DEVELOPING AGE-FRIENDLY COMMUNITIES IN AN EMERGENT POST PANDEMIC WORLD

ELICITATION INTERVIEWS FINDINGS REPORT

REPORT AUTHORS

SIOBHAN KELLY [1]

PROFESSOR ANDREW CLARK [2]

PROFESSOR ANYA AHMED [3]

DR EVE BLEZARD [1]

[1] UNIVERSITY OF SALFORD
[2] MANCHESTER METROPOLITAN UNIVERSITY
[3] UNIVERSITY OF GREENWICH

AUTHOR FOR CORRESPONDANCE

PROFESSOR ANDREW CLARK

INSTITUTE FOR LIFECOURSE DEVELOPMENT

UNIVERSITY OF GREENWICH

LONDON

SE10 9LS

ANDREW.CLARK@GREENWICH.AC.UK

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Remarkable research for healthy ageing
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Glossary

The following terms are used within the report:

1. **Pre-pandemic**: Before the Covid-19 pandemic (prior to March 2020).
2. **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 periods 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.)
3. **Post-Pandemic**: After 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.
4. **Service Provider:** Individuals or organisations who manage, oversee or deliver activities with or for older people.

1. Introduction

This report presents findings from Phase 2 of 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 and Manchester Metropolitan University.

Older people were reported to have been disproportionately negatively affected by Covid-19 and restrictions imposed to limit its risks (Storey, 2020). This work investigates 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 in place.

By presenting new empirical data and analysis, this report sheds light on how older people have remained connected to people and where they live following the pandemic. The research centred on the following 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 the impact of Covid-19 been 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 might these continue to adapt post-Covid-19?

The work was completed across the five following phases:

- Phase 1: Focus groups with individuals from organisations that support older people or develop policies to support them.

- Phase 2: Interviews with older people to gather new insight into their experiences of accessing and engaging with remote support and engagement activities.

• Phase 3: An audit of age-friendly locations, services and businesses.

• Phase 4: Engaging in a series of 'Conversations about Ageing', led by older people, based on the findings from Phases 1, 2 and 3.

• Phase 5: Developing recommendations and informing others of the findings and recommendations of the project.

1.1 Aims of Phase 2

This report presents the findings from Phase 2. This comprised a series of interviews with older people to better understand their experiences of accessing and engaging in support and activities. The aim was to help understand the following:

• How have older people been able to connect to local places and other people?

• What has the impact of Covid-19 been on older people and the places where they live, and 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?

Findings are presented in the following three sections:

1) **Managing connections to places and people**: This section explores how older people connected to local places and other people during the height of the Covid-19 pandemic.

2) **Lasting impacts and new realities**: This section considers the enduring impact(s) of Covid-19 on older people and their connections to and within the places where they live.

3) **Key lessons to take forward**. Building on the insights from sections 1 and 2, section 3 presents the implications of the findings for services and organisations working with older people.

1.2 Research Design, Data Collection and Analysis

Phase 2 of the study employed a mix of qualitative data collection 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 were collected through 59 interviews with 44 people, which included 38 participants interviewed individually and six 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 demographic overview table can be found in Appendix One, which details 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 project's key themes, which included:

- 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?

Participants were recruited through Age-Friendly Salford's existing networks and broader community engagement and outreach. Flyers, posters and information forms were distributed through community groups, spaces, service providers and existing networks across the Greater Manchester region, with particular emphasis on the City of Salford. We aimed to recruit a diverse group of participants but faced initial challenges in attracting individuals from different ethnic backgrounds and those over 75. To address this, we reviewed our recruitment strategy, expanding outreach to specialist interest groups. Further, we also worked with the public health engagement

and inclusion leads at Salford City Council to leverage their expertise in connecting with underserved communities. This collaboration allowed us to reach a wider range of community groups across Salford. To further enhance accessibility and overcome potential language barriers, we also created a video version of the recruitment flyer and utilised WhatsApp messaging in addition to emails.

Data were analysed using thematic content analysis and text coding based on a framework built around the research aims and focused on the four main project themes.

1.3 Ethics

Ethical approval was granted by the University of Salford School of Health & Society Research and Enterprise Ethics Panel. To preserve anonymity, the report does not use the real names of individuals or places involved or discussed in the interviews.

2. Findings

2.1 Managing connections to people and places during the height of the Covid-19 pandemic.

Government and public health responses to the Covid-19 pandemic prompted rapid and critical changes in how older people maintained connections to others and their local environments amidst unprecedented restrictions, losses, and disruptions. This first section looks at older adults' experiences of loss, explores what was understood to bridge gaps in their social connectedness and demonstrates their own resilience and agency in navigating these changes.

2.1.1 Narratives of loss

Participants described how swiftly lockdowns severed vital social connections and negatively impacted social interaction. They often reflected on how withdrawn they became as their social circles shrunk, and recounted struggling with extended periods of isolation:

> Looking back, I think it did have a profound effect on so many people because 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 anybody, people. 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 participants established routines, which often involved attending leisure activities, social groups, physical activities and cultural events. This fractured not only their strong social ties but also the everyday, unplanned interactions that enriched their lives. Consequently, many participants reported feeling disconnected and isolated. Even seemingly trivial actions, like the removal of outdoor seating for one participant, represented a loss of 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 loss of routine opportunities to connect and interact impacted people in different ways. One participant, for example, 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 some people. (P31 Map)

Another felt cut off due to their health status:

> I found that, on top of lockdown, I became doubly hermitty, 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)

One of the prevailing concerns 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. One participant discusses this below:

> 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 also extended to feelings of frustration, confusion and anger, often cited to have been caused by government policies and regulations. Many 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)

2.1.2 Bridging the gaps

While social isolation posed a significant challenge, many older adults found ways to connect and stay engaged during the height of the Covid-19 pandemic. This section explores three key 'facilitators' that helped to bridge the gaps in this groups social connectedness during this time: 1) older people's geographically close connections, 2) the local environment and neighbourhood infrastructure, and 3) digital technologies and remote communication tools.

First, older people's geographically close social ties were very important in this capacity, often integral for support, advice and social contact. The type of contact and support varied, and for many older people, this could be both practical and emotional, which was especially important during lockdown periods. In the following example, one participant describes how a neighbour offered them support with daily errands whilst furloughed:

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)

Second, across many of the participants' interviews, much significance was placed on local environments and neighbourhood infrastructures during this time. Discussion around the 'local' -be it in terms of local green spaces, community centres, or local identity- highlighted the capacity of familiar surroundings and local networks for social and emotional well-being.

For some, longstanding connections to, and a sense of pride in, their area fostered a strong place attachment, with familiar surroundings offering solace and a sense of belonging during challenging times. For those older adults, engaging with local spaces provided much stability during the height of the pandemic:

> 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)

This appreciation translated directly to the importance of spending time in accessible public and community spaces. Being able to go outdoors was critical:

> 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)

Community level provision also proved essential, playing a key role in upholding and reinforcing the social networks of older adults. This support was understood to help people stay connected during this difficult period. 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, which intensified during lockdowns:

> But 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)

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

> Yeah, the Long COVID group, yeah. I started, it 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 soirée 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 themselves had an integral role here, acting as 'key connectors' in how they fostered links between older people and voluntary or community activities. They connected peers to new groups, bridged social networks, and often became central figures within their families, organising events and gatherings. 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 took 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)

Finally, opportunities for digital or remote connectedness also played a significant role. Participants recognised the importance of being able to connect at a distance, mainly due to a lack of face-to-face contact during lockdown periods. 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 adults embraced new technologies, utilising them for daily tasks and to stay connected:

What we did, you know we have the Passover, and you have the special dinner on the first two nights. 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. And they did that again for the Jewish new year, which made it a family do, even though some of us…because my daughter-in-law's parents were also on their own, and it just made…it made a big difference to our lives at that time. (P40a Map)

…a 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)

2.1.3 Resistance, resilience and agency

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

Despite the diverse vulnerabilities faced by participants, including co-morbidities, disabilities, and a range of personal challenges, they worked to find the balance between the risk of infection and the need for social connection. Importance was placed on staying integrated within their social networks, even if it meant bending or breaking Covid-19 related restrictions. Some prioritised their independence and displayed a clear sense of defiance against the limitations imposed:

> 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, I do…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 themselves. 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, however. The excerpt below highlights how 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 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 was 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)

Further, many participants employed 'adaptive strategies' to maintain social connectedness, routines and habits. This was spoken about in the context of the digital – 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. Though, where 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 their community space) took longer than we thought. (P25)

Still, participants worked creatively to explore new hobbies, undertake home improvement projects, or engage in new pursuits to fill the void left by reduced social interactions. One for example took part in: "creative writing, yoga, gardening, art groups, all kinds of really good stuff" (P14 Map). Another, who was furloughed 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, cause 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 at home. So, I had to find something to do. (P38 Map)

2.1.4 Section summary

During the height of the Covid-19 pandemic, older adults faced significant challenges in maintaining social connections due to lockdowns and restrictions, leading to feelings of isolation and loss. However, they demonstrated resilience and agency in utilising three key factors to bridge these gaps: 1) relying on geographically close social ties

for support, 2) drawing on local environments and community infrastructure for stability and connection, and 3) embracing digital technologies for remote communication.

2.2 Lasting impacts and new realities: the enduring impact(s) of Covid-19 on older people and their connections to and within the places where they live.

Thus far, the findings show how initial lockdown periods during the Covid-19 pandemic significantly impacted upon older adults and their connections to and within their communities. While much research has been placed on experiences of ageing during the height or peak of the pandemic, those immediate periods of isolation and social restriction, important questions remain regarding its enduring impacts. Below, participant 14 and 18b remind us why it is crucial to consider this:

> 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)

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

This section of the report directly responds to these questions by exploring the enduring impact of the pandemic on older people's lives, contributing to research that helps to understand what 'normal' is post pandemic. It first considers how for older adults, social routines have shifted, social networks have been redefined, and relationships with local environments have evolved.

2.2.1 Re-evaluation of the social

While older people's narratives could illuminate a collective aspiration to reinstate familiar routines and connections, it is essential to acknowledge that this return to 'normal' was not identical to the pre-pandemic state for most of the participants. As has been discussed in section 1, many older people recalibrated their social networks, both during and post-pandemic, to focus on immediate relationships with family and friends. This could reflect a difficulty in individuals returning to their wider social circles

and networks, with some older people reporting that they now had smaller or more focused social networks. One participant, for example, noted:

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

However, many others 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- which some participants began due to changes in routine- had become an essential part of their social lives following lockdown(s).

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. This has too. (P13 Walk)

The pandemic has also heightened older adults' 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 participant said:

> 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. God. So COVID was great because working on the front garden, you saw people face to face and actually said hello. (P3 Map)

Though, the pandemic's 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, cause they live literally round the corner to us. (P36 Map)

Some older adults also took the opportunity to reconnect with family members. For instance, one participant spoke of a newfound appreciation for their spouse. Increased time together was felt to allow them to prioritise shared activities and rediscover each other's company:

> 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 freshen up, husband-wife, let's just put that …And then there needed to be…so that was about hols, mini-breaks, the gym, other kind of, meals out, you know, all the things that had kind of like gone by the by. So, looking after our health, we'd go out walking. Bowls. (P5 Map)

Further, participants often reported that they continued to leverage digital technology as means to maintaining connections. For some, platforms they had relied on during the height of the pandemic 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 Australia, and I have, my other sister-in-law and my niece they live in Chorley and Preston. I found it was great, because, you know at Christmas, you could send Christmas cards online? (P23 Map)

For some, this was entwined with notions 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. Its Windows Meet they do it, and I find that quite convenient. (P4 Map)

It should be noted though that 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).

2.2.2 New relationship with the local environment

The pandemic also changed how the participants engaged with public spaces and their communities. Coming out of the height of the pandemic, participants carried with them an increased appreciation for local environments, accessible public spaces, and community centres. Many described a newfound appreciation for the beauty and value of green spaces like 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 a positive in what older people have taken with them out of the pandemic:

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 them to re-engage with the local environment in meaningful ways, rather most participants voiced that a newfound appreciation for the outdoors related to their ongoing efforts to explore and discover new areas, reflecting a redefined relationship with participants' immediate surroundings:

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

But 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 historian buildings, they're amazing […] I think things are improving and there are things to do […] you can find something that interests you now (P16 Map)

2.2.3 Enduring negative impacts

While this section has so far provided a broadly positive picture of older people's connections with and around their environment, the pandemic has also left a lasting negative imprint on older people's lives. Where sometimes 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. One participant discusses this below:

> 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)

For many, 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, with participants reporting that navigating the familiar could now feel distinctly *un*familiar:

> 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 COVIDs 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)

Experiences of social withdrawal were also 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...Yeah, now, like, whenever someone sneezed, people still, like, get scared of it…Yeah, more distance now between people. (P33 Map)

This fear 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 that Covid had brought about and intensified enduring physical and mental health challenges. One participant describes the former in terms of their experience in struggling 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)

While some participants spoke of positive long-term effects of the pandemic, anxieties and depression surfaced frequently in their narratives. This often highlighted the uneven impact of Covid-19, with some older adults experiencing a worsening of existing mental 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, like I said…And I don't think people realised the enormity of it. (P38 Map)

A number of 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 participants valued the way digital tools bridged social gaps during lockdowns, they also emphasised the importance of striking a balance between in-person and virtual interactions in the future. They recognised that virtual meetings lack 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, started at four, I was a couple of minutes late, so you missed all that interaction. And 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 were varied; where some felt excluded digitally, or did not want to engage, some continued to find particular aspects of this landscape more challenging than others (such as online banking or video conferencing). Plus, it is also crucial to situate this discussion within the broader context of society's expanded use of 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:

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

> Well, that 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)

The Covid-19 pandemic did not exist in a vacuum and has inherently interacted with the wider socio-economic context. 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:

> And also, 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)

Participants 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 their partner's ongoing treatment being negatively affected by Covid-19 and not returning to pre-pandemic levels:

> 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)

Access to local health services such as GP surgeries, emerged as a persistent issue following the pandemic with many older adults expressing significant worries about this change:

> I don't 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)

2.2.4 Section summary

Overall, the pandemic has left a complex legacy for older adults' social connections and their local environments. While some positive changes emerged, many older adults continue to grapple with negative consequences that continue to cast a long shadow. It is not easy to disentangle older people's experiences and categorise them into any binary framework, however, given this does not capture the full picture of the impact's that individuals continue to navigate.

3. Lessons to take forward: how age-friendly infrastructure and services can adapt

The Covid-19 pandemic has highlighted how older adults can be best supported to connect within and around their local environments. This report has discussed both the complex challenges this heterogeneous group have faced, along with more positive outcomes, underscored by their resilience and ability to adapt. This emphasises that relying on ageist stereotypes about older adults is not helpful (Stephens & Breheny, 2022) and that the pandemic's lasting effects require a paradigm shift in how we design communities with and for older adults.

This shift prompts critical questions about the future of organisations which support older adults: How can they continue to adapt to meet the evolving needs of this population? How should age-friendly infrastructure and services be reimagined in the post-pandemic era? Bringing together the findings from section one and two of the report, this section now seeks to respond to such questions. It is divided into two parts: 1) Building on strengths, and 2) Addressing challenges. As we navigate through the ongoing phases of the pandemic and beyond, these learnings can inform future practices, policies, and initiatives aimed at promoting age-friendly places and ensuring that older people remain socially connected to the places where they live.

3.1 Building on strengths

Age-friendly services can create a more supportive and empowering environment for older adults moving forward by capitalising on the strengths and positive experiences reported during the pandemic. This includes recognising:

Increased appreciation for local spaces: Local green space and infrastructure was important during the height of the pandemic, with place attachment playing a significant role in helping older adults feel rooted during a time of uncertainty (Hidalgo and Hernandez, 2001). Initiatives like community gardening, walking groups, and events held outdoors fostered a sense of belonging during lockdown periods (see also Ottoni et al., 2022). While many older people do continue to work to reconnect to their local areas (Greer et al., 2023), the study shows that moving out of the pandemic,

older people do not just want to re-engage with their local area, but also discover *new* parts of these areas. Age-friendly services can leverage this by offering accessible programs that cater to different preferences and support older people to explore both new and familiar ground.

Enduring shifts in social connections, routines, and habits: By offering insight into the diverse ways older people have made connections within and around their environments beyond the initial lockdowns, the study findings highlight that age-friendly services need to be adaptable to keep pace with the diverse and evolving social needs of older adults. While some older people continue to foster closer family bonds and prioritise family relationships (see also Mak et al., 2022), others have an increased appreciation for the value of weak ties or casual acquaintances (Granovetter, 1972). Conversely, many work to embrace new routines and expand and diversify their social circles through volunteering, group activities, and the use of digital technologies. This ultimately underscores the need for flexibility in service provision, so that structures can support a range of social needs and preferences.

Webs of resilience: Older people displayed resilience, resistance adaptation and agency in navigating the pandemic, which supports wider research (Ungar et al., 2022; Fuller & Huseth-Zosel, 2021). While some studies have started to explore the multifaceted nature of resilience in this context (see Jagroep et al., 2023), the majority have investigated it from the perspective of the individual (see Kadowaki and Wister, 2022; Tinkler, 2023, Lewis et al., 2023). The findings from this study highlight the network of facilitators that supported older people to employ their resilience and engage and connect in new and different ways. Older people not only drew from their own individual strength and coping strategies (Karmann et al., 2023) but relied on structures and organisations to 'get by' and pull them out of isolation. Age-friendly services should therefore not only recognise older people's agency and their capacity to navigate challenges, but also work with the understanding that they are an integral part of older people's web of resilience in this context.

Nonetheless, while the pandemic highlighted some positive changes and opportunities for older adults, these were not equally available to everyone. Disparities in experiences show that the ease with which older people were able to adapt depended on the resources they had to hand. Those who had the ability to get out and about

unassisted, the existing networks, skills, capacity or resources to maintain their networks in different ways (such as the move to online platforms) or the confidence and contacts to seek or receive support from others, ultimately fared better.

3.2 Addressing challenges

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:

Digital exclusion: The study findings support wider research highlighting the benefits of digital connectedness among older people (Liddle et al., 2021) as well as the threats of digital exclusion (Sin et al., 2021). This work adds to existing discussions by emphasising that work to support, train, and engage older people through digital means must be underpinned with the notion that 'one-size' does not 'fit-all'. Not all older adults seek to engage via digital platforms, nor do they all use digital technology in the same way. Where some might prefer using technology for everyday tasks like shopping and banking, others might gravitate towards video calls. Working to support those who are digitally marginalised and offering a variety of services with different levels of digital intensity, can help to ensure older people have the opportunity to participate, regardless of their comfort level with technology. While age-friendly initiatives have concentrated much effort on making physical places more inclusive for older people, our evidence indicates that so too should attention focus on access to and navigation of digital spheres including websites and communication platforms.

Lasting negative impacts on social, physical, and mental well-being: The findings resonate with existing research that has reported loneliness as a key consequence of the pandemic for older people (Ungar et al., 2022; Holaday et al., 2022; Neves et al., 2022). This work demonstrates that some older people continue to experience social isolation as they grapple with a loss of confidence in navigating public spaces and lingering anxieties about infection and uncertainty. The study findings also support the notion that social isolation can lead to other negative health and well-being outcomes for older adults (Kim & Jung, 2021; Macdonald & Hülür, 2021). Older people, especially those with pre-existing health conditions, reported a continued struggle with their

physical and mental health. Post-pandemic recovery efforts must thus prioritise multi-layered approaches to support their well-being.

Uneven impacts and inequalities: The pandemic's closure of community spaces, reduced in-person interactions, and difficulties accessing services amplified pre-existing challenges and co-morbidities (Buffel et al., 2021; Lewis et al., 2023; Panarello and Tassinari, 2022). Our evidence shows that some individuals continue to face these challenges, which have been compounded by the ongoing cost-of-living crisis and increased challenges in accessing the necessary healthcare. It is imperative for age-friendly services to adapt to this altered landscape and prioritise addressing these widening disparities, especially in socioeconomically disadvantaged areas where older adults are significantly affected by broader socio-political contexts.

4. Summary

During the height of the Covid-19 pandemic, lockdowns and restrictions severely disrupted social connections for older adults, often leading to isolation, withdrawal, and a decline in emotional well-being. However, this heterogeneous group displayed resilience and agency, actively seeking ways to bridge these gaps. Access to geographically close support networks, the local environment and infrastructure, and digital tools served as key pillars of support, aiding them in their effort to navigate challenges.

The enduring impact of Covid-19 on older adults and their communities is multifaceted. Some people have diversified their social networks and embraced new routines, habits, and roles, while others have tightened their networks and strengthened their relationships with their close ties. Additionally, where older people's local environment became a lifeline during lockdowns, offering solace and escape, a shift is evident in their renewed desire to explore and redefine their relationship with their surroundings. Nevertheless, the realities of older people's lives post-pandemic are complex, with the legacies of isolation, loss and anxiety continuing to persist for many.

Age-friendly infrastructure has played a pivotal role in supporting older individuals during the pandemic. As we transition into the next phases of Covid-19, it is imperative that services and organisations work with the understanding that older individuals have not *only* experienced negative consequences nor inherently desire to revert to a pre-pandemic 'normal'. Instead, the necessity for flexible services that acknowledge the multifaceted nature of the long-term repercussions Covid-19 has had on this group becomes evident. Placing older people's voices at the centre of provision design can help to ensure that this diversity is recognised and inform the development of services that facilitate sustained engagement.

While the research reported here has focused on the Covid-19 pandemic and its aftermath, we end with a note on the need to think beyond that context. For those involved in the study, life did not end at, nor even pause during the pandemic. Yet while the nation has begun to 'move on', older people continue to face challenges and disruptions; be those created by global insecurity, economic uncertainty, local service provision, or personal health and wellbeing. We hope that the findings and discussion

reported here have implications for, and might bring benefit to, how to work with and support older people regardless of the situations they find themselves in.

5. Key takeaways

- The pandemic's impact on older adults is complex. While some positive changes emerged, many people also grapple with enduring negative consequences that affect their social connections and relationship with their local environment.

- Older people have redefined their relationship with their local environment, actively working to not only reengage with familiar surroundings but explore new parts of the areas where they live.

- The pandemic has prompted enduring shifts in older adults' social connections and routines, emphasising the necessity for age-friendly services to be flexible and adaptable to this groups diverse and evolving needs.

- Older people demonstrated resilience and agency in how they navigated the pandemic. Understanding this is about looking at both their individual strength and the broader networks, age-friendly infrastructure and digital technologies that supported them.

- The profound losses older people have experienced should not be underestimated; for many they have resulted in significant and lasting consequences on their mental, physical, and social health.

- Digital technologies still have an important role in older people's social connectedness, but preferences and access vary widely, with some remaining digitally marginalised. Age-friendly initiatives need to pay more attention to the inclusiveness of online as well as physical realms.

- The pandemic's aftermath has exposed entrenched inequalities. Rising living costs and delays to health care services continue to interact with the pandemic and pose significant barriers for some older people.

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Appendices

Appendix 1 - Participant Demographic Overview

Developing Age-Friendly Communities in a Post-Pandemic World 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%
Grand Total	44	

Tenure Type	Participants	Percentage
Owner Occupied	27	61%
Social Rent	15	34%
Private Rent	2	5%
Grand Total	44	

Ward	Participants	Percentage
Barton and Winton	1	2%
Blackfriars and Trinity	1	2%
Broughton	1	2%
Cheetham Hill	1	2%
Chorlton	1	2%
Claremont	4	9%
Eccles	4	9%
Irlam	1	2%
Kersal and Broughton Park	6	14%
Little Hulton	4	9%
Pendleton and Charleston	8	18%
Quays	1	2%
Swinton and Wardley	1	2%
Walkden North	5	11%
Walkden South	3	7%
Prestwich	2	5%
Grand Total	44	

Household Type	Participants	Percentage
Living Alone	24	55%
Living with partner	14	32%
Living with partner and children	4	9%
Living with children no partner	2	5%
Grand Total	44	

Ethnicity Category	Participants	Percentage
White British	37	84%
Arab	4	9%
Black Caribbean	1	2%
Black African	1	2%
Black British	1	2%
Grand Total	44	

Known Disability	Participants	Percentage
Yes	17	39%
No	27	61%
Grand Total	44	

Known Health Issue	Participants	Percentage
Yes	30	68%
No	14	32%
Grand Total	44	

Gender	Participants	Percentage
Male	30	68%
Female	14	32%
Grand Total	44	

Appendix Two: Participant Key

Participant	Age group	Gender
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