The role of community organisations and social infrastructure

Introduction

Chapter 6 examined how the pandemic created added pressures to the support received by some of the individuals and groups interviewed for our research. An important response came from organisations and individuals within communities themselves, with what is known as the Voluntary, Community and Social Enterprise (VCSE) sector playing a significant role in the landscapes of care for groups such as older people. This chapter discusses the experience of a range of VCSE organisations across GM, looking at the challenges posed by social distancing and the demand for new ways of working within communities.

The chapter draws on longitudinal interviews with 21 community leaders, organisers and activists working and volunteering in organisations supporting older people as well as people working in local government. The discussion examines the role they played in responding to the pandemic and how this changed over time. As outlined in Chapter 3, organisations were drawn from across the voluntary sector in GM, including those working in particular neighbourhoods, charities focused on older people such as local branches of Age UK, equalities organisations such as the Manchester BME Network and the LGBT Foundation, and groups working with particular ethnic minority communities such as the KYP, the Ethnic Health Forum and the Caribbean and African Health Network (CAHN). Also included in this chapter are interviews with those in local government involved in the delivery of policy and practice to support older people, as well as individuals involved in more informal community activity to support older people. A full list of the organisations can be found in Table 3.1.

The sample of organisations reflects the diversity of cross-sector approaches to ageing policy which have developed in GM over many decades. Although the wider network is strong, as evidenced through GM’s status as a World Health Organization age-friendly region, organisations and groups within the network vary in size and resources. This means that they came into the pandemic with varying capacities to respond to the needs of the groups and individuals with whom they worked.

Following the longitudinal design of the research, the chapter is structured to present the evolving experience of the community and voluntary sector...
throughout the first year of the pandemic. The discussion explores the actions taken by organisations in the initial weeks and months, and then examines how services were adapted and reinvented over a 12-month period, in response to changing circumstances and needs among older people and the neighbourhoods in which they lived. The chapter also considers the impact of the services developed or maintained, both on older people as users and as people directly involved in their design and delivery. To conclude, the discussion considers the future needs of the sector in continuing to support older people.

Initial responses to the pandemic

The early weeks of the lockdown provided a number of challenges for the organisations interviewed. The initial stages of the pandemic were described as forming part of an ‘emergency response’, where organisations reacted to the issues in hand before moving on to a more strategic style of planning later in the year. One community organiser commented that “these have been extraordinary times with a lot of … firefighting”. Karen, a staff member from Age UK Salford, spoke for many with her comment on the early phase of the pandemic:

‘For six or eight weeks we [staff and volunteers] didn’t see much of each other. It was all hands on deck within our organisation, [access to] food was the priority. Reflecting on what we could do with staff in a safe way. It took a long time to sort out the practicalities. We pulled staff out of the hospital café and services were closed. Phone calls had to be reorganised because of the increasing number of people calling. Lockdown started on 23rd March. The previous Thursday the risk assessment started.’

Staff and volunteer shortages were high, due to people being ill with the virus or having to shield or self-isolate, which meant capacity was stretched from the outset. Some organisations lost staff through the operation of the furlough scheme. The most immediate change was the switch to home-working as offices and community centres were forced to close. This shift was disruptive for everyone, but for some of the smaller organisations limited access to personal laptops and mobile telephones presented additional barriers, as described by Atfat, a project officer from the Ethnic Health Forum:

‘We were able to apply for a grant from Manchester City Council to get a laptop and mobile phone for staff so they could continue to work from home. Even then this is taking some adjustment as everyone is getting to grips with new ways of working on things such as Zoom
so there have been some challenges around training for staff and some need more support than others.’

Even with the appropriate equipment, many staff faced combining home-working while juggling other caring and home-schooling responsibilities. Organisations were able to use their existing relationships in the community to contact those whom they thought might need assistance. These initial contacts, often made around the provision of food and medicines, were also used as more general welfare checks. Those interviewed described how they were able to refer people to other organisations if needed, as well as ensuring the people to whom they spoke had contact details in case of emergencies. Initial contacts were generally made via telephone and social media, word of mouth, and referrals from other community hubs and service providers to identify and reach older people who were unknown to organisations. However, there were concerns that the closure of many public spaces meant that certain individuals would be missed, as Sally from Age UK Wigan explained:

‘There is always going to be people we aren’t able to reach because people aren’t gathering in the places like they used to, like libraries and doctor’s surgeries etc. We would like to be able to mail [an information newsletter] to the whole borough but we can’t because we don’t have the funds for that.’

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

The early months of the pandemic represented, then, a period of significant disruption for the community and voluntary sector. However, as described in the following section, almost immediately organisations started to implement changes to their ways of working so that they were able to continue existing services and provide new ones to meet the emerging demands of the pandemic.

Adaptations to services and support

In this section four main adaptations to services and support for older people are discussed, which emerged as key areas of concern for the various
Provision and distribution of food

The provision and distribution of food, which formed a significant part of the work carried out by community organisations during the pandemic, took several forms and responded to different types of needs. In some cases, it involved collecting and delivering food for those unable to leave their homes and who had no one else to help them. In other instances, it entailed providing free or subsidised food to households who were struggling financially. Services such as food banks and emergency food parcels were often provided free or, in the case of the delivery of cooked meals, with a small charge to recipients. One organisation commented that they began charging a small fee for their food provision service after feedback that this fostered a degree of self-respect for the beneficiaries. Other organisations worked with local community hubs to provide culturally appropriate food to older community members.

The KYP, a community organisation in Rochdale, working with members of the Kashmiri and Pakistani communities, found that food parcels provided by the local authority, as part of the emergency response to the pandemic, did not always cater for the needs of South Asian families. According to one of the organisers at the KYP:

‘The local community hubs were offering emergency food parcels to older people but they only had two options, vegetarian or
non-vegetarian, no other dietary requirements were considered. Many South Asian households opted for non-vegetarian but weren’t able to eat a lot of what was sent to them because the meat was not Halal.’

In response, the KYP started collecting and distributing their own food donations to ensure that older people had access to culturally appropriate and Halal provisions. In the first stages of the pandemic, the organisation reported distributing over 750 food parcels to local households. When the KYP were interviewed for the second time, in the autumn of 2020, the provision of food had become one of their main activities and they had set up a food pantry to collect and store donations. Shenaz commented that they had seen rising rates of poverty in the area and, as a result, saw this development as a permanent feature of the KYP’s work:

‘There is going to be a longer-term need. We feel that poverty has increased in the area and that the local emergency food support that was set up at the start of the pandemic is starting to fade away. With more and more families being financially impacted by the pandemic … the ability of families to support their older relatives is being put under pressure, so we see this is a longer-term need.’

Moving services and activities online

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

For many older people, the pandemic was the first time they felt they needed to engage with others using online platforms. Therefore, organisations provided additional support to enable their members to become more confident in accessing online technology. For example, Levenshulme Good Neighbours offered a befriending service and IT coaching on how to use hardware, software and social media. ‘Tech and Tea at Home’ was another initiative to encourage digital inclusion run by Inspiring Communities Together, based in Salford. This programme organised volunteers to visit people on their doorstep to provide guidance on how to use their computer. Those who used the service were then invited to online sessions in getting more proficient in IT, in some cases, using tablets supplied by the programme at a subsidised rate. Subsequent online sessions then looked at issues around healthy eating, keeping entertained and staying safe online.
Initiatives such as ‘Tech and Tea’ were labour-intensive but had largely positive and sometimes unexpected results, including attracting new service users. For example, one organiser was surprised by the number of men who had joined their online group, as in her experience men were often more difficult to engage in organised group activities: “Normally there would be more women, but Covid changed that, perhaps because it’s just a matter of turning the computer on, maybe their wife joined and they are in the same room so they join too. We had a ‘sporting memories’ initiative, so that attracted men as well.’

Online activities were also felt to be a way of providing opportunities for social interaction within existing social networks. One community organisation noted how Zoom fostered a new type of intimacy, as people felt more at ease talking to organisations from the comfort of their own home. In some instances, moving services online was not regarded as feasible, either because those involved were unable to access online technologies or because the nature of the service meant communicating online was not felt to be appropriate. For example, in the case of services dealing with confidential and sensitive material, the Ethnic Health Forum found that their information and advice service worked better for older people over the telephone and using WhatsApp:

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

Issues surrounding digital exclusion, whether through access to technologies or lack of confidence in their use, were challenging for organisations to face in their efforts to adapt services during the pandemic. Some were cautious about moving all of their meetings and activities online too quickly and consequently excluding some individuals. Daniel who worked for the LGBT Foundation was conscious of not leaving anyone behind because of digital exclusion:

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

Some organisations were able to attract new service users through online platforms, and for older people, there was the benefit of maintaining social contacts and developing new skills in using digital technology. However,
transferring services was not without challenges. Significant resources were required to help people to become digitally connected, and in some cases, digital exclusion meant alternative mediums of connecting were needed, as reviewed in the next section of this chapter.

**Telephone befriending and other ways of keeping in touch**

Considerable time and effort was reported by organisations in maintaining connections with older people who were either already socially isolated, or at risk of becoming further isolated, due to the pandemic. Where people were unable to participate in online activities, alternative methods of communication and staying in touch were used. By far the most important was the telephone, which was seen by some stakeholders as more inclusive, as most older people had access to a landline. Almost all the organisations expanded their telephone befriending services, and also carried out welfare checks by telephone. As one organiser commented: “Our starting point was the phone conversation. For some people that weekly telephone call is their main social interaction.” These calls helped to find out if people needed any additional support. At the same time, they also provided a chance to have an informal chat for those who might otherwise have been at increased risk of social isolation. Telephone calls provided a lifeline, especially for service users who were struggling with having limited social contacts.

As well as the risks of social isolation, and the need for information, some organisations developed telephone befriending schemes which helped continue a sense of community and belonging among particular groups of people. For example, the LGBT Foundation set up the ‘Rainbow Brew

Figure 7.2: Telephone befriending
Buddies’ telephone befriending service, in response to people from the LGBTQ+ community experiencing increased isolation during the lockdown. The service paired up users with volunteers to have a regular telephone catch-up for the length of time it takes to drink a cup of tea or coffee.

A similar support role was found in the use of WhatsApp groups to disseminate information to large numbers of people. This was the case with a WhatsApp group created by the KYP for the members of their Elders Group (most of whom were women), which was successful in keeping people in touch with one another and with the service. The online messaging group was used daily to share information about the service, health advice and regular updates on government restrictions. It also offered a forum for discussions, with many women providing peer-to-peer support and advice.

**Mental health and well-being support**

The challenges arising from social distancing, as well as existing pressures facing many living in poverty, meant that many organisations saw a steep increase in the need for mental health support for particular groups of older people. Mental health and well-being needs were addressed through a number of avenues. Due to the reluctance sometimes encountered when having conversations around mental health, organisations tended to address this issue from different angles, not all of which had an explicit focus on mental health. Examples include printed guides on maintaining health and well-being during the pandemic, initiatives to encourage people to stay active, as well as more interventionist approaches such as counselling and advice services.

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

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

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

Organisations with access to green spaces were able to run group and one-to-one activities, once restrictions began to lift in the summer of 2020. These spaces provided an important additional resource to encourage people to get outdoors and look after their physical and mental health. One community organiser explained:
'From July, the management of the allotment had to include sanitising of tools and outside toilets because a great number of people started to come to volunteer. It’s been a life saver as the allotment helped combat social isolation. In addition, volunteers could take home a bag of fresh produce from the gardens.'

A similar initiative, ‘Inspiring Communities Together’, started to deliver a ‘Walk and Talk’ service, where a member of staff would accompany one or two older people for a walk around a local park. History walks were also added to this programme in an effort to appeal to people’s different needs and interests, and a video was made to show how people could use the park safely and with confidence. The ‘Rainbow Brew Buddies’ also extended their befriending service, providing volunteers to accompany people one-to-one to go back to public spaces once they reopened, in an effort to build people’s confidence around returning to activities and events.

**The role of older people in networks of support**

As seen in Chapter 6, many older people were themselves key actors in the landscapes of care that emerged within communities. One such example is Joyce, a woman in her 80s, who was an important figure within the age-friendly community in GM, as well as the African Caribbean community. She described how she started contacting some of the people she knew through the age-friendly network, in the early stages of the pandemic:

> ‘Some friends had told me they might need a phone call as well and that’s how I started phoning up members from the Greater Manchester age-friendly network and also from the age-friendly board, phoning them up and asking them, how are you doing? I think it was just a pleasure to listen to them talk and hear how they are coping.’

Joyce regularly telephoned seven or eight people, a role which she took on her own initiative, saying she “just felt like I needed to do this”. Joyce is one example of many older people in this research who were part of informal networks of support, either in the neighbourhoods in which they lived or within their communities of identity or experience. As well as providing a friendly ear, these individuals also functioned as informal community connectors, where they were able to signpost and in some cases inform older people about services or support networks. Joyce described an example of a woman she knew called Janet who was supporting a neighbour called Denise:

> ‘Janet is wonderful, she lives in Bury. I think Denise is in her 80s. She does a lot on her phone as well. Because somebody who was really in
a dire situation … she was told about a lady who is in social isolation [shielding] and was very anxious because of [access to] food. So Janet gave her the number of the local authority and that was sorted out but not only that, Denise said she phoned up later on to find out if things had been sorted out. So she followed up.’

This excerpt demonstrates the vital role played by older people as key connectors in their communities, as well as the importance of the continued use of the telephone in maintaining connections during the pandemic.

**Gaps in support for older people**

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

**Supporting mental health and well-being**

Many stakeholders commented on what they viewed as the deterioration of older people’s mental health and well-being during the pandemic, confirming findings from older people discussed in previous chapters. Some organisers expressed concern about particular groups they supported who had “gone downhill really badly”, and pointed to the need for enhanced emotional and mental health support. One remarked on the change in some people’s emotional resilience to the lockdown as time went on, and how initial ‘stoicism’ had given way to less positive feelings, and darker questions being asked such as ‘what’s my life about?’ Others commented that some older people had become ‘hermit-like’, and were feeling reluctant to go out of their homes (again, reinforced by observations in Chapter 6). While many organisations offered emotional support, either online or via telephone, the unprecedented circumstances of the pandemic and increased levels of need meant that in some cases, areas of concern were being missed. The skills and expertise available to meet high levels of need were unavailable in many instances, suggesting major concerns about the adequacy of mental health support given the long-term damage created by the pandemic.

**The need for culturally relevant and accessible information and services**

Early in the pandemic, many organisations working with ethnic minority communities felt that more effort should be made to provide information
for those with lower levels of English literacy. An interviewee from the KYP gave the example of an information leaflet from the local authority about the local community hubs and emergency support available. An English-language version of the pamphlet was the only one available for a considerable period during the first wave of the pandemic. Local authorities made efforts to address the needs of BAME communities by, for example, translating information leaflets into different languages. However, one stakeholder from the South Asian community remarked that translation alone was not always sufficient, and that services needed to be complemented by culturally sensitive and accessible information. For example, it was noted that the image on the front of one information leaflet was of an older White woman, leaving the organiser to think that many people who did not identify with the image would have considered it irrelevant to their needs.

A similar sentiment was expressed by organisers regarding concerns within communities about vaccines for COVID-19. Several responded by hosting webinars involving medics from individual BAME communities to answer queries and discuss concerns. Once again, although many organisations did their best to respond to these gaps in accessible information, they felt more could have been done by statutory services, as in the following comment from Shenaz with the KYP:

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

*Loss of opportunities for face-to-face contact*

Loss of access to physical spaces was highlighted by almost all organisers, when asked about the kind of facilities people were missing. This also confirms findings from our interviews with older people themselves, that online platforms were often a poor substitute for face-to-face interaction. The need for social interaction was a gap that many organisations were unable to address due to social distancing measures. Online interactions and keeping in touch via telephone calls and WhatsApp groups were vital
lifelines for many. However, they did not replace face-to-face contact. Although some organisations did reintroduce some small group and one-to-one activities when regulations allowed, opportunities for casual drop-ins that had previously been offered were missing. This type of informal socialising, often unstructured and without any expectation or obligation, has long been a vital part of building social networks for many community organisations. Fears were expressed that losing this type of social contact would further isolate individuals who were less confident about attending more formal groups.

**Digital exclusion and further isolation**

Despite their best efforts, all of the organisations interviewed were concerned that some older people became further isolated by the pandemic due to digital exclusion. Lack of access, competence and desire to engage with online technologies made it difficult, if not impossible, to maintain contact with some older people. Due to the suspension or restriction of face-to-face services, stakeholders grew increasingly concerned that individuals and groups of older people who had been difficult to reach before the pandemic were now more at risk of ‘slipping through the net’ due to digital exclusion and increased risk of isolation. Outreach work, where organisations would attend different community spaces in order to engage with those who were not already coming to their services, had to be suspended during lockdown. Therefore, organisations had to rely on their existing knowledge of people in their communities and informal networks.

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

Residents of sheltered accommodation were not completely protected from feeling isolated where they lived. Both organisers and participants in this study relayed stories of restricted access to communal areas, including gardens and laundry rooms, thus limiting opportunities for social contact (see Chapter 6). In one case, stakeholders related stories of residents feeling a lack of choice and consultation in the changes affecting their homes, with ‘tape being put across communal areas and policing via CCTV’. Our research
offered similar accounts of older people living in sheltered accommodation feeling as though they were not being treated as responsible adults.

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

**Working with socially excluded groups**

Engaging with groups experiencing marginalisation and exclusion was an important challenge for community organisations. Factors that left people at risk of marginalisation varied considerably but organisations expressed concerns about groups with limited English and literacy, carers, people with complex health needs and those without children. However, through the interviews with organisations and volunteers, it became clear that many of their concerns were around people with complex and multiple needs who did not neatly fit into existing definitions of being at risk of social isolation.

Helen, a community activist living and working on a social housing estate, explained the challenges of maintaining contact through the pandemic with older people who were reluctant to engage with services:

‘You have a group without family. Not good with technology. Not very good expressing emotions. Difficult to let people in. They don’t want social services help. I have got all the trauma of helping people to get services but they still feel that government is something to be wary of because of their past when they worked on the side [paid in cash to avoid paying tax]. A lot of them don’t access the usual kinds of support. And then the informal sources [of support] have gone.’

Helen’s reflections highlight the multiple inequalities which affect some older people’s lives. Martin, a volunteer in another neighbourhood, had similar concerns, particularly relating to residents he had been working with in organising a men’s social group:

‘I know Adam which was the person I was most concerned about … got himself a smart phone and I have been lending him books. He did not have a smart phone before and no internet access. He accessed [the internet] before via computers in the [public] library [free of charge] and the church. Last time I spoke to him he was trying to set the phone up. He lives in our [tower] block and he suffers from depression which isolates him anyway.’
Organisations and volunteers such as Helen and Martin have spent many years developing relationships of trust and understanding, working with isolated individuals, such as the single men referred to in these quotes, in order to try and break down some of the barriers preventing individuals from accessing help and support. There was a clear concern that the impact of the pandemic would undermine this work, as expressed by Martin: “We had a group of seven hard to reach people coming along to the meetings [prior to the pandemic]. Hopefully not all is lost. Hoping to run workshops at some point in the future in a socially responsible way.”

As well as being able to reach people and maintain contact, organisations also expressed concern around meeting the specific needs of certain groups vulnerable to discrimination. For example, staff from the LGBT Foundation had concerns that much of the messaging from government around checking up on older family members at the start of the pandemic was heteronormative and did not take into account that many older LGBTQ+ adults might not have children or be estranged from them and their wider family networks. The messaging was felt to be alienating to the community, making it more difficult for people to ask for help, especially when there was such an emphasis in public discourse around neighbourhood level support. The Foundation was concerned that such a narrative overlooked the fact that some older people may not have had positive relationships with their neighbours.

More broadly, many organisations were anxious that despite their best efforts adapting services, not being able to host face-to-face activities was undermining their ability to reach out to marginalised groups. Kareem explained his concern about the effects of a closure of an important community space:

‘People used to come to Inspire [a local community centre] for a coffee and this would take the whole morning. Now they have nothing to do. If they are on the phone it is only for ten minutes and what else do they do with their time? The social contact is missing.’

For organisations working with minority groups, the inability to meet in physical spaces was particularly acute. Staff from the LGBT Foundation reflected on the lack of opportunities during the pandemic for older LGBTQ+ adults to meet face-to-face with those who shared their identity and to be able to access inclusive spaces:

‘For many people their LGBT identity hasn’t been affirmed throughout the pandemic as people have been cut off from the groups and organisations where this is central. For example when people have been engaging with health care services they feel their identity is not recognised and also where people have reconnected with family due to
checking up on them it has been the same. Therefore, people are really missing the spaces and opportunities to have their identity recognised.’

An additional concern was the pressure on organisations to meet the specific needs of different groups when faced with the death of a partner or relative. This was evident, for example, within the Muslim community where the loss of friends and relatives could not be marked with traditional Islamic customs. As community organiser Kareem explained:

‘For a Muslim, when you leave this world, there are the last rites, but none of this could happen. People feel so guilty. I tried to call the family [of the deceased], but now they have stopped answering the phone, that fella had no one to say goodbye in hospital or his funeral. There were four people at the funeral, there should be 400.’

The pandemic also reinforced a broader problem, highlighted by the UK Commission on Bereavement (2022), that services often fail to reach groups and communities who may benefit from their support. The Commission emphasises in particular that: ‘Those who identify as Black, Asian or another ethnic minority can struggle to find support that is culturally sensitive and tailored to their needs. Those who identify as non-binary, trans or are a member of the LBTQI+ community can also experience disenfranchised grief’ (UK Commission on Bereavement, 2022). Our findings would suggest this experience has almost certainly increased over the course of the pandemic, with potentially long-term damage to the mental health of the bereaved as well as the communities of which they were part.

Looking to the future

In the autumn and winter of 2020–2021, organisations and community leaders working with older people had already demonstrated their ability to continue to meet the needs of their older members. However, the future for many organisations in the sector remained uncertain due to the continuation of social distancing (rules were eventually relaxed on 19 July 2021), and the emergence of new variants of COVID-19.

Organisations had lost funding, staff and volunteers, while demand for their services had increased at the same time. This new and evolving landscape was something to which they continued to respond while also trying to make plans for the future. Many referred to a ‘culture shock’ of having to adjust from years of an approach based on encouraging older people to come out of their homes to engage with others and their communities. After 12 months of social distancing, some older people were desperate to return to ‘normal life’ while others remained more cautious or even reluctant, as explained by
community organiser Joe: “Even if the government turns around and says we can forget about social distancing … can we forget about [face] masks? Can we forget about gloves? I think it’s going to be about people’s mindsets now in terms of how we go forward.” This discussion has illustrated how many of the spaces of care within the community and voluntary sector were transferred to virtual ones. It remains to be seen how these will continue to be used, and their relationship with more traditional forms of social infrastructure within communities.

In 2021, many of the organisations in our research were starting to reintroduce face-to-face services. Often these were based on activities to help rebuild older people’s confidence in order to re-engage in activities. Indoor activities proved to be difficult to reintroduce, as explained by community organiser Tracey: “The biggest challenge is going to be how we safely reopen the centre. We are going to have to grapple with risk assessments, guidelines, legal responsibilities and managing expectations from the public and staff, insurance and funding. On top of that there is the loss of income.”

A key finding of this chapter was that although there were many strengths in the diversity of organisations we interviewed, inequalities existed in the level of resources which they were able to access. Although the age-friendly agenda was well co-ordinated by statutory services, those operating at the neighbourhood level were often limited in what they could do due to lack of funding and pre-existing inequalities. It is important to note that many local neighbourhoods included in this study had witnessed the hollowing-out of important social infrastructure, and were already experiencing precarity in terms of resources and facilities at the start of the pandemic. Concerns around funding and staff and volunteer shortages, and how older people...
would want to engage with services in the future, created an environment of considerable uncertainty for the majority of groups interviewed.

**Conclusion**

The community and voluntary sector formed an important landscape of care for older people in this study. The chapter has shown how the shape and form of this landscape was radically reorientated due to social distancing rules, which closed community spaces and vital social infrastructure. New virtual spaces of care were created to replace physical spaces such as community centres and libraries. Different services were developed to respond to changing needs within the population, especially where people experienced reduced contact with family and friends.

We also saw new relationships surface between virtual and physical spaces, and between formal and informal networks of support. Key individuals in neighbourhoods, who were often older people themselves, became central to maintaining support networks and complementing the work of formal organisations. As seen in Chapter 6, with regards to older people’s personal relationships, the requirements of social distancing challenged how we understand the relationship between care and proximity. The people we interviewed at community and voluntary organisations cared deeply for their communities, often having built up long-standing relationships within them. From the onset of social distancing restrictions, and in many cases beforehand, they worked tirelessly to maintain a social, and often emotional, closeness with the older people they supported.

GM has a strong VCSE in general and has particular strengths in its network of age-friendly groups, organisations and services developed over several decades. Findings from this study show the creativity of the sector as well as the importance of being a part of the age-friendly networks in GM. Led by local government, the network supported collaboration and knowledge sharing to respond to the challenges in hand. The problems facing communities resulted in more informal networks emerging to support the activities of formal organisations. Although often associated in some way with formal organisations such as the GM Older People’s Network or neighbourhood based community groups, people like Joyce or Martin also served as part of more informal contacts within their networks, often being the first point of contact for many other older people. These informal networks often proved vital in meeting the needs of the most marginalised and therefore support and recognition for such groups, and often individuals, will be crucial in a post-COVID-19 recovery.

Much has been made of the resilience of the community and voluntary sector in popular and academic discussions, together with its ability to demonstrate ‘strength, creativity and innovation’ during the pandemic.
The role of community organisations (British Academy, 2021: 10). While this chapter would certainly support findings around the creativity, ingenuity and pure stamina of the sector and individuals working within it, it would also argue that this only tells part of the story. By exploring the experience of organisations supporting older people in GM, more critical reflections on the experience of these organisations are also needed. The precarity of the sector must also be acknowledged, both through its changing role in relation to the state, the challenging economic conditions in which the sector has been operating, and the uncertainties faced by the communities it supports. Many of these organisations were financially vulnerable before the onset of COVID-19, an aspect that has intensified as a result of continued restrictions on public expenditure and the damage to social infrastructure inflicted by the pandemic.