Understanding everyday life during the pandemic

Introduction

Chapters 4 to 7 provided an overview of the range of experiences of everyday life under COVID-19 reported among our various groups of participants. This chapter reflects upon some of the cross-cutting themes which arose across the study, summarising the range of findings and observations which emerged from the interviews both with older people and community organisations. Chapter 9 builds on this overview and outlines a number of recommendations in relation to developing a ‘community-centred approach’ in responding to future variants of COVID-19, as well as making suggestions for how to create a post-pandemic neighbourhood.

A first observation is that, in many respects, older adults were no different from other age groups during the pandemic, managing as best they could, given the limits imposed on physical and social relationships. The interviews highlight the various ways in which older people tried to maintain their usual routines, in some cases, developing new interests and hobbies. Many participants were highly adaptable in their routines, whether through rediscovering interests in poetry, writing, arts and crafts, or befriending others via the medium of the telephone or online platforms. Some reflected on unexpected positive aspects of lockdown, such as being able to spend more time with their family, having the opportunity to focus on prayer or religious practice, or developing new digital skills. In this regard, our participants demonstrated a strong sense of agency, autonomy and creativity in managing what was an undoubted crisis affecting their daily lives (see also Fancourt et al, 2022).

The interviews with the community organisations also emphasised their inventiveness and adaptability. Existing services were frozen, and new types of support, such as telephone welfare checks and emergency food parcels offered, providing a much-needed emergency response to the pandemic. Over time, new services emerged, including online support groups, chair-based exercise sessions and well-being classes. Organisations also developed activities to cater for people unable to leave their homes and who had no means of engaging remotely. These included posting craft packs and telephone befriending. The age-friendly network developed in the region also provided a vital means of support and coordination for much of the work across GM.
However, at the same time, many organisations expressed concern that despite their best efforts at adapting services, not being able to host face-to-face activities undermined their ability to reach out to marginalised groups. While many offered emotional support, either online or via the telephone, the unprecedented circumstances of the pandemic and increased levels of need meant that some areas of concern were not being addressed. For organisations working with minority groups, such as those from the LGBTQ+ community, the inability to meet in physical spaces was particularly acute. Prior to the pandemic, LGBTQ+ friendly spaces were of particular importance in helping to reinforce a shared sense of identity and support within people’s networks.

Role of technology

Adapting to, and exploiting the benefits of technology, was crucial for many of those interviewed. Indeed, an important finding from our work has been how the use of platforms such as Zoom entered into the language and rhythms of daily life. People spoke of digital technologies opening up opportunities to engage within their neighbourhoods; with family and friends in other countries (especially important for South Asian and African Caribbean communities); as a medium for sustaining their involvement in different social activities and religious practice; and as a source (particularly for the LGBTQ+ community) for reaffirming identity at a time when traditional forms of social contact were unavailable.

Those with resources and confidence in digital technology were able to transfer to online platforms to maintain activities and relationships with family and friends. Some participants ‘regrouped’ virtually to make up for what was no longer possible face-to-face, providing participants with vital companionship over the period of the three lock downs. For some of those interviewed, the conditions of lockdown led to their first encounter with digital technology. Some learnt new skills, either through guidance provided by younger family members or neighbours (see Chapter 6) and/or support provided by community organisations (see Chapter 7). In these cases, digital technology often acted as an intergenerational medium that enhanced relationships and neighbourhood networks. Befriending services, whether online or by telephone, also offered a vital social link to many, particularly those living alone and those who were already at risk of social isolation.

Equally, it was clear that those without access to online media were disadvantaged in a variety of ways, notably in being unable to maintain contact with friends and family and in being deprived of services and activities that were only available online. Those lacking access to the internet experienced what Seifert et al (2021) refer to as a ‘double burden of exclusion’, with restrictions placed on physical contact compounded by inequalities in access to IT.
The community organisations interviewed became increasingly concerned that individuals and groups of older people who had been difficult to reach before the pandemic were now at an even greater risk of ‘slipping through the net’ due to digital exclusion and increased need. Differences in the use of technology through the pandemic has, we suggest, introduced *new forms of inequality within the older population*: an issue that would be a valuable subject for further research and policy consideration (see Chapter 9).

In our study, community organisations often played a crucial role in helping people living alone to get online during the pandemic, but the demand for their services was considerable. There was concern about services remaining online after the pandemic thereby exacerbating inequalities further. Before lockdown, these services provided vital support to those at risk of social isolation. The findings therefore demonstrate the need for a major public policy intervention to address digital exclusion, particularly in lower-income and minority communities, to help individuals to maintain social relationships in periods of crisis such as COVID-19 (Macdonald and Hüllür, 2021).

Another observation from our research concerned the important *role of religion* in structuring and giving meaning to everyday life for some participants. Our interviewees came from a variety of faiths, including Methodist, Catholic, Quaker, Jehovah’s Witness, Protestant, Evangelical, Pentecostal, Muslim, Sikh and Hindu. In many cases, faith and prayer were central to the organisation of daily life; in some cases, also providing a framework for making sense of the pandemic itself. Again, technology was an important medium in maintaining religious engagement, through the organisation of virtual church services and meetings of various kinds. Some interviewees mentioned how they had joined online worship across the world for the first time, thus extending their networks across international borders. Others described how members of their religious groups were like family, offering vital support and companionship throughout the 12-month period.

But it was also the case that many people spoke of missing social contacts and relationships gained through visiting their place of worship, with Zoom and related platforms often regarded as inadequate substitutes for face-to-face meetings. The impact of restricted numbers at funerals was also a major concern, and the inability to grieve and mourn properly resulted in considerable pain for many of those interviewed. Not being able to say goodbye to relatives during their final days, attend funeral services or visit the home of grieving friends and relatives was a major concern for many of the people we interviewed (see also UK Commission on Bereavement, 2022). Our findings show that it is likely that the impact of losing loved ones during the pandemic, and the sheer numbers of deaths affecting some communities, will be felt long into the future, with the psychological costs likely to have significant consequences for individual health and well-being as well as relationships within families and religious communities.
Issues and concerns relevant to the future care and support of older people

The interview findings illustrate the various means by which people managed their everyday lives during successive lockdowns, often finding innovative ways of maintaining links with their pre-pandemic lives. However, many participants reported existing health or social problems increased because of the various lockdowns. The next section reviews the most important of these, and the different types of changes encountered among the groups interviewed for our research. Here, we identify four main areas of concern: ageing under lockdown; social isolation during the pandemic; relationships with family and friends; and the role of the home and neighbourhood during the crisis, which form the basis for policy recommendations in Chapter 9.

Ageing under lockdown

An important finding from our research (highlighted in Chapter 4) concerned a degree of physical and mental deterioration affecting some of our participants over the duration of the research. Some spoke of the impact of restricted mobility over a number of months, because of being confined to their house or flat. The consequences included reduced confidence in getting around their neighbourhood or restarting exercise routines. For some of those interviewed, certain behaviours which were ‘under control’ before the pandemic became ‘out of control’ as COVID-19 progressed, for example, those relating to diet and alcohol consumption. In cases such as these, the pandemic also seemed to increase awareness about ageing itself, but often as a negative rather than positive life transition. Over the period of 12 months, many felt a loss of independence and were concerned about whether they would ever regain their confidence after lockdown restrictions were lifted. Some reported becoming more aware of the passing of time, and their own ageing, reinforced by having ‘much less energy’; or feeling less physically or mentally able.

A related issue concerns the extent to which the pandemic may have heightened feelings of vulnerability among certain groups. An example from our research concerned those who had received a letter advising them to shield (see Chapter 4). Our findings show that in some cases, such guidance had a demoralising effect on mental health. It was indeed a shock for some to be told they were ‘vulnerable’. This was not part of their self-image or how they defined themselves as a person. This may be another example where the pandemic will have a long-term (and potentially negative) impact on how many people think about their health and well-being coming out of lockdown. Perceptions of vulnerability may also be traced to other sources: people feeling they had become a ‘burden’ on their family or even
on society itself. Among our South Asian and African Caribbean groups, racism may also have played a role; and within the LGBTQ+ group, discrimination and stigmatisation added to their sense of marginality or precariousness. Many of the community organisations also commented on what they viewed as the deterioration of older people’s mental health and well-being among some groups during the pandemic, confirming findings from older people themselves.

### Social isolation during the pandemic

Another observation from our research concerned the extent of social isolation arising from the pandemic, which was evident in some groups. There were particularly striking examples from some of the South Asian women interviewed for the study, and from White British men living alone (see Chapter 6). The issues were distinctive for each group but raise important questions for community support more broadly. Among the former, there were powerful expressions of the anguish caused by successive lockdowns, these resulting in feelings of depression, anxiety and being a ‘prisoner in your own home’. Such sentiments were invariably driven by the increased pressures women felt as carers. Responsibilities – for example, caring for a sick husband – had remained the same, but support had weakened with social distancing and pressures on statutory services. We were struck by the intensity of the pressures experienced by these women – exacerbated in some cases by financial difficulties and poor housing. Single men living alone presented a contrasting set of issues, but with similar experiences of intense isolation among some of those interviewed. Prior to the pandemic, many of the single men had fragile social networks, poor physical health and low incomes. Those people who had experienced social exclusion and discrimination before the pandemic were often further disadvantaged as a result of COVID-19.

Successive lockdowns, in some cases, disrupted routines created to ward off feelings of isolation, or to fill the gap created by the loss of a partner. For others, being ‘alone’ over a sustained period created fresh anxieties: uncertainties about whether something was just an ‘ordinary illness’ or ‘the virus’; worries about dying ‘alone’; or having no one to put things in perspective: ‘someone to talk to’. For some, spending 24 hours a day at home led them to reflect on the realities of living alone in a new light. ‘Digital exclusion’ was also a significant barrier to maintaining relationships, with the majority of those mentioning ‘feeling worse’ or more ‘depressed’ lacking access to different kinds of technology and social media.

Many of the interviewees mentioned key biographical turning points which influenced how they experienced or viewed the impact of COVID-19, such as the separation or death of a spouse, and for some of our gay participants,
turning points related to reactions ‘coming out’ to their family and friends. As well as, in some cases, contributing to social isolation in later life, these turning points also provided some of the participants with resources to cope with the challenges brought about by COVID-19.

An additional pressure created by COVID-19 centred on the closure of vital social infrastructure, which many of the single men, in particular, invariably relied upon for support – community centres, local cafés, libraries and pubs. The loss of these facilities had a considerable impact and this emphasises their importance, especially within lower-income neighbourhoods.

Relationships with family and friends

What do we know, based on our interviews, about the impact of COVID-19 on intimate ties? To what extent did the pandemic affect relationships with family and friends? The study found that there were complex and uneven patterns of change that emerged from our interviews across the 12-month period, these being characterised as both a contraction and expansion of social relationships and a reconfiguration of landscapes of care.

In some cases, intimacy emerged in unexpected ways, as in the case of the befriending services that multiplied during the pandemic, or in different types of support provided by friends and neighbours who created ‘support bubbles’. Our research also indicated the strains which could affect friendships as a result of social distancing. ‘Not having much to talk about’ was a typical comment and it illustrated a wider problem that the activities which sustain friendships – confiding, laughing together, sharing interests, providing emotional and instrumental support – could often only happen on a virtual basis. This worked in some cases for those who could adopt (or who had already adopted prior to the pandemic) technology as a way of maintaining relationships. Our findings confirmed how friends continued to play a crucial role throughout the 12-month period of the study. But for many, digitally included and excluded alike, keeping friendships going throughout the pandemic was a challenge.

There were examples of relationships becoming more distant and some becoming closer. Some participants developed new networks of support within changing landscapes of care. If friends became, in some cases, less proximate, family was certainly centre-stage for many of those we interviewed. Again, this was often the case among those most digitally connected, with Zoom and WhatsApp being drawn upon to maintain regular contact. Use of the internet to maintain transnational ties (almost certainly a feature of life before the pandemic) was an important element in the daily lives of many of our participants, particularly those from the African Caribbean and South Asian groups. However, for many, technology was a poor substitute for being physically present with family members, especially during difficult times.
For those women with significant caring responsibilities – our group of South Asian women were an obvious example – separation from family members outside the home was a major source of anxiety. Especially for those living in multigenerational households, there were tensions resulting from concerns about ‘catching the virus’ and passing it on to another member of the family. Our research also found that living with others did not always protect people from feeling isolated. Some relationships adapted while others flourished, but overall, intimate ties became more limited in a variety of ways.

For certain groups, the loss of friends may indeed be one long-term result of the pandemic. This may have a series of consequences for those affected, given evidence from research showing that friend relationships are as important as family ties in maintaining psychological well-being in adulthood and old age (Blieszner et al, 2019). In some cases, technology allowed people to expand their landscapes of care at a time when physical proximity was heavily restricted. Despite the fact relationships were enacted at a physical distance, there were examples of emotional closeness and social networks expanding. However, many worried about the long-lasting impact of the pandemic on their relationships and support networks.

The role of the home and neighbourhoods during the crisis

With people deprived of their usual routines and support networks, the home and social relationships in the immediate neighbourhood assumed greater importance during lockdown. Boundaries between the dwelling and neighbourhood were redefined, due to rules requiring people to stay ‘at home’. Spaces outside and in between the home such as doorsteps, windows, garden fences and driveways became important places to drop off groceries and supplies, carry out welfare checks on those shielding, and for neighbours to catch up with each other. The neighbourhood also took on new significance, as a place of care and support for some, but with limited significance for others. Our interviews showed how for some participants, the opportunity to spend more time with family members or maintain usual routines was highly valued. In these accounts, the home was described as a sanctuary, a retreat away from the threats posed by the virus. In some cases, interviewees, particularly those who were shielding, became used to being at home and increasingly anxious about lockdowns ending. Some participants were fearful of having to mix in their neighbourhood again due to anxieties about the virus and concerns about the behaviour of others (see Chapter 4).

For some who were already at risk of isolation, the home was associated with negative emotions, a place where they felt increasingly bored, depressed and isolated over time. The restrictions made them feel like a ‘prisoner’ in their own home, for example, disturbed by noisy neighbours or increasingly
concerned about the upkeep of their dwelling without vital support from family and friends (see Chapter 5). An important priority coming out of the pandemic will be addressing the need for decent and secure housing for those who have to shield again given the likely continuation of the virus in some form.

Among our participants, there were particular difficulties for some residents of sheltered housing schemes, who found themselves denied access to communal spaces such as gardens and laundry rooms – an experience viewed as ‘infantilising’ by many. The research highlighted how prior to the pandemic, many of the men relied on facilities in their local communities, what Oldenburg (1989) defines as ‘third places’, such as libraries, shopping centres and cafés, which encourage social interaction (Klinenberg, 2018). Lack of access to social infrastructure created considerable anxieties for many of those living alone, and the desire for the reopening of such facilities was a recurring theme. The pandemic itself, with the move to online shopping, combined with cuts in public expenditure which have led to the closure of libraries and community centres, may continue to create problems for those such as single older people who depend on such places to find company. Chapter 9 recommends that strengthening social infrastructure must be a priority, especially in those communities which have suffered the full force of the pandemic, combined with the effects of austerity and long-term multiple deprivation.

We noted the importance of access to gardens, parks and communal spaces in maintaining well-being for many of our participants. This was particularly significant from March through to early summer 2020, when spells of warm weather provided some relief from the pressures associated with the first lockdown. Connections to outdoor space were particularly important for managing extended periods of time alone. As confirmed in the research literature, those with access to a garden and/or a nearby park found these spaces especially beneficial (Lindley et al, 2020). Indeed, an important priority coming out of the pandemic will be addressing the negative impact of unequal access to green space.

While sources of community support were often celebrated during the pandemic, it is important to remember that this was not the experience of those living in transient or what were perceived as hostile neighbourhoods (see also Lewis and Buffel, 2020). The experience of these varied for different participants and between neighbourhoods. In some cases, experiences of racism or discrimination produced deeper feelings of alienation, with individuals less inclined to draw on the support of those living around them. In others, there was evidence for strong neighbourhood attachments predicated on informal social ties between neighbours which provided much needed support and access to resources for older people. For some participants who were isolated before the pandemic, being involved in a
‘support bubble’ cemented relationships with neighbours. It was notable that those neighbourhoods where such relationships existed were often well resourced in terms of community spaces and social infrastructure, around which networks of mutual aid could often be built.

The community organisations all commented on the loss of access to physical spaces when asked about the kind of facilities people were missing. Informal sites for socialising, often unstructured and without any expectation or obligation, have long played a vital role in supporting 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.

Conclusion

Bringing together the findings from the study, this chapter has shown how the pandemic exposed the fragility of the pre-pandemic lives of some groups of older people, and the challenges faced in dealing with the crisis associated with COVID-19. The pandemic made people see existing spaces and engage with old activities in new ways, while simultaneously making underlying inequalities more apparent. It is certainly the case that for those detached from online communication, life was considerably restricted during the lockdowns. The possibility of these participants falling further behind as digital communication becomes a more important part of everyday life seems likely.

The findings also emphasise how many people were concerned about whether they would ever regain their independence after lockdown restrictions were lifted, particularly those who suffered from mental and physical health problems. Some reported how spending prolonged periods of time alone made them become more aware of the passing of time, and their own ageing. Unsurprisingly, many of our respondents experienced a steep decline in social contacts over the 12-month period and relationships with family and friends changed in numerous ways. In some cases, intimacy emerged in unexpected ways, and in other instances, relationships were lost, and networks of support became vanishingly small. The home and social relationships in the immediate neighbourhood assumed greater importance during lockdown, particularly access to gardens, parks and communal spaces for maintaining well-being and relationships. The neighbourhood also took on new significance, as places of care and support for some, but with limited significance for others. Overall, the findings show how those who had experienced social isolation before the pandemic were often further disadvantaged as a result of COVID-19. From this summary of the main findings from our research, we turn, in Chapter 9, to some recommendations in relation to policy and practice in the community, with some observations as well about potential areas for research.