

# Covid-19

## – learning from Ageing Better

### Introduction

Ageing Better is a test and learn programme. It is collecting information and insights from across 14 partnerships to identify learning that will be useful for other programmes and organisations delivering activities aimed at reducing social isolation in people aged 50+.

Covid-19 is an unprecedented situation affecting the lives of people across the globe, which is particularly impacting on older and more vulnerable people. We have learned a lot about the impact of and ways of reducing social isolation and loneliness in people aged over 50 during the five years of the Ageing Better Programme to date. There is much about the crisis that feels out of control but as more people are asked or decide to retreat behind physical doors, this short paper aims to share some insights and learning from Ageing Better.

### Context

Our key insights about why Covid-19 will create challenges for people aged 50+ are:

- **Meeting immediate needs** - We know from all of our learning that people aren't able to engage in activities or make wider connections until their immediate "Maslow" needs are met such as food and housing. Next we cannot ignore and need to make sure we are aware of and meet people's needs in relation to finance, benefits, legal and mental health which will be different for each individual and will develop and change during the evolving nature of the crisis. We need to ensure that there are mechanisms in place to identify these needs and then to connect people effectively and timely to others who can support these specific needs.
- **Active to Inactive** - A large number of people have active and connected older ages. The current situation puts people into an unexpected and sudden transition period. Some people will need support to manage this transition. We know that structure and a sense of purpose are critical to Ageing Well so it is important to think about ways to support this.
- **Older People in the Lead** - We have held an ethos throughout Ageing Better of Older People in the Lead. Yet the narrative of this crisis is that older

people should stay indoors and move out of the way and be the recipients of services and charity. This narrative has the potential to “other” older people and we need to consider how we can continue the principles of co-production and co-design throughout this period.

- **Managing Bereavement** - Our learning tells us the negative impact on people’s wellbeing of not having been a part of a “shared” bereavement process and able to grieve together with family and friends. It is expected that during this crisis people will be worrying about friends and relatives abroad and at home who become ill that they can’t physically be with, some of whom will die. We need to consider ways to mitigate this when thinking about responses.
- **Bumping Spaces** - A key insight from Ageing Better is the importance of informal and light touch connections. Through this lockdown phase many of our traditional bumping spaces will disappear and the opportunity for informal connections will disappear. The ripple effects of the crisis may lead to more of these bumping spaces disappearing. We need to consider what we can do in the short and medium term to help reduce this impact.
- **Digital Divide** - A key response to the current crisis has been to consider alternative solutions using technology. This is to be welcomed and supported as they represent important and practical options for a significant proportion of people. Equally, however, this increased reliance on technology also further emphasises the very real digital divide present in the wider population at a time when people are already physically and emotionally isolated from society and is therefore a significant issue to consider in designing alternative solutions.

We are, however, aware there are some specific features of this crisis that mitigate some of the traditional risk factors of social isolation and loneliness.

- **“We are all in this together”** - We know from our work that life transition points can be negative and act as risk factors for social isolation and loneliness. Sometimes people feel as though they are the only ones in that situation and think “why them?” It remains to be seen what the true impact of the current crisis will be but at the moment there is a strong sense of “our all being in this together” and that this in itself is fostering a larger community/ society spirit which may well help mitigate some of the psychological impacts resulting from transition points including that of being active to inactive.
- **Sense of community** - it is clear already that people are taking action in their local community and supporting people in a positive way. This community action and spirit will help people stay connected.

## Action

Throughout our learning from Ageing Better we have heard the key importance and impact of working in a genuinely person-centred way. Our insights from Ageing Better suggests the following:

- **Individuals** - People need to feel that they are in a “safe space” to be proactive and that it is ok to ask for help and not to be afraid of asking for

support. They also need help knowing where support is available. Because of the length of time people will be self-isolating, people will need a structure to their day, week, month and a sense of purpose and support to help think about their days and how to build structure and purpose into them. People also need a connection and innovative ways to build that connection even when they are living alone or are isolated.

- **Reciprocity** - The advice and guidance around Covid-19 means many people will be self-isolating. We know from Ageing Better many people do not recognise themselves as service users or in 'need'. Our crucial key learning has been around the importance of creating opportunities for reciprocity in building meaningful connections and relationships. We strongly suggest that there is focus on asking people what they can offer, contribute and help with as well as what they may need assistance with in order to build effective connections which give a sense of purpose and need.
- **Communities of interest as well as place** - The street level response to Covid-19 has been fantastic, but it is important to also think of creative ways of connecting people in other ways other than geography. Again we have learnt the importance of people being able to connect with others of the same ethnic origin, language, sexual orientation, health condition as well as hobbies and interests. We are all individuals with a range of characteristics and interests not all of which are met by living in the same locality and we need to try and develop a range of connections and activities to try and support the whole individual. We have also learnt the important impact that food has in building connections and we need to explore ways to help with this, which would also link to the earlier point re building structure and "highlights" to the day.
- **Nudging** - We also know from Ageing Better that you often need to push the connection even when it is initially rebuffed and that it can take some time for trust to be built. We also know how important it is to keep the "door open" and to encourage people to stay connected. We need to keep encouraging people to connect and not to isolate themselves mentally as well as encouraging people to continue to make the effort to connect with people even if initially rebuffed.
- **Variety** - Not all people are attracted to or by social activities. We have also learnt that for certain people, especially men, it is the activity that is the attraction or the incentive to "join" and connect with something. So, it is important to maintain a variety of different ways for people to connect including through telephone, video calls, Skype etc., or even through writing letters. We have also learnt the importance of inter-generational activities and connections and we would stress the need to factor these possibilities in.
- **Support for the network** - the response by the community to date and neighbourly acts has been tremendous. We have also learnt through Ageing Better that in order to support and build on this active volunteering you need some level of support mechanism. This could be to provide mental health support to people working in a crisis situation or who experience a spate of bereavements. It is also required to spot and fill any gaps - so the

person who isn't engaging or the self-isolating asylum seeker or ex-offender etc.,

Our other important learning is not to make assumptions about what will work or what won't or what people need or don't - you need to listen and hear.

Ageing Better is a test and learn programme and its response to coronavirus on the ground is evidence of the value of that culture. We think it is important to try things, see what works, but don't worry if it doesn't. Importantly, understand why it didn't work, learn from it (share that learning) and try something else.

Finally we have also heard time and time again that the long term funding of the Programme has been vital for community work fostering meaningful connections because this work takes time to build. This work and the things already developed will be essential to building recovery post this crisis and we need to do as much as possible to protect that work as an investment for the future and the hard work which will then be needed for the next phase.

Please find below data from Ageing Better's evaluation data - through our Common Measurement Framework (CMF).

CMF Annex (data as of March 2020)

Table 1: Key group by demographics. Baseline

| Demographics                            | TOTAL  | Men    | Carers | Disability/long-standing illness | Live Alone | LGBO   | BAME   |
|---|--------|--------|--------|----------------------------------|------------|--------|--------|
| <b>Gender</b>                           |        |        |        |                                  |            |        |        |
| Male                                    | 31%    | 100%   | 28%    | 32%                              | 29%        | 58%    | 29%    |
| Female                                  | 69%    | 0%     | 72%    | 68%                              | 71%        | 42%    | 71%    |
| <i>Base: total sample</i>               | (9469) |        | (1942) | (5336)                           | (4448)     | (1148) | (7933) |
| <b>Age</b>                              |        |        |        |                                  |            |        |        |
| Younger than 60                         | 20%    | 21%    | 29%    | 21%                              | 13%        | 28%    | 23%    |
| 60-69                                   | 30%    | 31%    | 32%    | 29%                              | 24%        | 39%    | 32%    |
| 70-79                                   | 27%    | 27%    | 24%    | 26%                              | 26%        | 23%    | 24%    |
| 80 or older                             | 22%    | 21%    | 16%    | 27%                              | 25%        | 10%    | 20%    |
| <i>Base: total sample</i>               | (9053) | (2971) | (1746) | (4874)                           | (4508)     | (275)  | (2027) |
| <b>Long-standing illness/disability</b> |        |        |        |                                  |            |        |        |
| Yes                                     | 60%    | 62%    | 59%    | 100%                             | 68%        | 55%    | 53%    |
| No                                      | 40%    | 38%    | 41%    | 0%                               | 32%        | 45%    | 47%    |
| <i>Base: total sample</i>               | (8953) | (2734) | (1895) |                                  | (4295)     | (262)  | (1973) |
| <b>Living status</b>                    |        |        |        |                                  |            |        |        |
| Living alone                            | 49%    | 47%    | 19%    | 55%                              | 100%       | 59%    | 39%    |
| With spouse/partner                     | 33%    | 38%    | 54%    | 27%                              | 0%         | 27%    | 28%    |
| With family                             | 14%    | 11%    | 24%    | 13%                              | 0%         | 7%     | 29%    |
| In residential accommodation            | 2%     | 2%     | 1%     | 2%                               | 0%         | 6%     | 2%     |
| Other                                   | 2%     | 2%     | 2%     | 2%                               | 0%         | 1%     | 2%     |

|                             |        |        |        |        |  |       |        |
|-----------------------------|--------|--------|--------|--------|--|-------|--------|
| <i>Base (total sample):</i> | (9127) | (2792) | (1918) | (5277) |  | (272) | (2016) |
|-----------------------------|--------|--------|--------|--------|--|-------|--------|

**Table 2: Social contact (family and friends). Baseline**

| <b>Frequency</b>            | <b>TOTAL</b> | <b>Men</b> | <b>Carers</b> | <b>Disability/long-standing illness</b> | <b>Live Alone</b> | <b>LGBO</b> | <b>BAME</b> | <b>70+</b> |
|-----------------------------|--------------|------------|---------------|---|-------------------|-------------|-------------|------------|
| <i>Mean score</i>           | 3.14         | 2.94       | 3.29          | 2.92                                    | 3.05              | 3.39        | 2.94        | 2.97       |
| <i>Base (total sample):</i> | 17,555       | 5,571      | 1,665         | 4,529                                   | 3,687             | 602         | 3,755       | 8,356      |

Not counting the people you live with, how often do you do any of the following with children, family or friends? A) Meet up in person; B) Speak on the phone (including FaceTime and Skype); C) Email or write , D) Text

Original source: adapted from English Longitudinal Study of Ageing (ELSA)

**Table 3: Social contact, loneliness and wellbeing measures over time: Sub-groups**

|   | Men      |       | Carers   |       | Disability |       | Living Alone |       | LGBO     |      | BAME     |       | 70+      |       |
|---|----------|-------|----------|-------|------------|-------|--------------|-------|----------|------|----------|-------|----------|-------|
| Mean score                                      | Baseline | F-Up  | Baseline | F-Up  | Baseline   | F-Up  | Baseline     | F-Up  | Baseline | F-Up | Baseline | F-Up  | Baseline | F-Up  |
| <b>Social contact</b>                           |          |       |          |       |            |       |              |       |          |      |          |       |          |       |
| <i>Social contact (family and friends)</i>      | 2.99     | 3.09  | 3.32     | 3.44  | 2.94       | 3.04  | 3.08         | 3.14  | 3.53     | 3.65 | 2.91     | 3.06  | 3.06     | 3.12  |
| <i>Base (matched pairs):</i>                    | 2,649    | 2,649 | 1,533    | 1,533 | 4,167      | 4,167 | 3,364        | 3,364 | 265      | 265  | 1,619    | 1,619 | 3,831    | 3,831 |
| <i>Social contact (non-family members)</i>      | 6.65     | 6.82  | 6.69     | 6.88  | 6.50       | 6.75  | 6.67         | 6.90  | 6.81     | 6.96 | 6.24     | 6.56  | 6.83     | 6.99  |
| <i>Base (matched pairs):</i>                    | 2,855    | 2,855 | 1,791    | 1,791 | 4,883      | 4,883 | 4,005        | 4,005 | 280      | 280  | 2,091    | 2,091 | 4,762    | 4,762 |
| Membership of clubs, organisations or societies | 1.04     | 1.22  | 1.11     | 1.31  | 0.94       | 1.16  | 1.06         | 1.26  | 1.68     | 1.77 | 0.92     | 1.26  | 1.17     | 1.34  |
| <i>Base (matched pairs):</i>                    | 2,820    | 2,820 | 1,771    | 1,771 | 4,857      | 4,857 | 3,998        | 3,998 | 291      | 291  | 2,040    | 2,040 | 4,702    | 4,702 |
| Perceived participation in social activities    | 1.43     | 1.66  | 3.22     | 2.86  | 1.25       | 1.52  | 1.42         | 1.66  | 1.58     | 1.81 | 1.52     | 1.77  | 1.60     | 1.82  |

|                              |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <i>Base (matched pairs):</i> | 2,794 | 2,794 | 1,550 | 1,550 | 4,787 | 4,787 | 3,461 | 3,461 | 276   | 276   | 2,043 | 2,043 | 4,620 | 4,620 |
| <b>Loneliness</b>            |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| De Jong Giervald (0-6)       | 3.25  | 2.99  | 3.22  | 2.86  | 3.58  | 3.22  | 3.54  | 3.21  | 3.45  | 3.28  | 3.51  | 3.13  | 2.89  | 2.73  |
| <i>Base (matched pairs):</i> | 2,516 | 2,516 | 1,550 | 1,550 | 4,312 | 4,312 | 3,461 | 3,461 | 261   | 261   | 1,655 | 1,655 | 3,960 | 3,960 |
| UCLA (3-9)                   | 5.48  | 5.10  | 5.45  | 5.06  | 5.93  | 5.44  | 5.96  | 5.44  | 5.66  | 5.29  | 5.61  | 5.13  | 5.27  | 4.94  |
| <i>Base (matched pairs):</i> | 2,451 | 2,451 | 1,547 | 1,547 | 4,197 | 4,197 | 3,401 | 3,401 | 264   | 264   | 1,804 | 1,804 | 3,957 | 3,957 |
| <b>Wellbeing</b>             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| SWEWMBS (7-35)               | 21.44 | 22.70 | 21.38 | 22.82 | 20.42 | 22.03 | 20.93 | 22.44 | 20.98 | 21.91 | 21.48 | 23.06 | 22.09 | 23.14 |
| <i>Base (matched pairs):</i> | 2,553 | 2,553 | 1,620 | 1,620 | 4,383 | 4,383 | 3,519 | 3,519 | 248   | 248   | 1,732 | 1,732 | 4,049 | 4,049 |



