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# DEVELOPING AGE-FRIENDLY COMMUNITIES IN AN EMERGENT POST PANDEMIC WORLD

## FINAL PROJECT REPORT

### RESEARCH TEAM

PROFESSOR ANDREW CLARK<sup>1</sup>

PROFESSOR ANYA AHMED<sup>2</sup>

DR EVE BLEZARD<sup>3</sup>

SIOBHAN KELLY<sup>3</sup>

BERNADETTE ELDER<sup>4</sup>

DAVE HAYNES<sup>5</sup>

VANDA GROVES<sup>5</sup>

### CONTACT

PROFESSOR ANDREW CLARK

INSTITUTE FOR LIFECOURSE DEVELOPMENT

UNIVERSITY OF GREENWICH

LONDON

SE10 9LS

[ANDREW.CLARK@GREENWICH.AC.UK](mailto:ANDREW.CLARK@GREENWICH.AC.UK)

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<sup>1</sup> UNIVERSITY OF GREENWICH

<sup>2</sup> MANCHESTER METROPOLITAN UNIVERSITY

<sup>3</sup> UNIVERSITY OF SALFORD

<sup>4</sup> INSPIRING COMMUNITIES TOGETHER

<sup>5</sup> AGE UK SALFORD



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## GLOSSARY

The following terms are used within the report:

Pre-pandemic	Before the Covid-19 pandemic (prior to March 2020).
Lockdown(s)	The periods of legal restrictions put in place by the UK Government to reduce interaction and slow the spread of the virus. These are identified as late March to June 2020, the four weeks from 5 November 2020 and January to March 2021. This report also refers to these periods as the 'height' or 'peak' of the pandemic.
Post-pandemic	The period since July 2021 when all lockdown restrictions were lifted. In the context of this report, this is used to refer to ongoing or current circumstances. The use of this term should not be taken to imply that the authors consider Covid-19 to be over.
Service provider	Individuals or organisations who manage, oversee, or deliver activities with or for older people.
Older person/people	Rather than imposing an age threshold for 'older age', we allowed individuals to self-identify as being older based on their own experiences and perceptions of ageing.

# EXECUTIVE SUMMARY

## Introduction

'Developing Age-Friendly Communities in an Emergent Post-Pandemic World' is a research project led by the University of Salford in partnership with Inspiring Communities Together and Manchester Metropolitan University. It is funded by the Dunhill Medical Trust, through its Building and Delivering Suitable Living Environments and Communities for an Ageing Population programme.

The project investigated the legacy and impact of the Covid-19 pandemic on older people's connections to other people and places in order to develop evidence-based recommendations to support older people to continue to age in place. The research centred on three questions:

- How have older people made connections within and around their environments during the pandemic, and what can we learn from this as we move out of it?
- What has been the impact of Covid-19 on older people and their living environments, and how can the development and adaption of new and existing support activities help age-friendly places to succeed?
- How have activities for older people changed, and how might these continue to adapt post-Covid-19?

## Research design

- Phase one: Comprised of focus groups and interviews with key service providers in Salford. Stakeholders were from organisations that either support older people directly, provide community services that include older people, or develop policies that support older people. Nine focus groups and 2 interviews were conducted with 37 individuals representing 11 different service providers.
- Phase two: Involved 59 interviews with 44 older people, which included 38 participants interviewed individually and 6 as spousal couples. Two approaches were used: 15 older people took part in walking interviews and 44 social network mapping interviews were completed.
- Phase three: Involved a group of 8 older people coming together to form a self-titled 'Voice and Influence' group. With Age-Friendly Salford's support, they explored pandemic-related changes through a 12-week photo-voice project. Using photos, videos, and creative methods, they created a coffee table book and booklet to document and share their experiences.

## Key findings

**Local connections:** The pandemic left a lasting imprint on older people's relationship with the local environment. Shifts in their everyday geographies worked to reshape their sense of place; local green spaces were not only refuges, but spaces of exploration and sources of change. Understanding these changes is crucial for designing, age-friendly communities that can better support older adults moving forward.

**Social losses:** The disruptions created by Covid-19 - especially the loss of community spaces, diminished face-to-face interactions, and reduced contact with family and friends -

had a profound and lasting impact on some older individuals. Understanding and addressing these enduring losses are crucial for supporting older adults to re-engage with previous contacts and establish new connections.

**Resilience and adaptation:** Despite the challenges posed by the pandemic, older adults demonstrated remarkable adaptability and resilience. They found innovative ways to stay connected, embraced new hobbies, and redefined their social roles. This was enabled not only by their personal resilience and willingness to explore new opportunities, but also the support and encouragement provided by local age-friendly spaces, services, and activities.

**Innovations in service delivery:** The pandemic drove innovation in service delivery, prompting providers to create new activities and use outdoor and digital spaces to meet older adults' changing needs. The collaborative methods developed during this time continue to thrive with the support of strong partnerships. Changes in agile working, digital connectivity, and partnerships have improved service effectiveness, flexibility, and inclusivity, leading to more diverse and accessible age-friendly spaces.

**Enduring challenges in service delivery:** Third-sector agencies, local service providers, and key connectors played a crucial role in bridging the social networks of older individuals. However, the introduction of new delivery methods strained some service providers due to increased demand and insufficient or misaligned resources. Enduring challenges related to digital transitions, resource constraints, decreased community provision, and infection concerns have further contributed to reduced engagement among some older adults.

**Collaboration and empowerment:** Partnerships with older adults have become crucial for effective service delivery. The pandemic highlighted the importance of co-production, with older adults taking on more active roles as collaborators in service design. This approach has not only challenged ageist stereotypes but also empowered older adults to influence the services that impact their lives. They recognise the significance of this involvement and value the opportunity to define what 'age-friendly' means to them. It is essential that older people continue to have a voice in this process to ensure services align with their needs and preferences.

**Digital inclusion:** The shift towards online interactions highlighted the digital divide among older adults. While digital technologies had an important role in enabling older people's social connectedness, preferences and access varied widely and some remain digitally marginalised. Ensuring digital inclusion is vital for preventing the marginalisation of those who cannot or choose not to access technology. While much has been done to make physical spaces and infrastructure more age inclusive, further work is needed to ensure older people can easily access and navigate digital spaces and platforms.

**Unequal impacts:** Older people with the resources to remain socially connected, who were part of existing support networks, or had the confidence to seek help, fared better through the pandemic and beyond. Others though, described feeling powerless and not in control of their lives. In this way, the pandemic highlighted the uneven impact on older adults. The interplay of various factors, such as the cost-of-living crisis, changes in service delivery and challenges in accessing health care services, have worked to exacerbate existing vulnerabilities and inequalities. While the height of the pandemic may be over, the challenge to ensure age-inclusive communities can support everyone continues.

## Recommendations

- **Prioritise flexible delivery models:** Leverage the success of new activities and modes of delivery to create service models that are adaptable to individual needs and preferences and resilient in the face of unexpected situations.
- **Strengthen partnerships and collaboration:** Continue to foster ongoing communication and cooperation between service providers. Sharing resources and expertise, and exploring opportunities for collaboration, will help to ensure comprehensive and coordinated support systems are in place to address the diverse needs of older adults.
- **Invest in digital engagement and accessibility:** Work to tackle digital exclusion and offer flexible training and support so that older adults can engage with technology in their preferred ways. Regularly evaluate and adapt digital initiatives to ensure they effectively address the evolving needs of older adults.
- **Prioritise the inclusiveness of online modes of engagement:** Create online environments where older adults, regardless of their abilities or backgrounds, can participate. Offer content and services that respect and reflect the diverse backgrounds, languages, and experiences of this demographic.
- **Support social (re)engagement:** Recognise the different ways that older adults prefer to connect post pandemic: Prioritise outreach and support for those facing isolation, and ensure services are adaptable enough to cater to increasingly diverse social needs.
- **Build on the increased prominence of the local:** Acknowledge the heightened importance of local green spaces, age-friendly infrastructure, and community provision in the post-pandemic landscape. Offer diverse, accessible programs that facilitate exploration and social engagement within familiar and new areas of older people's neighbourhoods.
- **Target lasting physical, mental and emotional health impacts:** Develop and implement collaborative, long-term solutions to address the broad spectrum of physical, mental, and social health impacts of the pandemic on older adults.
- **Recognise and work to address compounded inequalities:** Prioritise efforts to redress the systemic disparities highlighted by the pandemic and work with the recognition that the ongoing cost-of-living crisis continues to intensify these inequities in experiences.
- **Champion inclusive decision-making:** Directly involve older adults in the processes that shape the services they use. Incorporate their voices and perspectives to co-create solutions that empower older people effectively.



# 1. INTRODUCTION

## 1.1 Report overview

This report presents findings from the 'Developing Age-friendly Communities in an Emergent Post-Pandemic World' research project. The Dunhill Medical Trust funded the work, which has been completed by a partnership led by the University of Salford with Inspiring Communities Together, Age UK Salford, and Manchester Metropolitan University. The report consists of three sections:

**Section 1:** provides some context and rationale for the work, outlines the aims, and describes how the data it contains was collected in three strands.

**Section 2:** presents findings in four thematic sections:

- Isolation and adaptation: Social shifts during and after the height of the Covid-19 pandemic.
- Changes in age-friendly service provision: Innovation, collaboration, and challenges.
- Local as a lifeline: Community support, engagement, and green space.
- Beyond lockdown: Continued challenges and enduring complexities.

The report integrates data from all three strands of data collection to illuminate the impacts on older people's social interactions, access to services, community engagement, and overall well-being. By investigating these areas, the report challenges the prevailing notion that life has returned to normal for older people as we transition into the next phases of the pandemic. Instead, it highlights the persistent, opportunities adaptations, and complexities that continue to shape this groups daily lives and relationships.

**Section 3:** provides an account of the enduring legacies of the pandemic, examining the interconnectedness of the issues raised, and considers potential long-term implications for the design and development of age-friendly communities. It also provides key takeaway messages and recommendations for service providers, policymakers, and community organisations in developing strategies and services to support older people as we move beyond the pandemic.

This report also summarises findings in three previous outputs from the project:

[Developing Age-Friendly Communities in an Emergent Post-Pandemic World: Phase 1 Stakeholder Focus Group Report](#)

[Developing Age-Friendly Communities in an Emergent Post-Pandemic World: Phase 2 Elicitation Interviews Report](#)

[Developing Age-Friendly Communities in an Emergent Post-Pandemic World: Voice & Influence Book](#)



## 1.2 Project context

### Ageing in place since the Covid-19 pandemic

It has been well documented that older people in the UK were particularly adversely affected by Covid-19 and the ensuing restrictions (Office for National Statistics, 2020). Of the more than 2.2 million people classified by the NHS as clinically extremely vulnerable to severe complications of the coronavirus, 63% were aged 60 years and over (Kings Fund, 2022) and older people accounted for most excess deaths (Centre for Ageing Better, 2023). Further, as Age UK (2021) has highlighted, the pandemic contributed to the exacerbation of older adult's existing physical and mental health issues, as well as bringing forward others.

So too has ageism permeated discussions around the pandemic, and there is recognition that responses to, and narratives surrounding, Covid-19 carried with them the misconception that it only affected older people. As Vasara et al. (2023) highlight, such narratives have also been embedded with homogenising messages regarding vulnerability and risk. Such representations and stereotypes worked to normalise the othering of older people, and, in some contexts, have been internalised (Gallistl et al., 2022). This underscores the ongoing need to challenge ageist stereotypes, recognise the inequalities they create, and address the societal risks they pose.

Mandated guidance regarding social restrictions, such as distancing and shielding, led to quick reductions in older people's social circles (Holaday et al., 2022) while limited interactions with friends and decreased access to public spaces reduced people's social networks dramatically (Ungar et al., 2022; Chen et al., 2024). Macdonald and Hülür (2021) note that frustration grew with prolonged isolation, leading to increased loneliness over time and other work has identified potentially worsening negative mental health impacts, including depression (Raina et al., 2021).

Research has also established some more positive social impacts. Stephens and Breheny (2022), for example, found that some older people developed closer networks, experiencing enhanced feelings of caring and being cared for in certain contexts, which was an important factor in their social connectedness (Franke et al., 2022). An ability to broaden one's social reach has also been covered through focus on initiatives like intergenerational networks (Visintin, 2021) and pen pal programmes (Monahan et al., 2020).

Covid-19 did not affect everyone equally and the diverse realities for older people have been a particular point of focus (Buffel et al., 2021). These inequalities work to intersect on multiple levels (Age UK, 2021), such as race and gender (Laster Pirtle & Wright, 2021) while factors such as socio-economic status, or household composition also mattered and were inherently interconnected. The Centre for Ageing Better (2023), for example, showed that older people in poorer areas were much more likely to die from Covid-19 than those in wealthier areas.

Existing work provides a rich insight into older people's experiences. However, much of it was conducted during the 'height' of the pandemic and, as such, does not consider the longer-term impacts of the pandemic on older people's connections to and within their environments. Age UK (2023) documented the impact of Covid-19 on healthcare, noting that Covid-19 has cast a long shadow over older people's health and social care, but questions remain about its lasting effects on the social fabric of older people's lives. The work reported here addresses this by

investigating the legacy impact of the pandemic on older people's social connections and aims to develop evidence-based recommendations on how older people can continue to be supported to age in place.

## 1.3 Project aims

This report summarises findings from three strands of the work:

**Strand 1** of the project aimed:

- To investigate how organisations have developed activities relating to age-friendly initiatives online; identify aspects of good local practice; and explore challenges and barriers to providing activity at a distance.
- To identify individuals and groups of older people who may have experienced (unexpected) benefits of online delivery and identify individuals and groups who may have been (unintentionally) placed at risk of heightened marginalisation
- To gather data on and analyse how older people have experienced requesting, accessing and participating in online support and engagement activities
- To consider the opportunities and challenges of maintaining some aspects of remote support and engagement activities as part of the age-friendly initiatives post Covid-19.

**Strand 2** of the project aimed:

- To understand how older people have been able to connect to local places and other people
- To understand the lasting impact of Covid-19 on older people and the places where they live, and identify what can be done to improve places so that they can better support older people to remain connected to them
- How have activities and organisations that are designed to support older people changed and should they continue to change in the future

**Strand 3** of the project aimed:

- To empower older people in Salford through the formation of a self-directed 'Voice and Influence' group.
- To support older people to develop photography and creative skills to document their lived experiences.
- To create a platform for older people to share their stories and insights with a wider audience.

## 1.4 Research design

**Strand 1**

The data was collected through 9 focus groups and 2 interviews with a total of 37 people representing 11 service providers which support older people or develop policies to support them. Providers came from housing, neighbourhood management, health and social care,

emergency services, crisis support, and other more general support drawn from the public and voluntary sectors.

Two focus groups were conducted in person and 7 were held online. One interview was conducted online and the other in person. Online sessions were preferred because they both allowed participants from various locations to join easily and minimise Covid-19 transmission risks. Discussions were guided by four sets of questions exploring service delivery during and post-pandemic, broadly covering the following topics:

- Moving activity to a distance delivery
- Challenges of service delivery
- Locations of service delivery
- The future of service delivery

## **Strand 2**

This phase employed a mix of qualitative elicitation methods aimed at supporting older people to share their lived experiences of what age-friendly is and does. Walking interviews and social network mapping – both part of a growing body of more participatory and non-traditional research methods that the team have used successfully in many other projects - were used to engage with a wider range of older people and develop co-research methodologies.

Data was collected through 59 interviews with 44 people, which included 38 participants interviewed individually and 6 interviewed as couples. There were 44 social network mapping interviews and a further 15 walking Interviews. The age of participants ranged from 55 to 91 years, with a mean age of 70 years. A summary of participants can be found in Appendices One and Two, which detail the participants' age, gender, ethnicity, and other demographic characteristics collated at the time of the interview.

Open questions were asked to encourage participants to share their experiences and enable an exploration of the following:

- Which people do you feel a connection to post-pandemic?
- What places do you feel a connection to post-pandemic?
- Thinking about your local environment, has anything helped you connect with others?
- What changes would you like to see in your local environment to enable older people to connect with others and places post-pandemic?

## **Strand 3**

A group of 8 older people came together to form a self-titled 'Voice and Influence' group and participated in a bespoke 12-week photovoice-inspired project, supported by Age-Friendly Salford. Age Friendly Salford supports older people to keep informed, safe, engaged and respected in local communities. It aims to achieve positive outcomes for older people to ensure they can age well and look after their own health and wellbeing by delivering a range of activities and support. Throughout the project, the participants were supported to learn photography skills, consider the ethics of their work, and develop guidelines for taking photographs. They used a variety of creative methods, including digital images, Polaroid photographs, videos, and produced a coffee table book and booklet, to document and share

their individual experiences. The project focused on exploring the people, places, and spaces that matter to older people in Salford, with particular attention to the changes brought about by the pandemic. The group shared and discussed their photographs and developed a collective narrative that reflected their lived experiences. This narrative was presented in a collage of images, highlighting what has returned, what has been lost, and what is new since the pandemic. This was showcased in an exhibition at Salford Museum and Art Gallery and was further displayed at several community venues across Salford, allowing the public to engage with the experiences and perspectives of older people in the community. Some of the photographs produced by the Voice and Influence group have been reproduced in this report.

## **Recruitment**

In Strand 1, service providers were recruited through the established networks and prior projects of the Age-Friendly Salford Team. Additional providers were identified through mapping age-friendly services in Salford. For Strand 2, older people were recruited via Age-Friendly Salford's networks and community outreach. Flyers, posters, and information sheets were distributed across Greater Manchester, with particular focus on the city of Salford. To broaden involvement to capture older people from diverse ethnic backgrounds and those over 75 we reached out to specific activity and support groups and worked with Salford City Council's public health engagement team. To improve accessibility and overcome language barriers we created a video version of the recruitment flyer and used WhatsApp messaging. The Voice and Influence group that came together in Strand 3 was drawn from Inspiring Communities Together and Age UK Salford networks.

## **Analysis**

Data was coded using NVivo 14 and analysed using an iterative process of thematic content analysis developed alongside a predefined framework that aligned with the research objectives.

## **Ethics**

Ethical approval was granted by the University of Salford School of Health & Society Research and Enterprise Ethics Panel (Ref. 4679). To preserve anonymity, the report does not use the real names of individuals or service providers involved in the focus groups and interviews.

## 2. FINDINGS

### 2.1 Isolation and adaptation: Social shifts during and since the height of the Covid-19 pandemic

Here, the report describes the impact of the Covid-19 pandemic on older people's social connections. It first details how lockdowns intensified isolation and disrupted their routines, roles, and relationships. It also examines the resilience and adaptability of individuals as they navigated these challenges and forged new connections, before considering how their social landscape has been reshaped in the longer term.

#### 2.1.1 Immediate losses

People we spoke to described how lockdowns abruptly severed crucial social connections, significantly impacting their social interactions. They recounted feeling increasingly isolated as their social circles diminished, highlighting the challenges of prolonged periods of isolation:

Looking back, I think it did have a profound effect on so many people because of us being denied that social interaction and, dare I say it, being literally couped up for weeks if not months on end. (P36 Map)

[I was] always upset, crying. ... Never, ever have I not got anybody [around]. Sometimes in the window or sometimes in the, for example, the TV I can see the people ... but it was horrible times... It was so bad. I remember at the time, oh my god, it's like a tragedy, like a bad dream. (P31 Map)

Lockdowns and social restrictions disrupted established routines, which often included leisure activities, social groups, and cultural events. This not only severed social bonds but also curtailed the unplanned or spontaneous interactions that enriched their daily life. Many reported feeling increasingly isolated, with even small changes - such as the removal of outdoor seating – that symbolising not just a loss of connection, but the loss of the *potential* for connection:

They've taken the benches away. I think they've put them back now, but they did take the benches away, so that people couldn't sit and chat... That got me, that one fact made me, I really didn't like that... It was like, stopping people from chatting to each other. (P18a Map)

The removal of such public infrastructure reduced opportunity for low-level, serendipitous interactions with others, and for those with less mobility, hindered opportunity to remain physically active outdoors. This was recognised across all strands of data collection as the following quotation and photograph from Strand 3 indicates:



Figure 1: Photovoice isolation

Where have all the benches gone? Where are all the people? Make this place more inviting. People are the heart of a town.  
(P1 Photovoice)

The loss of routine opportunities to connect and interact with others affected people in different ways. One participant whose first language was not English, reflected on the challenge of being unable to develop language skills without people to communicate with:

That's the reason I came here and borrowed the books for learning English, all practice, practice, practice for English. Because English is very important, if I can't learn it, I can't connect to people. (P31 Map)

Another felt cut off due to their health status:

I found that, on top of lockdown, I became doubly hermitic, because I had to wrap my head around the fact that I'm now a disabled person. And that is not something that my self-perception was keen on, cause I'm very independent, and I just wasn't going out at all, because I was struggling with being seen to struggle, if that makes sense? (P14 Map)

A prevailing concern was the impact that this reduced social contact had on the participants' emotional and mental health during this period. Where close contact with loved ones was framed as an essential coping mechanism, a reduction in such contact negatively impacted their overall well-being. As one older person who was also supporting a parent described:

We tried to do FaceTime with mum [...] but that was really, really hard. I'd phone. She'd give me whatever she wanted from the shops, and I'd knock on the door and stand at the gate and drop her food off and it was very, very sad at times because she was crying, and I was crying. I want to fill up now. (P1 Map)

With anxieties about the virus, illness, and death compounding feelings of loneliness, for many the future felt bleak and uncertain:

What did the pandemic bring for me? Massive, massive trauma, massive anxiety, everything connected through birth to death, near death, anxieties about my brother, the loss of [identifier-name] brother. (P5 Map)

And the dark nights, oh gosh. Even now I don't like them, but during COVID, it was just like there was no light at the end of that tunnel, at the time, and I couldn't see it getting any

better and I'm thinking, this is how I'm going to die and not even see... Is this how my life is going to be now? (P13 Walk)

The emotional impact of the pandemic during this period extended to feelings of frustration, confusion and at times anger, and often focused on unclear messaging from government spokespeople, or Public Health England's policies and regulations. Although sympathetic to the complexity and uncertainty of the situation, in hindsight participants expressed concerns about the rationale behind certain restrictions, the societal costs they incurred, and their long-term impact on wider society. Below, one participant reflects on the impact lockdown restrictions had on people's emotional well-being, particularly in terms of fear and isolation:

I think the way that was managed, there's more to it. That's my personal opinion on it. I think they frightened the hell out of a lot of people, and I think a lot of people died on their own unnecessarily. The saddest thing ever, how frightening is that for anybody to die on their own? It's wicked, honestly. (P16 Map)

The immediate impact on older people's social lives was complex, marked by isolation and loneliness for many. Yet, despite the heavy burden of social disconnection, older people were neither passive nor resigned to wait for things to pass.

### **2.1.2 Resilience, resistance, and agency**

The pandemic raised many challenges for older people. However, older people's experiences during and since have underscored the need to dispel age-related stereotypes and recognise the resilience and agency of this group. This section explores this by focusing on their strategies of resistance and adaptation.

Despite facing vulnerabilities, including co-morbidities, disabilities, and various personal challenges, participants actively sought to balance the risk of infection with their need for social connection. They prioritised staying integrated within their social networks, sometimes bending or breaking Covid-19 restrictions to do so, and many valued their independence and exhibited a clear sense of defiance against the imposed limitations:

It didn't bother me...I was always out, I was never in. I wasn't going to stay at home for nobody. (P30 Map)

I'm being honest with you; I believe in being honest about stuff like that. I do read a lot of things; I don't believe everything I read but I do read newspapers...from being 16, I've read newspapers. But it's sensationalised a lot of it, yeah. Anyway, whatever. I didn't take it that...I didn't want to worry like a friend of mine did. I wasn't ducking and diving anywhere. I did break the rules. (P16)

Many framed their 'rule breaking' as a necessity to care for others as well as to support their own social health and mental wellbeing. Two participants explain below that actively finding ways to connect with, and care for, loved ones was vital:

In lockdown, [identifier- name] would have gone mad living on her own, so at the weekend, she used to come and stay with us, it was against the rules, but I think it probably saved her life. (P10 Map)



Then I'm thinking, what if [identifier- name] gets it and she's on her own and the boys...they don't know...well I don't care whether it's COVID, if she's ill and lying a-bed ill, I'm going in to see her. (P12 Map)

This was not always easy and older people's social circles became a space for negotiation. Weighing the risks of infection against the need for connection, and finding ways to navigate those needs within the limitations and concerns of the broader community, could be complicated:

So, when she (daughter) moved to [identifier- address], just on the other side of the park, and she says to me, will you be able to come round? I went 'of course I'm coming round to your house, and you will come here'. But we had neighbours next door, whose kids were at university, and they used to come home and stand at the top of the drive. And I said to them, 'I really feel for your situation, but my daughter's been living here, and I can't stop that contact'. And he went, 'no, our kids are going back', they had parents in care homes as well, and our kids are going back to university. We're kind of trying our best'. I just said, 'I'm sorry, I don't want to rub it in your face that my daughter's coming into my house'. (P5 Map)

Participants employed 'adaptive strategies' to maintain social connectedness, routines, and habits. This included increased use of existing, or uptake of new digital platforms such as joining online versions of social groups or using technology to connect to loved ones. Often, such efforts were underscored by a desire to maintain continuity in social networks. While online meetings did help to keep a previously in-person group connected during lockdown periods, many were keen for in-person activities to return and were disappointed at the perceived delays in this:

Well, we kept the group going quite well with Zoom...Going back [to face-to-face meetings] took longer than we thought. (P25)

Older people worked creatively to explore new hobbies, undertake home improvement projects, or engage in new pursuits to fill the void left by reduced social interactions, and service providers we spoke spent a considerable amount of time identifying and implementing new ways of reaching out to those older people they supported. For example, one older person took part in: "creative writing, yoga, gardening, art groups, all kinds of really good stuff" (P14 Map). Another, who was furloughed from her administrator role during lockdown periods, reported feeling "bored" and disconnected at home and turned to volunteer and a positive activity to keep her occupied:

I was so bored at home, I wanted to volunteer and do something... Yeah, so there was an advert saying that this...it was a religious thing for mental health [...] So, I started with them... That began in COVID, because I was bored. Because obviously a lot of people were working from home but the job that I do, I couldn't actually bring the switchboard home. So, I had to find something to do. (P38 Map)

Since then, and as we explore in more detail in a subsequent section, returning to any sense of social routine was not easy or rapid; below, one participant highlights that engagement in new activities was not instant and developing new activities and social routines has taken time:

It's like any routine, it's like cleaning your teeth in a morning. If you, for some reason, don't clean your teeth for a week, it's very hard getting back into the routine of cleaning your teeth, which is something...and it was like, once we got out of that routine, and then they changed it, all the days that you go to these classes are all changed, so it just completely throws everything. I'd say, we're only just now getting back into anything like a new routine. (P22a Map).

Focusing on older people's agency, in its different forms, is crucial to understand their connectedness in an environment of uncertainty. Many participants prioritised their social connections, which sometimes involved bending or breaking Covid-19 restrictions, to maintain their relationships. Utilising adaptive strategies to remain connected was also key. Older people explored new hobbies, digital tools and volunteer opportunities to fill the void left by reduced social interactions. The next section will consider the complexities of moving beyond restrictions and explores the extent to which things returned to 'normal'.

### **2.1.3 Lasting impacts on social networks, roles, and relationships**

Having examined the immediate social consequences of the pandemic for older people, this section now focuses on longer-term implications. It describes how the social lives of older people have adapted and changed since the height of the pandemic and considers the extent to which pre-pandemic norms have been restored or redefined. Two participants show why this is of importance to consider below; participant 14 reflects on how the pandemic necessitated significant changes in daily habits:

Because humans are creatures of habit, and of course, during the pandemic, we were forced to develop a whole new set of habits, and people's worlds shrank to the domestic sphere largely. And people found that, of course, they're spending less money, and they got into the habit of staying home. And it's now a matter of forming new habits, post-pandemic. (P14 Map)

While participant 18 discussed how the restrictions and changes brought about since the pandemic have led to less flexibility in their everyday social activities:

But then, I know, you've changed, and I've changed, since this COVID thing. (P18b Map)

Many older people recalibrated their social networks both during and post-pandemic, to focus on immediate relationships with family and friends. While this was done out of necessity during the pandemic itself, when guidance prohibited or severely restricted opportunities for face-to-face interaction, it is notable that these reformulated networks have lingered. One participant noted that concentrating on "time spent with family" fostered a "sense of freedom and calm" (Photovoice Participant), another similarly describes the significance of their family networks below:

Family give laughter, love and comfort and provided reassurance through the pandemic. Walking the dog gives me the motivation to get out and enjoy Salford's many greenspaces.  
(Photovoice Participant)



Figure 2: Photovoice family

Looking forward, this indicated a difficulty in individuals returning to their wider social circles and networks, with some reporting that they now had smaller or more focused social networks. One participant, for example, said they were “a bit more choosy” about who they spent their time with now (P5). Another noted:

It's, kind of honed my life down a lot in that respect, concentrated things a bit more. (P27 Map)

While many found the scale and reach of their social circles restricting, this does not mean the quality of those connections diminished. Some also reported that their social circles had widened and diversified, citing a desire to maintain the new patterns of engagement that they had had worked to foster during the peak of the pandemic. New social activities and routines became integrated into everyday life post-lockdown. One participant (P8) discusses this in terms of their ongoing commitment to volunteer roles and another (P2) references being connected to social groups that they have continued to attend:

If you'd have asked me before all this happened, I would never have volunteered, never in a million years, I didn't have the time... Yeah. So, since COVID that's appeared. It was probably there beforehand, but we never entertained doing it because we didn't have the time. (P8 Map)

I went to this other place, and they were fantastic, and now I go all the time. And that's opened up a whole new friendly group as well. (P2 Map)

Meeting new people and fostering more diverse connections continued to be very important to some the participants:

I think we've opened doors. We're a very diverse city. And I've learnt a lot of things, this Talk and Tea. Like the lovely Muslim lady and we were talking about Ramadan, it was just nice because I like to hear different cultures. It's been good for me. (P13 Walk)

Service providers also recognised this as a key change:

That's another massive positive, it's created friendships that these people would have probably never met. (Service Provider 6)

The pandemic has also heightened older people's appreciation for local micro-interactions - often expressed in terms of casual greetings and brief chats- highlighting the ongoing importance of weak ties among this group. One recounted interacting with a neighbour for the first time:

It's amazing because you talk to people and you say, 'God, I've never seen you before, how long have you been here?' 'Oh, 20 years'. So COVID was great because working on the front garden, you saw people face to face and actually said hello. (P3 Map)

The impact on older people's social circles went beyond fostering new connections, it also strengthened pre-existing relationships. In this context, one participant spoke about developing closer bonds with their neighbours:

And then we'd knock on [the door] and then go to the end of the drive and talk to them over their garden wall, so we didn't break social distancing, but we used to see them almost every day...So, they...I think in many ways it brought us even closer together... Because, as you say, for nearly two years we had almost daily contact. I used to engineer it that the ends of our walk with the dog ended up near their house, because they live literally round the corner to us. (P36 Map)

Some older people also took the opportunity to reconnect with family members they had drifted away from or came to see close relationships in a new light. One participant spoke of a newfound appreciation for their spouse. Forced to spend more time together prompted them to prioritise shared activities and rediscover each other's company, and prepare a list of things to do once restrictions eased:

It was kind of like a big things-to--do list. And it was, I don't want to say rebuilding, it wasn't destroyed, but new or freshened up [us being] husband-wife ...And then there needed to be...so that was about [planning] holidays, mini-breaks, the gym, other kind of, meals out, you know, all the things that had kind of like gone by the by. Looking after our health, we'd go out walking. Bowls. (P5 Map)

Many adopted new social roles and responsibilities and discussed how these emerged from significant life changes, such as retirement, while others, like Participant 1, detailed the experience of becoming a caregiver for her mother:

What's come out of COVID for me is that obviously I've become...obviously I am a mother, but my children are all grown up, but I've become a carer since COVID. (P1 Map)

The enduring impacts of the pandemic speak to a reshaping of social roles and relationships, with some older people developing closer bonds with family and neighbours, and others expanding their social networks through new activities and connections formed during the pandemic. Service providers worked hard to adapt existing and deliver new opportunities to support older people to remain socially connected, as we now report.

## 2.2 Changes in age-friendly service provision: Innovation, collaboration, and challenges

This section details the changes made to service provision and delivery necessitated by the pandemic. It explores the immediate impact of closing in person spaces, the shift to remote and socially distanced services, and the innovative approaches adopted by service providers to maintain and support older people's social connections. Positive outcomes, including strengthened partnerships, greater flexibility, and lasting innovations in service delivery are outlined, as well as challenges faced, such as digital exclusion and heightened workloads.

### 2.2.1 New ways of working

Service providers described a rapid and comprehensive reduction in services as a direct consequence of enforced Covid-19 restrictions. This tended to centre around the closure of community centres, support groups and face to face social activities:

We stopped doing activities, we closed the communal spaces. Because we had to adhere to the guidelines, obviously we weren't promoting any social activities. (Service Provider 1)

Though, service providers quickly adapted to prioritise older people's needs. Emergency and relief provision quickly materialised through 'resilience forums', in which providers came together to handle and address issues collectively:

The focus of those resilience forums really were around public health messages, outreach and engagement activities, making sure support was being delivered to vulnerable people - whether that be CVS [Community and Voluntary Services] delivering food parcels, support services to people that might not be able to leave the house or might have been vulnerable. (Service Provider 2)

These forums underpinned efforts to reimagine service delivery. Providers discussed how they needed to think outside of the box to develop new service formats in this context. A transition toward remote and socially distanced approaches became necessary, an made use of digital platforms, telephone support, and doorstep services:

We set up a group online because people were desperate; they needed contact with others. So, we started delivering Zoom group sessions online because, before that, everything had been face-to-face. (Service Provider 4)

Digital engagement was prioritised to enable older people to integrate technology into their lives and maintain social connections. This aimed to reduce social isolation while also expanding the service providers' digital reach and engagement with a wider older population:

They have online classes now and face-to-face, which I think suits more people who don't want that group environment. (Service Provider 10)

Examples included online versions of social groups, using technology to connect to loved ones during celebrations and digital forms of worship. Driven by a desire to stay independent, many older people embraced these new technologies, utilising them for daily tasks and to stay connected:

We were completely on our own, because nobody else could join us, and... we Zoomed. They...my daughter-in-law's brother set up a Zoom where we all joined in, all celebrated. [...] it just made...it made a big difference to our lives at that time. (P40a Map)

...a [electronic] tablet as well...They've been a lifeline, because, I've got my shopping online, and everything, so.....I was able to be self-sufficient, sort of thing. (P23 Map)

Older people explained that such opportunities for digital or remote connectedness were critical during the peak of the pandemic, but also recognised, and voiced some concern, that they were of limited help to those who struggled to access online platforms, or who did not have household members to help them use digital devices. However, it was also reported that some older people *continued* to leverage digital technology as means to maintaining connections beyond the peak of the pandemic. For some, platforms they had come to rely on during lockdowns were still important in the long-term in how they offered opportunity for connectedness across geographical boundaries:

I keep Facebook on because I have a sister-in-law in [another country], and I have, my other sister-in-law and my niece they live [in two towns about 30 miles away]. I found it was great, because, you know at Christmas, you could send Christmas cards online? (P23 Map)

This was entwined with a sense of convenience and accessibility given, at times, attending online meetings could be easier than leaving the house:

You sat there in front of your computer with a cup of tea or a glass of wine or whatever it be, you know, not having to actually go anywhere and I found that quite advantageous. They still do it now at some of the community meetings. I go on to the community group meetings and that is now online. I find that quite convenient. (P4 Map)

The pandemic forced a rapid shift in service provision for older people. Traditional face-to-face services were curtailed due to restrictions, necessitating innovative approaches. While this was a challenging transition, service providers and older people alike adapted to a new normal characterised predominantly by digital engagement and remote forms of support.

### **2.2.2 Innovation, adaptability, and flexibility**

Shifts in provision were recognised to be valuable in how they gave service providers opportunity to reassess and think about models of engagement in ways they previously had not. One service provider highlighted that flexible working arrangements enabled them to streamline operations by eliminating travel time and allocating more resources directly to service delivery:

I've mentioned the flexible working and then being able to spend more time putting that time back into the service that might have not been used as effectively previously with travel time. I think the service is a lot more efficient now. We were probably missing a trick previously. You don't have to physically be sat somewhere to deliver a service. (Service Provider 2)

The necessity to re-think how services were delivered also prompted providers to think more creatively. This fostered the development of more innovative and responsive solutions to delivering activities and services to older people:

It enabled us, or gives us, the freedom to be able to not always just be behind the desk at headquarters and quite isolated from the districts and some of the other branches. So, in essence, it enables us to actually go out in the field, so to speak, a bit more and that, I mean for my role, that's really important anyway. It just gives you that flexibility that perhaps we didn't have beforehand. (Service Provider 5)

Increased creativity and flexibility have enabled service providers to diversify and expand their service offers that have remained, while others spoke about how the continuation of new services implemented in the height of the pandemic have regenerated the organisation:

We recognise that sometimes you've just got to be flexible to the work, whatever is needed in the service and just offer what's appropriate for that meeting, that forum, that intervention. So yeah, I think that's it really. (Service Provider 2)

We set up some groups, a music group, a disco, lots of groups, that we would never have thought of doing that before. So that was really a benefit. (Service Provider 4)

Hybrid approaches were also recognised as bringing more transparent and inclusive ways of working:

Now there's options. So, people can choose, do they want to access stuff via online or do they want face-to-face, and I think we've got a healthy balance of both. I think that's one of the key things for us. And for those that we support. (Service Provider 4)

These shifts were not easy to accomplish or maintain. Like much of the rest of the world, older people and service providers were living in a challenging, uncertain, and emotional landscape. From the offset, service providers were concerned about those who, for differing reasons, remained isolated or disengaged from services or community groups:

Something we've identified is how to reach those that don't attend because I do think those [who] attend groups, they attend everything, and they look after each other. (Service Provider 10)

Some services were inevitably more effectively delivered face-to-face, especially when dealing with certain demographic groups, such as individuals who live alone, those with limited internet access (including those on low income), older people for whom English was a second language, or those who experienced loneliness:

What we deliver is mostly a face-to-face service, so the key thing we deliver are the...our demographic is in the main single people. There are couples who are in the organisation, but without making a big thing of it, a lot of our...lots of the people who join us are recently bereaved or recently retired and are lonely because they miss that work base or that relationship base, so it's a face-to-face thing. And I'm not sure that a web-based or an online service wouldn't cut the mustard with people like that. (Service Provider 3)

Even so, the challenges of re-engaging older people in the height of the pandemic were more complex than simply a preference for face-to-face interactions, as one provider explained:



I think, as well, that particularly maybe the elderly didn't report things as much because they were concerned about going to houses; I think there was more done over the phone, rather than face-to-face. (Service Provider 5)

Others highlighted that some services proved impossible to conduct at a distance, pointing out the limitations of remote work for tasks that require a physical presence:

I'd say there's only certain aspects that we can do remotely or agile. Compliance checks, physical checks, going into tenants' properties. There's only a small percentage of the role that we can do in a remote way. (Service Provider 1)

If you're doing shopping and cleaning for people then that's not something you can do remotely, is it? You can't clean somebody's house remotely. (Service Provider 4)

There were also worries about how new or increased technology such as video calling tools, have impacted staff and volunteer working conditions and increased workloads in the longer term. Where the ease of scheduling and holding virtual meetings has led to a significant rise in the number of meetings, this was felt to have strained capacity for some and, anecdotally at least, lead some volunteers to step down from roles:

I think along the way, technology is taking over, we are losing [our autonomy in deciding how to allocate one's time] a little bit and because [Microsoft] Teams has made meetings so easy, the demand on us for meetings is a lot more. My meetings have probably quadrupled because of COVID. So, I don't think we ask ourselves anymore, do we actually need this meeting, we just do it because it's easy, because we're on Teams. (Service Provider 5)

The pandemic catalysed significant changes in service delivery for older people. Where service providers adapted by embracing digital technologies and flexible working arrangements, this led to increased creativity, efficiency, and service diversification. While these shifts offered new opportunities, challenges emerged, including concerns around inclusion and the limitations of remote service delivery.

### **2.2.3 Enduring collaborations and partnerships**

Collaboration was at the core of how service providers responded to the pandemic, and they needed to engage with a broader network of partners to deal with the crisis effectively. This section now explores the long-term impact of this collaborative approach to service provision.

Service providers reported that the pandemic led to a shift towards more empathetic interactions, resulting in more caring and understanding relationships in the workplace. The shared experiences of the pandemic were thought to have facilitated stronger connections with those who utilise the service:

Because we were in a normal house, and we had the doorbell going and dogs barking and kids there and things. I think they saw me as just a normal person. And what we saw as well is more carers asking how we were, which had never been before. But I think that was the trust and the bond as well, that was going on at that time, that people were really concerned for each other more than what they had have been. (Service Provider 4)

Lockdown periods necessitated that organisations forged stronger ties together, creating many opportunities for service providers to strengthen their working relationships. As they collaborated to navigate the crisis, they took advantage of the situation to forge closer connections, which was more generally understood to foster a sense of 'camaraderie' through adversity:

You almost felt as though, you know, we were all in the same boat and we were all serving the same [populations]...you know, we were all trying to do our best for the residents of Salford so there was a bit of camaraderie, I suppose that came out of it as well which I'm happy to say has continued. (Service Provider 8)

The extensive response required across the city was understood to lead to the formation of a more positive and diverse network of partners between local businesses, community organisations and public sector bodies. The development of personal relationships through these partnerships enhanced understanding of various groups and their challenges, often leading to greater appreciation and mutual respect:

I think it really strengthens... yes, strengthened the existing partnerships that we already had, that were already in place, but I think that's certainly brought us closer together as a city. (Service Provider 7)

And the opportunities were very much that we were such a close-knit partnership that we were able to really support our communities closely and the communication was a positive for us all. (Service Provider 2)

For many service providers then, a legacy of the pandemic is the development of stronger relationships and enhanced partnerships and a renewed appreciation for the value of joint working. Many organisations have committed to sustaining these improved connections beyond the crisis period. The effectiveness of coordinated responses achieved through collaboration has demonstrated the benefits of partnership, cultivating a shared desire to strengthen these bonds further:

It was a blessing in disguise in one way, COVID. It was very serious and upsetting in another. But the recovery has felt good. (Service Provider 4)

I think one of the benefits it's brought is, because some of the offices are not fully utilised now and people are migrating much more to that hybrid way of working but a locality way of working as well. We see a lot more partners now, a lot of different services come and utilise the gateways because one of the things that we did was set up 'my workspaces' in each of the gateways, so drop-down spaces for anybody to be able to come and use, really." (Service Provider 7)

Partnerships with older people have also become increasingly vital to effective service delivery. The pandemic catalysed a shift towards co-production, with older people recognised as key stakeholders in service development. This collaboration has challenged ageist stereotypes and empowered older people to actively shape service provision. As one service provider observed: "It surprised me, some of the perceptions we have about older people, like, they only ever use cash, they won't pay anything by card. Well, that was nonsense." (Service Provider 6).

...older people have actually become not a victim, but actually empowered to take some control and, actually, be part of this journey with us. So, you know, a lot of the work, the co-designing work that we've done, we probably would never have done that if we hadn't had the pandemic.

(Service Provider 6)



Figure 3: Photovoice group working

Older people themselves recognised how important this development was, that having a voice in what age friendly should and can look like was an important part of their lives:

It's important to contribute to our neighbourhood. We take pride in and want to improve our surroundings and make spaces welcoming. (PV 4)

We want to be heard; to voice our concerns and address neighbourhood issues. Working together and influencing decision makers empowers us to make changes happen. (PV5)

The pandemic catalysed a significant shift towards collaboration and partnership working across the support sector. Organisations forged stronger ties with each other, older people, and the wider community. This increased collaboration has led to a renewed appreciation for joint working and a commitment to sustaining these partnerships beyond the crisis.

The pandemic dramatically reshaped service delivery for older people. Service providers adapted rapidly to the crisis, shifting from primarily face-to-face interactions to remote and digital support. While these changes presented challenges, they also spurred innovation and collaboration; stronger partnerships between organisations and providers emerged and persisted. However, inequalities remained, particularly in relation to digital access and there is a need for continued attention to inclusion within, and the design of, service delivery.

## **2.3 Local as a lifeline: community support, engagement, and green space**

This section examines the critical role of local-level support in older people's social networks. It explores how local initiatives, social connections, and the built environment intersected to influence the well-being of this group. Focusing on the interplay between people and place, this section highlights the power of local environments in supporting older people as we move into the next phases of the pandemic.

### **2.3.1 Local belonging and connections**

Place was more than just a physical location for older people, rather a complex interplay of memories, relationships, and identity. The pandemic, with its emphasis on isolation and social distancing, underscored the critical role of place in providing a sense of belonging, security, and stability. For some, longstanding connections to, and a sense of pride in, their wider local area fostered a strong place attachment, or as one participant put it, develop a keen “sense of place.” (P5 Map)

And I've been there, the longest I've ever lived anywhere, which is 24 years... It's just lovely, right so those are all my neighbours... It is, isn't it, I absolutely love it, I couldn't have chosen a better place. (P10 Map)

I've got strong roots and connections there, with the history of the place. Salford is home and will be forever. (P6 Map)

One participant captured their sense of pride in discussing the local cultural heritage:



We're so lucky to have this on our doorstep, a place of culture, the first public park and public lending library in the UK.

(Photovoice Participant)

Figure 4: Photovoice local heritage

Many of those we spoke to framed discussions around the significance of place in terms of a rootedness to the people *within* it. For example, participant 4 noted that the city has always been a “home base” because they feel tethered to the people they grew up with. Another participant described her enduring webs of connections when describing the significance of her local area:

Because you speak to people, you say, oh...especially doing the job that I did, I can't go to [local shopping centre] without, 'hiya, how are you doing?' People just speak to me. And I'm telling everybody now, it's like word of mouth with me, I just say, oh, if you come and have a brew with me, if I'm going on my way to there, come on in. Because it does, even if it's only an hour, it just breaks up the day. When I went into here last week, one of my ladies, she's a gorgeous lady, she actually cried. She said, I'm so glad I've seen you; it's been a long time since. I said, well, it has, four years in June. And she said, oh, it's lovely to see you, are you coming again? I said, I am going to come again, yeah, because I'm

enjoying it. So, it's lovely that through these things, here, it's all connected back to that period of my life. (P13 Map)

The challenges imposed by the pandemic brought into sharp focus the changing ways in which place was viewed and utilised. Familiar surroundings offered much solace during periods of lockdown; participant's spoke about feeling "safe" (P18 Map), "happy" (P5 Map) and at "peace" (P22 Walk) when discussing the importance of their local area.

Green spaces were particularly instrumental in maintaining well-being and a sense of belonging and stability during lockdown periods. Participants tended to emphasise the importance of their immediate surroundings, like gardens, in this context. As one noted: "these everyday places became our special spaces" (P3 Photovoice).



Figure 5: Photovoice garden

But it [garden] was very important, because I think if I'd have just been stuck in the house with no outdoor space... so yeah, that was important to me [...] it is an important space. It will be nice and flowery I think in a few weeks. There are a few daffodils that have come up out there.

(P13 Map)

This heightened appreciation also encompassed a desire to spend time in parks and other natural spaces. The ability to engage with outdoor environments became increasingly vital for many older people, offering a much-needed respite from the constraints of life indoors:

We went to Victoria Park [...] it just brings you out and you're in the fresh air and I think that made a big difference. And the dark nights, oh gosh. Even now I don't like them, but during COVID, it was just like there was no light at the end of that tunnel. (P13 Map)

We'd take the dog out together and that did us...I think that was good for our mental health, my friend's mental health and for my mental health as well. (P1 Walk)

The importance of geographically close social connections was a key support for older people - both practically and emotionally - during the pandemic. For some, this related to drawing on their family networks more, as was touched upon on page 13. Some also spoke about the importance of daily visits from family members. This translated into a heightened sense of connection with older people's friends and neighbours. Acts of mutual support, such as sharing errands, were often described as very emotionally rewarding. Emphasis on local connections



was thus as much about supporting as being supported, as participants 37 and 13 highlight below:

Just ringing up to see if I was all right. And offering to go errands and that kind of thing... And when the COVID came, he didn't have to go into work. He has a dog, and he takes the dog a walk most days. And very often he lives in that next street, [identifier] Road, and he would walk round down [identifier] Road, which is here, to take the dog a walk. And sometimes he would just knock on my back door and say, are you all right? That kind of thing. And once a week he got in the habit of knocking and saying, I'm going to Aldi, can I get you anything? (P37 Map)

I'm very lucky that I have a very friendly next-door neighbour, I cut the front lawns because I like gardening, so it was cut their lawn for them, and on Thursday mornings she does the shopping and takes me with her, and I do my shopping. (P13 Map)

For many older people we spoke to, their sense of identity, belonging, and security is deeply rooted in their local environment, shaped by years of memories, relationships, and events. The pandemic intensified the importance of these connections, as familiar surroundings and established social networks became essential sources of comfort and stability.

### **2.3.2 Community-level provision and support**

This section examines how community level support mechanisms, such as support groups and activities, have upheld and reinforced older people's social networks in the context of the pandemic. Attachment to place was not just about their connections to and within it, but the services that support these connections to flourish:

The sense of community that reaches beyond the community that you live in, the facilities, the public services, the green and open space. (P5 Map)

The significance of this support was often noted in how it helped people stay connected during the peak of the pandemic. For example, one participant in a support group for refugees and asylum seekers discussed the group's importance in combating the isolation they initially felt upon moving to the UK:

When I retire, I will go there, because again it's very, very, very nice, safe place, very good staff, very good food, and they take good care of you; so, you feel safe in there. Very nice. (P24 Map)

One participant involved in the photovoice project discussed this in terms of activities run at the local library:



Figure 6: Photovoice library

Libraries are good places to meet others, enabling us to have conversations with people of all ages, ethnicities and backgrounds.

(P2 Photovoice)

Many of these new activities continue and have empowered older people to explore and enjoy new social spaces. Older people reflected on how particular initiatives such as Age-Friendly Salford's 'Walk and Talk' and online 'Brew and Chat' have been particularly successful:

They are a great team and they've been a great help to me because I think I was getting a little bit low... So, these people, the Walk and Talks, the Tea and Tech, five weeks, and I do the Brew and Chat [...], so I go into there. (P13 Map)

The continued popularity of outdoor community activities post-pandemic interlinks with the renewed appreciation for the local environment described in the previous section:

I was about to say that I think you did some green space work before COVID, didn't you, well, it seems to me that it's much more developed post-COVID because it started...that was the only thing you could do in that time and the value's grown, and more people participate. (Service Provider 6)

The importance of these local resources and support systems was also demonstrated by their effectiveness in connecting older people to a wider range of groups and services:

Yeah, the Long COVID group, yeah. I was going to this wellness group with [identifier-name], and sometimes he walks back to the high school where it's, they have a room there don't they, and he put me in touch with [identifier-name], who does that Long Covid group. (P34 Map)

And last week, funnily enough, through this, through this group, we found out about the [British] Legion. Every last Thursday of the month, they have a little soir e going on. Half 12 'til... It's great. A singer, bingo, and that was really good. So now, every last Thursday of the month, I'm going to be going down there. It was never advertised. I don't see anything on there. So, all this has come...because I knew [identifier-provider]. If I hadn't have known them, I'd have still been thinking... (P13 Map)

Older people played an active role here as 'key connectors' bridging and bringing together individuals and community activities. They continue to play a significant role in linking peers to new groups and fostering community ties. For example, one participant described actively connecting others by taking members from one group she leads to another:



This is why, you know, you go to these groups and other things are passed on through the groups and that. So, I was the only one there, so I've taken the rest of them from [identifier-provider], that's where the two [identifier-names], come in, and [identifier-name], another lady that comes with us. (P23 Map)

Community-based support groups and local activities were essential in mitigating social isolation among older people during the pandemic and continue to be vital for maintaining well-being. Collaboration, both between providers and those utilising the service, is crucial for sustaining and enhancing such initiatives.

### 2.3.3 New relationship with the local environment

Lockdown periods prompted a re-discovery and new definition of how local neighbourhoods were consumed, demonstrating the importance of locality-based approaches in developing age-friendly communities. Coming out of the height of the pandemic, participants carried with them an increased appreciation for local green space and accessible public spaces. Many described a newfound appreciation for the beauty and value of parks and woods:

This here is the woods that we walk through quite a lot in the summer, which is absolutely beautiful I go all over it...Well, I don't go all over it, but I do go different places because we've got the Country Park up there and we've been up there this morning to the reservoir. (P15 Walk)

Getting to know their local environment in more detail was framed as a key positive in what they have taken with them out of the pandemic:



Figure 7: Photovoice walk

We've found there's a lot more to the park, than we knew, and you can go from this park into another park, and then onto another park, and... we knew about all these places, but we didn't know they were interconnected...So it actually was a benefit, that's what I'm getting at.

(P22b Walk)

It was not only the case that the pandemic led older people to re-engage with familiar local environment in meaningful ways. Many also found an appreciation for exploration and discovery of unfamiliar places. Two participants describe redefined relationship with their immediate surroundings below:

The only benefit actually, of COVID, is because the only thing we could do is walk, we discover a lot more now. (P22b Walk)

We started going to other places, other parks, you know, like we'd go to [identifier-place] and [identifier-place] and places like that. So, it got that we'd do...I was going places that I'd not been before on my walks, you know. (P28 Map)

Another participant discussed how this deeper understanding of their surroundings translated into a sense of having more opportunities explore and engage with their local environment:

I've been in the Town Hall now, you know. They used to have a nice café in there. But I like the building, I like all things historical, they're amazing [...] I think things are improving and there are things to do [...] you can find something that interests you now (P16 Map)

Understanding this shift involves recognising older people's efforts to remain socially connected. Changes in social routine and patterns of interaction brought new lenses through which to see the world. For instance, one participant describes this in terms of how an art class fostered a new concern about wildlife and interest in nature:

Doing the art thing has made me look at things differently—I look at things now and it's like light and shade and colour. It's funny. In a short space. It's just what I needed. (P13W)

And engaging in the creative work of photovoice in Strand 3 brought a renewed interest in how people engaged with the world around them. One participant, for example, expressed this sentiment through their reflection on the process:



Figure 8: Photovoice rainbow

We look at photography in a whole new light, from different angles, using light, reflections, and colours to create powerful and meaningful images.

(Photovoice Participant)

However, it is not as simple as saying the pandemic worked to intensify place attachment or positively reshape what place means, for relationships with place are complex. For some, broader and long enduring processes of change – such as urban development – could not be separated from the pandemic's impact in this sense:

Now, before these flats were built it was a pub called The Oakwood. A massive pub. It was part of the community. Everybody round here used to go to this pub for everything, and then they closed it down and then it was left to go to rack and ruin, and they knocked it down and the land was bought by housing developers, and they built these posh flats. (P25W)

The place has changed so much in 40 years, I suppose. Thirty-five, 40 years. Gosh. Oh, yes. ...This (less green space) is the kind of thing that's made walking around more difficult. (P3W)

Past experiences of place shaped perceptions of recent changes brought on during and since the pandemic. The development of new housing, for instance, was seen not merely as a physical alteration but as a symbol of broader social and economic shifts. This historical context highlighted the pandemic's role in exacerbating pre-existing tensions between older people and their environment, revealing a complex interplay between personal experiences and broader societal forces:

It's been so neglected. It's not [recovered]. It's still going down post-covid. (P10W)

Where people sought comfort and familiarity in their local outdoor spaces, the increased usage of green space itself was voiced to alter these environments. Unanticipated changes, such as the impact of greater foot traffic could potentially lead to a sense of loss or disconnect, further highlighting the multifaceted impact of the pandemic on people's relationship with familiar places:

People bought bikes and stuff, going through the woods on their bike, over the wooden steps, which was damaging the steps because they were on, like, bikes and stuff. And all the vegetation was all damaged as well – and they made the paths wider, I don't know whether that was a good thing or not. (P15W)

Ultimately, the pandemic's impact left a lasting imprint on their relationship with the local environment. Shifts in older people's everyday geographies worked to reshape their sense of place; local green spaces became not only refuges, but spaces of exploration and sources of change. Understanding these changes is crucial for designing, age-friendly communities that can better support older people moving forward.

## **2.4 Beyond lockdown: Continued challenges and enduring complexities**

Previous sections have unpacked some of the challenges faced by older people and service providers as they navigated through the pandemic. Here, focus is placed on what challenges persist. While positives did emerge and have had lasting beneficial imprints on older people's lives and connections, these enduring complexities need to be considered to properly think about what age-friendly can, or could, look like in the future.

### **2.4.1 Continued struggles**

Thus far this report has provided a broadly positive picture of older people's connections with and around their environment. However, the pandemic has left a lasting negative imprint on some older people's lives. Where, at times, people described the beneficial nature of diversifying their social networks, it was also expressed that their connection to places and people had reduced and not recovered:

Well, a lot changed with COVID... ...all my social life changed. And it didn't get back on track again, so that changed my life. And the activities I do, I'd like to do more, but you

can't if there's nothing there, especially when you can't see and get out on your own, you know. (P29 Map)

Ongoing social isolation was tethered to a lack of confidence that was difficult to regain. Leaving the house and engaging with the local environment could feel more difficult; some participants reported that the familiar could now feel distinctly *unfamiliar*:

I've lost a lot of confidence of going out on my own. What little I could see, I used to just go to the post box, just have a walk up and down the street, but that all changed, I lost just confidence with not going out through the...you know, through the lockdowns and everything... Nothing seems to have gone back to normal for me. (P29 Map)

One thing what I've found is [...] I've lost a little bit of confidence [...] So, I'd say, that's one way that COVID's affected me, I think it's probably an age thing as well, you know, I've lost a bit of confidence about going anywhere on my own, you know? (P19 Map)

Social withdrawal was coupled with a persistent fear of returning to social settings due to ongoing potential exposure to the virus, but also the uncertainty surrounding its future. Potential new restrictions, and the negative impacts that could bring, were often sources of stress:

I feel like if COVID didn't happen, things would have been different now...Now, like, whenever someone sneezes, people still, like, get scared of it...Yeah, there is more distance now between people. (P33 Map)

This anxiety was particularly apparent for those who identified as being clinically vulnerable, as one older person described in context of her decision to stop attending community meetings following lockdown(s):

I think a lot of people, particularly people like me, who would be classified as clinically extremely vulnerable, for a lot of them, the fear has stayed, because they know that COVID hasn't gone away, it's just becoming endemic rather than pandemic, and they're still frightened of it. So, they are erring on the side of caution and not going out as much, and certainly anything that would be deemed as unnecessary like a community meeting, why take the risk of being in a room full of people who potentially are seething with plague? And I think quite a lot of people have done that. (P14 Map)

Others reported enduring physical and mental health challenges exacerbated by the pandemic. One individual described their experience with long-covid:

Last July I got COVID, which didn't really affect me so much, to be honest with you. It was just, like, a heavy cold. But the after-effects, they devastated me. I mean, I remember one time I just couldn't get up, my legs didn't want to carry me at all. I just sat on the bed weeping because I just could not fathom what was going on. Of course, doctors got involved. There's very little they can do, you know. I'm still waiting to see the long COVID specialist from October, something like that, quite a while. (P4 Map)

Fear underpinned some in older people's narratives and was particularly apparent among those who had pre-existing health conditions:

It certainly impacted on my mental health. I suffer from anxiety and that is only through what I have been through, through illness, over the years. And it exacerbated a lot of things, COVID. It was frightening. You didn't know what to do for the best. It was just really, really scary times and I lost a dear friend ... I don't think people realised the enormity of it. (P38 Map)

Those who struggled to re-connect socially believed that this was connected to enduring difficulties with digital modes of communication. Participants expressed the pressures they felt to embrace technology, with some neither comfortable nor interested in this:

I've found it terrible, yes, I'm not happy with that. I know a lot of old people go on computers and do all this, but I can't do that because I don't want to do it. (P7 Map)

While some valued the way digital tools bridged social gaps, they also emphasised the importance of striking a balance between in-person and virtual interactions in the future, with virtual meetings lacking the natural informality that fosters deeper connections:

As good as hybrid is, and as good as Zoom is, you can't really network on Zoom or Team, I don't care how good they are... and I keep telling my colleagues, where possible, face-to-face is best... ..I mean, I was on a Teams meeting yesterday that started at four, I was a couple of minutes late, so you missed all that interaction. And it when it finished, 'bye bye, everybody, ta ta, we're off'. Nobody stays behind, another cup of coffee or whatever to interact. (P36 Map)

Older people's experiences of the digital landscape varied widely. Some individuals felt excluded or uninterested in digital technologies, while others encountered specific challenges, such as online banking or video conferencing. It is also important to situate these experiences within the broader context of society's increasing reliance on digital tools, systems, and services. One participant, for example, felt that increasing focus on the digital moving out of Covid was part of a broader trend threatening social isolation:

It's everywhere, though. In the supermarkets, there are no people anymore, it's all machinery, even checking yourself out. (P13 Map)

Well, that (an increased emphasis of digital communications) hasn't gone back to normal, that's for sure. And another thing, I don't know, no, it's not to do with the pandemic really, I'm thinking things have altered. Like writing things, now you've got to either send an email, you can't send letters the same as you used to... I've found it terrible, yes, I'm not happy with that. I know a lot of old people go on computers and do all this, but I can't do that because I don't want to do it... But, having said that, because I don't do it, you're left behind, because you are left behind because whatever comes forward now only tells you www., never gives you a telephone number. (P7 Map)

While some have benefited from strengthened community ties post-pandemic, a significant number still experience increased isolation, fear, and reduced confidence. These challenges are often compounded by declining physical and mental health, as well as difficulties adapting to a more digitally driven social landscape.

#### **2.4.2 Reduced engagement and increased pressure**

Section 2.2.2 explored some challenges services faced during the height of the pandemic. There are also enduring challenges around age-friendly provision. A one-size-fits-all approach is insufficient; where some groups and activities flourished post-pandemic, others have experienced a decline in in-person participation. This is particularly evident in indoor activities, where perceived risk continues to deter some individuals from re-engaging in social settings:

We don't see the numbers quite as...you know, it's harder to get the numbers than it was pre-COVID, and I think some people have got out of the habit of going out. (Service Provider 9)

When we did open things back up, either people are too scared still because they'd shielded for so long and managed to keep themselves safe that they didn't want to come. (Service Provider 1)

While many service providers reported increased collaboration since the pandemic, maintaining these partnerships was not simple. One service provider described a breakdown in a previously established relationship with another organisation:

And even not to be nasty about (another provider), but we've not seen their community development workers since COVID, and I don't know if that's across or whether it's because of COVID... we' not seen any (provider) workers at the community groups. (Service Provider 10)

This issue is compounded by the ongoing challenges faced by service providers, including funding and resource constraints. As one provider explained:

There's not enough provision available for all the mental health...you know, for the more specific needs. And it just all ends up coming to supported and we're not always...it's not always the best, you know, or we can't give the correct support because it's not the support what they need. (Service Provider 1)

Collaborating effectively with older people continues to present longer term challenges. While service providers aim to involve older people in service design, there is sometimes a mismatch between provider expectations and the evolving preferences of participants. This has been complicated by changing service delivery models and the emergence of new social patterns among older people. It is thus clear that re-engagement is not solely dependent on service adjustments, but also on individuals' evolving needs and lifestyles:

Bearing in mind these volunteers are all 60 plus themselves - had got the lives back on a Wednesday and but we're really concerned about the group because we realised that there was a need for it and didn't just wanna walk away. They wanted to hand it over. (Service Provider 10)

I know a couple of [volunteers] during the pandemic found new hobbies. So, I have at least 3 [volunteers] who used to be very active in communal areas that took up walking and activities like that during the pandemic and have never returned. They're just quite happy with the new life that they've found and the new hobbies. (Service Provider 1)

Although service providers reported personal benefits, such as improved work-life balance, associated with remote and hybrid working post-pandemic, these arrangements have also



presented challenges. Difficulties in maintaining face-to-face engagement, remote staff support and development, coupled with increased demands and expectations, have raised concerns about long-term service quality and staff wellbeing:

We are expected to do a lot more work now, at the same time, but with less capacity, with less people. So, there is more and more expected of you, I don't know if that was tricky through COVID, and it's just now become the norm. (Service Provider 5)

We're so accessible and we're a public service, that they feel like they can contact us, which is absolutely fine but with that, our demand quadrupled, and we're sat there behind our desk rather than out being visible. (Service Provider 5)

The pandemic exacerbated existing challenges for service providers, but it also created new complexities. The evolving needs of older people, coupled with ongoing resource constraints and the impact of remote working, underscore the need for adaptable and responsive service delivery models.

### **2.4.3 Compounded inequalities**

The pandemic did not exist in a vacuum, and while the legacy of the pandemic remains, new challenges have emerged to compete for political, public and media attention. Concerns about the impact of the 'cost of living' crisis as part of post-pandemic recovery were seen as one set of challenges 'rolled' into another, impacting how people can continue to connect with others. This was coupled with the pandemic uncovering and, at times, exacerbating, socio-economic disparities among older individuals, moving beyond the idea that age was the sole determinant of vulnerability:

I think the cost-of-living issues...we've rolled into financial issues. And I think a lot of people have discovered that the one thing about the pandemic was that you spent a lot less money...So they're retaining those habits, and also are watching the pennies, or are having to work more. So, people who would, perhaps in the past, have been free, are now working more, because they need to earn more because the cost of living's gone up. So, it's a whole load of factors. (P14 Map)

Service providers emphasised that while the pandemic might have exacerbated existing social isolation and hardship, it did not create these issues. Underlying inequalities and vulnerabilities were amplified by the crisis, highlighting the complex interplay of factors contributing to differential outcomes among this population:

We've always had difficult cases and some horrible things that have come out in the wash as part of our work. But COVID just put a magnifying glass on. You know, the people had been using [supermarket] Cafe to survive because that's how they got food in their social circle, and that got cut off. (Service Provider 6)

Service providers had found challenges in returning to 'normal' service levels post-pandemic as many of the issues raised by Covid endured through the cost-of-living crisis. This was particularly so for hardship, crisis, and food poverty work, with some temporary projects established to address demand in the pandemic needing to continue:



Need has grown considerably, and there's that stream of work around food work and hardship work that we didn't do before that I don't think is going to go away. (Service Provider 9)

Older people also reported difficulty navigating service provision, and the pandemic was seen as an ongoing barrier to the level of care needed and expected. For instance, one participant described how their partner's ongoing treatment has been negatively affected by the impact Covid-19 has had on health care services:

He was supposed to have a check-up last year for one of the very first times since COVID, because they'd all got cancelled and that. And then they cancelled it again and said, basically, that we weren't...they've cancelled the appointment because the trusts have changed. This one's amalgamated with that one... we didn't hear anything... So eventually I rang up the specialist's secretary and I said I don't know what's been going on, but he's not had a check-up or anything. And so, she said it looks like you've been lost in the system. (P38 Map)

Another described how access to GP surgeries, emerged as a persistent issue following the pandemic, with many older people expressing significant worries about changes to health care services:

I don't know who you blame but it's absolutely ridiculous now... If you want to get an appointment to see your GP, I do believe that my practice, if you phone at half eight in the morning and you're lucky enough to get through...You might get an appointment. But the service has diminished dramatically. (P36 Map)

Older people's ability to reach health care sites had also become more challenging:

that was great if we had a hospital appointment. Literally, it was hail and ride. You could just walk to the top of the drive, stop the bus and it took you to the front door of the hospital [...] but that's gone now. (P22 Map)

The pandemic evidently exacerbated pre-existing inequalities among older people, with the subsequent cost-of-living crisis compounding these challenges. This complex interplay of factors has had a profound impact on social connections, access to services, and overall well-being, highlighting the need for targeted support and policy interventions.

## 3. AGE-FRIENDLY FUTURES

### 3.1 Implications

This report has outlined the legacies of the Covid-19 pandemic in the context of older people's connections to, and within, their environment. This is important because whilst there has been a wealth of research on ageing and Covid-19 in different contexts, fewer empirical studies have focused on older people's lived experiences of connecting to people and places (Beardmore et al., 2023). Among those that do, there is a limited understanding of the ways in which these connections have evolved as we transition into the next phases of the pandemic.

During the height of the Covid-19 pandemic, lockdowns and restrictions severely disrupted social connections for older people, often leading to isolation, withdrawal, and a decline in emotional well-being (Ruiz- Callado et al., 2023). Despite such challenges, this report has challenged ageist stereotypes of passivity and vulnerability by demonstrating older people's resilience, adaptability, and agency in navigating the pandemic.

Actively seeking ways to bridge gaps in connections was at the cornerstone of older people's experiences, and such efforts were underpinned by efforts to maintain their connections, cope with isolation and foster what Flett and Heisel (2021, pg. 2443) describe as 'a sense of mattering' or a "feeling of being important to others in ways that give people the sense that they are valued and other people care about them".

The findings support the argument that older people's agency is multifaceted and involves being critical of lockdown measures, utilising digital technology, and providing care for others (Mandache & Ivan, 2024). They demonstrate the everyday strategies employed by older people to stay connected, such as altering their daily walking routes to see neighbours or bending lockdown rules to support and visit people.

Rather than a simple return to a pre-pandemic normality, older people have forged new life rhythms and social spheres. Some have expanded their networks and embraced change, while others have prioritised close relationships. Neighbourhood social connections gained prominence during the pandemic and, for some, have remained more crucial than ever. Plus, digital technology has been both a benefit and a challenge, offering opportunities for connection while also exacerbating digital divides.

The pandemic has transformed older people's sense of place attachment well beyond their home environment (see also Greer, 2023). However, by focusing on the period since the pandemic, the report highlights a complex interplay of factors at play for older people: a heightened appreciation for familiar local areas, a desire to explore and rediscover their surroundings, alongside challenges in dealing with disruptions to these places; the way Covid has intensified the *unfamiliar*.

In many ways, the pandemic has left some positive legacies in the context of age-friendly service provision. With a strategic focus on social isolation, digital inclusion, and well-being, service providers have built upon pandemic-era initiatives and strengthened their commitment to community engagement. Enhanced collaboration and co-design practices have fostered a

more inclusive approach, whilst the adoption of technology and remote working has expanded service delivery capabilities and improving accessibility and efficiency.

These positive legacies equip the sector to more effectively address the complex needs of older people. Access to age-friendly infrastructure at the neighbourhood level proved essential for older people in navigating pandemic-related challenges. The findings emphasise the need for multi-level collaboration and the critical role of older people as active participants in shaping their communities. This collaborative approach is crucial for fostering connected and inclusive neighbourhoods.

However, it should be emphasised that the pandemic has also exacerbated pre-existing vulnerabilities among older people by disrupting community life, limiting social interaction, and hindering access to essential services. Living alone, changes in social support networks, and relationship difficulties increased the risk of loneliness among older people (Vlachantoni et al., 2022). Our findings indicate that many individuals continue to face these challenges, exacerbated by the ongoing cost-of-living crisis and reduced access to healthcare. To address these widening disparities, age-friendly services must adapt to the evolving needs of older people, particularly those residing in socioeconomically disadvantaged communities.

Further, despite promising developments in age-friendly service provision over the past few years, service providers continue to face challenges in a post-pandemic landscape characterised by heightened demand and economic pressures. While the efforts described in this report are commendable, the pandemic's enduring impact has resulted in reduced social and service engagement for some older people, highlighting the ongoing need for targeted support and interventions.

The work contributes to the growing body of literature examining older people's social connections in the post-pandemic era, particularly in relation to digital technology. The report indicates that age-friendly infrastructures need to reach beyond the physical realm of neighbourhood locations. The digital world too, is a site requiring considerable attention if older people are to be enabled to access, engage, and interact online.

The positive legacies of the pandemic for older people are important to consider, but an understanding of its impacts requires recognition of the ongoing challenges older people face. Jenkins (2023) wrote that pandemics do not truly end but echo. Indeed, even as Covid restrictions and guidance ease in the UK, it is crucial to remember that older people continue to navigate complex and intersecting issues, including economic uncertainty, healthcare access, and housing insecurity. A joined-up approach is imperative; one that extends beyond the pandemic and addresses the multifaceted experiences of ageing in a changing landscape.

## **3.2 Conclusion**

This report contributes new insight into the impacts and legacies of the Covid-19 pandemic in the UK by focusing on older people's connections to and within their environments. While highlighting resilience and agency in navigating the pandemic's challenges, the research also underscores the critical role of community support networks and local infrastructure in facilitating these efforts. The pandemic has not only reshaped older people's social connections and sense of place in the long term, but also highlighted the significance of age-friendly service provision in their lives. Service providers demonstrated remarkable

adaptability and flexibility during the pandemic, innovating and diversifying services to enhance engagement with older people. While this has had enduring beneficial outcomes, such as increased collaboration, it is essential to acknowledge the varied challenges – such as resource pressures - still faced by providers. Although, in some ways, the pandemic has positively impacted older people's social landscapes, a number of older people continue to face a myriad of economic, healthcare, and social challenges. As such, the report underscores the need for sustained and comprehensive strategies to address the long-term impacts of the pandemic on older people. By centring the needs and perspectives of older people, we can ensure that this group remain active participants in their evolving environments.

### **3.3 Key takeaways**

- Service providers responses to the pandemic highlighted their capacity for rapid adaptation and innovation. Strengthened partnerships, enhanced agility, and increased collaboration emerged. These approaches should be sustained to effectively address issues like social isolation, digital exclusion, and isolation.
- Age-friendly infrastructure was crucial during the pandemic, highlighting the need for flexible services that address the diverse, long-term impacts of the pandemic on older people. Centring older people's voices in service design is important to ensure continued, meaningful engagement.
- Despite the challenges posed by the pandemic, older people demonstrated remarkable adaptability and resilience. They found innovative ways to stay connected, embraced new hobbies, and redefined their social roles. This was enabled not only by their personal resilience and willingness to explore new opportunities, but also the support and encouragement provided by local age-friendly spaces, services, and activities.
- Local green spaces and infrastructure proved invaluable to older people's well-being during the height of the pandemic. Since restrictions have eased, many have developed a deeper appreciation for their local environment and are keen to explore both new and familiar parts of their neighbourhoods. Age-friendly services should offer a variety of activities to cater to these evolving interests and differing abilities.
- Older people's social connections have evolved in varied ways. While some place more emphasis on family bonds, others seek to expand and diversify their social circles. Age-friendly services must be flexible to accommodate these changing needs and preferences.
- For some older people, social isolation, physical and mental health issues, and reduced confidence persist. Post-pandemic recovery efforts must thus prioritise multi-layered approaches to support their well-being.
- The shift towards online interactions highlighted the digital divide among older people. Ensuring digital inclusion is vital for preventing the marginalisation of those who cannot or choose not to access technology.
- The pandemic, combined with subsequent economic challenges, has created a complex and challenging environment for older people. The interplay of various factors – such as

the cost-of-living crisis, changes in service delivery and challenges in accessing health care services – have worked to exacerbate existing vulnerabilities and inequalities.

### 3.4 Recommendations

This report has discussed both the complex challenges older people have faced, along with more positive outcomes, underscored by their resilience and ability to adapt. This emphasises that: 1) relying on ageist stereotypes about older people is not helpful, and 2) that the pandemic's lasting effects require a shift in how we design communities with and for older people. Organisations and service providers need to work to respond to challenges that continue to impact older people's lives coming out of the pandemic. This includes consideration of:

- **Prioritise flexible delivery models:** Leverage the success of new activities and modes of delivery to create service models that are adaptable to individual needs and preferences and resilient in the face of unexpected situations.
- **Strengthen partnerships and collaboration:** Continue to foster ongoing communication and cooperation between service providers. Sharing resources and expertise, and exploring opportunities for collaboration, will help to ensure comprehensive and coordinated support systems are in place to address the diverse needs of older people.
- **Invest in digital engagement and accessibility:** Work to tackle digital exclusion and offer flexible training and support so that older people can engage with technology in their preferred ways. Regularly evaluate and adapt digital initiatives to ensure they effectively address the evolving needs of older people.
- **Prioritise the inclusiveness of online modes of engagement:** Create online environments where older people, regardless of their abilities or backgrounds, can participate. Offer content and services that respect and reflect the diverse backgrounds, languages, and experiences of this demographic.
- **Support social (re)engagement:** Recognise the different ways that older people prefer to connect post pandemic. Prioritise outreach and support for those facing isolation, and ensure services are adaptable enough to cater to increasingly diverse social needs.
- **Build on the increased prominence of the local:** Acknowledge the heightened importance of local green spaces, age-friendly infrastructure, and community provision in the post-pandemic landscape. Offer diverse, accessible programs that facilitate exploration and social engagement within familiar and new local environments.
- **Target lasting physical, mental, and emotional health impacts:** Develop and implement collaborative, long-term solutions to address the broad spectrum of physical, mental, and social health impacts of the pandemic on older people.
- **Recognise and work to address compounded inequalities:** Prioritise efforts to redress the systemic disparities highlighted by the pandemic and work with the recognition that the ongoing cost-of-living crisis continues to intensify these inequities in experiences.
- **Champion inclusive decision-making:** Directly involve older people in the systems and processes that shape the services they use. Incorporate their voices and perspectives to co-create solutions that empower older people.

## REFERENCES

- Age UK. (2021). *Impact of Covid-19 on older people's mental and physical health: one year on*. Retrieved August 19<sup>th</sup>, 2023, from: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/id204712\\_hi\\_covid-report-final.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/id204712_hi_covid-report-final.pdf)
- Age UK. (2023). *The State of Health and Care of Older People*. Abridged Report. Retrieved August 19<sup>th</sup>, 2023, from: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf>
- Beardmore, A., Beynon, P., Crabbe, C., Fullforth, J., Groome, J., & Jones, M. (2023). Social connectedness in a locked-down world: A phenomenological study of older adults during the COVID-19 pandemic. *Journal of Ageing and Longevity*, 3(4), 465-482.
- Buffel, T., Yarker, S., Phillipson, C., Lang, L., Lewis, C., Doran, P., & Goff, M. (2021). Locked down by inequality: Older people and the COVID-19 pandemic. *Urban Studies*, 1, 18.
- Centre for Ageing Better. (2023). *Covid-19 inquiry must get to the heart of pandemic ageism*. Retrieved August 19<sup>th</sup>, 2023, from: <https://ageing-better.org.uk/blogs/covid-19-inquiry-must-get-heart-pandemic-ageism>
- Chen, J. H. (2024). Pandemic and Older Adults' Social Structure of Shared Time. *The Journals of Gerontology: Series B*, 79(2), gbad159.
- Flett, G. L., & Heisel, M. J. (2021). Aging and feeling valued versus expendable during the COVID-19 pandemic and beyond: a review and commentary of why mattering is fundamental to the health and well-being of older adults. *International Journal of Mental Health and Addiction*, 19(6), 2443-2469.
- Franke, T., Sims-Gould, J., Lusina-Furst, S., & McKay, H. (2022). "I didn't think I needed it. But I find I look forward to it very much": Social connectedness and physical health through the eyes of older adults. *Activities, Adaptation & Aging*, 46(1), 9-30.
- Gallistl, V., Richter, L., Heidinger, T., Schütz, T., Rohner, R., Hengl, L., & Kolland, F. (2024). Precarious ageing in a global pandemic—older adults' experiences of being at risk due to COVID-19. *Ageing & Society*, 44(5), 991-1009.
- Greer, V., Canham, S. L., Hong, A., Caylor, N., & Van Natter, J. (2023). Shifting perspectives: outlooks on ageing in place in the COVID-19 era. *Ageing & Society*, 1-24.
- Holaday, L. W., Oladele, C. R., Miller, S. M., Dueñas, M. I., Roy, B., & Ross, J. S. (2022). Loneliness, sadness, and feelings of social disconnection in older adults during the COVID-19 pandemic. *Journal of the American Geriatrics Society*, 70(2), 329-340.
- Jenkins, M. (2023). Pandemics don't really end – they echo. *Time*. Retrieved August 19<sup>th</sup>, 2023, from: <https://time.com/6307629/covid-19-pandemic-over-essay/>
- Kings Fund. (2022). *Deaths from Covid-19 (coronavirus)*. Retrieved August 19<sup>th</sup>, 2023, from: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/deaths-covid-19>
- Laster Pirtle, W. N., & Wright, T. (2021). Structural gendered racism revealed in pandemic times: Intersectional approaches to understanding race and gender health inequities in COVID-19. *Gender & Society*, 35(2), 168-179.



- Macdonald, B., & Hülür, G. (2021). Well-being and loneliness in Swiss older adults during the COVID-19 pandemic: The role of social relationships. *The Gerontologist*, 61(2), 240-250.
- Mandache, L. A., & Ivan, L. (2024). Critical, connected and caring: older adults' agency during the COVID-19 pandemic. *Journal of Global Ageing*, 1(1), 94-114.
- Monahan, C., Macdonald, J., Lytle, A., Apriceno, M., & Levy, S. R. (2020). COVID-19 and ageism: How positive and negative responses impact older adults and society. *American Psychologist*, 75(7), 887.
- Office for National Statistics. (2020). *Coronavirus and the social impacts on older people in Great Britain*. Retrieved August 19<sup>th</sup>, 2023, from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/coronavirusandthesocialimpactsolderpeopleingreatbritain/3aprilto10may2020>
- Raina, P., Wolfson, C., Griffith, L., Kirkland, S., McMillan, J., Basta, N., ... & Thompson, M. (2021). A longitudinal analysis of the impact of the COVID-19 pandemic on the mental health of middle-aged and older adults from the Canadian Longitudinal Study on Aging. *Nature Aging*, 1(12), 1137-1147.
- Ruiz-Callado, R., Jareño-Ruiz, D., Fabregat-Cabrera, M. E., & Penalva-Lorca, M. M. (2023). Ageing and loneliness in times of pandemic: a scoping review. *International Journal of Environmental Research and Public Health*, 20(7), 5337.
- Stephens, C., & Breheny, M. (2022). Diverse experiences among older adults in Aotearoa/New Zealand during COVID-19 lockdown: A qualitative study. *Australasian Journal on Ageing*, 41(1), e23-e31.
- Ungar, R., Wu, L., MacLeod, S., Tkatch, R., Huang, J., Kraemer, S., Schaeffer, J. and Yeh, C (2022). The impact of COVID-19 on older adults: Results from an annual survey. *Geriatric Nursing*, 44, 131-136.
- Vasara, P., Simola, A., & Olakivi, A. (2023). The trouble with vulnerability. Narrating ageing during the COVID-19 pandemic. *Journal of Aging Studies*, 64, 101106.
- Vlachantoni, A., Evandrou, M., Falkingham, J., & Qin, M. (2022). The impact of changing social support on older persons' onset of loneliness during the COVID-19 pandemic in the United Kingdom. *The Gerontologist*, 62(8), 1147-1159.

# APPENDICES

## Appendix 1 - Participant Demographic Overview

Age Range	Participants	Percentage
55-59	10	23%
60-64	4	9%
65-69	10	23%
70-74	7	16%
75-79	5	11%
80-84	5	11%
85-89	1	2%
90+	2	5%

Tenure Type	Participants	Percentage
Owner occupied	27	61%
Social Rent	15	34%
Private rent	2	5%

Known Disability	Participants	Percentage
Yes	17	39%
No	27	61%

Household Type	Participants	Percentage
Living alone	24	55%
Living with partner	14	32%
Living with partner & children	4	9%
Living with partner & no children	2	5%

Ethnicity category	Participants	Percentage
White British	37	84%
Arab	4	9%
Black Caribbean	1	2%
Black African	1	2%
Black British	1	2%

Known Health Issue	Participants	Percentage
Yes	30	68%
No	14	32%

Gender	Participants	Percentage
Male	30	68%
Female	14	32%

## Appendix Two: Participant Key

Note that participants 'a' and 'b' refer to individuals interviewed together

<b>Participant</b>	<b>Age group</b>	<b>Gender</b>
P1	55-59	Female
P2	65-69	Female
P3	65-69	Female
P4	65-69	Male
P5	55-59	Female
P6	85-89	Male
P7	90+	Female
P8	65-69	Male
P9	65-69	Female
P10	65-69	Female
P11	75-79	Female
P12	75-79	Female
P13	65-69	Female
P14	55-59	Female
P15	80-84	Female
P16	70-74	Female
P17	90+	Female
P18a	55-59	Female
P18b	60-64	Male
P19	70-74	Male
P20	55-59	Female
P21	80-84	Female
P22a	65-69	Male
P22b	65-69	Female
P23	80-84	Female
P24	65-69	Female
P25	70-74	Female
P26	70-74	Male
P27	60-64	Female
P28	80-84	Female
P29	75-79	Female
P30	55-59	Female
P31	60-64	Female
P32	55-59	Male
P33	55-59	Male

P34	70-74	Female
P35	55-59	Female
P35a	55-59	Male
P36	70-74	Male
P37	80-84	Male
P38	60-64	Female
P39	70-74	Male
P40	75-79	Male
P41	75-79	Female