecting certain groups of older people. We have been especially concerned with examining the effect of COVID-19 on people living in low income neighbourhoods in Greater Manchester, where issues relating to limited social infrastructure, social isolation, and environmental pressures of different kinds, were apparent even before the pandemic took hold.

Our work explores the extent to which the impact of social distancing has created new forms of exclusion for some individuals and groups. Equally, we are also interested in the strategies adopted to minimise the impact of COVID-19 on everyday life.

To deepen our understanding of different process of social inclusion/exclusion, we have examined the research literature on the effects of COVID-19 in three areas:

- The impact of inequality
- Changing communities and COVID-19
- Everyday life, mental health and COVID-19

Insights from this research literature are drawn upon when we report the findings from our own interviews with older people and community organisers living in Greater Manchester.

1.3 The impact of Inequalities

Neighbourhood inequalities

The pandemic has posed particular difficulties for many low-income neighbourhoods, coming at a time when they had already been undermined through a combination of job losses and reduced funding from local government. Christakis makes the point that COVID-19 is not socially neutral: ‘...due to a variety of sociological and biological factors, who you are does matter. Plagues can amplify existing social divisions and often create new ones...’²¹

Where you live and grow up and grow old certainly matters in respect of your experience of COVID-19. Build Back Fairer: The Covid-19 Marmot Review argued that:



Levels of deprivation and health within an area have an enormous impact on mortality rates from COVID-19, and deteriorating conditions in more deprived local areas [taking the example of England] in the years up to 2020, have meant that COVID-19 mortality has been higher than would have been the case if conditions in deprived areas had improved rather than worsened in the years leading up to the pandemic.²²

In the case of Greater Manchester, more than a quarter of deaths, in the first wave of the pandemic, were among people living in the most deprived areas of the region.²³

The Greater Manchester Independent Inequalities Commission confirmed that even before the pandemic, the region was ‘fractured by inequalities’ across a range of indicators.²⁴ Significant concentrations of income deprivation can be found across GM. Almost half of GM areas are within the 30% most income deprived areas in England. Amongst older people, 50,000 people experience pensioner poverty in GM, reflecting cumulative inequality arising from low-incomes, long-term unemployment, and poor health. Healthy life expectancy at birth ends as early as age 60 for both men and women in GM.^{25,26}

This context suggests that social exclusion is likely to have increased during the period of the pandemic, with the worst effects being found amongst those already affected by long-term inequalities of various kinds. This may be especially the case for an important group within the GM population – those from African Caribbean and South Asian communities.

Inequalities & ethnicity

Evidence from the *first wave* of the pandemic for England & Wales, suggested that, when taking age into account, African British males were 4.2 times more likely to die from a COVID-19-related death than White British 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.²⁷

Findings (for England) comparing ethnic groups between the *first and second waves* of the pandemic, suggests fewer differences between people with a African ethnic background and the White

British group, but with the risk of death remaining substantially higher in people from Bangladeshi and Pakistani backgrounds in both waves.²⁸

Factors influencing ethnic inequalities include: precarious employment; overcrowded and/or poor-quality housing, and living in neighbourhoods with high rates of concentrated poverty.²⁹

Drawing on data from the UK Biobank, Razieh and his team examined the extent to which the excess risk of testing positive, severe disease and mortality for COVID-19 in South Asian and African (SAB) individuals, relative to White individuals, would be eliminated *if high levels of deprivation were reduced* within the population. They concluded that:



...interventions aimed at reducing material deprivation within the whole population could act to substantially reduce ethnic inequalities in the risk of COVID-19 outcomes. Specifically, a hypothetical intervention to move the 25% most deprived out of material deprivation would eliminate 40-50% of the relative excess risk for developing COVID-19 outcomes in SAB compared to White populations. A more extreme intervention to move the 50% most deprived out of material deprivation would eliminate over 80% of the excess risk. These findings suggest the central importance of material deprivation in driving ethnic inequalities for COVID-19 outcomes.³⁰

However, other researchers make the point that material inequalities have themselves been driven by ‘entrenched structural and institutional racism and racial discrimination’.³¹ Sze et al. 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 psychosocial 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.³²

Inequalities & housing

The role of *housing inequalities* has been found to be particularly important in the context of COVID-19. The Centre for Ageing Better (in association with the King’s Fund) argue that the pandemic has exposed and amplified housing-related inequalities: through the *acceleration of the virus* in areas of poor housing; and due to the impact of *measures to control the virus* (such as physical distancing) which have exacerbated health problems for those restricted to their homes.³³ Once again, minority communities have been amongst those most affected: those 55 and over from BAME backgrounds occupying homes with 30 per cent less usable space than their White counterparts.³⁴

Inequalities & technology

The possibility of *new forms of inequality* emerging as a consequence of the pandemic has also been raised, this arising from limited *access* to, or limited *ability to use* technology. The Centre for Ageing Better note that: ‘For those people able to get online, virtual activities have been a crucial factor in helping them to maintain social connections. However, those who are less well connected will be at greater risk of being left behind’.³⁵

Digital exclusion is especially relevant in the context of GM where ONS data from 2019 showed that *56% of people aged 75 and over* had not used the internet in the past three months or had never used the internet.³⁶

Ayalon et al. note that digital exclusion may be especially risky for some older adults ‘preventing them from accessing goods and services and obtaining the social support they may need during the pandemic. Thus, taking into account the “digital divide” that may exist for disadvantaged older adults also deserves attention’.³⁷

1.4 Communities and Covid-19

Along with tracing the impact of exclusion and inequality, this study also 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 the social aspects of ageing. COVID-19 has given further emphasis to the significance of the individual's immediate locality, as a source of support and everyday contact.³⁸ Although there is impressive evidence from GM about the strength of neighbourhood organisations, pressures on these reflect trends across the UK, especially in more deprived regions.

The British Academy, in their review of the evidence of the impact of COVID-19, highlight four developments affecting communities before the pandemic:

- A slow decline in people's sense of neighbourhood belonging since 2014-2015.
- A shift to people finding a sense of community in virtual spaces and online.
- The effects of austerity policies on social and community resilience, affecting local authority services such as public health.
- Loss of funding for social infrastructure in the form of libraries, community centres and post offices.^{39,40}

Despite these broad trends, it remains the case that nationwide, community responses to COVID-19 have been positive in many instances, as well as in neighbourhoods across GM. The period since the start of the pandemic has seen a rapid expansion in mutual aid, defined as: '...collective co-ordination to meet each other's needs'.⁴¹ with some 3,000 groups (mostly newly developed) registered in the UK over the period March to May 2020.⁴² In Manchester alone, around 25-30 mutual aid groups were formed during Wave 1 of the pandemic, with support and advice about the setting-up of groups offered by Manchester Community Central (MCC). However, figures for the number of mutual aid groups:

'do not capture the true scale of the vast network of autonomous groups working interdependently, including groups of neighbours who have set up brand new online spaces to give and get help from each other, as well as pre-existing grassroots organisations who have directed their efforts towards supporting mutual aid'.⁴³

Reflecting these developments, the British Academy review suggests that:

'One salient trend in community-level COVID-19 responses is the shift from local to "hyper-local" forms of intervention and organisation. Hyper-local responses, such as mutual-aid networks, often utilised digital infrastructure such as WhatsApp and Facebook groups in order to coordinate and function effectively...Digital spaces such as community Facebook groups, neighbourhood-based WhatsApp groups and local online forums...[may have become even stronger during the period of lockdown]. Crucially, effective mutual aid networks have complemented these forms of communication with physical outreach through leafleting and posters, to reach the digitally excluded'.⁴⁴

Despite the impressive growth in activity at a local level, the pressures associated with community organising should also be acknowledged (and are reviewed in further detail in this report). A report on how GM equalities organisations have responded to the pandemic, highlighted the speed and flexibility of responses in many cases, along with the development of new partnerships within communities. At the same time, significant pressures were also noted, with the ‘huge amount of effort in responding to the crisis [unlikely] to be sustainable on a longer-term basis’. The authors of the report concluded that:

‘Because of the nature of the pandemic, and the ongoing uncertainty, this has taken its toll on organisations and staff, with a result that some, especially smaller, organisations are now struggling or in danger of being overwhelmed’.⁴⁵

This is an important observation about the potential long-term difficulty facing community organisations in giving support in further phases of the pandemic, without an infusion of resources to re-build in respect of staffing and networks in the months ahead. We address this issue in more detail in the final section of this report.

Neighbourhood inequalities

Evidence from research suggests that COVID-19 may bring significant changes to the relationship of groups and individuals with public space, reducing the possibility of spontaneous or casual relationships. This is indicated by the extent to which 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 are important to consider. Nandi and Platt found that all ethnic groups report *lower* levels of interpersonal contact within their 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 African Caribbean’s’.⁴⁶

One finding concerns the likely growth in demand for smaller green spaces or neighbourhood parks which serve as places of refuge. The Ipsos Mori review, exploring 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’.⁴⁷ The ONS survey, examining the social effects of COVID-19 on older people, found that those 60 and over were much more likely than other age groups to report that reading and gardening were helping them to cope with staying at home, and that this was especially the case with those in the 70-79 age group.⁴⁸

Limited access to green space may restrict the ability of some groups to manage the effects of COVID-19. Lindley et al., in a GM-based study, examined the benefits of urban green infrastructure on older people. The researchers found that, in the case of older age groups, with the exception of public parks and other green areas, all other types of urban green and blue (e.g. canals) space were smaller on average in the least compared with the most affluent neighbourhoods. They found that:



In some neighbourhoods with older residents on lower incomes there [was] very little green and blue space at all...Some older people... have far fewer opportunities to receive urban green infrastructure-related benefits and fewer opportunities to contribute protecting, maintaining and enhancing local urban and green and blue spaces. This can be a source of health inequalities.⁴⁹

This finding is of particular significance given the restrictions placed upon people during the three lockdowns, with the importance of access to green space emphasised for its role in promoting mental and physical health. This issue will be reviewed further both in our findings and in the recommendations sections of this report.

1.5 Everyday life, mental health and COVID-19

There are still relatively few detailed accounts of everyday life under COVID-19, and the pressures facing particular groups. 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 a rise in mental health problems.

Research published by the Centre for Ageing Better highlights the extent to which ageism is still rife in the UK – with one in three people reporting that they had experienced some form of age discrimination or age prejudice.⁵⁰ But the extent of ageism would appear to have *increased* in the context of COVID-19. The review by Ayalon and colleagues 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.⁵¹

One important issue concerns the extent of discrimination experienced by particular groups, in the context of COVID-19. Kneale and Bécares explored the mental health and experiences of discrimination of LGBT+ people. 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 LGBT+ groups at greatest risk of discrimination.⁵² This finding was supported by a

survey by the LGBT Foundation, which highlighted the greater likelihood of isolation amongst older LGBT+ people (40% of survey respondents 50 plus were living alone compared with 30% of all LGBT+ respondents). The survey noted:⁵³



LGBT+ 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. An Ipsos MORI survey found that more than a third (35%) of those aged 50 to 70 reported a deterioration in their mental health since the start of the pandemic.⁵⁴

Substantial work has been carried out using survey data relating to mental health and well-being during the pandemic. *The Understanding Society COVID-19 Study* explores how the pandemic is affecting families and communities using a large, representative sample from the UK population. Data from this research can be linked back to pre-pandemic findings, as a way to compare current experiences. The research has been used to explore experiences of loneliness and mental well-being during lockdown.

From data collected in April 2020, Li & Wang 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.⁵⁵

Similarly, the Opinion and Lifestyle Survey conducted by the ONS, reporting on data from research carried out in early November 2020, 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).⁵⁶ The ONS, reporting on levels of loneliness over the period 2020 to February 2021, found areas with *higher concentrations of younger people* (aged 16-24) and areas with *higher rates of unemployment* tended to have rates of loneliness over the study period.⁵⁷

However, it is clear that particular groups within the older population are likely to be especially vulnerable to mental health problems. Zaninotto et al., for example, in the ELSA COVID-19 Substudy, found that older people with multiple health conditions had greater levels of depression and loneliness; they were also much more likely to be worried about finances, obtaining food, and other essentials.⁵⁸

Nandi and Platt reported that Pakistani and Bangladeshi men had experienced higher declines in mental health than White British 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 Pakistanis 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’.⁵⁹

There has been 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. investigated the impact of more than 500 deaths from mid-March to late-autumn 2020, 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 ones died due to 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.⁶⁰ The long-term impact of bereavement in these conditions has yet to be investigated.

1.6 Implications for our research

Our study explores further the range of issues uncovered by the research highlighted in this review, for example:

- **the impact of COVID-19 on everyday life**
- **issues facing minority ethnic groups**
- **pressures on people managing COVID-19 with multiple health problems.**

All these experiences have the potential to increase forms of exclusion within society. McBain asks how can:

‘a community not be disturbed when so many people are ill, when you do not know who will fall sick next, when ordinary life has been upturned? Usually in times of hardship our instinct is to seek comfort in physical closeness, but now we must stay apart’.⁶¹

Our study has interviewed older people over the three phases of the lockdown, exploring their own responses to being forced to ‘stay apart’. The next section of this report summarises the methodology behind our investigation.

1.7 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 LGBT+ 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

2. Research methodology

2.1 Aims of this study

I. To work with community organisations and activists in selected areas, examining *responses to COVID-19 and strategies for contacting and supporting older people who were at risk of social exclusion*. The organisations and individuals approached include a diverse range of groups, working across a range of neighbourhoods in Greater Manchester.

II. To examine the *impact of social distancing measures on everyday life among older people*.

III. 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.

2.2 Research questions

Drawing on our literature review, and on the experience of the research team in working with older groups in Greater Manchester, we identified relevant themes which formed the basis of our interview questions. These were as follows:

I. How do older people at risk of social exclusion experience ‘social distancing’? How has social distancing affected everyday life and support networks?

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



III. What has been the impact of social distancing over time?

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

2.3 Interviews with community organisers

The first stage of the research comprised interviews with a range of organisations, including statutory service providers, community and voluntary sector centres, neighbourhood associations, and local government initiatives supporting older people. While not all organisations focused solely on the needs of older populations, all were running activities and services which catered for people 50 and over. The 21 participating organisations (see Table 1) acted as gatekeepers for this research. Community organisers were asked to provide names of older people who might be willing to be interviewed for the research, with particular reference to those who might be experiencing some form of social exclusion within the community.

Representatives from the organisations were also asked to share their insights through interviews on, in the majority of cases, two separate occasions. The interviews included questions such as:

- What have been the main *changes to your organisation and role*?
- What *kind of support* were you able to offer people during the pandemic?
- What are the *challenges your organisation faces*?
- What are the main *lessons learned from the last twelve months*?

Table 1: Organisations interviewed

Age-Friendly Manchester
Brunswick Church
Ambition for Ageing
Brunswick Estate Men's Group
Age Friendly Manchester Older People's Board
Greater Manchester Older People's Network
Greater Manchester Ageing Hub (GMAH)
Levenshulme Inspire
Tameside Grafton community centre
Levenshulme Good Neighbours
NHS Public Health & Community Engagement
Age UK Salford
Inspiring Communities Together
Age UK Wigan
LGBT Foundation
Manchester BME Network
Ethnic Health Forum
Kashmiri Youth Project
Collyhurst Lally Centre
Caribbean and African Health Network
Hopton Hopefuls

The second stage of the research involved telephone interviews with older people identified through community stakeholders/gatekeepers. The South Asian participants in the sample were recruited through three organisations working with members of this community: the Kashmiri Youth Project (KYP) based in Rochdale, The Ethnic Health Forum based in Rusholme, and the Manchester BME network working across Manchester.

The interviews with the South Asian participants were carried out by staff and volunteers from the respective organisations, with the interviews conducted in the language of the participants' choice. The languages included Urdu, Hindi, Punjabi, Pahari, Swahili and English; some included a combination of more than one language. At the request of the organisations, these interviews were not audio recorded but detailed notes were taken and translated into English.

The majority of participants were interviewed on three occasions by a member of the research team, with the intention of examining experiences associated with COVID-19 over time (from Spring and Autumn of 2020 to Winter 2020/21). Each interview was conducted over the phone and lasted up to one hour. The first interviews were carried out over the Spring and early Summer of 2020. The second interviews early Summer through to early Autumn 2020. The third interviews began in mid-January 2021 and were completed by the end of February 2021.

The total number of participants included in the *first phase of interviews* was 102, and in the *second phase of interviews* was 99. Reasons for not participating were the following: travelling abroad to visit family (1), poor health (1), and not interested in being interviewed (1). The *total number in the third phase of interviews* was 88. Reasons for non-participation in the third

phase included; poor health (4), return to country of origin (4), not interested in being interviewed (2), and 4 were unable to be contacted.

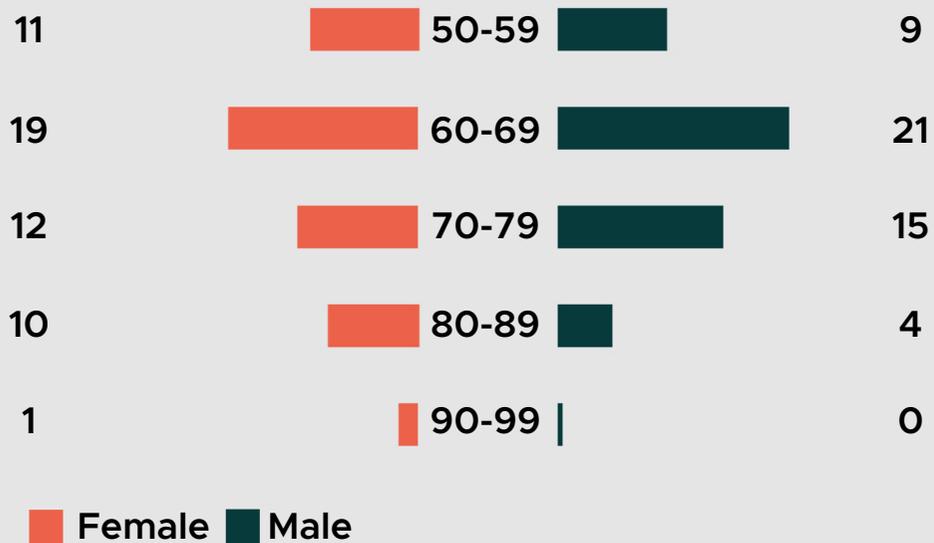
Participants came from 30 neighbourhoods across Greater Manchester: Levenshulme, Tameside, Salford, Wigan, Brunswick, Hulme, Middleton, Rochdale, Bury, Stockport, Moss Side, Trafford, Chorlton, Cheetham Hill, Crumpsall, Heaton Chapel, Bolton, Worsley, Northern Quarter, Ancoats, Sale, Wilmslow, Fallowfield, Charleston, Openshaw, Stretford, Whalley Range, Rusholme, Wythenshawe, and Northern Moor.

The interviews were carried out as open-ended conversations, and all included 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?
- What resources do people draw on to cope with lockdown and social distancing?

2.4 The sample

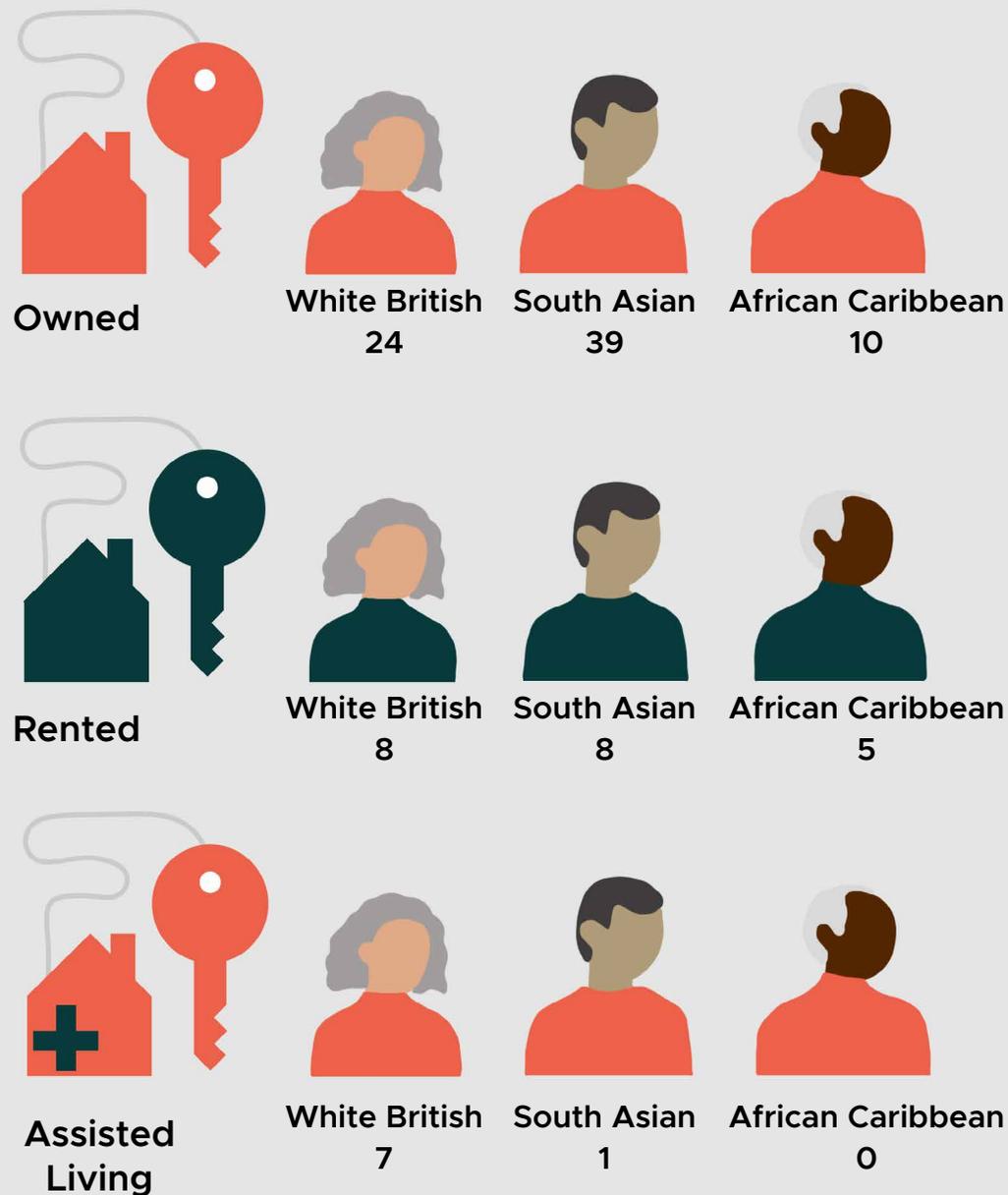
Age and gender of participants



Ethnic background of participants



Household tenure of participants



Household composition of participants



Living alone



White British
28



South Asian
8



African Caribbean
9



Living with others



White British
11



South Asian
40



African Caribbean
6

Self-rated health of participants



Poor



White British
4



South Asian
10



African Caribbean
0



Fair



White British
15



South Asian
20



African Caribbean
6



Good



White British
20

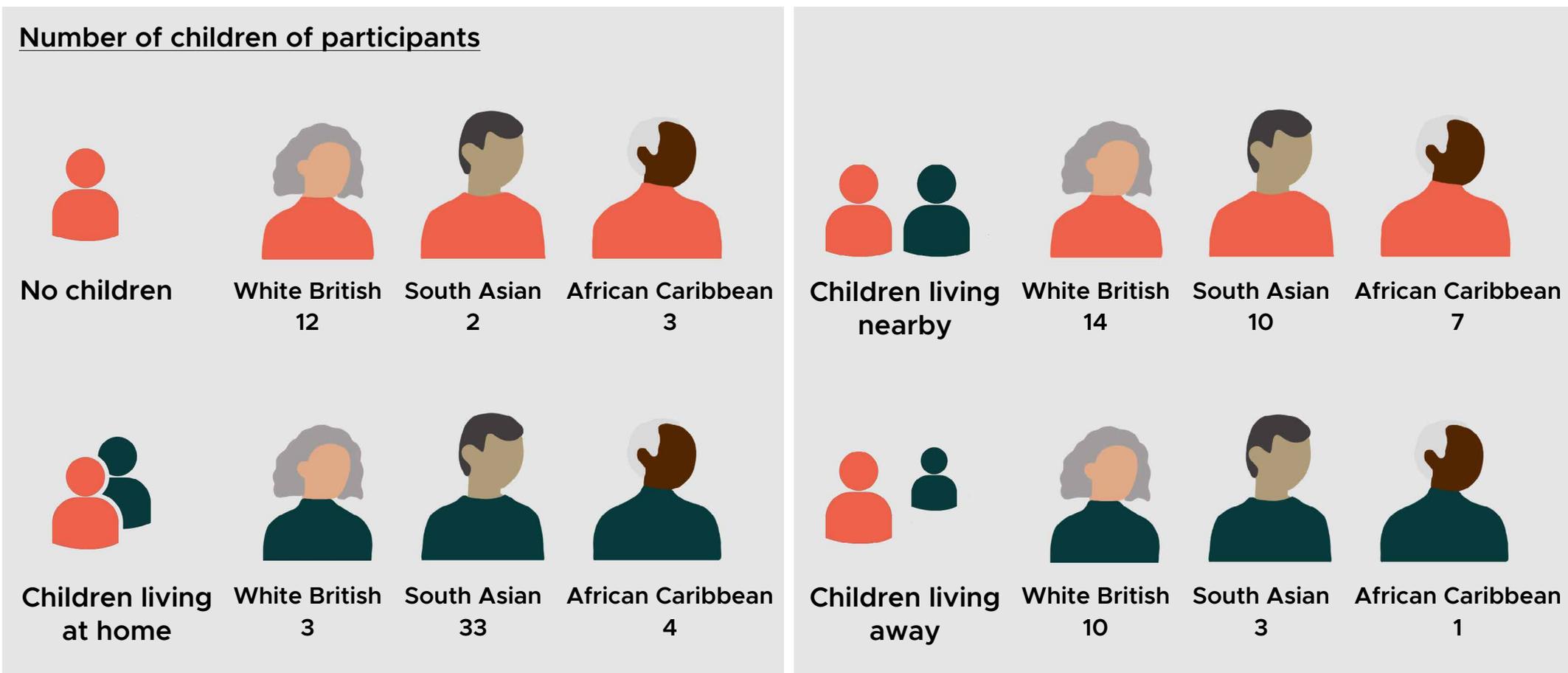


South Asian
18



African Caribbean
9

Number of children of participants



2.5 Identifying participants

The sample comprised of four broad ethnic/identity subgroups: White British; LGBT+; African Caribbean; and South Asian. These broad definitions do not account for specific identities *within* groups. For example, the South Asian subgroup includes people who self identify as Indians, Pakistanis, East African Asians, Sri Lankans, Kashmiris, and Bangladeshis. The African Caribbean subgroup includes participants originally from Jamaica, Ghana, Barbados, and Nigeria. We asked all participants for their preferred identification. All of the quotations in this report are followed by a pseudonym to protect the anonymity of participants, as well as their age and how they describe their identity.

2.6 Qualitative longitudinal research

Taking a qualitative longitudinal approach, this research involved three repeat interviews with the same participants over nine months. The aim was to track stability and/or change in the participants lives over the duration of the project.⁶² Longitudinal qualitative research is distinguished from other qualitative approaches by the way in which time is designed into the research process, making change a key focus for analysis.⁶³ Qualitative longitudinal methods open up opportunities for generating a critical understanding of change over time, such as those experienced during the pandemic.⁶⁴

From a methodological viewpoint, longitudinal research enables us to explore older people's lives as heterogeneous and dynamic, transpiring in evolving sociocultural and socio-historic circumstances.⁶⁵ By exploring longitudinal interviews, it is possible to discern lived experiences of older people facing social exclusion against the backdrop of changing neighbourhood environments

and to explore how, why, and under what circumstances, changes in the experiences of everyday life occur.⁶⁶ There are of course challenges with a longitudinal approach, for example, participant attrition rates are a key issue. Another challenge is developing and maintaining rapport with participants over the duration of a project. To overcome this issue, we ensured that the same researcher was used for each repeat interview.⁶⁷

2.7 Data analysis

Interviews were analysed according to themes identified in the secondary literature, including, experiences of social distancing, the impact of digital exclusion, deterioration in physical and mental health, the role of religion in participants' everyday lives, and relationships with friends and family. We then selected parts of the transcripts which were relevant according to each theme. A *cross-sectional analysis* was then conducted. This included looking across the whole data set to see how themes differed between the groups we selected. The data was also analysed *longitudinally*, examining how responses changed *over time* and how participants' everyday lives were impacted throughout the course of the pandemic.

Timeline of Lockdown

Responses from our participants

20th March 2020

All cafés, pubs and restaurants ordered to close from the evening of 20 March, except for take-away food.

"It has been a big shock; I can no longer meet family and friends when I'd like to. I feel very restricted and I'm not used to using technology, I'm forced to talk to people on FaceTime or telephone. I can't really move around; I'm worried about the future and about my family and friends" (Tajim, 55 year-old Bangladeshi man)

23rd March 2020

All the UK's nightclubs, theatres, cinemas, gyms and leisure centres are told to close "as soon as they reasonably can".

Public must stay at home, except for certain "very limited purposes":
Shopping for basic necessities; for "one form of exercise a day"; for any medical need; and to travel to and from work when "absolutely necessary".

Police given powers to enforce the measures, including the use of fines.

"[People] are a bit startled that something's happened, that's just descended on all of us, that there is no cure for and no explanation for, it's just happened. And I think that people who are not attuned to history, or to thinking about any of these things, it's a shock that it's happened to them" (Brian, 74 year-old White British man, LGBT+)

24th March 2020

All of the UK's mobile networks send out a government text alert, ordering people to stay at home.

The message reads: "GOV.UK CORONAVIRUS. ALERT. New rules in force now: you must stay at home. More info and exemptions at gov.uk/coronavirus Stay at home. Protect the NHS. Save lives".

"We're missing something sociable with the people and also to use our brains. We are vegetating at the moment" (Eric, 60 year-old White British man, LGBT+ sample)

29th March 2020

The majority of patients who require shielding – which involves quarantining themselves for 12 weeks – should be identified by NHS England, with some help from GPs and hospital consultants. The Government said NHS England would write to extremely vulnerable patients.

"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. With my ailments and my age. So I had to wear a mask everywhere I went if I went out. But those masks you can hardly breathe through them let alone talk" (George, 71 year-old White British man)

15th April 2020

New guidelines issued that will allow close family members to see dying relatives in order to say goodbye to them.

"In my family 3 people died from Covid-19 and my brother, sister and my niece, they have been to hospital caused by Covid-19" (Tahira, 63 year-old Pakistani woman)

16th April 2020

Three-week extension to the nationwide lockdown measures announced.

"I'll do a few laps round the garden, walk, fast walk, you know, running" (Grace, 72 year-old White British woman)

17th April 2020

Subsidised wage scheme for furloughed workers extended for another month, to the end of June.

"Since we didn't have work for several months, the government paid furlough. So my husband got that, and we got the money, so we were happy and we didn't need to worry financially" (Lakmini, 63 year-old Sri Lankan woman)

10th May 2020

The UK government updates its coronavirus message from "stay at home, protect the NHS, save lives" to "stay alert, control the virus, save lives".

Those who cannot work from home are encouraged to return to work but to avoid public transport if possible.

Passengers arriving into the UK on international flights be asked to go into quarantine for fourteen days.

The UK government advises people in England to wear face coverings in enclosed spaces where social distancing is not possible, such as on public transport and in shops.

"People have talked about emotionally struggling with isolation or perhaps, you know, not being able to hug your friends or just missing theatre, or just desperate to go dancing, it could be anything, like what you think has been a challenge because as a consequence of the restrictions that we are under at the moment" (Alice, 65 year-old African Caribbean woman)

"I used to go out to the moors quite a lot, I was always out and about on the scooter, visiting garden centres, with a friend, oh, quite busy really" (Patricia, 75 year-old White British woman who uses a mobility scooter)

13th May 2020

Re-opening of garden centres, sports courts and recycling centres. Outdoor exercise, open-air recreation is also permitted with no more than one member of another household. Number of outdoor exercise periods is lifted.

"The other thing is the garden centres being closed. One of my great interests is doing the garden. Couldn't get plants" (Doris, 86 year-old white British woman)

30th May 2020

A relaxing of lockdown restrictions announced for the 2.2 million people who have been "shielding" in their homes, with them allowed outdoors with members of their household from 1 June. Those who live alone can meet one other person outside.

"I think if I didn't have a partner at home, I think it might be more difficult because of the degree of isolation that you would experience but because there's somebody here to talk to and talk things over with you can cope a lot better" (Arthur, 65 year-old White British man, LGBT+)

1st - 6th June 2020

The majority of patients who require shielding – which involves quarantining themselves for 12 weeks – should be identified by NHS England, with some help from GPs and hospital consultants. The Government said NHS England would write to extremely vulnerable patients.

"I used to go down there and talk to the other residents. And that has sort of stopped after a while, they weren't going down there. Everyone sort of stayed in their rooms. So I started staying in my room but after a while you are almost climbing the walls" (George, 71 year-old White British man)

13th June 2020

In England and Northern Ireland, households with one adult may now become linked with one other household of any size, referred as 'support bubble'.

"That's my main thing, feeling like you're left in the world on your own" (Dorothy, 78 year-old White British woman)

15th June 2020

Places of worship may again be used for private prayer (but not for communal worship). Face coverings will be compulsory on public transport.

"My biggest disappointment is the closure of churches... 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 likeminded people and you knew what their lives were" (Doris, 86 year-old White British woman)

29th June 2020

Local lockdown is imposed on Leicester as the rest of England moves to ease restrictions on places of social gathering such as pubs and restaurants.

"I worry about other people and what next? Like young people furloughed, my nephew is one of them, he has just gone back to work but with reduced hours and reduced income" (Rushik, 74 year-old Indian man)

3rd July 2020

A list of 73 countries and territories where English tourists can visit without self-isolating on their return is published, including popular short-haul destinations such as Spain, France and Italy.

"It was very hard sometimes, even visiting our family abroad now is impossible, it's hard. The only problem is that we can't visit them and sometimes it is difficult... talking just over the phone is not enough sometimes. But it is the only thing we can do now" (Avyan, 60 year-old Sri Lankan man)

13th July 2020

Beauty salons, nail bars and tattoo shops open.

"Today I'm having a good day as I had a dentist appointment and was the only one there and the dentist was wrapped up in PPE. I then went for a haircut" (Shriyan, 68 year-old East African Asian man)

13th August 2020

Boris Johnson announces a further easing of lockdown measures for England from 15 August, with a greater range of beauty treatments, indoor gigs and wedding receptions of up to 30 permitted, as well as the reopening of bowling alleys, casinos and soft play centres. Potential fines for refusing to wear a mask and organising illegal raves are also to be increased.

"The church we're allowed in, there's only so many that can go in. All the furniture has to be cleaned each time it's used. You can't have hymn books, there'll be no singing, no coffee afterwards. And I don't feel I want to go under those circumstances" (Irene, 83 year-old White British woman)

30th May 2020

A relaxing of lockdown restrictions announced for the 2.2 million people who have been "shielding" in their homes, with them allowed outdoors with members of their household from 1 June. Those who live alone can meet one other person outside

"They go to school and they come home. Once in a while they will stay at home because something has happened at school. Some of the people have got COVID and they have to stay isolated for some time, then they go back. So, they themselves, it's like up and down for them, they don't know what's coming next" (Cameron, 56 year-old African Caribbean man)

1st September 2020

Research conducted by the National Foundation for Educational Research suggests that schoolchildren are three months behind in their studies following lockdown, with boys and poorer pupils the most affected.

"I'm getting a bit frustrated with it all, I think a lot of people are, just when you think things are improving, then it goes back to not quite the lockdown that it was, but things seemed to be going backwards in a way as well. We had started meeting again, a few of us from Inspire at a local pub, having a meal and social distancing and we did that for a couple of weeks, and it was really nice to see people again. And then all of a sudden, because of the situation, that is all back to stop again" (Bernadette, 69 year-old White British woman)

3rd September 2020

Plans to ease lockdown restrictions in Bolton and Trafford are scrapped following a rise in COVID-19 cases in the areas, while Mayor of Greater Manchester Andy Burnham urges the rest of Greater Manchester to "continue to minimise mixing in the home".

"Currently, due to coronavirus I have been serving food to people who are in difficulty, who are housebound or homeless for nearly 400 days. It has made our community a lot smaller but also stronger" (Nabajit, 70 year-old Bangladeshi man)

4th October 2020

Andy Burnham, the Mayor of Greater Manchester, warns the north of England faces a "winter of dangerous discontent" if the test and trace system does not improve, and calls for local control over test and trace, a local furlough scheme and better support for local authorities if local lockdown measures are to continue.

"Social distancing has been difficult. Not being able to see extended family whenever you want, especially during events like Eid. Not being able to go to mosques was hard, as that was part of my daily routine. It affects your mental wellbeing, when routine changes" (Gatik, 59 year-old Bangladeshi man)

14th October 2020

The COVID-19 tier regulations come into force, defining three levels of restrictions to be applied as necessary in geographic areas. These replace and revoke the existing local lockdown regulations. The Liverpool City Region is the first to be assigned to the strictest tier.

"The struggle I have is that we thought the COVID is just, it's dying slowly back, and now look what's just happened. It's just like, it's just bounced back again, and I know a lot of people have had it and my challenge is when this is going to disappear, we don't know what is coming next" (Cameron, 56 year-old Black African man)

20th October 2020

Talks between Manchester Mayor Andy Burnham and the government to negotiate a Covid support package. The government confirms that £60m will still be made available for the city.

31st October 2020

Johnson confirms furlough scheme, which was due to finish at the end of the month, will be extended through the month of November as a second national lockdown for England is announced.

"We received support from the government with the furlough payment that my husband was receiving and has received. I think that was very helpful and beneficial, we don't know what people would have done if they didn't have a salary" (Dharti, 50 year-old Sri Lankan woman)

5th November 2020

England enters second national lockdown as cases continue to surge, with Scotland, Wales and Northern Ireland remaining under their own restrictions.

"One of the grandkids at school was told not to attend school as another child was tested positive for Covid which made us all follow guidelines to stay at home and self-isolate. We received a phone call from school informing us and this news was sad" (Gajal, 60 year-old Bangladeshi woman)

9th November 2020

An initial analysis of a coronavirus vaccine developed by pharmaceutical companies Pfizer and BioNTech suggests their vaccine is 90% effective in protecting against the virus.

"When the pandemic is under control, a vaccine is found which works like the flu jab and when the test, trace and track is a success, – life out there may be better. – more communal but changed in many ways" (Aakaar, 54 year-old Bangladeshi man)

12th November 2020

The number of people waiting for hospital treatment in England for over a year has hit its highest level since 2008.

"I had a fall in the kitchen...I broke my right hip. And I was laid in my kitchen for over six hours waiting for the ambulance to arrive" (Patty, 64 year-old White British woman)

2nd December 2020

Most of the country is put into tier 2 but Greater Manchester is put into tier 3. Gyms, hairdressers and non-essential shops are allowed to reopen. Places of worship can open, but no interaction allowed outside household or support bubble.

"They'd arrange some outdoor dances in a public park in South Manchester, so we went down to a park in the Stretford area of Manchester and we spaced ourselves out, we found an area in the park, we were allowed to do it because we checked everything" (Douglas, a 70 year-old man, LGBT+)

19th December 2020

Plans for Christmas bubbles are scrapped completely in Tier 4, while in the rest of England and Wales Christmas bubbles are limited to meeting up on Christmas Day.

"Christmas itself is such a big day where you feel everybody is having fun and you're feeling lonely, so I felt that particular day I needed to see somebody and I was lucky in that I was able to arrange that but I found the loneliness the most difficult thing" (Carl, 65 year-old man, LGBT+)

20th December 2020

A new coronavirus variant, first detected in September, is announced on national media triggering the cancellation of flights with UK passengers across the world.

"If I knew what I know now, I would have gone away in August" (Barry, 73 year-old White British man)

26th December 2020

Tier four restrictions are extended in England after rules relaxed for Christmas Day.

"I was on my own, fortunately Inspire sent us a Christmas day meal and a Christmas bag full of goodies, so that was nice" (Jackie, 68 year-old woman)

29th December 2020

Woman who became the first person in the world to receive the Pfizer vaccine this month following its clinical approval has been given her second dose.

"I've had both the vaccines, both the injections, I'm very fortunate they rang me at the beginning of December, just out of the blue, I got a phone call, would I accept the vaccine and I said, yes" (Doris, 86 year-old White British woman)

3rd January 2021

Schools in England will stay closed.

"Schools should be re-opened and children need to be back as they have missed a lot of their education"(Charanpal, 73 year-old Kashmiri man)

4th January 2021

Brian Pinker, 82, becomes the first person to receive the Oxford/AstraZeneca COVID vaccine.

"I've already had my first vaccine but I don't think I will ever be able to go shopping again" (Irene, 85 year-old White British woman)

6th January 2021

England's third national lockdown legally comes into force.

"The regulations allow the support groups to meet face to face and specifically people like LGBT or people like alcoholics anonymous or different support groups to meet, but there's very strict rules about social distancing, about the numbers, and so on. So, we've been doing that and that's been really helpful actually to see some other human beings and just be able to chat". (Carl, 65 year-old man, LGBT+)

7th January 2021

The UK reaches 100,000 Covid deaths, according to the Office for National Statistics, which counts all deaths where Covid was mentioned on the death certificate (this data was released on 26 January). It is more comprehensive than the government's count of deaths within 28 days of a positive test.

"I do wonder if all the deaths are down to Covid because I have a neighbour who died of pneumonia, but Covid was on the death certificate. His family is trying to change that on the death certificate". (Miranda, 84 year-old Black Caribbean woman living)

17th January 2021

Although places of worship are allowed to open for services during the present lockdowns in England and Wales, more than half of the Church of England's 14,000 parishes do not open for Sunday services due to safety concerns.

"The church got some funds and they bought little laptops and gave so many of the elderly ones that lived on our own, we got one off the church...Zoom yes, that's it and on Thursday, with the same people on zoom, we do tea treats, tea and treats on Thursday. So, it's not true, that saying, you can teach old dogs' new tricks." (Denise, 88 year-old White British woman)

22nd January 2021

Boris Johnson says the UK coronavirus variant may be 30% more deadly and warned of stricter travel curbs and continued lockdown. By this date the UK has given a first-dose vaccine to 5.8 million people. The death toll reaches 117,378, according to UK-wide figures that retrospectively show total fatalities as listed on death certificates.

"We were all obviously social distancing there, we all had our masks on and what have you and at the church, there was people there to guide us into seats...you have to give your names in, where you're from and who you are and also contact details...no-one was allowed to stand up and say anything, it was all done by the vicar...you're not allowed to console family members by giving them a hug. Words are one thing, but deeds are something else, aren't they, so it is different, it's a lot different. I think it's more sad as well". (Patricia, 75 year-old White British woman)

30th January 2021

The latest government figures indicate that 8.9 million people have received their first COVID vaccine, with two thirds of those aged 75–79 having received the vaccine, and five out of six of those over 80 having done so.

"I have decided not to discuss the vaccine with family to avoid conflict. The media has to explain things better about the vaccine, including potential drawbacks so that trust can be gained from those who are sceptical. And to appreciate that Black minorities have genuine reasons to be suspicious...statistics skew findings because views depend on the user and a White press doesn't help dissipate Black people's suspicion" (Ray, 59 year-old Black British man)

15th February 2021

Hotel quarantine for travellers arriving in England from 33 high risk countries.

"I really want to go back to my country and meet my father, relatives and my cousins. Then I will be in peace". (Vanéeza, 63 year-old Pakistani woman)

22nd February 2021

Boris Johnson publishes roadmap for lifting the lockdown.

"Walking at the seaside... It's just like a dream. I've just got it into me head I want to walk... Paddle in the sea, I don't care whether it's cold or not. Once I get there, I'm going to do it". (Ruth, 90 year-old White British woman)

8th March 2021

Return to school for primary and secondary students.

"I have not made any plans as of yet. Nothing is certain yet, once things become more clearer then I will start making plans to go abroad and visit family". (Gatik, 59 year-old Bangladeshi man)

29th March 2021

Meeting outdoors including gardens in groups of 6 or two households now allowed.

"Being able to meet people, go back to my dancing classes, be able to meet up with friends, I know that friends are planning lots of parties and get together. I'm sure all around the country are planning meeting their families, being able to hug each other, you know, to have that physical intimacy again with people". (Douglas, 70 year-old man, LGBT+)

“From this evening I must give the British people a very simple instruction – you must stay at home...You should not be meeting friends. If your friends ask you to meet, you should say no. You should not be meeting family members who do not live in your home. You should not be going shopping except for essentials like food and medicine – and you should do as little as you can. If you don’t follow the rules the police will have the powers to enforce them, including through fines and dispersing gatherings.

(Boris Johnson, Address to the Nation, March 23rd, 2020)



“My spirituality prepares me to cope with anything life throws at you and gives me hope that everything will get better and that everything happens for a reason. My faith helps me to try and not be miserable”.

(Maliha, 59 year-old Pakistani woman)

3. Experiencing the lockdown

3.1 Introduction

Six weeks after the start of the first lockdown, the research team began interviewing adults aged 50 and over living in a range of neighbourhoods across Greater Manchester. This section of the report presents findings from the two sets of interviews carried out in May through to November 2020, exploring the impact of the pandemic and the subsequent lockdown on everyday life. The first section of the interviews highlighted three main areas:

- Initial reactions to the lockdown
- Changes over time
- Variations amongst the different groups interviewed

3.2 Reactions to the lockdown

Unsurprisingly, the majority of our respondents (88/102) experienced a steep decline in social contact during the period of the first lockdown. The 14 participants who reported *little change* were mainly those who considered themselves socially isolated prior to the onset of the pandemic. In some cases, these were people who were already confined to their homes, often experiencing complex challenges associated with poor health and living on a limited income.

Experiences of changes arising from the lockdown showed three main variations across the different groups interviewed. These were illustrated by people who: first, experienced no real change; second, had experienced changes to parts of their lives which were both positive and negative; third, experienced a significant decrease in the quality of their daily life.



“Worst thing is to be alone and caged at home like prisoners... really felt that this is the worse thing which can happen to someone because even our loved ones can’t come near us. My sons didn’t come to our room because our results came positive. I used to look forward talking to them or sitting with them. I felt that everyone had left us....I can’t put my feelings into words”.

(Yasmin, 64 year-old Pakistani woman)

On the first theme, for participants reporting relatively little change, isolation and exclusion were a feature of their lives well before the start of 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, 64 year-old White British man living on his own).**



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, 64 year-old White British man).**

The second emerging theme refers to those who, whilst feeling largely positive, were still susceptible to changes of mood and negative feelings. Stewart, a White British man (aged 72), had been an active church member and was involved in voluntary work before the lockdown. He reported being in good physical health, and in regular contact with his adult children. Yet, despite identifying many good things about his life, he also reported that social distancing had magnified some of the challenges associated with living on his own:



Some days I get up and I feel dreadful...they call it a corona-coaster don't they [laughing] I think that's the new word.

Other interviewees similarly described the challenges associated with spending more time at home:



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).**



Routines have all changed, going from boring to very boring. Before, I did go to cinema, health and beauty, parks, sewing class. Now since 3 months all stopped. Bored, really depressing and isolated. **(Daksha, a 62 year-old Indian woman)**

A third theme included participants who had experienced a significant decrease in the quality of their life. Sydney is a 73 year-old White British man whose wife died some years prior to the study. He had no children but he used to regularly visit his two sisters, who live some distance from Manchester. Before the pandemic, Sydney would enjoy the company of others at his local library, and would normally have four breaks away from home during the year, travelling to different places or visiting his sisters:



I was coping, my way of coping was by going to these different groups, friendship groups... and churches, 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'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.

Nikita, a 62 year-old Indian woman, also reported major social changes as a result of the lockdown. She lives alone in a house with a garden in South Manchester. Nikita suffers from long-term health problems, and is in constant pain. She is dependent on the use of wheelchair but was highly active before the pandemic. She describes life during lockdown in the following way:



My life [has] changed drastically. I would regularly see my mother, siblings and the extended family in Leicester. My daughters regularly visited me in Manchester. I also enjoyed social and leisure activities...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, with my mother and friends.

Douglas, a 70 year-old gay man, describes 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 reported additional pressures with the pandemic interacting with challenges in their personal lives. Paula is a 75 year-old White British woman whose partner is undergoing treatment for cancer:



I'm quite a busy person and the lockdown has been, for me, horrible—it's been horrible...It's been a real stress, and sometimes I'm walking out, I'm just walking and crying and walking and crying.. The biggest change is not being able to be the social person I am...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.

Fariq is a 68 year-old Indian man who became ill with COVID-19 soon after the first interview. He describes the impact of the virus as follows:



Even before I got COVID I became dependent on my son to supply us with all the essential food and other personal items which were left outside the house at the front door. This changed when I got Covid 19 and I become much less able to conduct tasks around the house to support my wife. She is my main carer and I feel frustrated not being able to assist.

These comments illustrate how, for some of our participants, ways of coping with pressures became more difficult following the first lockdown. Sydney realised 'just how isolated' he was; Douglas, the challenge of being a single, older, gay man. 'Staying apart' was certainly a challenge for many of our participants, and one which could also expose deep-rooted vulnerabilities and inequalities.

The impact of shielding

Shielding, either through choice or government guidance (a letter was sent to those considered clinically vulnerable at the start of the lockdown in March 2020), presented another set of challenges to negotiate. Evidence from the *English Longitudinal Study of Ageing* found that shielding had a considerable impact on mental health, with those defined as clinically extremely vulnerable experiencing greater levels of depression, anxiety, and loneliness.⁶⁸ findings supported by our research.

Twenty-two participants mentioned receiving a letter from the government advising them to shield. Some were unsure whether they had received a letter, whilst others assumed they had to shield because of age and/or health factors. Government guidelines were often described as 'confusing' regarding who should shield, 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 had not received the letter but decided to shield because they felt vulnerable; third, those who shielded because a partner or child was seen as vulnerable.

Douglas 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).**

George 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 get the Covid virus. **(George, 71 year-old White British man).**

For George, the letter advising him that he was at risk, greatly diminished his confidence about going out of the house. He was already isolated prior to the pandemic but still ventured out occasionally to the local shops using his mobility scooter. After receiving 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 even though they did not receive a 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, 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).**

These comments demonstrate how our participants interpreted government advice differently, based on personal circumstances. It also shows how, in some cases, it made them reflect upon their own vulnerability. The findings also suggest that the pandemic may have a long-term impact on the way certain groups of older people think about their health and wellbeing, even after social distancing restrictions are relaxed.

Social distancing and social isolation

Many of our participants commented upon the isolating effects of social distancing, following the introduction of the first lockdown. Our findings suggest that those with financial security (particularly those who owned their own homes) felt more protected from uncertainty compared to those with less disposable income. But across all groups we found that underlying mental health concerns and existing social isolation increased the detrimental impacts of social distancing. For example, Michael (a 64 year-old White British widower), reported being reasonably well-off, but struggled 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 broken. My boiler has now broken. Basically, what happens here in my house... anything that breaks basically just gets left.

Michael felt he had never really recovered from losing his wife. 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 reinforced his sense of isolation.

Even those living with families or with children 'close-by', were not completely protected from the effects of the lockdown. For example, the majority (10 out of 13) of women of South Asian background who lived with members of their immediate family, reported feelings of 'depression' arising from the effects of social distancing:



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 my 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. **(Soraya, 54 year-old Pakistani woman who lives with her family in North Manchester)**

Yasmin, a 64 year-old woman of Pakistani heritage living with her family, feels that it is unlikely that her life will ever return to what it was like before the pandemic when she loved socialising and meeting people. She reported becoming obsessed with cleaning during the lockdown and commented on the dramatic change to her life:



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 can't go to visit her because she is in Pakistan so that hurt me more than anything.

By the time of the second interview, Yasmin had returned to Pakistan to care for her mother. As Yasmin comments suggest, faced with the impact of social distancing, religion was key for many in coping with the resulting pressures and insecurities. Our female South Asian respondents mentioned how religious practice provided a degree of structure during the lockdown:



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

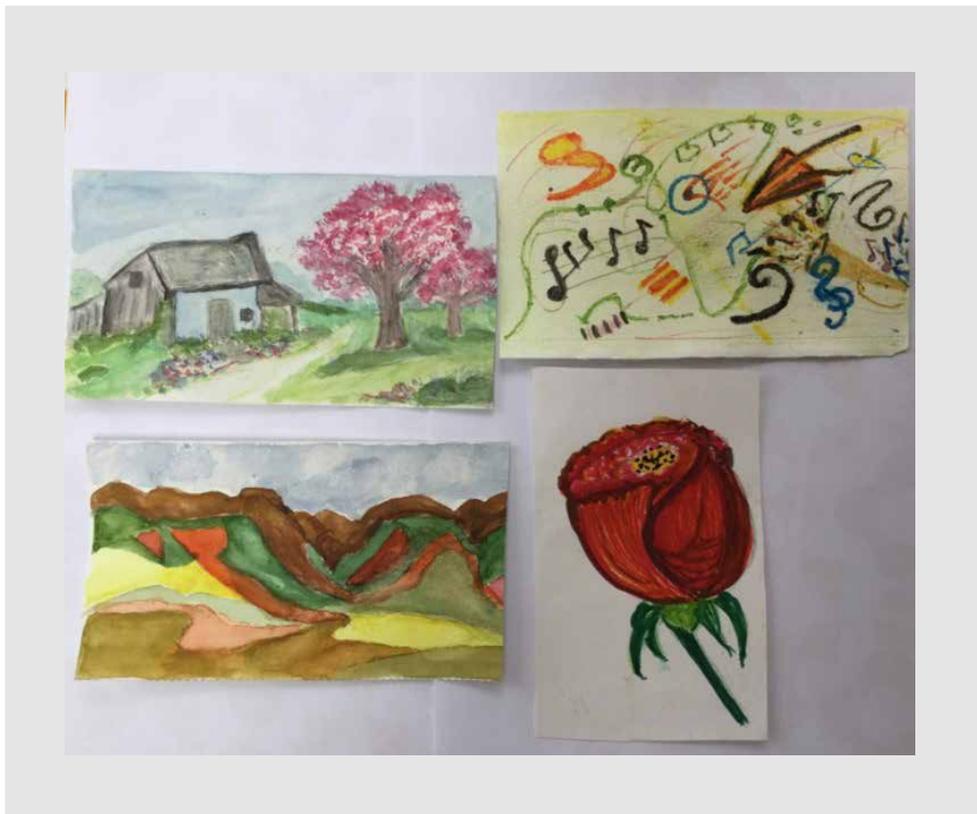


I have a routine as I start early morning with prayers and sort the meals.
(Buhmi, 68 year-old Indian woman).



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

However, maintaining activities could also be a challenge, especially given the length of time of the first lockdown. In her first interview, 90 year-old Ruth, our oldest participant, reported occupying herself with painting and drawing. She shared some examples with the research team (see below):



But between her first and second interview, Ruth had abandoned her hobby, and was reflecting on the sense of isolation she felt with the loss of her friends and family:

Ruth : First interview



I'm really looking round and relaxing more I think. I think I've relaxed more. Before I kept thinking, I've got to go out, I've got to do this. Now I enjoy things more and sit around more outside...For the first time, I'm trying to grow tomatoes. I am watching them now, and they've got some flowers come on them.

Ruth : Second interview



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.

These findings reflect the extent to which hobbies, religious practice, and contact with family, provided reassurance for many. However, the impact of social distancing over an extended period time could lead to or exacerbate feelings of isolation. This can be further illustrated when we examine experiences of daily life under lockdown.

3.3 Everyday life during lockdown

For many of our participants, life was precarious even before the onset of COVID-19, whether due to poor physical health, mental health concerns, living on a low income, and/or other factors. Our participants described a range of resources which they drew upon to cope with life during the pandemic. We have organised these around three main themes:

- **Caring for others**
- **Caring for oneself as well as others**
- **Reinventing relationships through technology**

Caring relationships

Caring relationships were highlighted as an essential means of coping with social distancing. As well as families (living locally and abroad), respondents mentioned a range of formal and informal networks of care, including: neighbours, religious communities, and neighbourhood organisations. The importance of these was mentioned by a majority of participants across the three interviews.

At the same time, participants highlighted some of the constraints imposed by the lockdown, especially in maintaining support networks. For example, some respondents commented on how living alone and not having children meant that they lacked a potential source of support. Amongst the White British, including the LGBT+ group, 28 out of 39 lived alone, 13 of whom did not have children. Samantha, for example, is 69 years-old and in a same sex relationship and has no children. Both Samantha and her wife had no siblings. During lockdown 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.

Support from community centres was important for many of our participants prior to lockdown. Some organisations changed their mode of service delivery, with examples including: organising a phone buddies service, meal distribution, and distributing art and craft packs. Patty, a 64 year-old White British woman, greatly benefited from the new types of support on offer. She lived alone in rented accommodation in East Manchester. Patty was estranged from her son and wider family, and suffered from severe depression, and had very restricted physical mobility. Prior to lockdown, Patty was active within the community but after she began shielding, the arts and crafts packs sent by her local community centre became the focus of her day:



The way I live is 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.

Many of the participants reported regularly contacting others to check on them, describing how this informal support had brought them closer together:



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).**

While our findings revealed how the lockdown could result in the strengthening of relationships, some of those involved in informal care provided contrasting experiences. Benazir is a 70 year-old Pakistani woman living in North Manchester. She describes the impact that social distancing has had on her life in the following way:



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.

There were also those who felt the pressure of feeling a burden to others:



What got to me more was watching my wife dealing with matters on her own and this upset me a lot. Being indoors constantly made me realise that it's hard for women who don't get much credit working all day, keeping the house going and doing all the chores. I only accepted this when I was told to "stay home and stay safe". If I have learnt one thing in this crisis is that the ties with my wife have become much stronger than before and we hold a very special bond now than ever before.
(Nawaz, a 70 year-old Pakistani man)

By the second interview, some participants who had been involved in caring responsibilities throughout the lockdown reported tiredness and increased isolation. Bumhi, a 68 year-old Indian woman, was the main carer for her husband, and was shielding to reduce his risk of catching the virus. She described her situation as having grown worse since the first interview, with her son and his family now being unable to visit to provide some support:



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

In fact, under the Tier 3 rules to which Bumhi refers, her son and family, as part of her support bubble, would have been allowed to come into the home. In this respect, she was probably not alone in finding the rules difficult to understand, resulting in increased pressures experienced by her as a full-time carer.

Caring for oneself as well as others

As well as describing some of the pressures on those we interviewed, the variety of responses to the pandemic are important to emphasise. Older adults, much like other age groups, devised various ways of coping with stretches of time without the usual run of activities and social contacts. Some, like Suzanne, a 72-year old White British woman, was happy in her own company:



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.

Many respondents described how they had the opportunity to spend time on creative endeavours such as writing poetry, singing, and doing line dancing on Zoom. These activities provided important ways of occupying time and (in many cases) coping with living alone. But, for some of our participants, they served a dual purpose: providing an activity for oneself, but also fulfilling a need for someone else.

Patricia, a 75 year-old White British woman living alone, was part of a group called Neonatal Knitters who knitted baby clothes for premature babies. At the time of the second interview, they had 'piles of stuff stacking up' because hospitals were not allowed to take them because of Covid. Still, they carried on knitting, viewing it as both a way of passing time but also helping others. Other participants provided similar examples:



I can understand why some people get depressed. And they do say that there are a lot of people getting suicidal, but I must admit I am not that way inclined because I find something to do, at the moment I have been knitting mini-snowmen for Christmas. **(Betsy, 82 year-old White British woman)**



I'm feeling the pains and my arm still troubles me from when I had the fracture but that's the only downside, I mean I'm still knitting. I knitted a blanket for my daughter's dog for Christmas. **(Denise, 88 year-old White British woman)**



I still write old-fashioned letters and I create cards and I send them out to friends and family in the post. I do some arts and crafts as well. **(Raquela, 50 year-old African Caribbean woman)**

The first lockdown (Spring 2020) was characterised by long periods of mild, warm weather which provided some relief from the constraints of being 'trapped' indoors. Being able to go outdoors was considered to be of great importance for many of the participants:



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)**



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 enabled groups to meet and socialise while respecting social distancing rules. They were viewed as a lifeline by many and in some instances helped to strengthen relationships:

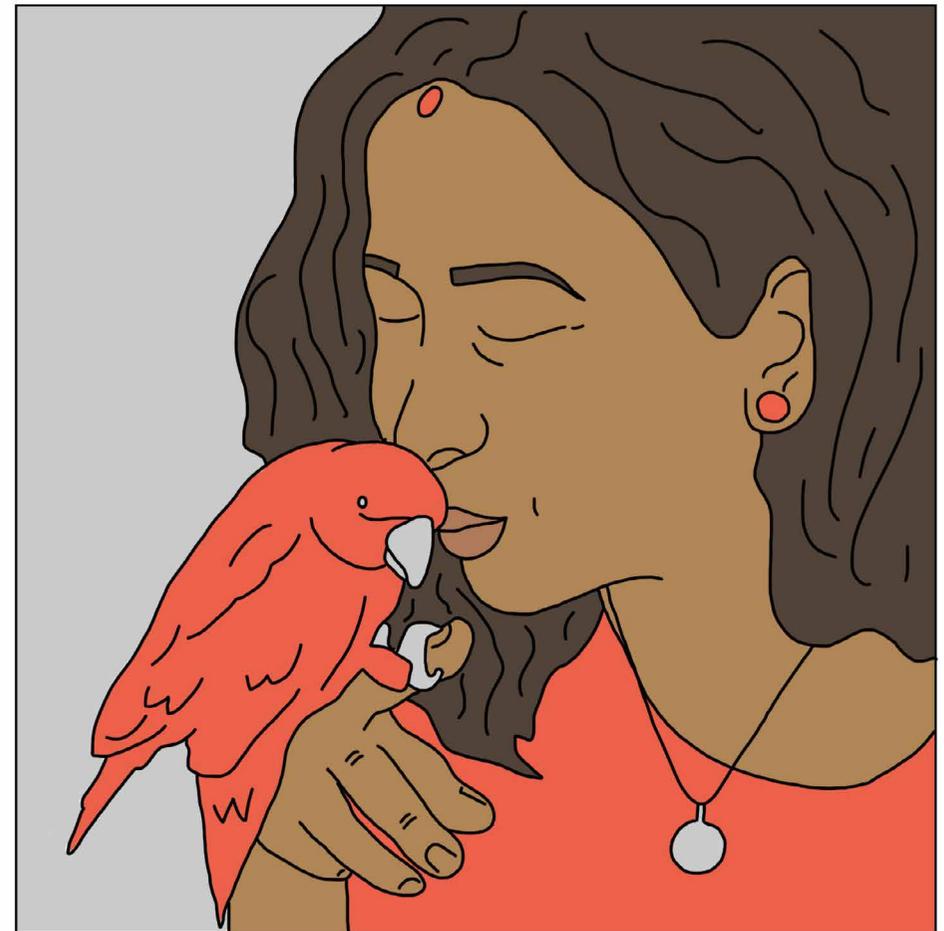


We have had two meetings but we decided to have them, well we could only have them outside because of the virus so we had one in the park and about 20 people came...On that day it was 30 degrees, it was really hot but we sat in the shade like in little groups, you know close to each other but keeping 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 also present across all groups:



I feel like I have become more 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 I am 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).

For those participants who were advised to shield, gardens offered a precious space to relax, particularly for those who felt isolated indoors. Paula, for example, had hardly seen anyone since March because her partner had been diagnosed with cancer just before the start of the lockdown. Gardening was the one activity that offered 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.

Reinventing relationships: the role of technology

An important feature of life under COVID-19 has been use of technology, notably as a means of combatting social isolation and exclusion. Our participants described how technology had proved to be an invaluable tool for both maintaining and developing new relationships. However, we found wide variations in how technology was used, with three main categories in evidence:

- regular users (computers, tablets and/or smart phones)
- occasional users
- non-users (digitally excluded and/or resistant to technology)

Some of the regular users reported positive experiences linked to new forms of connection:



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



We had a number of family conversations [during Ramadhan] via different video calling platforms and attending spiritual classes plus conversations. **(Idris, 56 year-old Bangladeshi woman)**



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

Some participants reported making new friends over Zoom and through regular telephone catch-ups. However, not everyone was able to maintain or develop new relationships via technology. Some interviewees described how challenging they found communicating using 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, 61 year-old Bangladeshi man)**



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, 75 year-old White British woman).**

The majority of participants who mentioned 'feeling worse' or more 'down and depressed' in the second interview were often those without access to computers and/or smart phones. Engagement (or lack of) with technology was of considerable importance for maintaining relationships during the early part of the lockdown but became even more important as the pandemic wore on. Monica, for example, did not own a smart phone which meant that contacting family members in Jamaica was difficult because of the cost of using her landline. Because her contact with family and friends had greatly diminished she became even more isolated:

Monica : First interview



You're just sitting down, you get up, you have a cup of tea, you sit down again. You've done the same routine. And, you look through the window, and you sit down again. So, it's not much, you know. It's mad. I feel terrible.

Monica : Second interview



[My sons] phone me and come round when they can. My grandchildren can't come round... Everybody has to stay in now; nobody can come to visit.. you feel more depressed than anything else...I would like to be able to use a computer.

There were also a smaller number of participants who had access and skills for digital communication but reported being 'sick and tired' of it by the second and third interview (see further below). A number of participants mentioned how they made a conscious choice to use their phones less often and not watch 'downbeat' news. However, moving into the Autumn of 2020, the news became progressively more 'alarming', with cases of COVID-19 surging, especially in more deprived regions of the country.

On October 31st 2020, the Government announced a second national lockdown to 'prevent a medical and moral disaster for the NHS'. We continued interviewing, completing our second interviews in November 2020. But given continued uncertainty – especially around what would happen over Christmas and beyond – our thoughts turned to the possibility of a third interview, as a means of assessing the longer-term social consequences of the pandemic.



“I mean I’ve reflected on...what I’ve found is that because I’ve nursed a husband and then my son having his operation, it’s been a long haul and I’ve been amazed at what I could come up with and particularly now we’re stuck at home, different ways to cook meals, different ways to walk the same journey”. (Doris, 86 year-old White British woman who is the sole carer for her son)

4. The long-term effects of the lockdown

“As I speak to you tonight, our hospitals are under more pressure from COVID than at any time since the start of the pandemic. In England alone, the number of COVID patients in hospital has increased by nearly a third in the last week, to almost 27,000. That number is 40 per cent higher than the first peak in April. On 29th December more than 80,000 people tested positive for COVID across the UK – a new record. The number of deaths is up by 20 per cent over the last week and will sadly rise further...This means the government is once again instructing you to stay at home’

(Boris Johnson, address to the nation, January 4 2021)



“Pride in Ageing with all kinds of things there, I was on a quiz during, an absolutely crazy quiz during Virtual Manchester Pride where there were three drag queens setting the questions, and a bunch of us oldies, LGBTers giving the answers”. (Suzanne, 72 year-old White British woman, LGBT+)

4.1 Introduction

The announcement of a third lockdown, to start from January 6th 2021, did not come as a surprise to many people, given restrictions placed on household visiting at Christmas. Soon after the third lockdown began, some eight months after the first interviews across Greater Manchester, we returned to our participants to assess how the pandemic was affecting their lives. Christmas had been a difficult period for many of those interviewed. Daksha, a 62 year-old Indian woman, commented: “It’s usually a happy time with family and friends. But this year, it did not feel like Christmas and New Year. No family came round”. And Carl, a 65 year-old White man from the LGBT+ community living alone, spoke for many when he commented:



Christmas itself is such a big day where you feel everybody is having fun and you’re feeling lonely, so I felt that particular day I needed somebody and I was lucky in that I was able to arrange that but I found the loneliness the most difficult thing, and I wasn’t trying to lose weight, you know, I’ve sort of felt miserable and not wanted to eat, so the weight has dropped off me a little bit.

Carl’s experience highlights the extent to which successive lockdowns were having long-term effects on our participants, especially as regards their physical and mental health. This section focuses upon two different types of experiences encountered by many of those who we interviewed:

- Feeling older as a result of the pandemic
- Physical and mental deterioration

4.2 Growing older under lockdown

Coming up for a year, in and out of lockdown, some participants reported becoming more aware of their own ageing:



I think now people are much more thinking about death and about umm, how things are finite yes... It is just that we become more aware of it, it may be increased awareness. **(Daksha, 62 year-old Indian woman)**



Got much older, have less energy, spend more time in bed and have nothing to do. Feel really lazy now, activeness is destroyed and am demotivated. **(Kath, 65 year-old White British woman)**



You see so many adverts on TV about life insurance and that...and I think, how long have I got to go, or how long has my mum got to go, and it upsets me at times. **(George, 71 year-old White British man)**



Staying at home, you can't do much apart from watching TV. Because of my age I can't really learn any new skills. **(Farida, 72 year-old Kashmiri woman)**



I've already had my first vaccine but I don't think I'll ever be able to go shopping again. **(Irene, 85 year-old White British woman)**

In some cases, awareness about ageing was reinforced by a sense of physical and mental deterioration. The three interviews with Irene trace the changes affecting her everyday life, over a period of 8 months. During the first lockdown, she described how she often had lunch in the communal garden of her sheltered housing scheme, with neighbours who were part of her support bubble. When she was interviewed for the second time, she said that one of her friends in her bubble had caught COVID-19 and she feels 'cheesed off' because they can no longer see each other. By the third interview, Irene reports that she is suffering from long COVID and that her health had deteriorated rapidly:



Irene : First interview

What I have done at the weekends...my food is prepared, and my children bring me stuff. So, I have two easy days, Saturday/Sunday, so, I put my radio—not my radio, my tape recorder and I played it, very, very loud on my patio and I played all the old music, like the Glenn Miller and all the old, old singers



Irene : Second interview

So.. because I'm on complete shutdown I'm having no visitors, the only people I'm speaking to is by phone... No one is allowed in unless it's a medical thing and you have a carer coming, no it's complete isolation... At the present time I'm not eating very much, I'm losing my appetite as well, it's not the same is it when you're not seeing anyone?



Irene : Third interview

It was hard work getting into the shower because I'm just tired. The worst thing is my voice is not as strong, I can't do as much. But I'm an old lady now, anyway, so I couldn't do as much with my age, I'm 85. But I've always been a young 85.

Physical deterioration was a particular concern amongst those with mobility problems. Denise, an 88 year-old White British woman who lived alone, reported that she had lost confidence about walking because of the lack of opportunities to exercise:



I want my independence back, if I can get it and I know that a lot of it is up to me, I've got to start moving and exercising even if it's only a little bit, no matter how much it hurts.

And Monica, a 76 year-old African British woman, commented:



I used to go to the park, yes. But I find it difficult now to walk. I don't know what's going on. I'm finding that since the lockdown, I'm really struggling. I go for walks, but I can't go as far as I used to go because I've got to walk back, and I find it difficult sometimes, walking back [to her home]. My legs seem to be not working as they were before.
(Monica, 76 year-old African British woman)

Participants also spoke of experiencing mental deterioration, often as a result of being confined to the home and pressures associated with informal care. This was illustrated by some of the South Asian women interviewed, who described the changes affecting them, using phrases such as: 'being caged in', 'anxious' and 'depressed':



Absolute nightmare as my brother died and now I have to take over my mother's health and care. It has been miserable, painful and I have not had time to grieve. [It has been] physically, emotionally and spiritually draining.
(Maliha, 59 year-old Pakistani woman)



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 I would pick the virus up and end up giving it to my husband or sons.
(Benazir, 70 year-old Pakistani woman)



Worst thing is to be alone and caged at home like prisoners... really felt that this is the worse thing which can happen to someone because even our loved ones can't come near us. My sons didn't come to our room because our results came positive. I used to look forward talking to them or sitting with them. I felt that everyone had left us...I can't put my feelings into words.
(Yasmin, 64 year-old Pakistani woman)



I am illiterate and can't speak, read or write English and rely fully on my family. I just feel so isolated because I can't have family visiting me, I feel more anxious thinking that if I was to fall ill my family won't be allowed to come and see me.

(Azhar, 83 year-old Pakistani woman)

Vaneeza is a 63 year-old Pakistani woman who lives with her husband and adult children. She was first interviewed in July 2020 and described a range of difficulties which had emerged during the first lockdown that had grown over time:

Vaneeza : First interview



I'm doing housing chores, cooking, cleaning, talking to my children on the telephone and keeping myself busy in prayers...We didn't visit our family and relatives on our Eid Ul Fitr this year which has never happened in our lives.



Vaneeza : Second interview

Fear because of this social distance we can't shake hands or hug each other, and we are always going to have this fear inside. We are so scared of human beings and I never imagined in my life that anything like this was going to happen.

Vaneeza : Third interview



Most difficult is for me is that all the time staying at home is affecting my mental health which is getting worse day by day. Sometimes I put things somewhere and I forget where I put it. I really want to go back to my country and meet my father, relatives, and my cousins. Then I will be in peace.

Soraya, a 54 year-old Nepalese woman, epitomises someone with underlying health conditions made worse by the lockdown and reinforced by the emotional challenge of not seeing loved ones:

Soraya : First interview

All the time staying at home is so boring and depressing. Before lockdown when we used to go out, it made us fresh but in lockdown staying at home all the time makes us so tense. Mostly I spend my time on cleaning and cooking. I like to like to spend my time praying and reciting the Quran.

Soraya : Second interview

Now we are a bit better but still I have this fear of Coronavirus. Because in my family 3 people have died from Covid-19 and my brother, sister, and my niece, they have been to hospital as result of Covid-19...We are going to die [soon]. We are not going to live our lives with freedom and life is going to be very hard.

Soraya : Third interview

Nowadays I am developing a new habit which is forgetting things as I am diabetic, with high cholesterol and blood pressure. Everything is on peak and there is no way to make it low even though I'm not eating much...I really don't enjoy going out like before and I don't have much craving to meet people. I feel like I'm getting into a dark place and want to live my own

As Soraya's comment makes clear, experiences of the pandemic are invariably embedded in wider networks and experiences shared with family, friends, and neighbours. The role of these are now examined in the next section of this report, exploring variations across the different groups interviewed in our research.

4.3 Relationships and networks of care

The impact of the pandemic on relationships and networks of care differed greatly amongst our participants. For those without family contact, support networks with friends and in the wider community played a vital role. This section explores further the varied ways respondents described their relationships and support networks, focusing upon:

- Closer family and more distant friendships
- Changes affecting the LGBT+ community
- Men living alone

Closer family but more distant friendships

Some of those interviewed during the first lockdown saw their relationships with acquaintances becoming more significant:



I think we're talking more to each other. In the past, you sort of—how are you, oh, yes, I'm fine and that would be it, whereas I think we're having more in-depth conversations with people. I've got more time on my hands that I didn't have in the past when I was doing coffee mornings at church or meetings or whatever. So, I've got more time, so, when somebody phones me up or if I phone somebody, I've got time to chat to them for however long people want to. **(Bernadette, 69 year-old White British woman, first interview)**

However, by the third interview, many of the participants described sustaining relationships with friends as increasingly difficult:



That [relationship with friends] has become more distant, if we speak to each other on the phone, we haven't got much to talk about now because we're not doing anything, are we?
(Patricia, 75 year-old White British woman)



I think people don't have anything to talk about, simply because in April, May and June, they had the flowers growing, they had been out in the garden, there was different things on TV, we were able to go different places. Now nobody has anything to talk about, except, did you watch this, did you see that you know what I mean, you can't plan anything for the future because you don't know for sure when you're going to get your injection, so you don't know when you will see anybody.
(Jackie, 68 year-old White British woman).



We've got numbers, there's five people that you can ring if you want a chat but with not having met them, I don't really know what I'd talk to them about. **(Denise, 88 year-old White British woman).**

But while a significant number of participants expressed a decline in the quality of their relationships with friends, many described relationships with family as becoming 'closer', often due to more frequent online contact through technologies such as Zoom and WhatsApp:

“ Before everybody is busy working, doing something, but now, if I phone them, they are home, every once in a while, we will all be on a Zoom and have a family evening, at times, and just chat and laugh and talk. That's one thing about COVID, COVID helps people to be closer. **(Sharon, 53 year-old African British woman)**

“ I feel like it has made us closer as a family. Because [even though] we haven't seen my daughters in a long time, we are constantly on the phone checking up on each other. **(Amlika, 61 year-old Bangladeshi woman)**

“ I feel like we have become more closer as a family. Making most of the time with each other because you never know what tomorrow brings. **(Gatik, 59 year-old Bangladeshi man)**

At the same time, participants also mentioned how much they missed everyday contacts, with hugging close friends and family highlighted by many. In the first interview, 17 participants mentioned missing hugging loved ones, increasing to 46 in the third interview. The importance of physical contact was conveyed in the following terms:

“ She [a friend] said to me, 'I know in theory we're not supposed to do this, but can I give you a hug?' And I said, 'Yes, I'd love that. **(Suzanne, 72 year-old White British woman)**

“ She'll [daughter] phone up and say, 'right, I'm coming mam but there's no hugging and no kissing'. But when my son came, I was supposed to not do it and I just got hold of him and said, 'oh come here' and I kissed him. And the girls were annoyed with me afterwards [laughing]. **(Ruth, 90 year-old White British woman living on her own)**



Changes affecting the LGBT+ community

Members of the LGBT+ group highlighted difficulties arising from the closure of clubs and meeting places. Due to past experiences of being criminalised and excluded because of their sexual orientation, LGBT+ venues and groups were important for developing supportive relationships. However, many noted their replacement during the pandemic with online forms of support:



Out in the City [LGBT organisation] asked me would I be interested in talking, chatting to somebody else who was maybe feeling a little bit lonely, a little bit isolated. This group, Sonder Radio, were running this scheme, they were pairing people up and he nominated me as somebody who he thought would be able to chat to anybody basically. **(Douglas, 70 year-old White British man, LGBT+)**



I'm involved with Talking About My Generation, we made a video, which I recorded, part of which I recorded the voice-over for...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, LGBT+ subgroup)**



I'm kind of getting my kind of connection needs and esteem needs met through doing things remotely... That's about things I was already involved in and adapting them. **(Paula, 75 year-old White British woman, LGBT+ subgroup)**

Others commented that previous experiences of rejection, for example within their own families, had increased their resilience to cope with the present crisis. Douglas is a 70 year-old man who has been estranged from his adult children for a number of years and who felt that his friends now acted as his family. His experiences of facing stigma have helped him to cope with current challenges:



I had to work my way through a divorce after 15 years of marriage so that was tough, so there have been certain experiences in my life that have helped me to kind of, you've got through all that, so you know, not being able to speak to my children for seven years. I have to mentally adjust to that. I've not seen my grandson since he was five, he's now nearly 12. But things like that, somebody else maybe would cave in and collapse under all of that but what's the point in feeling sorry for yourself. I have other family who do care for me and support me. I've got lots and lots of friends, I'm involved in lots of groups, lots of activities, and I'm very proud to be a member of the LGBT community, and my role within it, and I'm quite respected within that.

Similarly, Carl was disowned by his family 45 years ago, so he dedicated his life to supporting people both personally and professionally, before and during COVID. These past encounters with stigma has meant that LGBT+ participants felt that they can draw on their own experience when giving support to others. Suzanne, a 72 year-old White British woman living on her own, identifying with the LGBT+ group, is also busy throughout the day, even though she has only seen a few people face to face since the start of the pandemic:



I'm involved in the Brew Buddies programme at the LGBT Foundation, so I'm calling someone who's more vulnerable and lonely than me, if you like... now I've got this trans man, who's in the Pride in Ageing group like I am. So, the calls with him are three to four hours, as well. I'm involved in the launch of a photography competition, to present older people in a positive way.



I think that's the key thing is, I've got connection, I've got an outward looking thing in my life. I've got the counselling clients. **(Samantha, a 69 year-old White British woman, LGBT+)**

Brian, a 74 year-old White British man from the LGBT+ group, has a pragmatic view of the pandemic, given the experience of the AIDS pandemic which is very much part of his living memory:



It's an unpleasant experience. I wish it wasn't happening but it's not catastrophic is it? ... So throughout my life, ... the plagues that we've had were, were polio in the 50s which was terrible, with, then AIDS of course, which was awful, and now this one, so on the whole, it seems, it's like we're all really fortunate [to still be here].

Men living alone

For some of our participants, in particular those who lived alone, successive lockdowns had begun to pose difficulties of various kinds. This seemed especially the case among a number of the men interviewed for the research, 21 of whom lived alone. George is a 71 year-old White British, former factory worker. He stopped working 30 years ago because of a bad back and now lives alone in a housing association flat. He was already isolated prior to COVID, but lockdown has meant that he had stopped going out altogether, this reinforcing his already precarious existence. In the second interview he remarked on his physical deterioration; by the third interview he expressed additional concerns:

George : First interview



It is a sort of housing association place for the elderly like all different flats in one building. It's not bad. I stay mainly to myself mostly. I used to [go to communal garden downstairs] until the lockdown then I started shutting myself up sort of thing and staying in my room.

George : Second interview



Sitting down a lot has really crippled my back in a way. My back was bad but it has got worse with not exercising... they haven't opened the communal room for some time.

George : Third interview



It gets very lonely at times even though I have carers come in... I have put on a lot of weight, I'm 21 stone now. And I have trouble standing. It's hard to make it out to the kitchen, just to make a cup of tea.

While George has a close relationship with his step-daughter and step-grandchild, he says he has no friends and carers treat him 'as though I'm an idiot'. Relationships with his neighbours have also become more distant because of lockdown:



Before, I used to see two or three when we used to take the washing in on a Saturday to a laundrette. Now it's just that we're all separate, we don't see nobody else in there.

In George's case, his sense of isolation increased due to health problems and a limited social network. He voiced concern about the impact of having even less mobility in the future and how, because of his tinnitus, he would be unable to join activities conducted over the phone or online.

Some of our male participants described how the period of lockdown had increased their tendency to limit social contacts. At the time of his third interview, Frank, a 76 year-old White British man, had not been out of his flat for 12 months. After leaving school at the age of 15, he had a series of 'soul-destroying jobs', before training as a psychiatric nurse. He now lives in rented accommodation, and does artwork 'to keep my sanity'. He had three letters telling him to shield because of his 'multi-morbidity'. While he has three children, one of whom visits regularly, he spent Christmas on his own and was deeply unhappy:



I was really ill. The doctor gave me some anti-depressants...I knew, when I started saying I was being a recluse, well I realised it was something more sinister going on because of my training – obviously, as a psychiatric nurse I knew that I was – I couldn't be certain, but I thought I'm starting with something known as agoraphobia... I've been experiencing that for a good while away, my withdrawal from society

Another example of the type of isolation affecting some of our participants was illustrated by Simon, a 58 year-old White British man who had never married and had no children. He was born with a physical impairment and uses a mobility scooter to get around his neighbourhood. His first and only job was as a labourer but he has been on disability benefit for many years because he cannot stand for long periods. He lives on a busy road and there are no shops nearby so he drives to the nearest supermarket. When asked about his social network he says he doesn't 'bother with anybody'. He has hardly seen anyone since the start of the pandemic, except for shop-keepers:

Simon : First interview



I keep myself to myself. Nothing has changed. I prefer lockdown myself, though I do miss going to dominoes and club lunch, meeting people...it got you out of the house... I did feel upset about the Salvation Army shop closing down [where he did some volunteering]... When I get fed up I drink more.

Simon : Second interview



I'm going out more because of the Eat Out scheme, but I'm drinking about ten cans of beer every day to make me feel better. Drinks make me feel better...It relaxes me...It would be good to have meals delivered because I'm not good at cooking. I don't bother with lunch; I usually have a sandwich. I don't bother with dinner either, I usually get a kebab.

Simon : Third interview



I'm not coping very well and I'm fed up with staying in. Lockdown makes me want to drink more... I drink 10 to 12 cans a day...I go to the communal garden for a bit of fresh air and meet neighbours. My next door neighbours cooked me a Christmas dinner and brought it round to me front door...I don't think I have a future; I can't see one.

George, Frank and Simon, and others in our study, were already isolated before COVID-19, but in most cases were connected to community centres, pubs, libraries or similar venues. The closure of these hit them especially hard, given the absence of other kinds of neighbourhood help. On the other hand, support within the neighbourhood was certainly important for many who we interviewed, an aspect which is discussed in the next section of this report.

4.4 Neighbours and neighbourhoods

As highlighted in the review of research literature, the national picture prior to the pandemic was one of a slow decline in people's sense of neighbourhood belonging, reinforced by the growth of virtual spaces and groups. It is possible that COVID-19 may reinforce these tendencies, particularly given the likely continuation of social distancing, pressures on local high streets, and the loss of community facilities more generally. On the other hand, it is also clear that, in many areas of Greater Manchester, there has been an expansion in mutual aid networks, increased work from neighbourhood groups, and strong co-ordination generally across a range of community organisations. Our research highlighted some important themes in relation to neighbourhood support, of which the most important were:

- Neighbours offering support through the pandemic
- Diversity of experiences within neighbourhoods
- Neighbourhoods as threatening and racist

By the time of the third interview, a number of comments were made about participants relying on neighbours for help with shopping and providing a sense of security:



Through the 11 weeks, I've had all my shopping done, and prescriptions picked up and everything else, without any difficulty whatsoever, by my neighbours. My immediate neighbour who lives next door to me on the seventh floor here...she came in with a bit of shopping for me and we had tea and had a gossip...And the other people who do shopping for me are on the fifth floor. **(Brian, 74 year-old White British man).**



I think during the whole, if you're looking at the whole of the COVID period I think [neighbours] definitely got closer. People are looking out for each other and more, people would knock on my door during the first lockdown and say... 'Is there anything you need from the shop'...They would come and help in the garden. **(Douglas, 70 year-old White British man)**

The advantage of having long-standing neighbours was mentioned by a number of interviewees:



After I've fed the cat, the first thing I do is open the curtains so the people across the road won't worry that I'm not well. Because I know they keep their eye on me. **(Ruth, 90 year-old White British woman)**



People knock at door, that's my next door neighbour. And he just comes. He's in my bubble. And so is my next door neighbour next door...I did some baking on Saturday, and when I bake, I bake for round here, you know, my friends round here. **(Dorothy, 78 year-old White British woman)**

But the experience of neighbourhood life varied considerably amongst our participants. In some cases, interviewees reported hardly ever seeing neighbours:



I don't see my neighbours at all, I've seen a new one that's moved in, but they tend to be very transient around here, they only stay about six months and then they move on to different areas... the community is being lost over a long time. **(Jackie, 68 year-old woman living on her own)**

Miranda is an 84 year-old African Caribbean widow who has lived on her own in the same house since 1974. She explains how her neighbourhood had changed over the last 46 years:



All the neighbours were White but you know [my husband] first introduced himself to them and then you all get friendly and if they were going on holidays or anything then they would give him the key, if they had the gas man, then we used to have the men come into read the meters or whatever or some of them might have pets or whatever, could he you know check on them or one neighbour with a fish and she always leave the key for him to feed the fish... and new people have come in you know bought the houses and come in and some of them are alright you know they talk to you and are very friendly. But some they do not make eye contact with you at all. But I just take that in my stride.

There were also accounts of threatening neighbourhood experiences:



Recently, we have some youths that gather together, throwing stones on the door and we have had to call the police. **(Sharon, 53 year-old African British woman)**

Experiences of racism left some older people from minority ethnic groups feeling alienated in the neighbourhoods in which they lived. For example, Raquela is a 50 year-old African Caribbean woman who lives in a housing association house in one part of Manchester but chooses to spend a lot of time with her aunt in another part of the city, where there is a large African Caribbean community. She explains why she doesn't mix in her neighbourhood:



It's very White, borderline quite racist. So, I'm in the house all the time, I don't ask friends, I'm not part of any community there or, I just basically live there. But my house is quite comfortable, so I've got quite a lot of amenities in the house that keep me going.

Amongst the South Asian respondents, relationships with neighbours tended to be organised around the exchange of food on special dates, something that was greatly affected by social distancing rules:



The neighbourhood does not mix much and the relationship is cordial. We exchange food when it is Ramadan. **(Aakaar, 54 year-old Bangladeshi man)**



It's not like before because we have a trend in our culture to exchange food but now, we don't see each other. We are scared to meet each other outside because we feel like maybe they can get virus from us or we can get it from them. **(Yasmin, 64 year-old Pakistani woman)**

For some participants who were isolated before the pandemic, being involved in a 'support bubble' cemented relationships with neighbours:



[Next door neighbour] is allowed to come in and we sit, and we chat, and sometimes watch a film together. **(Patty, a 64 year-old White British woman living on her own)**

Many participants living in sheltered accommodation felt more distant from their neighbours and expressed sadness at the closure of shared spaces. George, a 71 year-old White British man, would normally have access to a communal garden in the housing association complex where he lives, but the garden has been closed throughout successive lockdowns. Denise, an 88 year-old White British woman can hardly wait for when she can get back into the lounge:



They do have a lot of activities going on...We get a letter every week, telling us what we can do, and what we can't do. The outside people have started coming. The window cleaners have been to clean the windows, and last week, we had the gardeners. So, I sat and watched them tidy the garden up, which was a change.

4.5 Communication and technology

The third interview with our participants revealed that being digitally connected offered for many 'a new lease of life', widening opportunities to remain socially connected. By the same token, 'digital exclusion' could be a significant barrier to maintaining relationships, with the majority of those mentioning 'feeling worse' or more 'depressed' lacking access to different kinds of technology and social media. The main insights provided by our participants regarding use of technology can be summarised as follows:

- **Keeping connections with family and friends who live locally and abroad**
- **Creating connections through new activities and relationships**
- **Maintaining religious practice through technology**
- **Screen exhaustion**

Using technology to link with family and friends was especially important for special occasions, such as Ramadan, birthdays, or anniversaries. For the South Asian participants, not being able to celebrate Ramadan with the family was a huge challenge, but one mitigated through remote connections:



I have mainly been at home and focusing more on my spiritual well-being during the lockdown, I spent time with my grandchildren, watched heritage TV and connect via Zoom during Ramadan with the family...I can text messages via mobile to my friends or have conversations with my GP. I found connecting via Zoom kept me going as well as build my confidence of using digital systems **(Idris, 56 year-old Bangladeshi woman)**.

A number of our respondents were taught by younger members of their family to use new technology:



My niece she's a bit more enlightened about the computer. So, when I have some problem with that, I will note them down and when she comes round I just tell her, please show me how to do this. **(Andrea, 80 year-old African Caribbean woman)**



I use the telephone and also my grandkids help me to connect with other relatives on Zoom. **(Saamita, 60 year-old Bangladeshi woman)**



Before the pandemic I had never used Zoom or WhatsApp but my children have taught me, or do it for me so everything is fine. **(Farida, 72 year-old Kashmiri woman)**



She [granddaughter] came round about a month ago, into the back garden, and I had a...there's a patio at the back, so I'd sit on the patio, she'd be down through the garden at the bottom, and talk me through Zoom; the next morning, through my letterbox arrived a step by step, seven step, four page, seven step detail of how I access Zoom... that's something I would never have done before. **(Doris, 86 year-old White British woman)**

But what was perhaps the most striking 'discovery' for those who started to use technology was how they could maintain different kinds of social connections:



It is hard, but luckily people have social media for example to deal with the loneliness difficulty. With social media you can connect with others, and it doesn't feel like you are lonely all day. Although you are at home, with modern technology you are not really at home. You can be with anybody that you want, and it is a way to cope with these difficulties. **(Chaminda, 60 year-old Sri Lankan man)**



I think in a way I feel that Covid has even made us get more contact with people. Well, I mean not physical contact, but you kind of with having a lot of days meetings and all that online, you can physically jump from one meeting to the other, which was not there, which you couldn't have done physically. You could have a meeting in Bolton, another meeting somewhere, you know, 10 miles away, or five miles. **(Chika, 51 year-old African British woman)**

To help maintain their networks and congregations, participants of most religious denominations were using Zoom to organise prayer and social meetings. Leroy, an 84 year-old African British man for example, has been a pastor for a number of years, but Zoom has greatly expanded his network. He now delivers his teachings using Zoom and has people attending from Barbados, the US and Canada, as well as the UK. Cameron, a 56 year-old African Caribbean man, has not attended his church since the beginning of the lockdown in March 2020. Instead, he and his family attend services on Zoom and sing along with the preacher with their microphones on mute:



I miss going to church but on the other hand I also have to follow the precautions and also make sure that I'm safe, my family are safe. The church is there all the time. We can go to church at any time. If everything is okay and we're not under restriction. We go to church at our own risk now. For now, I would say I will be on the Zoom

Joseph (a White British man, and a Jehovah Witness), misses 'the friendship' and the 'brothers and sisters'. For Joseph, his congregation are by all accounts his kin, so he learned to use Zoom in order to keep the connection with his spiritual family:



We just carry on as we would as if we were meeting together in our Kingdom Halls. At our Zoom meetings some of us sing along..., it's not as nice as meeting in public when we go to our Kingdom Halls but at least we can still have an interchange and...hear talks from different Brothers. **(Joseph, 69 year-old White British man living on his own)**

However, despite the benefits of Zoom, many participants missed the face-to-face dimension to religious practice. Some mentioned that 'there's no fellowship with people' because the social interaction is gone:



I would have benefitted from religious gatherings; I think that would have helped. I tried Zoom church but it's not the same. **(Rushik, a 72 year-old Indian man)**



I like to visit my mosque daily at least once a day and meet many friends and neighbours there, but with this lockdown it is difficult. **(Kamal, 61 year-old Indian man)**

Participants mentioned other kinds of disadvantages to digital practices:



I tried one of the choirs online but it didn't work for me. **(Nadine, 81 year-old White British woman living alone).**



I continue to keep contact via Zoom and What's app video calls but it is nothing like having the face to face connections. **(Idris, a 56 year-old Bangladeshi woman).**

A number of participants mentioned how they made a conscious choice to limit their phone and screen time. Others had reached a point of exhaustion regarding technology as seen in the accounts by Doris, an 86 year-old White British woman:

Doris : First interview



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 : Third interview



I did start going on the Zoom meetings but then they stressed me out that much that I thought, well I sat down, and I thought I'm either losing my mind or I'm stressed and identified that I was stressed and then what was stressing me was the thought of the Zoom, so I stopped.

The pandemic has highlighted the importance of digital technology as a coping mechanism for older adults. Amongst those who were shielding, online connectivity proved to be invaluable in maintaining social connections of various kinds. It enabled people to pursue social activities, to connect with family members, to purchase goods and services, and to receive much needed emotional support. However, it is certainly the case that for those detached from online communication – 44 of our participants were either only occasional or non-users – life was considerably restricted during the lockdowns, with the possibility of them falling further behind as digital communication becomes a more important part of everyday life.

4.6 The future

The final question in the interview explored people's hopes for the future. Many mentioned the vaccine as something that gave them hope, especially in relation to the possibility of travelling again. It was seen as providing a glimpse of a more normal life:

 I'll be pushing people out of the queue... it will make me feel a little bit more confident about perhaps being outside. So, it just creates optimism basically in my life. Physically and mentally as well.
(Douglas, a 70 year-old White British man)



The vaccine has been a mainly positive thing. I know it's not about me personally, but the fact that there are more chances of people getting vaccinated, it's a step closer to going back to normality I think.
(Dharti, 50 year-old Sri Lankan woman)



It will be a safer world out there if we all get the vaccine and protected so we can go back to normal.
(Chinmay, 64 year-old Kashmiri man)

But some were sceptical of the vaccine or were concerned about the extent of misleading information about its effects:



I know it's not all true and I am trying to tell my sister, who is not that well educated that these stories are not true.
(Daksha, 62 year-old Indian woman)



There is too much nonsense and misinformation out there.
(Satyajit, 75 year-old Indian man)

Others remarked that they would take the vaccine to enable them to travel:



I don't see it as a priority if I was just staying put in England. But because I'm going to be travelling, and I know it's going to be a standard requirement... People have different views, people have different views because I think for some members of the African communities, they've seen whereby they've been experimented on. And they're suspicious. **(Alice, 65 year-old African-Caribbean)**

Travelling was also mentioned by many of the South Asian participants as their hope for the future:



I really want to go back to my country and meet my father, relatives and my cousins. Then I will be in peace. **(Vaneeza, 63 year-old Pakistani woman)**



I want to go and visit my family in Pakistan. **(Charanpal, a 73 year-old Kashmiri man)**



I would like to go and live in Pakistan for good after the pandemic. I found the pandemic very mentally draining. **(Azhar, 83 year-old Pakistani woman)**



I have not made any plans as of yet. Nothing is certain yet, once things become more clearer then I will start making plans to go abroad and visit family. **(Gatik, 59 year-old Bangladeshi man)**

The possibility of seeing family members abroad and travelling for leisure was mentioned with uncertainty, a condition that has now shaded people's future and ability to make plans regardless of age, ethnicity or social background:



I really [want] to go in our Holy Place Makkah and Medina. This is my biggest wish and I hope God calls me there. I have a lot of wishes and I want to do a lot of things but I never know about future. **(Yasmin, 64 year-old Pakistani woman)**



Can't really plan ahead not knowing what will happen. If you make plans then are told you can't do things, what's the point. It's too soon to plan. Just carry on helping and supporting each other. **(Farida, 72 year-old Kashmiri woman)**

“ Who knows – everything has changed. Maybe it may get back to the way it was before, maybe not. Maybe things may never change. **(Nawaz, 70 year-old Pakistani man)**

‘Normality’, or what that might mean in the future, was elaborated on by some about being able to hug loved ones, or resume collective activities:

“ We will be going back to our Kingdom Halls [Jehovah Witnesses’ place of worship] and we will be going out on our, what we call our Ministry, talking to our neighbours. **(Joseph, 69 year-old White British man)**

“ I know that once we are safe again then there is going to be a lot of parties going on. **(Patty, 64 year-old White British woman)**

“ We can plan but nothing goes accordingly. Life has changed already and this will be our normality for a long time. **(Rakib, 61 year-old Bangladeshi man)**

The virus, as a presence in the future, was also highlighted:

“ [We have] become more careful – more concerned about staying safe from the virus now and in future. **(Idris, 56 year-old Bangladeshi woman)**

“ The virus is here and is not going away. I wonder if I will ever be able to go and help with the little one [nephew] – how long will it be – years? Little things have become big things – will I be able to ever hug my relatives again? **(Pallavi, a 61 year-old East African Asian woman)**

By contrast, those in the older age group were much more concerned with more immediate health issues:

“ The future is waking up in the morning; I don’t think any further ahead. **(Irene, 85 year-old White British woman)**



I'm hoping, if things improve, to get back to what I call normal, if I can get more mobile and more steady on my feet and get back to perhaps just using a stick instead of my trolley all the time, it might make me feel better, more resilient, more capable. **(Denise, 88 year-old White British woman)**

For many, hope is associated with spring and the end of lockdown:



I am waiting for the sun, I can't tell you how much I want the sun. After that I will think more about what to do. **(Lakmini, 63 year-old Sri Lankan woman)**



In this lockdown, my mother died. She was ill and she was inviting me to meet but I couldn't go just because of this lockdown. I was very close to my mother and I couldn't meet her in her last days, this regret is going to be with me forever... now just because of lockdown I couldn't see my mother's face in her last time...Inshallah... I have so much positive hopes that one day we will start living happily again. **(Soraya, 54 year-old Nepali woman)**

And a final message from Chinmay, a 64 year-old Kashmiri man, to future generations:



[The research] study has been good. Look after the elderly and tell our story to the world. In 20 or 30 years they will put a video on YouTube saying 'once upon a time, Chinmay, this was his experience of COVID'. Peace and blessings to the world and spare a thought for those who have lost loved ones and could not even do the ritual bereavement.

5. Experiences of community organisers

5.1 Introduction

In April 2020, a range of organisations were approached who were working with older people across the Greater Manchester region. These had different roles, including:

- place-based, such as those working in specific neighbourhoods
- identity-based, working with specific minority ethnic groups or with those who identified as LGBT+
- public sector and local government organisations
- others from the community and voluntary sector

A variety of organisations were chosen in order to explore different challenges facing particular groups of older people, and the likely impact of these given the nature of the pandemic. Our conversations revealed both the complex array of issues faced during this time, but also the resourcefulness of the sector in filling gaps in support, and reaching those experiencing social exclusion of different kinds.

Organisers were asked about existing types of support provided for older people, how these had changed with COVID-19, the impact of social distancing on service users, resourcing issues, and plans moving forward. The first interviews were conducted with 21 organisers during Spring and early Summer 2020, with follow-up interviews in early 2021. Our conversations focused on the following themes:

- **Initial changes to ways of working**
- **Adaptations to services and support for older people**
- **Gaps in support**



“What’s more difficult? I can’t just hug my nieces and my nephews”. (Layla, a 56 year-old African Caribbean woman).

5.2 Initial changes to way of working

The announcement of the first lockdown in March 2020 brought about instant changes to previous ways of working. The most apparent shift was to remote working as community centres and third sector organisations closed and staff were required to work from home. For those organisations that ran services, including face-to-face and group activities, the decision to close pre-empted the national lockdown, with many choosing to suspend such activities and close group meeting places from 16th March 2020. The work of organisations turned to responding to the initial emergency situation created by the first lockdown, as well as adapting their existing services to comply with social distancing.



It was all hands on deck...trying to do what would we do with staff in a safe way. It took a long time to sort out the practicalities. We pulled staff out of the hospital; cafes and services were closed. Phone calls had to be reorganised because of the increasing number of people calling. Lockdown started on March 23. The previous Thursday the risk assessment had started. **(Organiser, anonymous)**

Those not used to working remotely had to quickly adapt to new approaches to service delivery. Some organisations lacked sufficient resources to adapt immediately to the situation they faced. The Ethnic Health Forum, for example, had to apply for a grant to purchase a laptop and mobile phone to enable staff to continue to work from home.

Even with the necessary equipment to work remotely, stakeholders faced other challenges, such as juggling working from home with caring responsibilities:



This [the pandemic] is taking some adjustment as everyone is getting to grips with new ways of working such as Zoom, so there have been some challenges around training for staff and some need more support than others. **(Organiser, The Ethnic Health Forum)**



Now all staff are working from home have slowly been adapting to new ways of working but many of the staff have other caring responsibilities, and many have also had to shield. **(Organiser, Kashmiri Youth Project)**

Organisations also began adding new services as needs evolved. As a result, in many cases, staff members had to take on new roles as organisations responded to the situation:



It was chaos in the office. Home help service was suspended, which is a paid service that helps to support the organisation. Helpers were furloughed. The only services kept were emergency food parcels and help with prescriptions. **(Organiser, anonymous)**

Some services also required staff training to meet new social distancing guidelines. A large number of organisations relied upon volunteers, themselves often aged 70 and over and required to shield. Within weeks, or days in some cases, organisations had to develop a new range of activities to cater for people unable to leave their house and who had no means of engaging remotely. One organisation described how they had to phone over 1,000 people who were registered with them to tell them of the changes being implemented.

5.3 Adaptations to services and support

In this section four main adaptations to services and support for older people are discussed, these emerging as key areas of concern for the stakeholders:

- provision and distribution of food
- moving services online
- telephone befriending services and other ways of keeping in touch,
- the provision of mental health and wellbeing services

Provision and distribution of food

The provision and distribution of food formed a significant part of the work carried out by community organisations during the pandemic. Involvement in this area took several forms and responded to differing needs. In some cases, it involved collecting and delivering food for those unable to leave their homes and who had no one else available to help them. In other instances, it entailed providing free or subsidised food to households who were struggling financially. Other examples included ensuring older people were eating a cooked meal daily as well as performing more general welfare checks.

Some organisations working with minority ethnic communities in Greater Manchester, such as the Manchester BME network and the Kashmiri Youth Project (KYP), were involved in creating and distributing food packages to cater for different religious dietary requirements. This was in response to feedback from the community that appropriate food was not always being provided. Demand was high for this more tailored food provision service, with KYP reporting in July 2020 that they had distributed around 750 parcels to members of the South Asian community living

in Rochdale. By February 2021, KYP were in the process of setting up a Food Pantry from their building in recognition of the ongoing need for this service. This was partly due to the continued shielding of many members of the community but also in response to the perceived increase in the number of households experiencing financial hardship in the area.

In other communities, foodbanks which had existed prior to the pandemic were also experiencing an increase in demand as the lockdown began to take its toll on household incomes. A foodbank located at The Lalley Centre, in Collyhurst, remained open throughout the first lockdown providing food for local families in need as well as a support service over the telephone. By July, the number of people – across all age groups - being supported by the Lalley Centre had jumped to 635 (figure for the month of July), and then to 728 in August 2020 from a previous 306 in February. These figures point to the unprecedented changes in the number of people needing support to access food. In a further response to the economic impact of the pandemic, some organisations offered credit to those struggling financially, allowing people to delay payments for food delivery services. Others that had provided food-based groups and activities before the pandemic continued to provide this service to comply with new social distancing rules.

The Meal Buddies scheme ran by Inspire, an organisation based in Levenshulme, started delivering hot meals to its members at home, instead of the group meals they had been running. Other organisations provided similar services ensuring the older people they worked with were supplied with hot, ready cooked meals. In some cases this was out of recognition that some older people might stop cooking for themselves or, in some instances, were unable to do so because of carers no longer attending or families unable to visit.

Moving services and activities online

Moving a variety of support services online has been a feature of work across Greater Manchester. Activities and groups that had previously been delivered face-to-face, such as social groups, chair-based exercise sessions, and wellbeing classes, were transferred to online platforms such as Zoom. As the pandemic continued, the use of online platforms developed further with some organisations adding a range of electronic games for people to play, as well as repurposing funds to send members items through the post, such as craft packs, to support some of their online engagement.

For many older people, the pandemic presented the first time they felt they needed to engage with others using online platforms or equivalent. Therefore, organisations provided additional support to enable their members to become more confident in accessing online technologies. For example, Levenshulme Good Neighbours offered a befriending service and IT coaching on how to use hardware, software, and social media. *Tech and Tea at Home* was another initiative to help with digital inclusion ran by Inspiring Communities Together, based in Salford. This programme works with volunteers going to people's doorstep and providing instructions about using computers. Those who used the service then joined a session in getting more proficient in IT, in some cases using tablets supplied by the programme at a subsidised rate. Subsequent online meetings look at issues around: healthy eating online; keeping entertained using technology; and staying safe online.

Initiatives such as Tech and Tea are labour intensive but have had unexpected results, including attracting new service users. For example, one organiser was surprised by the number of men

who had joined their online group, as in her experience men were often more difficult to engage in organised group activities:



Normally there would be more women, but Covid changed that, perhaps because it's just a matter of turning the computer on, maybe their wife joined and they are in the same room so they join too. We had a 'sporting memories' initiative, so that attracted men as well (**Inspiring Communities Together, Salford**).

Online activities were also felt to be a way of providing opportunities for social interaction for those who had been deprived of their existing social networks. In addition, one stakeholder noted how Zoom fostered a new type of intimacy as people felt more at ease in the comfort of their own home.

However, in some instances group-based activities were stopped altogether, and in others the transition of services online was not regarded as feasible. This was either because those involved were unable to access online technologies or because the nature of the service meant communicating online was felt to be inappropriate. For example, in the case of services dealing with confidential and sensitive material, the Ethnic Health Forum found that their information and advice service worked better for older people over the telephone and using WhatsApp:



If a client wants help translating a letter or filling in a form they are able to take a photo of the documentation and send it via WhatsApp to a member of staff but then for staff to talk them through how to complete the form over the phone is difficult. Although some people are happy using smart phones for messages and social media, downloading a form from their emails is a different matter.

Issues surrounding digital exclusion, whether through access to technologies or lack of interest or confidence in using them, was a challenge organisations continued to face in their efforts to adapt services during the pandemic. As a result, some groups and organisations were cautious about moving all of their meetings and activities online too quickly and consequently excluding some individuals. A stakeholder at the LGBT Foundation was conscious of not leaving anyone behind because of digital exclusion:



About a third of people on the Advisory group are able to use Zoom and happy to do so, another third either don't have access to the technology or are opposed to using it feeling that it is not a substitute for meeting face-to-face. The final third are somewhere in the middle: they are willing to use the technology but may need some support in doing so.

There have been major successes for both organisations and older people with services moving online. Some organisations have been able to attract new service users, and for older people, accessing online support has allowed them to maintain social contacts and develop new skills in using digital technology. However, the transferring of services online has not been without its problems. Significant amounts of resource have been needed to support some older members to become digitally connected. In some cases, digital exclusion has meant alternative mediums of connecting have needed to be developed.

Telephone befriending and other ways of keeping in touch

Considerable time and effort was reported in maintaining connections with older people who were either already socially isolated or at risk of becoming further isolated, due to the pandemic. Where people were unable to participate in online activities, alternative methods of communication and staying in touch were used. By far the most common method was the telephone, which was seen by some stakeholders as more inclusive, as most older people had access to a landline. Almost all the organisations expanded their telephone befriending services or carried out welfare checks by telephone:



Our starting point was the phone conversation. For some people that weekly telephone call is their main social interaction.

These telephone calls helped to find out if people needed any additional support. However, they also provided interaction for those who might otherwise have been at increased risk of social isolation. This provided a lifeline, especially for service users who were really struggling with no longer having an active social life.

As well as the risks of social isolation, and the need for information, some organisations developed telephone befriending schemes which helped continue a sense of community and belonging between particular groups of people. For example, the LGBT Foundation set up the *Rainbow Brew Buddies* telephone befriending service at the start of the pandemic, in response to people from the LGBT+ community experiencing increased isolation during the lockdown. The service paired-up users with volunteers to have a regular short telephone catch up for the length of time it takes to drink a cup of tea or coffee.

A similar support role was noted in the use of WhatsApp groups to disseminate information to large numbers of people. This was the case for a WhatsApp group created by KYP for the members of their Elders Group (most of whom are women) which has been successful in keeping people in touch with one another and with the service. It was used daily to share information about the service, health advice, and regular updates on government restrictions. It also functioned as a two-way dialogue with many women providing peer-to-peer support and advice.

Mental health and wellbeing support

The challenges arising from social distancing, as well as existing pressures facing many living in poverty, meant many organisations saw a steep increase in the need for mental health support for particular groups of older people. Mental health and wellbeing needs were addressed through a number of avenues. Due to the reticence sometimes encountered when having conversations around mental health, organisations tended to address this issue from different angles, not all of which had an explicit focus on mental health.

Examples include printed guides on maintaining health and wellbeing during the pandemic, initiatives to encourage people to stay active, as well as more interventionist approaches such as counselling and advice services.

In May 2020, the Greater Manchester Ageing Hub (part of the Combined Authority) worked in collaboration with researchers at the University of Manchester to design and distribute a *'Keeping Well at Home'* booklet to those 50 and over living in the Greater Manchester area. The booklet, which was updated at the end of 2020 with a focus on *'Keeping well this Winter'*, aimed to address the gap in information reaching those who were digitally excluded. It contained guidance on home exercises, nutrition and hydration, mental wellbeing, staying connected with others and how to access key health and other public and community services.⁶⁹ 136,000 copies of the Keeping Well This Winter booklet were distributed across Greater Manchester from December 2020. In February 2021, a further 8,300 copies of the booklet were distributed, translated into Urdu, Bangla and Easy Read .

Organisations working with minority ethnic communities have recognised the need, given pressures arising from COVID-19, for specialist mental health support services. The Manchester BME network was involved in a Mental Health and Wellbeing pilot project offering holistic counselling to individuals from the South Asian community. They organised private therapists to offer sessions about coping with anxiety and stress. This was open to all ages but the service has been accessed by many over-50s. Indeed, one stakeholder commented that she had been surprised by the numbers of older men accessing the service, and that they had taken on a male therapist in response to this demand.

The Caribbean and African Health Network (CAHN) responded to a similar gap identified within the African and Caribbean community around bereavement counselling. It was felt that mainstream bereavement counselling services were ill-equipped to consider the impact of the disruption to traditional ways of grieving that social distancing had caused. Therefore, CAHN helped set up a counselling service staffed by bereavement counsellors from the community in response to this need.

Organisations with access to green spaces were able to run group and one-to-one activities, once restrictions began to lift in the Summer of 2020. These spaces provided an important additional resource to the services to encourage people to get outdoors and look after their physical and mental health:



From July, the management of the allotment had to include sanitising of tools and outside toilets because a great number of people started to come to volunteer. It's been a life saver as the allotment helped combat social isolation. In addition, volunteers could take home a bag of fresh produce from the gardens. **(Lalley Centre)**

Inspiring Communities Together, Salford, started to deliver a Walk & Talk service where a member of staff would accompany one or two older people for a walk around a local park. History walks were also added to this programme in an effort to appeal to people's different needs and interests, and a video was made to show how people could use the park safely and with confidence. The *LGBT foundation* also had plans to extend their telephone befriending service to provide volunteers to accompany people one-to-one to go back to public spaces once they were open, in an effort to build people's confidence around returning to activities and events.

5.4 Gaps in support for older people

During the second interview undertaken early in 2021, community organisers were asked what they thought were remaining gaps in the support for older people, with the main areas identified including: issues around mental health; lack of culturally-relevant services; loss of opportunities for face-to-face contact; digital exclusion

Mental health and wellbeing support

Many stakeholders commented on what they viewed as the deterioration of older people's mental health and wellbeing during the pandemic, confirming findings from older people themselves presented earlier in this report. Some organisers expressed concern about particular groups they supported who had 'gone downhill really badly', and pointed to the need for enhanced emotional and mental health support. One remarked on the change in some people's emotional resilience to the lockdown as time went on, and how initial 'stoicism' had given way to less positive feelings, and darker questions being asked such as 'what's my life about?' Others commented that some older people had become 'hermit-like', and were feeling reluctant to go out of their homes.

While many organisations were offering emotional support, either online or via telephone, the unprecedented circumstances of the pandemic and increased levels of need meant that in some cases areas of concern were not being addressed. The skills and expertise available to meet high levels of need were not available in many instances.

Lack of culturally relevant and accessible information and services

Early in the pandemic, it was felt by many organisations working with minority ethnic communities that insufficient effort was made to provide information that could be accessed by those with lower levels of English literacy. An interviewee from KYP gave the example of an information leaflet from the local authority about the local community hubs and emergency support which for a considerable period at the beginning of the pandemic was only available in English.

Local authorities did make efforts to address the needs of BAME communities, for example, translating information leaflets into different languages. However, one stakeholder from the South Asian community remarked that translation alone was not always sufficient, and that services needed to be equipped with culturally sensitive and accessible information. For example, it was noted that the image on the front of one information leaflet was of an older White woman, leaving the organiser to think that many people who did not identify with this would have considered it irrelevant to their needs. A similar sentiment was expressed by organisers regarding concerns within communities about vaccines for COVID-19. Several had responded by hosting

webinars involving clinicians from respective ethnic minorities communities to answer queries and discuss concerns. Once again, although many organisations did their best to respond to these gaps in accessible information, they felt more could have been done by statutory services:



It all comes down to funding...support and engagement is only with the larger charities and the more arms-length sections of local authority, not with grass roots organisations and those working with marginalised communities such as ourselves. [Some people] tried to engage with statutory services for some help but were getting nowhere, ending up relying on voluntary organisations and neighbourhood groups... Some people have also been returning to their country of origin when they can. Not sure whether this is permanent or just for now as they feel they have more support there...in times of crisis and emergency when people are cut off from their usual support, many members of the South-Asian community do not feel statutory services can meet their needs or they are not able to access their services. **(Organiser, Kashmiri Youth Project)**

Loss of opportunities for face-to-face contact

Loss of access to physical spaces and opportunities to have face-to-face interactions was cited by almost all organisers, when asked about the kind of services people were missing. This also confirms findings from our interviews with older people themselves, that online platforms were often a poor substitute for face-to-face interaction.

The need for face-to-face interaction was a gap that many organisations were unable to address due to social distancing measures, and the continued shielding by many older people. Online interactions and keeping in touch via telephone calls and WhatsApp groups were vital lifelines for many. However, they did not replace face-to-face contact. Although some organisations did re-introduce some small group and one-to-one activities where regulations allowed, what was felt was missing was the casual drop-in nature that many groups had previously offered. This type of informal socialising, often unstructured and without any expectation or obligation, has been a vital part of building social networks for many community organisations. Fears were expressed that losing this type of social contact would further isolate individuals who were less confident about attending more formal groups.

The need for personal contact often went beyond the benefits provided by social interaction. One community organisers for a Residents' Association in Hulme, noted how interacting with others in significant community spaces was important for older people's sense of identity and belonging:



People had an identity in the pub...We have created a drop-in space in the basement which was starting to be used but of course we cannot use it with Covid.

A similar sentiment was also expressed by an organiser from the LGBT Foundation. This report has already highlighted the importance of being able to meet with those of a shared identity, and the impact this can have on feelings of belonging. A stakeholder from the LGBT Foundation stressed the importance of having a safe physical space to meet and interact for members of the community and where their identity as an LGBT+ person could be recognised.

Digital exclusion and further isolation

Despite their best efforts, all of the organisations interviewed were concerned that some older people will have been further isolated by the pandemic due to digital exclusion. Lack of access, competence and desire to engage with online technologies, made it difficult, if not impossible to maintain contact with some older people.

Due to the suspension or restricting of face-to-face services stakeholders were growing increasingly concerned that individuals and groups of older people who had been difficult to reach before the pandemic were now more at risk of 'slipping through the net' due to digital exclusion and increased need. Several stakeholders expressed their concern about those who were hard to reach:



The term 'hard to reach' now seems to be true. Without workers in the communities the most vulnerable are hidden.

Outreach work, where organisations would attend different community spaces in order to engage with those who were not already coming to their services, had to be suspended during lockdown. Therefore, organisations had to rely on their existing knowledge of people in their communities and informal networks.

These existing support networks in the immediate neighbourhood protected some older people from social isolation in the early days of the pandemic. Our interviews with older people found multiple instances of support being provided by neighbours and family, filling gaps given pressures on statutory agencies. However, an organiser from the LGBT Foundation commented that some of the older people they support were hesitant to ask neighbours for help if they were not 'out' in their neighbourhoods. Equally, some LGBT+ older people were reported to be reluctant to get involved with volunteering in their local neighbourhoods due to concerns around stigma and discrimination.

Residents of sheltered accommodation were not completely protected from feeling isolated where they lived. Both organisers and participants in this study relayed stories of access to communal areas, including gardens and laundry rooms, being restricted and therefore limiting opportunities for social contact. In one case, stakeholders related stories of residents feeling a lack of choice and consultation in the changes affecting their homes, with 'tape being put across communal areas and policing

via CCTV'. Our research offered similar accounts of older people living in sheltered accommodation feeling as though they were not being treated as responsible adults.

Isolation and disengagement from services was not just a concern for the present but one for the future too, as many stakeholders voiced concerns about further disenfranchisement of some groups of older people from communities and service provision. One stakeholder within the South Asian community expressed her concern about access to primary care services going online and the impact this might have on older members of the community.

However, while many stakeholders mentioned the challenge of engaging older people who are not being reached, views varied regarding how best to tackle social isolation. One organiser refrained from using the term 'hard to reach people' and finds it patronising:



Nobody is hard to reach, it is just that we don't know how to find people and people don't know how to connect. And we forget that people have different priorities: 'Am I hard to reach because I don't volunteer?' (**Inspiring Communities Together, Salford**)

This reminds us that reaching those who are the most isolated is possible with the right level of skills, knowledge and resources. In sum, gaps in support emerged where demand for services outstripped the capacity of organisations. This was not only due to the increasing numbers of older people in need, but also the changing nature of these needs, many of which, especially at the beginning of the pandemic, were relatively new. However, it was also clear from our research, that equalities-based organisations had stepped in to fill significant gaps in provision in statutory services. Our findings point to the need for policy makers to channel resources into the organisations supporting older people, in particular, those at the grassroots level who often fall through the gaps in funding, just as their service users fall through the gaps of support.

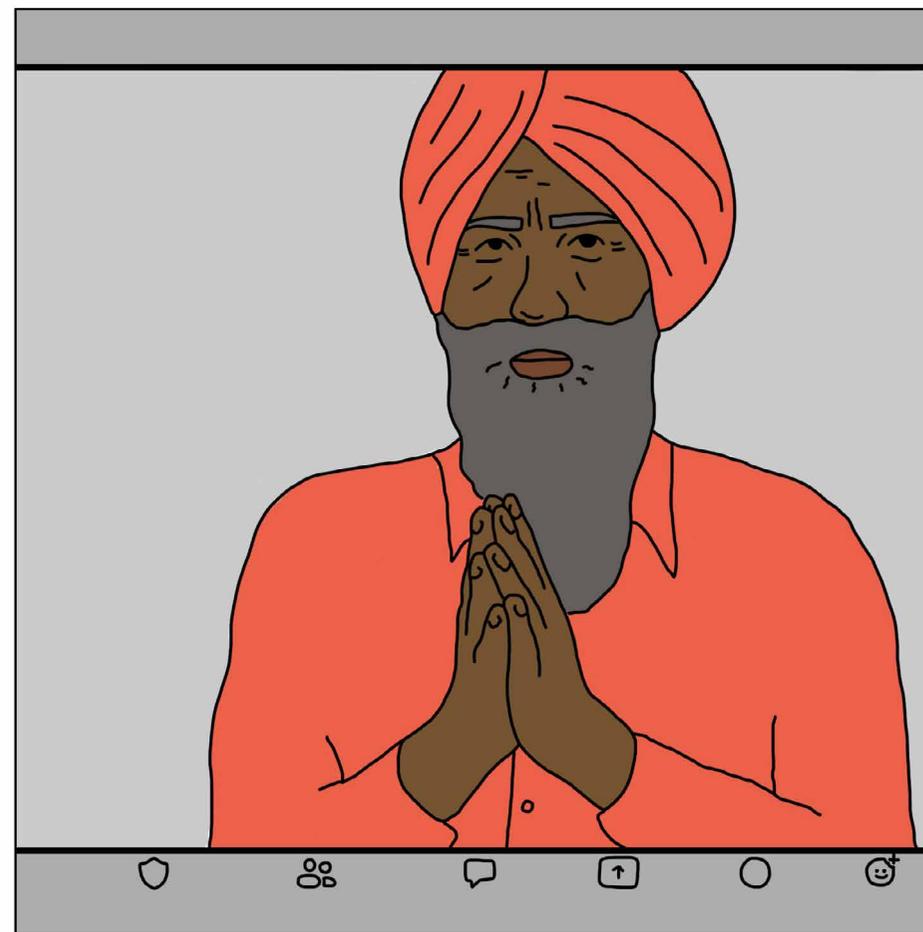
6. Discussion and recommendations

This section of the report provides a number of reflections arising from our study. We also develop recommendations from the research, aimed at supporting the work of those in the statutory and voluntary sectors working both nationally and across the Greater Manchester region.

6.1 Reflections on qualitative longitudinal research

COVID-19 has produced wide-ranging changes, both to the everyday life of individuals and communities, and to the priorities of services supporting older people and their carers. The objective behind our study was to uncover the breadth and diversity of individual situations, using a qualitative longitudinal approach. Vindrola-Pandros and his colleagues suggest that, in the context of the pandemic, such research can uncover experiences which complement epidemiological data: ‘by providing insights into people’s lived experience of disease, care, and epidemic response efforts’.⁷⁰ Our research attempted to do this by interviewing the same people on three separate occasions, with the aim of exploring the degree to which their experiences and relationships remained stable or changed over time.

We have focused on the ‘*lived experience*’ of older people drawn from a variety of neighbourhoods across Greater Manchester, from different ethnic groups, people from the LGBT+ community, all age 50 upwards. The 102 people we began to interview – in May 2020 – were not chosen ‘randomly’, rather, they were identified by community organisations on the basis of particular characteristics that left them at risk of social exclusion



“I would have benefitted from religious gatherings; I think that would have helped. I tried Zoom church but it’s not the same.”(Rushik, a 72 year-old Indian man)

such as membership of a particular ethnic group, experiences of social isolation, or problems associated with chronic ill-health.

As a result, our study was intentionally not about the *general experiences* of older people across the region, an issue which has been investigated in other research. Instead, we view our work as *complementing* local, regional and national surveys, by looking in greater depth at how *particular* groups of people maintain a sense of *agency* and well-being; how they make sense of and interpret the pandemic; the differing *resources and capacities* they have available to help alleviate the pressures of the pandemic; and how this *varies* according to categories such as household composition, ethnicity, sexuality, gender, and age cohort.

Reflections on interviewing remotely during COVID-19

Interviewing during COVID-19 produced both challenges and opportunities. For example, social distancing restrictions meant that all interviews had to be conducted over the telephone, and face-to-face interactions which are valuable for developing rapport (such as eye contact, and smiles) were not possible. A longitudinal approach usually enables a researcher to develop a relationship with participants over shared experiences and interests before the start of the interview. In contrast, with interviews conducted over the telephone, questions have to be much more 'straight-to-the-point' with more limited introductions and pre-interview discussions.

Notwithstanding the challenges of developing rapport without these conventional techniques, telephone interviews offered interviewees a 'place for reflection', 'something to do', and an opportunity to 'open up'. Participants felt the questions 'made

you think about how you respond to things', often making them aware of the positives in their lives and over successive interviews: 'when you ring me, I don't know what I'm going to say, but when I start talking it just kind of flows; it's been quite healthy'. Because interviews were conducted over the telephone, there was no need for participants to get dressed or even to leave their beds, which some reflected made them feel at ease. Some commented that they felt free to speak their minds, for example, as one participant commented: 'I don't think I'd talk as much as if I was face-to-face with anybody'.

Many of the participants described how, as a result of the lockdowns, they missed talking and meeting friends. For some, being involved in the interviews helped them to make decisions. For example, one reflected: 'talking to you has made my mind up, I'm going to try [walking again]'. It was also noticeable how some participants felt the interview provided a unique opportunity to share their experiences, as described by an African Caribbean participant: 'you've got to hear from my side what I'm going through'. Overall, telephone interviews proved a valuable alternative given the restrictions brought about by the pandemic. Given the high number of interviewees who remained part of the study, and were involved in all three interviews, it seems for many to be a largely a positive experience.

After these reflections on the study, the discussion now focuses on two main elements of our findings: first, general experiences of daily life under the pandemic, exploring changes over time; second, issues and concerns relevant to the future care and support of older people.

Everyday life and the pandemic

A first observation is that, in many respects, older adults are no different from other age groups during the pandemic, managing as best they could, given the limits posed on physical and social relationships. Many showed themselves to be highly creative and adaptable, devising ways of spending time, whether through re-discovering interests in poetry and writing, craft work, or befriending others through counselling via the medium of the telephone or online platforms. In this regard, our participants demonstrated a strong sense of agency and autonomy in managing what was an undoubted crisis affecting their daily lives.

Adapting to, and exploiting *the benefits of technology*, was crucial for many of those interviewed. Indeed, an important finding from our work has been how the use of platforms such as Zoom has entered into the language and rhythms of daily life: people spoke of it opening up opportunities to engage with family and friends in other countries (especially important amongst the South Asian and African Caribbean groups); as a medium for sustaining their involvement in different social activities; and as a source (particularly for the LGBT+ community) for reaffirming identity at a time when traditional sources were unavailable and for offering support to others in their identity-based groups.

Equally, it was clear that those without access to online media were disadvantaged in a variety of ways, notably in being unable to maintain contact with friends who were themselves confident in using digital media, and in being deprived of services and activities which were only available online. *Differences in the use of technology through the pandemic has, we suggest, introduced*

new forms of inequality within the older population: an issue which would be a valuable subject for further research and policy consideration.

We also noted the importance of access to *gardens, parks and communal spaces* in maintaining well-being for many of our participants. This came across as especially significant from March through to early summer 2020, when spells of warm weather provided some relief from the pressures associated with the first lockdown. As confirmed in the research literature, those with access to a garden and/or a nearby park found these spaces especially beneficial. Indeed, an important priority coming out of the pandemic, will be redressing the negative impact of *unequal access to green space*. Amongst our participants, there were particular difficulties for some tenants of sheltered housing schemes, who found themselves denied access to communal spaces such as gardens and laundry rooms – an experience viewed as ‘infantilising’ by many.

Another observation from our research concerned the important *role of religion* in structuring and giving meaning to daily life. Our participants were drawn from a variety of faiths, including Methodist, Catholic, Quaker, Jehovah Witness, Protestant Evangelical, Pentecostal, Muslim, Sikh, and Hindu. In many cases, faith and prayer were central to the organisation of daily life; in some cases, also providing a framework for making sense of the pandemic itself. We were especially struck by how technology was used to maintain religious engagement –through virtual church services and meetings of various kinds. But it was also the case that many people spoke of missing the social contacts and relationships gained through visiting their place of worship, with Zoom and related platforms often regarded as inadequate

substitutes for face-to-meetings. The impact of restricted numbers at funerals was also a major concern, with the inability to properly grieve and mourn a source of considerable pain for many of those interviewed.

The areas highlighted in the interviews illustrate the various means by which people attempted to make sense of their lives during successive lockdowns, often finding innovative ways of maintaining links with their pre-pandemic lives. But it was also the case that many of those interviewed faced particular barriers and forms of exclusion, these reinforced or amplified by the impact of COVID-19. The next section reviews the most important of these, and the different types of changes encountered amongst the different groups interviewed for our research.

6.2 COVID-19 and social exclusion

One of the advantages of our study was being able to identify changes affecting people over time; a period which captured three successive lockdowns. For some people, there was little change to report, especially for those already isolated; routines had, in many instances, been developed which at least provided some structure to daily life. For others, however, there were substantial changes which had begun to affect the quality of everyday living. Here, we would identify four main areas of concern which form the basis for policy recommendations in the final section of this report.

Ageing under lockdown

An important finding from our research concerned a degree of *physical and mental deterioration*, affecting some of our participants, over the duration of the research. Some spoke of the impact of restricted mobility over a number of months, as a result of being confined to their house or flat. The consequences could be reduced confidence in getting around their neighbourhood or re-starting exercise routines. In cases such as these, the pandemic also seemed to increase awareness about ageing itself, but often as a negative rather than positive life transition.

A related issue concerns the extent to which the pandemic may have *heightened* feelings of vulnerability amongst certain groups. An example from our research concerned those who had received a letter advising them to shield. Our evidence on this (from a small sample but reflected in national surveys) is that such guidance could have a devastating effect. It was indeed a shock for some to be told they were 'vulnerable'. This was not part of their self-image or how they defined themselves as a person. This may be another example where the pandemic will have a long-term (and potentially negative) impact on how many people think about their health and well-being coming out of lockdown. Perceptions of vulnerability may also be traced to other sources: people feeling they had become a 'burden' on their family or even on society itself; amongst our South Asian and African Caribbean groups, racism may also have played a role in creating a sense of marginality or precariousness.

Social isolation under lockdown

Another observation from our research concerned the extent of *social isolation* arising from the pandemic, evident in particular groups, with particularly striking examples from some of the South Asian women interviewed for the study, and from White British men living alone. The issues were distinctive for each group but raise important questions for community support more broadly. Amongst the former, there were powerful expressions of the anguish caused by successive lockdowns, these resulting in feelings of depression, anxiety, and being a 'prisoner in your own home'. Such sentiments were invariably driven by the increased pressures women felt as carers. Responsibilities – for example for a sick husband – had remained the same but support had weakened with social distancing and pressures on statutory services. We were struck by the severity of the tensions which seemed to be expressed by these women – exacerbated in some cases by financial difficulties and poor housing.

Single men living alone presented a contrasting set of issues, but with similar experiences of intense isolation amongst some of those we interviewed. The context was one of people going into the pandemic with relatively 'shallow' social networks, poor physical health, and low incomes. The additional pressure created by COVID-19 concerned the closure of vital social infrastructure which the men had invariably relied upon for support – community centres, local cafés, libraries, and pubs. The loss of these facilities had a considerable impact, and was a reminder of the importance of their eventual restoration, especially within inner-city neighbourhoods (see further below).

Family and friends under lockdown

What do we know, based on our interviews, about the impact of COVID-19 on *intimate ties*? To what extent has the pandemic affected relationships with family and friends. Our research indicated the strains affecting friendships? arising from the impact of social distancing. 'Not having much to talk about' was a typical comment, but it illustrated a wider problem that the activities which sustain friendships – confiding, laughing together, sharing interests, providing emotional and instrumental support – could often only happen on a virtual basis. Again, this worked in some cases for those who could adopt (or who had already adopted prior to the pandemic) technology as a way of maintaining relationships. But for many, digitally included and excluded alike, keeping friendships going in the pandemic was a challenge. For certain groups, the loss of friends may indeed be one side-effect of the pandemic. This may have a series of consequences for those affected, given evidence from research showing that friend relationships are as important as family ties in predicting psychological well-being in adulthood and old age.⁷¹ We will consider the policy implications of this finding in further detail below.

If friends became, in some cases, more distant, family was certainly centre-stage for many of those we interviewed. Again, this was often the case amongst those most digitally connected, Zoom and WhatsApp being drawn upon to maintain regular contact. And use of the internet to maintain *transnational ties* (almost certainly a feature of life before the pandemic), was an important element in the daily lives of some of our African Caribbean and South Asian participants. However, for those women with significant caring responsibilities – our group of South Asian

women were an obvious example – separation from sons and daughters was a major source of anxiety. Especially for those living in multi-generational households, there was the tension resulting from concerns about ‘catching the virus’ and passing it on to another member of the family.

Neighbourhoods under lockdown

With people deprived of their usual support networks, social relationships in the immediate neighbourhood assumed greater importance during lockdown. The experience of these varied for different participants and between neighbourhoods. In some cases, localities with more transient populations, or those which had undergone substantial change due to gentrification or urban regeneration, produced deeper feelings of alienation, with individuals less inclined to draw on the support of those living around them. In others, there was evidence for strong neighbourhood attachments predicated on informal social ties between neighbours which provided much needed support and access to resources for older people. It is notable that those neighbourhoods where such relationships existed were often well resourced in terms of community spaces and social infrastructure, around which networks of mutual aid could often be built.

From this summary of the main findings from our research, we turn to recommendations in relation to policy and practice in the community, with some observations as well about potential areas for research.

6.3 Recommendations : Developing a community-centred approach

Over the period from March 2020 to March 2021, the research team spent time with over 100 people aged 50 and over in Greater Manchester, together with 21 community organisations and stakeholders. This has, we believe, provided us with valuable insights into the strengths of current work across the region, but also ideas about priorities for further activity, as social distancing measures are relaxed. In terms of the broad framework, the kind of community-centred model advocated by Public Health England, provides an important reminder about how interventions need to be developed:



Community (or citizen) participation, that is the active involvement of people in formal or informal activities, programmes and/or discussions to bring about planned change or improvements in community life, services and/or resources, has long been a central tenet of public health and health promotion...There is a compelling case for a shift to more people and community-centred approaches to health and wellbeing. The core concepts that underpin this shift are **voice** and **control**, leading to people having a greater say in their lives and health; **equity**, leading to a reduction in avoidable inequalities, and **social connectedness**, leading to healthier more cohesive communities. **(Authors' emphasis).**⁷²

Based upon our research, a community-centred approach is essential, for at least four reasons:

1. It offers a corrective to negative or misleading views about the importance of COVID-19 vaccines and related medicines

2. Community-based approaches are important because of the 'clustering' of 'at risk' groups (e.g. in over-crowded housing; areas with high levels of deprivation)

3. Work based around specific areas is better able to target isolated individuals, for example those not using the internet or social media

4. A community-centred approach may be vital in convincing people that their own actions really can make a difference in tackling the pandemic.

Greater Manchester has a number of advantages in developing a community-centred approach to COVID-19, in particular the:

- rolling out of age-friendly work across the region, resulting in GM being named the first age-friendly city region
- five-year programme of work tackling social isolation developed through Ambition for Ageing
- deployment of neighbourhood workers within local authorities, supported by third sector and not-for-profit organisations
- range of equalities organisations, including those representing BAME and LGTB communities
- expansion of mutual aid groups in response to COVID-19.

These characteristics represent a significant infrastructure of social capital and social networks, as well as political support for age-friendly work, around which a post-pandemic strategy can be built. From our research, we would emphasise the importance of taking the following issues into account in developing future community programmes:

1. Community renewal

Our research, supported by national studies, underlines the extent to which COVID-19 has ravaged neighbourhoods already damaged by austerity and the loss of social infrastructure (shops, day centres, libraries). Coming out of the pandemic, it will be vital to focus on the *restoration of, and access to, the community spaces* which give meaning and vitality to neighbourhood life. The evidence is overwhelming that living in neighbourhoods with limited access to such resources is associated with *poorer physical and mental health*. Re-building social infrastructure of all kinds, and supporting older people to re-engage with these spaces, must be a priority, and the best way of strengthening the informal – or 'natural' – neighbourhood networks around which communities are maintained.⁷³

Working within neighbourhoods is especially important given the possibility of continued unequal vaccination levels between different social and ethnic groups. This may give rise to localised epidemics amongst those communities most at risk of serious disease and death, extending the inequalities exposed by the pandemic during its initial and subsequent waves.

A key part of this work must also include *strengthening the community organisations* around which the response to COVID-19 has been built. Despite (or because of) their many successes, organisations are likely to need a commitment for adequate

funding in order to survive or meet the range of needs which are likely to emerge after three successive lockdowns. Enhanced support will be especially important for *equalities-focused organisations* working with minority groups, who have made a huge contribution in providing support to people experiencing considerable suffering as a result of COVID-19. During the initial response to the pandemic, many of these organisations demonstrated their detailed knowledge of the communities in which they work, and being able to identify those most at risk. This knowledge and expertise needs to be brought closer into strategic decision-making, with more support given to allow further collaboration between different community organisations.

Given the importance of community organisations, we would suggest an audit should be carried out – led by the *GMCA Ageing Hub* – assessing the range of additional resources they are likely to need to assist recovery coming out of the pandemic. This might also be linked with region-wide discussions aimed at sharing lessons learnt in responding to COVID-19, identifying gaps in support which have emerged over the three lockdowns, and making decisions about priorities for intervention over the short- and medium-term.

We would also see community renewal as a process which needs to come from *above* (the work of the *Greater Manchester Inequalities Commission* is vital here), as well as *below* (through developing and engaging with local leaders and community organisations). An effective community-centred approach will require the integration of both elements, but also entail that the kind of mutual aid networks that have developed over the course of the pandemic (and which are likely to continue to be needed) will be properly supported in the various neighbourhoods across the region.

Strengthening, or expanding mutual aid networks, might also come from promoting organisations which can support people ‘ageing in place’ within their communities. Such examples include Naturally Occurring Retirement Communities (NORCS), and the Village model.

NORCs have been defined as:

‘Community-level initiatives that bring together older adults and diverse stakeholders to co-ordinate a range of activities and relationships to promote ageing in place.’

Villages have been defined as:

‘Self-governing, grassroots community-based organisations, developed with the sole purpose of enabling people to remain in their communities as they age’.⁷⁴

To date, these approaches have had limited take-up in Europe, despite the widespread adoption of community care policies which support ageing in place. However, the importance of the NORC/Village-type approach concerns its potential for developing new forms of support and solidarity, in contrast to the atomisation and isolation created by the restrictions arising from COVID-19.

Community renewal must also be embedded in tackling *systemic discrimination* affecting different groups within society. COVID-19, as numerous reports have made clear, has exposed and exacerbated *longstanding inequalities affecting ethnic minority groups* in the UK. But much of this was predictable given available knowledge about poverty, co-morbidities, poor quality housing, and low incomes, affecting many of those in South Asian and other communities. The question is why there was a failure to develop preventative forms of community-centred working with ethnic minority groups from the beginning of the pandemic. Such targeted work, involving community leaders wherever possible, will certainly be essential over the medium and longer term. However, as suggested earlier, this type of initiative will require additional sources of funding to support what are financially constrained organisations even in ‘normal times’.

Older people from the LGBT+ community will be another important group, who may be experiencing greater vulnerability as a result of the pandemic. This may be especially the case where there has been a weakening of social networks, arising from the loss or closure of community meeting spaces. The nature of group belonging for the LGBT+ community is not necessarily place-based. This points to the importance of creating and maintaining safe physical spaces for group members to meet and interact in ways that enables them to celebrate their identity.

Finally, key to developing a community-centred approach will be ensuring that the views of older people take centre stage in COVID-19 recovering planning. They have been a missing voice through the pandemic, and a central task will be to build local organisations representing diverse groups of older people, around which recovery strategies can be built.

2. Responding to social isolation

Greater Manchester, through the work of *of local authorities, voluntary organisations, and Ambition for Ageing*, has developed a strong programme of interventions around the issue of social isolation in later life. We think an emphasis on this theme will continue to be important but that, given the changing conditions produced by the pandemic, may require new types of initiatives and interventions. An observation from our interviews, was that the pandemic may have led to a loss of confidence in social participation amongst some individuals and groups. This may require innovative forms of community engagement to reach out to people, with good neighbourhood groups, voluntary organisations, and informal leaders within neighbourhoods, all having a vital role to play. In addition, the different pressures on communities and individuals which which emerged during the course of the pandemic have led to new dimensions of inequality, suggesting the need for more reflection on possible changes in the way in which social isolation is defined and understood by particular groups.

A related issue concerns recruiting ‘*community advocates*’ for those in the community who may be unable to ensure their voices are heard, but who lack someone who can speak on their behalf. In reality, a high proportion of older adults are able to safeguard their interests or have a ‘convoy of support’ (family, friends, neighbours) able to intercede on their behalf. However, there are increasing numbers in the population who may be vulnerable to having their interests ignored at times of crisis such as those associated with COVID-19.

In this situation, and given the long-term pressures facing health and social care, advocates within communities will be important to prevent isolated individuals being denied appropriate treatment and support. Such individuals could be drawn from existing organisations, for example local AgeUK branches, and Good Neighbour and befriending groups. However, this will require resourcing to support training as well as support to those carrying out such work.

3. Targeting socially excluded groups

An important task for local authorities, voluntary groups, and neighbourhood organisations, will be tackling experiences of exclusion, which manifest themselves differently in everyday life, and which have been made worse by the impact of the pandemic. Our research has highlighted the challenges facing women from the South Asian community, men and women living alone, and those who had poor physical and/ mental health before the pandemic began. Community organisers – formal and informal – know best who needs support within their neighbourhoods. But the work ahead will be difficult: there is likely to have been a substantial increase in need as a result of the pandemic – especially amongst those with limited social networks who have spent a large part of the year confined to their own homes. At the same time, there is likely to be a wide variety of experiences across the population of people 50 and over, differences and inequalities which will almost certainly have increased given the impact of the pandemic.

Given the changes identified, there is a task here for social research in examining the range of issues affecting the older population in Greater Manchester as a result of COVID-19. For example:

- Who are the individuals and groups most disengaged from their social networks?
- Are there particular resources, the absence of which have been especially significant in amplifying social exclusion?
- Are there new forms of discrimination emerging which are affecting some groups more than others?
- Has differences in access to, and confidence in, use of the internet, accelerated the exclusion of some groups over the course of the pandemic?

We would suggest that these questions – and others – should be considered in a programme of research, sponsored by the Greater Manchester Ageing Hub. We would also suggest older people themselves be co-investigators in any study, recruited from representative groups across the region.

Finally we hope that local authorities, NHS agencies, and other relevant groups, consider these recommendations for their COVID-19 recovery plans, and in particular their relevance for the new Integrated Care Systems.

7. Conclusion

It has been a privilege for the research team to work with community organisations and older people across Greater Manchester, over a period of 12 months. We were fortunate in being able to launch the project at short notice, with support from the Centre for Ageing Better, Greater Manchester Centre for Voluntary Organisation, Manchester City Council, the GMCA Ageing Hub, and a range of groups across the region. It has been a challenging time for most of our participants. A year lost at any age is traumatic – in old age it perhaps becomes even more significant as a proportion of life remaining. Over the three lockdowns, people have had to learn to ‘stay apart’ from those within their network with whom they are most intimate. The consequences for how people re-build their lives will need to be carefully assessed.

COVID-19 has highlighted strengths in community organisation (e.g. new forms of grass-roots leadership) as well as consolidating existing inequalities (e.g. around ethnicity). It has also confirmed significant variations within the older population, especially in respect of adjusting to life after lockdown. These and other dimensions will need to be incorporated into new approaches and methods in developing a post-pandemic GM Age-Friendly Region.



“She [granddaughter] came round about a month ago, into the back garden, and I had a...there’s a patio at the back, so I’d sit on the patio, she’d be down through the garden at the bottom, and talk me through Zoom; the next morning, through my letterbox arrived a step by step, seven step, four page, seven step detail of how I access Zoom...that’s something I would never have done before”. (Doris, 86 year-old White British woman)

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