NatCen
Social Research that works for society

Living through the COVID-19 pandemic

Experiences of people approaching later life

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Foreword

The Centre for Ageing Better was created with the vision of a society in which everyone enjoys their later life. We set out to achieve this vision by taking action on a number of interconnected and enduring societal issues that people told us matter most to the quality of their lives and where we felt we could make the most difference. Among these were safe and accessible housing and connected communities.

The homes we live in are central to a good later life. Safe, good quality homes that meet our needs can maintain or improve our physical and mental health, wellbeing and social connections. But with housing stock that is among the oldest in Europe and some of the highest associated health and care costs, we have long known that millions of people in this country are living in homes that are damaging to their health and wellbeing.

Communities are also key to the quality of our later lives – supporting social connections, promoting healthy activity and making us feel valued. Helping others is a vital strand that binds communities and importantly, it not only benefits the recipient of the help. Those who help out – whether through everyday acts of neighbourliness to more formal volunteering roles – tend to be happier, with a greater sense of purpose as well as more – and better quality – relationships in their lives. And yet, in spite of the possibilities that our communities present, too many people in later life feel isolated, without any sense of belonging or connection.

In March 2020 – upon the outbreak of the COVID-19 pandemic – we commissioned NatCen Social Research to undertake some qualitative and quantitative† research using the NatCen Panel. We wanted to explore the impact and experience of the pandemic and associated lockdowns among people aged 50 to 70, specifically with regards to their homes and communities. Little did we understand at the time just how instrumental a role our homes and communities would come to play in our experiences of the pandemic as the months rolled on and we were submitted to repeated lockdowns.

It seems barely believable now that at the beginning of the pandemic – when several prominent people had caught and become ill with the virus – that it was being referred to as "the great leveller". Soon it became clear that nothing could be further from the truth and the quality of our homes – linked more broadly to poverty and ill health – soon emerged as one of the factors at the heart of the COVID-19 experience. Overcrowding – more common in certain population groups than others – allowed greater virus transmission and hence higher mortality rates. A lack of space put huge pressure on families at a time when remote working and home schooling were mandatory; many suffered too from a lack of outdoor space when only a brief outing for exercise was permitted. And pre-existing health conditions such as respiratory disease, that can be caused and exacerbated by poor-quality housing, significantly increased the risk of poor outcomes from the disease.

Meanwhile, we came to truly understand what it means to have – or rather not to have – social connections in our communities. At a time when those who were required to shield could not even get to the supermarket and Zoom became one's only door into the outside world, our ability to connect with those in our communities was crucial. At the same time – with voluntary organisations having had to suspend face-to-face operations, systems of informal mutual support came to the fore. The pandemic

provided an opportunity to examine how, and for whom, connections do and do not form in our communities.

This report presents the findings of the qualitative interviews that were conducted as part of the research project. As we recover from the pandemic, it is clearer than it has ever been that we must act to address the poor state of existing homes. Too many of the poorest in society are living in non-decent homes that put their health and well-being at risk. At the same time, local areas need to create the social infrastructure and physical environment that enable social connections to thrive. They must do more to provide accessible and inclusive opportunities for people to get involved in their communities so that people can build and maintain close connections as well as wider everyday contact.

Importantly, the insights from this research are not specific to catastrophic situations such as a pandemic but are generalisable to our lives even in more mundane times. The pandemic acted as a spotlight on our homes and our communities, bringing into sharp relief, what are ultimately universal truths about our lives.

†The findings of the quantitative research can be found here:
https://ageing-better.org.uk/publications/communities-and-volunteering-covid-19

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Executive summary

In March 2020, emergence of COVID-19, and a rise in infections and people becoming seriously ill, meant Great Britain entered its first national lockdown. In this context the Centre for Ageing Better (Ageing Better) commissioned NatCen Social Research (NatCen) to undertake survey work to explore the effects of the pandemic on people aged 50-70[1]. The surveys found feelings of connection to the community were lower for people struggling to get by financially, those with long-term health conditions and disabilities, and for people in some urban areas. They also showed that people became more aware of problems with their home during the pandemic. A separate piece of qualitative work was commissioned as part of the broader study to help explain some of the patterns established from the survey data.

This qualitative study consisted of 30 in-depth telephone or online interviews with people who agreed to be followed-up from the survey. To be eligible for the qualitative study, participants had to be in the lower half of the subjective income distribution[2]. Purposive sampling was used to ensure people with a broad range of characteristics were included within this sample group (see Chapter 1). This report is on the findings from the qualitative study.

Social connection and community

Participants talked about 'community' as the connections they had with others, and especially those who they felt they could turn to when they needed help or support. People's subjective feelings about their income or economic situation, and long term-health conditions, were important in affecting their feelings about connections with others. However, they were not the only or main factors determining this during the pandemic. Instead, three broad patterns emerged.

1) **The effects of measures used to try to control and manage the pandemic on in-person connections both weakened and strengthened connections.**
Anxieties about being infected with COVID-19, lockdowns, shielding, self-isolation and social distancing tended to weaken connections. In-person, face-to-face connections were reduced because: the virus generated anxieties about infection; because the measures limited people's ability to travel or to meet family, friends or work colleagues; and because community hubs (e.g. places of worship and entertainment venues), which would have ordinarily facilitated interactions with other people and communities, were closed.

In this context, relationships with neighbours, community services and ad hoc contacts took on greater significance as lockdown progressed. Informal interactions with individuals delivering specific services 'at the door', and/ or casual chats when out walking, or across the street became more important. The concept of 'support bubbles' was especially important for people living alone, shielding or self-isolating. The absence of this concept in the early part of the first national lockdown left some people at a disadvantage and struggling practically and emotionally. While some social contacts moved online, it was not always possible for people who wanted or needed

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[1] The findings of the survey focused on community connection and how people experienced their homes during the pandemic, and are published in Ageing Better's summary reports 'Community spirit' and 'No place like home' respectively.

[2] Subjective income distribution refers to the way survey respondents rated themselves in terms of their financial situation. To take part in the qualitative study they had to say they were 'just getting by', 'finding it quite difficult' or finding it very difficult' to manage financially.

online connections to have them, or for those connections to be sufficiently meaningful to meet their needs. For others, video calls and online meetings were considered more formal and intrusive than in-person contacts, and not allowing enough closeness or intimacy.

The idea of 'support bubbles' and 'online communities' and a sense of a community spirit in tackling the virus tended to strengthen connections. Connections with others were sometimes strengthened during the pandemic as families, friends, and people in local neighbourhoods or communities rallied around those most affected by the virus and pandemic control measures (e.g. the old, clinically vulnerable, and those told to stay at home for shielding[3] or self-isolating purposes). Some participants said that the pandemic created a spirit of togetherness through battling a common concern. The national government initiative of the Thursday night 'clap for the NHS and key workers' acted as a catalyst for some neighbours to talk to each other, check in on one another, and set up neighbourhood online messaging groups.

2) **The sense of community cohesion that participants held to do with turnover of residents, associated perceptions of crime and personal safety, and likely neighbourliness.**

The positive, community-strengthening effects of the COVID-19 pandemic tended to occur in communities where participants already had a sense of shared connections and belonging; where there was a lower turnover of residents, or where people were aware of existing community or self-organised activities that fostered a sense of community. This study supported the finding from the survey that it was more difficult to maintain or develop a sense of social connection in areas where there was a higher turnover of residents. However, turnover of residents and its effects on feelings of community cohesion also applied to rural areas where there was a high number of non-resident second homes or holiday homes. Participants living in some poorer neighbourhoods thought the pandemic had exacerbated levels of crime as more people fell into poverty due to pandemic-related job losses and furloughing. This made them more reluctant to connect with others around them, and further diminished their sense of likely neighbourliness, voluntary activities and connection to their community.

3) **A range of individual and circumstantial factors to do with how people lived, their usual social networks of support, and preferences for social contact changed due to the pandemic.**

The unique circumstances of the pandemic meant that people who lived alone, and/or did not have family or friends living nearby had to reach out to neighbours for the help and support they needed, which sometimes went against their desire to 'keep to themselves'. This was even more the case where government instructions to stay at home, shield or self-isolate left them more alone or without their usual network of support. It was also the case that people's physical or mental health tended to worsen as the pandemic and lockdowns continued. Some people in these circumstances were able to reach out, connect, and to receive the help they needed through the idea of 'support bubbles'. However, those who lacked local social connections, organisational skills, and/ or the skills and capacity to migrate further online, began to struggle.

Giving and receiving help and support during the pandemic

Giving and receiving help and support were described by participants in terms of informal and formal channels.

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[3] Shielding refers to the idea that people whose age or health concerns made them especially vulnerable to the virus should stay at home to provide them with a protective shield against infection, with this often being a matter of months.

Informal channels: Similar patterns of informal help and support were found in the qualitative study as in the surveys. Participants largely drew on informal channels of support, including family, friends and neighbours; whom they particularly relied on for emotional support. Most discussion focused on arranging support bubbles, or activities as part of communities, such as religious or faith-based communities, to which participants already belonged.

Ongoing help and support were seen primarily as coming from family and friends. Nevertheless, there was some evidence of people developing neighbourhood and community support systems, although this varied by neighbourhoods and personal preferences as discussed above. Participants carried out practical tasks such as 'picking up and dropping off' people and shopping, doing housework for people who were less mobile or able, and sometimes carrying out minor repairs. Occasionally, these tasks were organised in ways that resembled micro or mutual aid networks. An example was a participant who was given coloured cards to put in her window, with a red card indicating she needed help. However, it was unclear from the participant's knowledge whether this was an informal neighbourhood or more formal, charitable initiative.

Formal channels: These included financial support from government; help from utility companies to manage bills; food provision; signposting to services via local authorities; and debt advice or emotional support provided by charities. These types of support were discussed as particularly patchy or absent during the first lockdown. Possibly because organisations were struggling to manage their resources and respond to unfamiliar circumstances. Those who formally volunteered recognised the personal benefits to themselves of doing so, (e.g. feeling less isolated and more connected to their community). However, these benefits sometimes diminished as previously in-person, face-to-face volunteering disappeared or moved online. Some participants stopped volunteering because they, or someone they lived with, was vulnerable to COVID-19.

Support provided: Participants described the need for practical, emotional, financial or work-related help and support. Practical support centred on having shopping collected or delivered, taking people to hospital appointments, doing housework where people were not able to do it themselves, carrying out minor repairs, and caring for grandchildren. Emotional support involved family members, friends and neighbours checking-in on one another to make sure they were physically and emotionally well; offering support where people were going through difficult life events; or small acts of kindness (e.g. offering food to neighbours or leaving gifts on their doorsteps). Financial support was to do with helping other family members who were struggling financially, or involved family and friends forwarding job adverts to others whose job was at risk, or they knew had been made redundant.

Gaps in provision: While participants in some locations received the help and support that they needed, others mentioned the need for more comprehensive help and support from charities and health services. On the one hand, this was needed to address emotional issues and/or to maintain their independence. On the other, some felt that General Practitioners (GPs) did not provide the continuity of medical care they needed during the pandemic, or that there was not enough employment and benefit advice from Jobcentre Plus for those whose work or financial situation had become more precarious. As discussed above, some participants found that changes in their usual networks of support during the pandemic lockdowns meant their need for provision changed or increased,

Online activity, communities and support

Although all participants in the qualitative study were already online pre-pandemic to varying degrees, they went online more during the period of lockdowns. This was

because: they felt they had no other option if they wanted to carry out aspects of everyday life; they feared being infected with the virus or of infecting others; or they had more time available that enabled them to go online with someone they trusted or who demonstrated how they could do so.

Patterns of increased online activity varied. People who tended to be least confident about being online, sent more emails to family and friends, or requested prescriptions online for the first time. But their online activity did not go beyond this. People who were already online and IT literate, used the internet more for the same range of purposes or widened their online activities. New activities included people who worked from home remotely (more or for the first time); use of video calls and meetings; using messaging and social media apps to keep in touch with family, friends, neighbours and social or community groups; and attendance at previously in-person events such as weddings, funerals, exercise classes, GP consultations and meetings. One group of participants who increased their online activity, only to reduce again, because they had experienced fraud or being scammed. They saw the internet is a hostile place, which was confirmed for them by unwanted marketing, misinformation, and fake news.

Digital exclusion: This study supports the survey finding that some people approaching later life do not go online more because they do not have the skills to do so, or to securely navigate the online world. People who lacked the confidence to go online often asked others to do it for them. They often had limited awareness of affordable ways to be online (e.g. accessing the internet via expensive mobile data on a smartphone). They also had limited accessibility to the internet or email. For instance, some households had to share a single smart phone, tablet or laptop between them. For others, using a small screen or difficulties holding or typing using a hand-held became more problematic the more they needed to be online. Poor or intermittent local internet access and low speeds also became an issue where people needed to work from home.

Attitudes to being online and online communities: The study found both positive and negative views among participants about the idea of online communities; using digital technologies to develop and maintain social connections; or using them to provide help and support. One view was that video calls and online meetings made working from home an option during the pandemic. They allowed participants to keep in contact with people and attend events or activities that they otherwise would not have been able to. The ability to connect was particularly important for older, retired participants and those shielding, who said they did not know how they would have coped during lockdown without being able to connect online.

Some people also joined online community groups, usually via WhatsApp or other messaging services. These groups were identified as a good way for neighbours or religious communities to keep in touch, to check neighbours were alright, and to keep people updated about local activities. They were especially important where people felt they did not want to invade each other's privacy. However, these groups were reported as 'fizzling out' where they lacked a clear purpose or someone to keep them going.

By contrast, other participants said online connections were 'not the same as' in-person ones and emphasised of downsides to them. Across the study sample, participants said that physically meeting with others was an important way to get out of their house, away from their work environment, and to give them a break from problems more generally. They also emphasised the intimate and tangible aspects of 'being together' or 'gathering together'. In particular, the feeling of being intimately connected or having fun with family and friends that promoted a sense of emotional wellbeing.

Similarly, while online shopping, prescriptions and GP consultations were acceptable and convenient for busier participants, there were concerns that older and retired people might not get out of their homes often. They would see fewer people and health

professionals face-to-face, meaning health and social care problems might be missed (e.g. because neighbours would not see them out and about, or health professionals would only see the person's head and what they chose to show them on screen). There were also concerns that too much online activity would lead to physical inactivity.

Experience of home during the pandemic

Housing and home: Spending more time at home during lockdown made people more aware of their housing conditions and situations. The size of participants' homes relative to the number of people living there, and whether the space allowed for privacy and separate places to work or study, were important to people's levels of satisfaction with their homes. Those who already lived in smaller homes found that there was increased strain on the space, as they and other household members spent more time at home. In some cases, living areas were turned into spaces to study or bedrooms for adult children who moved back home during lockdown. There were examples of families who were financially struggling due to the pandemic having to move into more affordable but overcrowded accommodation. People living in households of multiple occupancy also lacked suitable spaces they could meet in and maintain social distance (e.g. small, shared kitchens).

People with properties which were cold, damp or poorly insulated found that existing health problems, such as asthma and arthritis, were exacerbated. People whose mobility declined during lockdowns were also less satisfied with the accessibility of their home as the pandemic progressed. Renters also reported instances where private and social landlords asked them to carry out repairs out of their own pockets. Those who did not have the financial means to pay for such repairs or were unable to carry out the repairs due to their disability, experienced effects on their mental wellbeing as a result.

Outdoor space: In the survey, having outdoor space was the single most important aspect of people's homes during lockdown. The qualitative research confirmed that being outdoors – in gardens, the street, parks and by the sea – was important to maintain physical and mental health, particularly for socialising, and to give other household members space. Lack of space was an issue for those who had converted their living spaces to accommodate family members or friends who had moved in for support purposes during the pandemic, and for those living in already overcrowded homes. Outdoor space therefore became very important for mental wellbeing. Barriers to using outdoor space included: it not being within walking distance; it being inaccessible for people with mobility issues; not having time to use it for those working; fears about general and COVID-19 safety; and the weather or time of the year.

Aspirations and plans for the future: Satisfaction with a person's home was sometimes determined by their financial circumstances, for example whether they could afford the type of home they needed or wanted, or whether they could carry out the improvements. Participants who furloughed or who lost their jobs during the pandemic were concerned about the cost of mortgage payments, paying rent, whether they would have money to make home repairs, and their ability to pay energy bills. Issues around paying for energy bills were compounded when people's homes were poorly insulated, or they had inefficient heating systems.

While the pandemic could cement in people's mind the need to change their home, it sometimes took away the financial ability to do so. This created considerable stress and worry. Some people said they would seek to improve their financial situation by raising their income so they could rent a better home, take out a mortgage, or to pay off a mortgage sooner and be financially more secure. Others sought to improve their financial situation by moving into more affordable housing or social housing. However, these ambitions were hindered by the lack of availability of suitable social housing,

which particularly impacted participants whose financial situation had worsened as a result of the pandemic. Some private renters believed they would never get a mortgage because of their age, although others still hoped to do so.

For some people, the pandemic heightened feelings of isolation and loneliness. Relocation was therefore seen as the best way to be closer to relatives or friends, where the pandemic had highlighted distance and a sense of isolation for them.

1 Introduction and Methodology

1.1 Introduction

In March 2020, the emergence of COVID-19 and a rise in the number of infections and people becoming seriously ill meant Great Britain entered its first national lockdown. In this context the Centre for Ageing Better (Ageing Better) commissioned NatCen Social Research (NatCen) to undertake a study comprising longitudinal quantitative research (with survey data collected in June 2020 and in November/December 2020) augmented by in-depth qualitative research with a subset of survey participants. The goal was to explore the effects of the pandemic on people aged 50-70. The findings of the first survey focused on community connection and how people experienced their homes during the pandemic, and are published in Ageing Better's summary reports 'Community spirit' and 'No place like home' respectively.

The survey data showed that feelings of connectedness were lower for people who said they were finding it difficult to get by financially than it was for people who were living comfortably. Feelings of connection were also lower for people with long-term health conditions that affected their day-to-day life, and in more urban areas. The survey also found that, despite opportunities to stay connected with others via online channels, around a third of people aged 50-70 don't use the internet more because they lack the necessary skills. They also had concerns about their safety and privacy online, and in some cases, about poor internet connectivity.

As far as the experience of their homes was concerned, the first survey showed that the experience of lockdown meant people became aware of problems with their housing and the barriers they faced in addressing them, especially in terms of cost or getting others, such as landlords, to agree to pay for repairs. This was more pronounced for people finding it hard to get by during the pandemic than those who were living comfortably. The survey also found that outside space was the single most important feature of people's homes during lockdown.

The qualitative part of this study was undertaken in order to explore in greater detail the lived experiences of those aged 50-70 during the pandemic, including issues raised by the survey. The aim was to provide a rich and detailed picture of participants' experiences, and to explore the range and diversity of views, and to explain patterns or trends from participants' point of view.

1.2 Research aims

The specific objectives of the qualitative research were to understand why:

- people who say they are struggling to get by financially and/ or who have long-term, limiting health conditions feel less socially connected, including when online; and

- the experience of spending more time at home during lockdowns, when self-isolating or when shielding, makes people more aware of the state of repair of their homes, their future aspirations in this respect, and what type of issues and barriers arise.

In meeting these objectives, the study sought to explore what can be learnt from the COVID-19 pandemic and its effects on:

- feelings about a sense of connection to others;

- understandings of connection to neighbours, their local communities, and associated informal patterns of giving and receiving help and support;

- the extent to which help, support and other forms of social connection moved online during the pandemic and lockdowns, and are useful and sustainable

- how the pandemic affected people's future plans for safe and accessible housing and their ability to achieve them;

- the effects of the changes above on physical health and mental wellbeing.

This report focuses on the qualitative study and findings, although findings from the first quantitative survey are drawn on where applicable to provide context.

Figure 1. Quantitative and qualitative components of the study

1.3 Methodology

1.3.1 Sampling and recruitment

The study consisted of 30 in-depth telephone and online interviews with people aged 50-70 who agreed to be followed-up from the first NatCen Panel Survey. In June 2020, 3,390 respondents completed the survey. Of these, 300 agreed to be contacted for further qualitative research. Purposive sampling was used to reflect socio-demographic characteristics relevant to the aims and objectives of the study; specifically, participants had to be in the lower half of the subjective income distribution[4], saying they were 'Just about getting by', 'Finding it quite difficult', or "Finding it very difficult'. Other sampling criteria particularly relevant to the aims of the study were:

- whether people had a long-term health condition that limited their everyday life 'a little' or 'a lot';

- geography (e.g. whether living in an urban or rural area);

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[4] Subjective income distribution refers to the way survey respondents rated themselves in terms of their financial situation.

- household composition (with specific inclusion of single and multigenerational households); and,
- housing tenure.

To ensure diversity in the sample, participants were also selected and monitored by gender and ethnicity. 30 participants matching the selection criteria were selected from those who volunteered. Table 1.1 below shows the achieved sample against each of the primary sampling criteria.

Table 1:1	Achieved sample	
Primary sampling criteria	**Sample characteristics**	**Achieved sample**
Age group	50-54	7
	55-59	7
	60-64	7
	65-70	9
Gender	Female	16
	Male	14
Ethnicity	White British (English/Welsh/Scottish/Northern Irish)	16
	Asian or Asian British	6
	Black or Black British	5
	Other/ other White	3
Geography	Urban	19
	Rural	10
	Not specified	1
Tenure	Homeowner	19
	Social renter or other tenure	7
	Private renter	4
Household composition	Single household	9
	Multigenerational household	11
	Other (e.g. couple household)	10
Long-term health condition	No long-term health condition or doesn't affect them	11
	Long-term health condition that affects them a little	11
	Long-term health condition that affects them a lot	8

1.3.2 Fieldwork and analysis

The interviews were conducted using a topic guide agreed with the Centre for Ageing Better. Participants were offered the choice of being interviewed by telephone or via video call using *Zoom* software, which lasted up to 60 minutes. Interviews were transcribed verbatim and analysed using the Framework method, a systematic approach to data management that allows case- and theme-based analysis within an overall matrix.

Numerical values or quantitative language are not attached to qualitative findings because they are not statistically meaningful and to do so would be misleading. While the study cannot tell us how many people have a specific view or experience it can map range and diversity of experiences and views, and the factors or circumstances that explain them.

Verbatim quotations, case illustrations and figures mapping the range of views and experiences are used to illuminate the findings throughout the report.

1.4 Structure of this report

Following this introduction, Chapters 2 to 4 explore the theme of connected communities. Chapter 2 describes patterns of social connection and the extent to which they changed as a result of the pandemic, lockdown and instructions to self-isolate or shield. It also highlights where difficulties arose for individuals or their households. Chapter 3 examines experiences of giving and receiving of informal and formal help and support as the pandemic and lockdown unfolded. Chapter 4 looks at the engagement with online communities; the extent to which social connections migrated online during the pandemic, and what can usefully be learnt from the experience going forward.

Chapter 5 addresses the theme of safe and accessible housing. It explores the impacts on people aged 50-70 of spending more time at home because of the pandemic and lockdowns, and what this meant for participants' finances, their future plans concerning their homes, and for their physical health and mental wellbeing. It also examines the importance attached to outdoor space as the pandemic progressed.

Chapter 6 offers reflections on themes emerging across the report, key learning, and possible policy implications for rebuilding communities post-pandemic and for ensuring suitable housing for our ageing population.

2 Social Connection and Community

It was notable that feelings of social connection and community were rarely discussed in terms of a sense of belonging to place. Instead, people talked about who they felt connected to in terms of whether they felt they could rely on them for help and support, and whether they were prepared to give it in return. In this context, Ageing Better's survey of the experience of community (see Chapter 1) showed that feelings of connectedness were lower for people who said they were finding it difficult to get by financially compared with those who were comfortably off. It was also lower for people with long-term, limiting health conditions that affected their day-to-day life compared with people without such conditions, and for people in some urban areas (e.g. London) compared more rural parts of the country (e.g. the East of England and the South West).

People's subjective feelings about their income or economic situation, and long term-health conditions, were important in affecting their feelings about connections with others. However, they were not the only or main factors determining this during the pandemic. Instead, three broad patterns emerged. Firstly, people discussed the effects of measures used to try to control and manage the pandemic on in person connections, with these both weakening and strengthening feelings of being socially connected in different ways. Secondly, their sense of community cohesion or were linked to turnover of residents in their neighbourhood, and associated perceptions of crime and personal safety, which sometimes as barriers to connection with others. And, thirdly, the changes arising from the pandemic that affected who people lived with, their usual support networks, and preferences or need for wider social contact. These issues are explored in more detail below.

2.1 Effects of the pandemic on in-person connections between people

The pandemic and the measures used to manage it generally weakened in-person social connections by limiting face-to-face contact with others and restricting the social situations in which people could travel and normally meet, either formally or informally. It did so in three ways:

> 1) by making people feel anxious about being infected and limiting their face-to-face connections,
>
> 2) by limiting people's ability to travel to meet family, friends and work colleagues in-person, and
>
> 3) by the closure of social and community hubs, especially where online substitutes were not developed, or people did not have the skills to access online activities or groups.

In-person social connections were weakened across the board, but particularly for those who were shielding due to health conditions that made them vulnerable to the virus; where people were caring for someone with such a health condition; where people lived at a distance from family or friends; or where they lacked the digital literacy to move from in-person social interaction to online interaction. The mechanisms by which these three processes occurred is described below:

The pandemic made participants feel anxious about being infected by the virus or infecting someone else during conversations or meetings. The pandemic limited face-to-face interaction with others, even for those who were not formally shielding or self-isolating. Feelings of anxiety shortened the amount of time people spent talking to one another, even when they met outdoors to try to reduce the likelihood of transmission. This was further compounded by the requirement to have conversations at a distance and to wear face coverings or masks, which participants felt made it more difficult and uncomfortable to have longer conversations.

Restrictions on travel out of local areas made it impossible for people to meet with family, friends or work colleagues who did not live nearby. Restrictions such as stay at home instructions and social distancing were in place throughout the pandemic. This was particularly true under the first national lockdown at the end of March 2020, and subsequently in some parts of England, Scotland and Wales under the tiered and devolved systems. Participants described weakened connections in this respect when they were shielding due to vulnerabilities; when they were in self-isolation because they had the virus; or because they were unable to travel greater distances to visit family and friends who did not live nearby.

As the restrictions primarily affected in-person interaction, people missed seeing and being with those who were important to them. For instance, this meant that participants were unable to see elderly parents in care homes or to go out and socialise with family and friends. Participants who lived far away from family or friends described how the pandemic had emphasised this physical distance, as travel restrictions prevented them from seeing them easily. This led to an increased sense of isolation and loneliness.

> *You just realise how isolated you are, especially from my family... You just realise it when you're in this sort of situation… (Male, 65-70, just about getting by financially, affected a little by health issues)*

Closure of social and community hubs that facilitated social interactions and mutual social support. Examples of community hubs are listed in Table 2:1 below. Participants reported missing these spaces as they had used them occasionally or frequently to meet and be with others. Sometimes these hubs facilitated formal social activities organised by charities and local authorities, such as lunch clubs or 'knit and natter' catch-ups where people met to talk as they knitted. Places of religious communion and activity, as well as community activities organised by participants themselves were also inaccessible due to the closure of community hubs in the pandemic. In this way participants missed meeting up with others, but also the sociability and mutual support these opportunities gave.

For example, some participants indicated that pre-pandemic, they had been involved in organising informal catchups around a diverse range of activities, including golfing groups as well as get togethers in local restaurants, cafes or pubs. The closure of a range of hubs in the pandemic affected people's ability to participate in these. While sometimes this led to these interactions migrating online, this was not always the case where participants lacked the ability or confidence to do so. Online interactions were also thought by some to lack some of the qualities of in-person interactions (discussed in Chapter 3).

Notably, the closure of hubs and in-person interactions also exacerbated difficulties associated with major life changes which had taken place pre-pandemic, such as bereavement. The lockdown forced people to confront these life changes by themselves as they were spending more time at home alone. As one participant put it:

When the pandemic arrived, I think I had time to realise that maybe I wasn't coping as well as I should have been or could have been. (Female, 60-64, just about getting by financially, affected a lot by health issues)

Table 2:1	Examples of the use of social and community hubs	
Type of hub	**Details**	**Participant voices**
Places of worship	• Mosques • Churches • Gurdwaras	*Case example: Now that this lockdown has happened, it's [local mosque] shut again … Which is a shame really, because that's another place where people of my religious background, it's a way of communicating and contacting people, seeing face-to-face people… A lot of people will go to a pub to have face-to-face contact, whereas we see this [mosque] as a face-to-face contact place; just to go and visit people and see people. It's harder in the sense that we don't get to do that…* *(Male, 50-54, finding it difficult financially, no health issues)*
Entertainment and eateries	• Cinemas • Pubs • Cafes • Restaurants	*Case example: I used to see friends where… [we'd] meet up in…one of these cafés, etc., and spend a couple of hours chatting but other than that, yes, occasionally I'd say to go into town … and find a [social] club or something, but obviously that sort of thing is not what you do now! I think that's probably one of the main things that has been knocked on the head.* *(Female, 55-59, just about getting by financially, affected by health issues a lot)*
Community venues	• Mobile libraries • Village hall • Council run or voluntary sector lunch clubs	*Case example: For example, every Monday when the library van came, our friends would have a cup of tea with us after they'd been to the library. All of that sort of thing has stopped. All of it was quite small contacts, but constant, and there's none of that now, unless you actually phone people.* *(Female, 65-70, just about getting by financially, affected by health issues a lot)*

2.2 Perceptions of neighbourhood and community

As noted in the introduction to this chapter, the effects of the pandemic did not exist in a vacuum but were mediated by how people who were less comfortably off perceived their local neighbourhood. As other forms of in-person connections became more difficult or impossible, neighbours, and a sense of connection to wider community, arguably took on greater importance. Reflecting findings from the survey, one aspect of how socially connected people felt with others during the pandemic was to do with their perception of turnover of residents in urban areas and the effect they believed this had

on building lasting relationships. However, the qualitative findings found that perceptions of a neighbourhood being cohesive were also linked to resident turnover or an on-going connection to the neighbourhood in rural as well as urban areas. This in turn was also associated with perceptions of levels of crime and personal safety, which also affected the extent to which people felt able to reach out to neighbours or the wider community as the pandemic and lockdown progressed.

2.2.1 Connecting with neighbours and the community during the pandemic

Although not everyone wanted to interact with their neighbours, having relationships with neighbours during the pandemic helped some people to feel more connected, less lonely and more supported. Firstly, the feeling of knowing and talking to neighbours sometimes helped to make up for not being able to meet family, friends and work colleagues due to the pandemic. It gave people the opportunity for everyday connections such as informal chats or encounters 'on the doorstep, 'over the wall', or 'across the street'. Secondly, a sense of 'neighbourliness' or 'community spirit' arising from lockdown, and new help and support needs, allowed people an opportunity to feel connected by offering and/ or receiving support (discussed in more detail in Chapter 3).

A sense of neighbourliness or community spirit was particularly fostered by the government sponsored idea of the Thursday night 'Clap for the NHS and key workers'. This involved neighbours coming out onto their doorsteps and balconies once a week to clap in support of NHS staff and key workers who were saving lives and keeping society going during the pandemic. In some cases, participants said that the opportunity for neighbours to be outdoors at the same time and have socially distant conversations with one another helped people to get to know each other better. This deepened connections with neighbours they already knew well, as well as helped them to get to know other people in their neighbourhood they did not know as well. The event therefore acted as a catalyst that strengthened relationships and helped to build a greater sense of connection between people locally, as shown in the case illustration below.

Case illustration – Janet got to know her neighbours better because of the 'Clap for the NHS' initiative

Janet is a homeowner in her 50s and although she lives alone, her partner lives in the neighbourhood. The pandemic has meant that she has been unable to see friends and family in person and, although some interactions have moved online, she misses face-to-face contact. However, she also feels the pandemic has really brought her neighbourhood together. It has engendered a spirit of togetherness and neighbours have got to know each other well. The clap for the NHS and key workers initiative allowed Janet to meet all her neighbours and was a springboard to form a local social network using WhatsApp. She said: *It's because you know people care, not just your family. There's other people that care. I think without them I would be quite sad and lonely.*

(Female, 55-59, single household, just about getting by financially, affected by health issues a lot)

Some of these forms of neighbourliness and community support were socially distanced but in person such as picking-up and dropping off shopping, helping with housework for people less mobile, or carrying out minor repairs. Others were indicators of emotional support such 'checking in' on neighbours who were elderly or lived alone,

telephoning them to have a chat, or leaving small gifts of items such as food on their doorstep (see Chapter 3).

Other forms of connection were online and more virtual in nature. *WhatsApp* or other messaging apps were especially identified as ways in which to provide support within a neighbourhood or community group (e.g. a religious community). Participants who had been part of these groups said they were a good way for neighbours to keep in touch, check neighbours were all right and to keep people updated about activities in their local area. This was especially the case where they wanted to feel they were part of their neighbourhood but did not want to be in each other's pockets. An example of a positive experience of the development of a virtual community is shown below.

Case illustration – Lewis has become more engaged with his community via WhatsApp

Lewis is in his 60s and has become a part of his local neighbourhood *WhatsApp* group. He commented how easy he had found it to download the application onto his phone once he was told how to do it, and that it was good to receive messages from his neighbours as a result. Lewis describes WhatsApp as a "saving grace" as it brings people together.

(Male, 65-70, finding it quite difficult financially, affected by health a little)

The development and sustainability of these types of connections in more deprived areas is discussed below, with the opportunities or problems with online communities covered in Chapter 4.

2.2.2 Perceptions of crime and personal safety as barriers to connections

As indicated by data from the first quantitative survey it was difficult to maintain or develop a sense of social connection in areas that were already perceived to have low social cohesion. There were three issues that acted as barriers to greater social connection among people who were struggling to get by economically. These were: perceptions of local crime and personal safety; high turnover of residents; and fewer community support initiatives in an area or lack of awareness of such initiatives.

Concerns about crime and personal safety undermined community cohesion because people were more reluctant to ask for help or offer it. Some participants lived in economically deprived areas where they faced anxieties related to noise, crime and personal safety. These factors made them anxious about going out and interacting with others in their neighbourhood during the pandemic. Sometimes this fear was exacerbated by the pandemic, particularly where participants felt that crime rates had gone up due to an increase in poverty because of pandemic-related job losses and furloughing.

Participants in neighbourhoods with a high turnover of residents found it more difficult to connect with neighbours. People living in these areas thought their neighbourhoods were less cohesive because they were not stable communities. Those living in these areas were less likely to talk to or support other neighbours because it was difficult to build and sustain neighbourly friendship when people came and went or

were only resident in a home part of the time. As one participant who said she did not feel safe in her local community stated:

> *Now I don't think I know my neighbourhood as I used to. Everybody is coming and going-type thing. I've got an HMO [household of multiple occupation] next to me so it's not even to say it's a family; it's lots and lots of different people living in various rooms in a house… They seem to come and go, change quite often as well so I think you've lost track of who used to be here in that sense (Female, 55-59, just about getting by financially, affected by health issues a lot).*

These difficulties were made worse during the pandemic by fears over virus transmission and the lockdown measures. Notably, these issues were also reported in some rural areas, especially in dormitory villages with a high proportion of weekend or holiday homes that were rarely occupied. Higher turnover of residents in some areas is also known to be associated with higher crime rates, and this also informed perceptions of the likelihood of crime among some participants.

The extent of, and awareness of, charitable or other community initiatives. Analysis across interviews also indicated that community spirit, or a sense of sharing local problems in common, was found in areas where participants reported that there were already a number of community or charitable initiatives operating, such as active local food banks and community groups helping people through the pandemic. These initiatives made people feel they were part of a supportive community or neighbourhood and, in so doing, helped to nurture a spirit of togetherness. Consequently, this suggests that feelings of social connection may better in areas where there is pre-existing voluntary or charitable infrastructure. While they will be worse in areas where this infrastructure is lacking, or where people are not aware of the support and services available to them.

2.3 Changes to individual and household support structures

A range of individual, circumstantial to do with who people lived with, their usual social networks of support, and preferences for social contact changed due to the pandemic. In addition to perceptions of neighbourhood or community cohesion, the desire for people to connect with neighbours and the community also affected them during the pandemic. The unique circumstances of the pandemic meant that people who lived alone, and/ or did not have family or friends living nearby had to reach out to neighbours for the help and support they needed, which sometimes went against their desire to 'keep to themselves'. This was even more the case where government instructions to stay at home, shield or self-isolate left them more alone or without their usual network of support. It was also the case that people's physical or mental health tended to worsen as the pandemic and lockdowns continued. Some people in these circumstances were able to reach out, connect and to receive the help they needed through the idea of 'support bubbles'. However, those who lacked local social connections, organisational skills, and/ or the skills and capacity to migrate further online, began to struggle. These themes are explored further in the sections that follow.

2.3.1 Desire or need for social connection and support

Prior to the pandemic some people lived by themselves, in households of multiple occupancy or at some distance from family and friends. One part of this group

described themselves as individuals who largely 'kept to themselves', were a bit 'antisocial', but felt they could probably rely on neighbours if they needed them:

> *I've got very good neighbours because they actually only speak to you - they're probably all like me, they're probably all antisocial. Actually, from that point of view it's [pandemic] great. I don't see people that often, but if I wanted to, they are there, and they will stand and talk… I'm living in a community that is nice, but they are my kind of people. They mind their own business, if you like, but they're there if you need them (Female, 60-64, just about getting by financially, no health issues)*

For this group of participants, not having to interact with others in their neighbourhood or community was no burden. In contrast, other participants desired or needed social connections, and described themselves as 'sociable'. These people missed meeting people in-person in their social network because of the pandemic, and said that they felt their 'wings were clipped' as a result:

> *It was a very sociable community prior to the lockdown, and you'd sort of [interact with others] on a regular basis whereas now people tend to spend a lot more time at home. We do as well…so as a consequence since you're not interacting as much … I'd certainly like to be more connected... (Male, 50-54, finding it difficult to get by financially, has health issues)*

For these people not being able to socialise and connect with others outside their household meant they experienced lockdown measures as more of a struggle.

2.3.1 The impact of who people lived with on feelings about social connection

Living circumstances also played a part in determining the nature and types of social interactions and connections people had with neighbours and the community during the pandemic. Where shielding or self-isolation was not an issue, participants reported that living physically close to social networks usually led to stronger relationships with family or the people living with them. This was because it led to greater in-person contact with partners, as well as friends and family – including siblings, elderly parents, children and grandchildren. Participants sometimes moved in with family during the lockdown to facilitate these connections, as was the case for a participant who moved in with her sister.

An exception to feeling more connected when living with others occurred for people in the sample living in households of multiple occupancy. In these cases, participants expressed views that they were largely living in households consisting of strangers and shared crowded communal spaces which made interaction challenging, especially with social distancing. For example, difficulties having long conversations in small and crowded kitchens or other communal spaces were reported:

> *Yes, when, sometimes we meet in the kitchen and then we say hello, good morning, yes, and that's about it, yes. The kitchen is a small place, so you can't even stay there. It's very tight. (Male, 50-54, finding it very difficult financially, affected by health a little).*

For these people a sense of isolation or lack of the support they needed was felt despite ostensibly being surrounded by others.

By contrast, living alone or distant from relatives meant social networks for these people had to move online. While this transition worked for those who were computer literate, it was more challenging for people who lacked IT skills, those who were not confident about going online, or who could not afford a decent internet connection. However, where some people moved from phone calls to video calls, this option was greatly appreciated as a way to keep in contact with, and support family, friends, work colleagues, and others sharing a group or community connection. This is discussed further in Chapter 4.

2.3.2 Connection in the context of health and shielding

Stay-at-home instructions, shielding and self-isolation increased feelings of being socially isolated from family, friends or work colleagues (even sometimes when living with others). The need for practical support (e.g. with shopping, attending healthcare appointments), or the need for help with financial difficulties, led some to reach out for, or offer, help where they might not normally do so. This was where participants who were finding it difficult to get by financially, or who had a health condition that affected them a lot, particularly voiced the need to connect with others.

It should not be assumed, however, that all people experiencing health difficulties or disabilities will be able to reach out when they need it. The importance of neighbours checking in on one another was especially evident where people were house- or bed-bound and had mobility problems. In this sense, poor health or disability were regarded as barriers to social connection where participants were not well enough or mobile enough to go outside to talk to others. It was also an issue where they were unable to go out because they were clinically vulnerable and so shielding. The need for support, and how it was given and received, is discussed in Chapter 3.

2.3.3 Capacity to organise a network of support or 'support bubble'

People who already had good social connections with neighbours or in their community, who had good organisational skills, who had their own personal transport, and who were IT literate found it easier to gain the support they needed when they wanted it. Ability to organise themselves was evident where participants formed support bubbles with others – for example, reaching out to family or friends, and organising support networks with neighbours. In contrast, people unable to form support bubbles sometimes felt isolated and alone, particularly if they had a health condition that meant they needed to stay at home.

A practical aspect of this was having access to a car and being able to drive to places to meet, especially for participants in rural communities. Those who did not have access to a car in these communities sometimes felt limited in their ability to connect to their social networks, such as friends and family. Picking people up and dropping them off was an especially important aspect of practical help that people without a car needed.

3 Giving and Receiving Help and Support

Patterns of informal and formal giving and receiving are important to understand feelings of social connectedness. This is because participants often described a sense of social connection with others in terms of whether they would be able to rely on neighbours to help them if they needed it, and they felt able and safe enough to offer it where they lived. Giving and receiving support can also help to build stronger relationships and friendships within a community. This chapter explores the channels of support participants described; the types of formal and informal help and support people received and provided during the pandemic; as well as who needed help and support the most; and whether they received the types of help needed.

Although the discussion of giving and receiving help is sometimes separated in this chapter for analytical clarity, we recognise that the relationship can be reciprocal. For instance, some people who offered support or volunteered prior to or during the pandemic, recognised the opportunity to interact and connect with others which also gave wellbeing benefits to themselves as well as the people they helped.

3.1 Channels of support

Channels of support that participants discussed included formal and informal sources. Types of help and support needed arose during the pandemic for the same reasons as already outlined in Chapter 2. Fears of transmission of the virus, and the measures put in place by government to manage and contain it, weakened participants' social support networks. In some cases, stay at home instructions, lockdowns and social distancing also contributed to financial insecurity through job losses and reduced income while furloughed. The pandemic also amplified health vulnerabilities as health and community services were disrupted by lockdowns, and people contended with the virus through shielding or self-isolation.

3.1.1 Informal channels

During the pandemic participants relied largely on informal channels of support such as friends, family and neighbours. They particularly received emotional support from family (siblings, children and grandchildren) and close friends. However, in accessing support from friends and family, participants were also concerned about overburdening them:

> I've been quite upset emotionally, and I've cried to him [son], and he's been quite shocked because he's said, 'Mum, usually you're the person who has all the answers'… (Female, 55-59, finding it quite difficult financially, no health issues)

Depending on the social connections available to them and their ability to organise support, participants received it from either individuals or groups of people, or through the 'support bubbles' they had helped to organise. These support bubbles varied in size, consisting of close friends and/ or immediate neighbours, and were maintained through online, face-to-face contact, or both. However, they tended towards smaller informal groups, rather than a community-wide level of voluntary action and volunteering. One exception to this pattern was where a participant was given coloured cards they could place in their window, where a red card indicated they needed help:

> *I don't know if this was a nationwide thing or a local thing - but we was delivered some coloured cards, and if you put a red one in your window, you needed help. I think that was people to do shopping for you, etc., because there was no one in the house to do it. If you put a green card in the window, you were fine and you didn't need any help. So that was quite a thoughtful thing to do (Male, 55-59, finding it very difficult to get by financially, no health condition).*

In this respect, the organisation went beyond the more informal level of 'support bubbles' to take characteristics of so called 'micro networks' (viz. small, locally organised, neighbourhood-based initiatives).

3.1.2 Formal channels

To a lesser extent, participants also reported receiving and valuing help from formal channels. Formal support received by participants included help from:

- **Government** – as noted earlier on in the chapter, participants received financial grants to help their businesses survive during the pandemic as well as making use of furlough under the Job Retention Scheme. They also received support through the taxi subsidisation schemes, which allowed those in rurally dispersed populations who could not drive attend important appointments.

- **Utility companies** – these helped people to manage energy bills when they had reduced income; for example, by being placed on a better tariff.

- **Local authorities** – helped with food deliveries, which were sometimes not needed and given away to neighbours and friends. They also provided signposting to other services by distributing leaflets listing local services available, and management of debt advice.

- **Charities** – especially provided food deliveries and counselling services. For example, a participant mentioned that a charity offered both practical help and counselling support to help them cope with bereavement and being a single parent.

Formal support was discussed in ways that seemed to be particularly patchy and absent during the first lockdown, as participants felt that local authorities and other organisations struggled to manage their resources and had to respond in unfamiliar circumstances

> *Well, I don't know if it's just the volume of people that we've got here at ours [GP practice] … whether that's had an impact, I don't know, but certainly not had any routine bloods like you should do when you're on steroids and stuff. I've felt a bit left to my own devices really, before I got this consultation with the rheumatologist, but as I say, I don't know what the impacts on that could be. Well, obviously you think about the pandemic don't you, that obviously they're [GP surgery and NHS] dealing with other things as well, so yes. (Female, 60-64, just about getting by financially, affected by health issues a lot).*

3.2 Types of informal support needed and received during the pandemic

The groups that needed the most support were those who experienced significant health, financial or emotional issues as a result of the pandemic, and sometimes lacked the level and quality of social connections they needed. Participants sometimes found themselves falling into these groups as the pandemic progressed, and the social and financial effects of the pandemic took hold. In response to these needs, participants

reported the importance of receiving three types of support in the pandemic: 1) practical support; 2) emotional support; and, to a lesser extent, 3) financial and work-related support. These are discussed below.

3.2.1 Practical support

Practical support broadly fell into three categories: 1) help with needs like shopping and hospital visits; 2) help with housework; and 3) help with minor repairs. These types of support were needed across the sample, but particularly by those who had health conditions, ranging from mobility restrictions to chronic conditions, many of whom were compelled to shield or isolate.

Practical support tended to be provided by family and neighbours, although participants also reported receiving this from charities and local authorities after the first lockdown. Table 3.1 outlines the broad types of practical support reported as received by participants.

Table 3:1	Types of practical support	
Type of support	**Details**	**Participant voices**
'Picking up and dropping off'	• **Shopping help** – having shopping and medicine delivered by family and neighbours. • **Hospital visits** – receiving help with being taken to and from hospital for routine appointments by partners and neighbours. • **Picking up parcels** – participants reported neighbours helped to collect unattended parcels on their doorstep.	*Case example: If somebody's not in [neighbour], [and] there's a parcel left [on doorstep] and somebody will say, 'Can you pick a parcel up for me until I come home? (Female, 55-59, single household, just about getting by financially, affected by health issues a lot)* *Case example: My neighbours, when they go to [supermarket], which is quite far away, and I need something particularly from there, they'll knock and say, 'We're going to [supermarket], do you need anything?' That sort of thing, or if I need a lift to somewhere, or that sort of thing, yes. (Female, 60-64, just about getting by financially, no health issues)*
'Housework'	• **Housework support** – receiving housework support from family.	*Case example: [Daughter helps with] mostly it's like cleaning issues, you know like getting down [to clean]. Since I had the operation on my leg for the sarcomas, I can't squat very far… Well, probably every month she'll do that, and then the reaching up as well, because I've got arthritis in my shoulders and my neck and my arms and so on. It's things like that, dusting light fittings, or going around for cobwebs and bits and bobs like that. (Female, 60-64, just about getting by financially, affected by health issues a lot)*

Table 3:1	Types of practical support	
'Minor home repairs'	• **Making homes fit for purpose** – for example, support in making small changes to a home, such as painting a garage door.	*Case example: My garage door had been damaged and I'd had a lot of water damage and I was trying to repaint it, and I was really struggling. [Neighbour's] husband came round and said, 'I hope you don't mind, but I'm going to help you paint the doors because I can see you're struggling to sort them out, and I've got some free time and I'm going to do it. (Female, 55-59, finding it quite difficult financially, no health issues)*

3.2.2 Emotional support

Participants also noted the importance of receiving emotional support during the pandemic. A key way in which people defined this support was by neighbours, families and friends 'checking in' with one another to make sure everyone was physically or emotionally fine. This happened in person, over the phone, and online using messaging apps and/ or individual or group video calls. This could be an isolated act, usually when someone had not been heard from or had not followed a usual routine, such as opening their blinds in the morning. But it could also be an ongoing connection where family and friends would regularly check in on participants.

> *Yes, like I said, I had neighbours knocking on the door and saying, 'Are you okay?'. Everybody was doing this for each other, which was really nice. (Female, 60-64, single household, just about getting by financially, no health issues)*

Participants also received support to help build their emotional resilience, usually provided by friends and family. Mental health support from more formal sources such as health services and charities were also mentioned, although this was limited. Building emotional resilience had three facets:

- **Tackling general isolation and loneliness**. This involved reducing isolation and loneliness through regular contact that kept people connected to their social networks. For example, neighbours taking other neighbours out so that they were not alone in their homes all the time.

- **Support during a crisis**. Although emotional support could be ongoing, particularly among family, it was also sometimes targeted around specific critical incidents. Participants reported a range of such incidents where they were given support by their social connections. This included during relationship breakdowns and health crises, such as after a fall.

- **Support implicit in gifts** - emotional support sometimes was implicit in acts of kindness involving the giving of gifts. This included food gifts, such as leaving baked goods or chutneys with neighbours to make them feel less isolated or being sent parcels of goods from friends to cheer participants up. This was an important way in which giving was reciprocal – so that giving support also helped those that gave it by making them feel connected to others.

> *Just acts of kindness, in terms of what I've received [as support], we've received food and we've received parcels of things from friends and family, and that's been good… Sometimes when we're really feeling down then… like that, or just as a general goodwill gesture. (Male, 50-54, multigenerational household, finding it very difficult financially, affected by health issues a little).*

3.2.3 Financial and work-related support

To a lesser extent, participants also mentioned receiving work-related or financial support. Work-related support involved friends notifying one another of job vacancies when their employment was precarious because of the pandemic.

Participants tended to provide financial support to close family members rather than receive it in the pandemic. However, they reported receiving financial assistance from more formal sources to help them get through the pandemic. This included grants from the government to help them with their business, help from utility companies to reduce their energy costs, as well as landlords reducing their rent in return for help in kind.

> *I only pay one company for my electricity, heating, hot water. The only other one I have to pay is [name of water company], but because they know of my present situation [being unemployed], they've put me on what they call the light tariff. They've been absolutely marvellous. (Male, 65-70, finding it quite difficult financially, affected by health issues a little)*

However, it was notable that the financial position of some participants worsened as the pandemic progressed. For example, some multigenerational households had to move to smaller, more affordable, but also more overcrowded private rented properties. Others were unable to afford repairs to their properties or to have landlords carry them out. These issues are discussed in more detail in Chapter 5.

3.3 Types of informal support provided

The type of support that participants provided mirrored the diversity of support they received and included practical, emotional and, to a lesser extent, financial help. The recipients of this support tended to be friends, family (including parents) and neighbours. For example, a participant reported taking it in turns with siblings to call and check in with their elderly parents to make sure they were fine emotionally.

A form of support that participants provided to family and neighbours rather than received was childcare. Childcare support was provided particularly before the second lockdown and ranged from one-off arrangements, such as looking after a grandchild when a daughter was in hospital, to more regular arrangements, such as picking up children from school.

> *No, I went to hers [daughter's house] because she's got another child I had to look after because she had to have a C-section, so I had to be on call and I then self-isolated for three weeks with that family. (Male, 65-70, just about getting by financially, no health issues).*

3.4 Gaps in support received

Participants mentioned lacking support around three key areas:

> 1) emotional support for isolation, loneliness, well-being or major life events;

> 2) healthcare, especially gaining ongoing access to health services, especially General Practitioners; and

> 3) employment and benefit support discussed in turn below.

The gaps mainly related to more formal or professional types of support beyond the everyday knowledge of family members, friends or neighbours.

In terms of emotional support, some participants reported a lack of support to help them deal with the isolation and loneliness of the pandemic, as well as significant life issues, such as relationship breakdowns and bereavement. Although they valued the informal support from informal networks, participants with more severe mental health problems would have benefited from comprehensive and independent support from formal sources. These included the types of counselling service offered by charities and community-based mental health services.

> *Yes, well, before lockdown I was having counselling because [partner] was very verbally abusive, so now that he's gone… I was having counselling, and I was getting on really, really well, and the counsellor and… Then she said - I was expecting it - that they couldn't continue and actually I'd have to stop. So, we had to stop at the beginning of lockdown, and I felt quite upset, really. (Female, 55-59, finding it quite difficult financially, no health issues)*

Participants particularly felt let down by GP practices who were sometimes unable to provide continuity of care during the pandemic, particularly after the first lockdown. For instance, GPs not tracking whether participants were still collecting their anti-depressant tablets from their pharmacist during the lockdown.

> *I've not seen a GP or spoken to them about that since February this year [2020], but he did refer me in February, but then we had lockdown. So, I did get a telephone consultation from a [hospital specialist] about…four weeks ago, and she said, well, I shouldn't have been on them all that time, on the steroids…. but, yes, on the whole, I feel a little bit neglected by my GP, I must be honest. (Female, 60-64, just about getting by financially, affected by health issues a lot)*

Other issues raised about primary care involved participants not being unable to book appointment slots for in-person consultations or to discuss complex medical issues.

Participants also felt they needed employment and benefit support from Jobcentres in helping them find employment when they were made redundant during the pandemic, as well as completing benefit applications. They also reported sometimes lacking the tools to submit job applications, such as specific software to complete online application forms.

4 Online Communities

The COVID-19 pandemic and lockdowns meant many forms of social connection, help and support moved online. Yet, at the same time, the first quantitative survey conducted as part of this study showed that more than a third of people aged 50-59 said that they did not go online more than they did pre-pandemic because they lacked the skills to do so, rising to 61% among those aged 70 and over. The survey also highlighted concerns around online safety and privacy, for example fear of fraud and the sharing of personal data. In some geographical areas, poor broadband connection was also an issue.

This chapter explores these issues further, and whether they led to lower levels of social connectedness among people aged 50-70 as the pandemic progressed. The chapter looks briefly at participants' experiences of being online pre-pandemic, and how the levels and type of online activity increased during the pandemic and subsequent lockdowns. In this context, it examines why some people were able to go online relatively easily, while a subgroup of participants was more digitally excluded. Further, it discusses what can be learnt from this increased online activity during the pandemic and looks at what aspects of online activities or communities may be sustainable in the future, and for whom. Are they likely to be a temporary or more permanent solution to the social connections that people want or need?

4.1 Experiences of being online pre-pandemic

Participants across the sample already had experience being online *pre-pandemic* in a variety of ways. These included:

- **Work** – Participants used software such as Microsoft Teams and Zoom when working at home and having meetings or making video calls with colleagues. Some also used Facebook to promote their business.

- **Communications** – Participants used email, phone calls, video calls or messaging groups via WhatsApp, FaceTime, Skype, Viber and Houseparty to keep in touch with family, friends or work colleagues.

- **Entertainment** – Participants used streaming services like Netflix to watch television and films; YouTube to watch videos; Pinterest for home design, do-it-yourself (DIY) tips and demonstrations, recipes and crafts, and various other apps to listen to audio books, music or educational lectures.

- **Shopping** – Participants shopped online, with many using Amazon, but also ordered from local online shops in order to support their local communities.

- **Health** – Participants ordered repeat prescriptions.

Although participants had spent time online pre-pandemic, the extent to which they were interested in and prepared to do more activities online varied.

4.2 Increased online activity during the pandemic

Many participants carried out the same activities during the pandemic as they did pre-pandemic although there was an increase in frequency of use for some groups. The pandemic also led to some new online experiences. The amount of online activity increased for all participants, although for some more than others. Four patterns emerged:

(a) Limited increases in online time, such as sending emails to friends or requesting a prescription online. This pattern was found among those who were the least confident internet users. This group tended to carry out basic and simple tasks online, and often asked other people to do more complex tasks for them (e.g. downloading software, setting up online meetings, video calls or groups, and arranging online shopping). Other ways in which some people aged 50-70 were disadvantaged and in danger of being digitally excluded more than others is discussed in section 4.3.

(b) More of the same online activities. This pattern was found among people who had previously worked at home but who were now working from home more or all the time. This group had already started using apps like *WhatsApp* or *FaceTime* for video calls prior to the pandemic; were adept at online shopping via supermarket apps or online marketplaces such as *Amazon*; and accessed online entertainment. While the amount of time they spent online and using apps increased during lockdown, they did not expand their use into new areas of activity or adopt new apps. They were, nonetheless, already IT literate and less likely to experience difficulties accessing work, services or support online.

(c) More online activity for a greater number of purposes - There was a cohort of participants who went online for the first time or who adopted new online activities. These included:

- o **Working from home for the first time or to a greater extent,** including working remotely and use of video meetings.

- o **Using WhatsApp, Zoom, FaceTime, and Facebook and other social media apps** to keep in touch with family, friends, neighbours, religious community groups (e.g. a Muslim local funeral group and a charitable appeal group), to share local information, recipes and DIY tips.

- o **To attend events online** such as weddings, funerals and health and fitness classes (e.g. yoga and Pilates).

- o **For health-related purposes** such as online prescriptions and video call GP consultations.

This group were either already IT literate, embraced going online, or felt sufficiently at ease with online activities as an alternative or substitute for in-person interactions to help them get through the pandemic.

Video calls and online meetings also allowed participants to keep in contact with people and attend events or exercise classes when they would otherwise not have been able to. A participant who used online platforms to video call his daughter and grandchildren, search for jobs, and keep up with charity work said:

> *[My] use of the internet has gone up incredibly since the pandemic. But, again, it's a medium, simply because it's opened up many other doors for me… it's a saving grace having platforms like this to utilise (Male, 65-70, finding it quite difficult financially, affected a little by health issues)*

A recurring theme among the study population and people self-isolating or shielding was that they did not know how they would have coped during the lockdown without being able to connect online. The fact that, for these people, going online more than previously opened up 'new doors', and was a 'saving grace' contrasted with those who were less likely to embrace ways of connecting online, and who in some cases still saw being online as scary.

(d) An increase in online activity followed by a reduction. This pattern was observed where people had experienced an online scam (usually to do with banking), or where participants felt that the internet was full of information that they were not sure they could trust. Lack of trust emerged from the view that there was too much marketing on websites; too many conspiracy theories circulating about COVID-19; and a prevalence of fake news pretending to be legitimate information on vaccination against the virus. These views were most prominent among those who disliked being online, and whose experience of fraud and misinformation meant they were unlikely to go online again without better advice on how to protect themselves, and critically appraise the content they were viewing.

4.2.1 Reasons for increased online activity

The increase in online activity was mainly driven by the fact that essential government services, businesses and support services were migrated to online in response to the pandemic restrictions. It was also informed by some participants having to shield to protect themselves from the virus. In this regard, participants responded by increasing their online use so that they could access essential services and maintain social connections. The increase in online use was also driven by people gaining new internet skills and having more time due to not being able to go out or because their working life was disrupted by the pandemic (e.g. being furloughed). While many benefits to increased online use were mentioned, participants also highlighted some concerns. We discuss reasons for an increase in use in turn below:

There was no other option but to go online due to lockdown or shielding. During the first lockdown in March 2020 people were told by government to stay at home and to minimise contacts outside their households for their own protection. Some participants turned to the internet for work, to maintain social connections or to carry out everyday tasks. Activities such as communications, entertainment and information, community support and events, healthcare, exercise and shopping were mainly accessed online.

Case illustration – John maintained his connections via video calls

John is a man in the 65-70 age group, living with his partner, in an urban area. He has been using the internet more since the first lockdown. John has used the internet to stay in touch with his children and grandchildren. John has managed to maintain his connections, he attended a wedding that he would have otherwise missed via Zoom, he has continued his voluntary work to help raise funds for a school via Skype, and used online shopping for gardening when garden centres were closed.

(Male, 65-70, just about getting by financially, no long-term health condition or the health condition doesn't affect them)

Fear of infection or of infecting others. Concerns over being infected or infecting others was a real factor across different household types. Concerns were especially prominent among people living in multigenerational households where the participant

was caring for an elderly relative, or where some household members or the participant themselves had a long-term, limiting health condition that made them vulnerable to COVID-19. These fears were expressed in a variety of ways, as can be seen from Sarah and Maria's experiences below.

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Case illustration 1 Sarah and Maria have limited their shop visits to minimise their risk of catching the virus

Sarah is a woman in the 55-59 age group. She has a limiting, long-term health condition that affects her everyday activities a lot. Sarah stopped going to shops and garden centres in the early stages of the pandemic because other people were not wearing face masks, and she was worried this would mean she would be infected (Female, 55-59, just about getting by financially, affected a lot by health issues).

Maria is also a woman in the 55-59 age group, who has a health condition that affects her everyday life a little. Maria watches the news all the time in order to learn how to protect herself and her family from being infected by the virus. This meant that she increased the amount of time she was online for everyday activities such as shopping, keeping in contact with family and friends, and for entertainment, because she didn't want to take the risk of infection (Female, 55-59, just about getting by financially, affected a little by health issues).

</div>

Participants across the sample said they had stopped visiting older family or friends in person, or those who they knew were shielding, because they were worried about infecting them with the virus. It was here that communication apps such as *WhatsApp, Zoom, Skype*, and *Viber* played an important role in allowing people to stay in touch. Nevertheless, migration of social contacts online did not always fully compensate for meeting people face-to-face. For instance, one couple who were both retired and shielding for health reasons said that even though they kept in touch with family and friends online, they were still left feeling very isolated. Another participant explained that WhatsApp allowed him to keep in touch with friends or neighbours, but that connecting with people online still felt 'restrictive' and 'hurt' emotionally:

> *I have neighbours who we have a regular social life with. We do walking, we have a meal in each other's houses regularly, and other than one walk and one time when we set up our garden and we socially distanced and had a meal in the garden, we've lost a lot of physical contact with neighbours. I suppose that's been, to replace that, we communicate on WhatsApp a lot more and messaging. It is restrictive, and it does hurt (Male, 60-64, just getting by financially, no health condition).*

The balance of positive and negative experiences of online connections is discussed more in section 4.5.

Engaging with more online activities through having time for training or demonstration – Some participants increased their online activity because they had more time to engage with training or a demonstration with someone they trusted or who they regarded knowledgeable about online communications to guide them.

For instance, a participant in a multigenerational household improved her internet skills by getting her daughter to show her how to participate in an online Zoom event. Another participant, who had a problem with his computer and was unable to seek help by going to a shop, sought online help and got 'a young lad' to guide him through setting up a Zoom meeting session and sharing his screen. The shift to home working

also meant that some people gained new skills using software through their day to day interactions with colleagues.

These examples suggest that people approaching later life are generally happy to go online or expand their online activities when they can see a useful purpose to it and are guided on how to do so through demonstration. In some cases, this meant that people approaching later life gained more confidence to go online and use a wider range of software.

Having more time to fill. A key reason for spending more time online was the need for entertainment to relieve boredom, especially for those who were not working or on furlough. *Netflix* and *YouTube* were frequently mentioned as sources of entertainment. However, people also went online to access audio books, music, puzzles, video games, recipes, DIY tips, and craft ideas. While some saw these entertainment options as a 'Godsend', others (especially those living on their own) worried about how much time they were spending online and the consequences for their health. One woman living alone said she had gone from being online for 3-4 hours a day to almost all day, which she felt could not be good for her.

4.3 Digital Exclusion

Although all participants had been online, there was a subgroup of the study sample who were excluded from the increased levels of internet use observed during the pandemic. There was definitive link between the extent to which people felt they were struggling to get by financially and digital exclusion. The study found that those who were 'just about getting by', 'struggling a little' or 'struggling a lot' were all found among those most and least digitally excluded. While affordability affected the level of access to being online it did not completely prevent it, Instead, there were three reasons why people were more digitally excluded than others:

Confidence – some participants described themselves as 'phobic' to the internet and being online. They felt they were at an age where they could just about use technology. This group included both men and women, people across the age ranges and in different types of households. As one participant put it:

> I've got a bit of a phobia about it [going online] …I should learn, but it doesn't interest me one little bit, you know what I mean? (Male, 65-70, just about getting by financially, affected a little by health issues).

A recurring theme was that this group of participants would ask other people to go online on their behalf, or to watch them while they were online, just in case anything went wrong. For instance, one man had asked a neighbour to add items to his online shopping rather than go online to shop for himself. A woman in her fifties, living in a multigenerational household, who disliked online shopping asked her daughter to shop for her. People in the 50-70 age group also described feeling unsafe online, saying the web was a 'dark place', where they felt ill equipped to protect themselves.

> I look at the internet as a dark place. I do go on my online banking, but I changed all the passwords and everything and I've not got into trouble with it. Like everything else, you've got to use it otherwise you get left behind…. I'm just wary of the internet. I just use it for my Zoom, my FaceTime. When it comes to online banking, I do use it but I'm very cautious now (Male, 55-59, Just about getting by financially, long-term health condition that affects him a little).

Affordable and ease of access – Some participants were disadvantaged by only being able to afford access to the internet via a smart phone, which they found difficult to use and read from, rather than a tablet or a PC. They were also disadvantaged by being unaware of how expensive pay-as-you-go contracts can be relative to monthly fixed price contracts, or how expensive purchasing mobile phone data could be relative to a standard broadband contract. Several participants commented that their bills for access to the internet had gone up significantly during lockdowns. Consequently, they did not have the level or ease of access that they might have had.

Case illustration 2 – Ola has increased use of his phone data in the pandemic, despite struggling financially

Ola lives with his children and he is struggling financially. He increased the amount of data he purchased during the pandemic from 4GB to 30GB at considerable expense. He and his children only had access to the internet via a smart phone, which they had to share the use of.

(Male, 55-59, finding it quite difficult financially, not affected by health issues)

Poor local connectivity - some participants also lived in areas with slow or intermittent connections. While in pre-pandemic times they said this had been annoying but tolerable, during the pandemic it put them at a significant disadvantage both in terms of staying socially connected and being able to work from home. As one woman put it:

> *I can get a bit of internet sometimes for ten or fifteen minutes until I have to set it all up again'* (Female, 50-54, just about getting by, health condition affects her a little).

4.4 Attitudes to being online

Table 4.1 shows the positive and negative aspects of different types of online activity that participants experienced. These factors can be grouped into five areas: 1) being online in general; 2) online contacts, meetings and social support; 3) community organisation; 4) provision of healthcare; 5) shopping, deliveries and banking. Participants' views about being online, and online activity providing social support and a greater sense of connected communities among older people, are discussed in section 4.5.

Table 4:1	Positives and negatives associated with increased online activity during the pandemic	
Area of online activity	**Positive developments and associations**	**Negative developments and associations**
Being online	- People gained confidence to go online and use the internet for a wide range of activities, helped by demonstrations to use from trusted/ knowledgeable people. - Learning how to use technology and feeling proud and empowered by doing so.	- Not being consumer savvy enough to offset higher internet, broadband or mobile phone costs. - Difficulties accessing online information when done only via a smart phone (including holding the phone and seeing the information). - Concerns about personal details, privacy and too much marketing/ selling. - Difficulties discerning trusted information from fake news and

Area of online activity	Positive developments and associations	Negative developments and associations
		conspiracy theories (esp. in relation to COVID-19 and vaccination).
Community organisation and support	- WhatsApp or equivalent social media platforms/ groups were a good way to keep in touch with neighbours, or a specific community, which sometimes facilitated the development of new friendships by sharing information on local activities, recipes and DIY tips or demonstrations. - Online groups allowed for a controlled level of contact with neighbours where they did not want to live in each other's pockets. - Online meetings or events (e.g. religious services, funerals, weddings, exercise classes) allow an additional option to attend where people would not otherwise be able to due to time, distance to travel, or mobility issues.	- Online platforms needed someone who understood them to set them up. - Online messaging groups tended to fizzle out where they lacked a clear purpose beyond sharing initial concerns about COVID-19, and/ or where they lacked a person or persons to drive them on or keep them going. - Online weddings and funerals were poor substitutes for attending an actual event. They were alternatives rather than substitutes, and only acceptable when time or distance prevented a person from being there in person.
Provision of healthcare	- The convenience of requesting repeat prescriptions online, having medicines delivered, and online consultations with GP. This was especially attractive for people who were working, or who have busy lives or mobility issues related to their health or a disability.	- Receiving healthcare online can minimise opportunities for socially isolated or retired people to get out of their house and can reduce face-to-face contact with others in the local community. - Online meetings or consultations may mean that health or social care professionals miss important body or home environment clues related to care or illness because they never see the whole person on screen.
Shopping, deliveries and banking	- Very convenient if unable to get out, not mobile, or very busy; which frees time up for more leisure activities. - Greater access to shops (especially non-essential shops) that people otherwise would not have. - Convenience of banking and control of finances at any time.	- Lack of familiarity with software, apps and online shopping can lead to frustration, confusion and sometimes being scammed. - Reduces the 'tangible' aspects of shopping that people enjoy such as meeting other people; and the smell, feel and taste experienced. - Less support for smaller, local retailers. - Less awareness of what is happening in the local area by not visiting frequently.

4.5 Sustainability of online communities

In many ways, the COVID-19 pandemic provided a real-life laboratory for testing the extent to which people aged 50-70 felt online platforms and apps provided opportunities for online communities, and online help and support or access to services. It was clear from this study that online platforms and apps offered new possibilities and opportunities for social connectedness, support and services. They

are, however, not a panacea for dealing with all of society's problems or the issues facing people as they age.

4.5.1 Positive aspects of online communities

Video calls, meetings and WhatsApp or other messaging apps were identified as important ways for people to keep in touch and to provide support within a neighbourhood or community groups (e.g. a religious community). Participants who had been part of these groups said they were a good way for neighbours to keep in touch. It was also a good way to check neighbours were all right and to keep people updated about activities in their local area.

> *With some neighbours, the physical contact has decreased but the communication through other ways has increased, and there's a couple of neighbours that we have significantly more contact with as a result of the restrictions, so that we do WhatsApp them… so there's a wider communication with people locally than there would have been previously (Male, 60-64, just about getting by financially, no health issues).*

This was especially the case where they wanted to feel they were part of their neighbourhood but did not want to be in each other's pockets. Nonetheless, some of these groups were said to have 'fizzled out' after initial flurries of messages because they appeared to lack a clear purpose or a person or people to keep them going.

4.5.2 Where online connection was 'not the same' as in-person connections

An equally prominent view, however, was that online contacts and meetings were 'not the same' as meeting with people face-to-face. Participants across the study sample said that physically meeting with others was a way of getting out of the house or the work environment, and getting away from problems, by meeting in person, with others in a different physical space:

> *Even though it was just a coffee, it was nice just to get away for half an hour and just have a chat with someone who felt the same way I did… (Female, 55-59, finds it difficult to get by financially, no health conditions)*

A physical sense of 'getting together' with others was also important for emotional wellbeing promoted through being with family, friends and having fun. Regular get-togethers such as meeting for a coffee with friends or colleagues, going shopping with family or friends, or meeting at the pub (e.g. a weekly folk music group) were as important to social wellbeing as online chats.

> *I like to be in an environment where I've got people around me and I can interact with them, whereas video calling is a bit limiting. You see heads; you don't see whole bodies; and it isn't the same (Male, 50-54, finds it very difficult to get by financially, affected a little by health issues)I do miss a weekend, because usually on a Saturday we'd get to go around my mum's and just all be there, have a laugh, share stories… (Female, 50-54, finds it very difficult to get by financially, no health issues)*

While many participants used online shopping or banking for the first time and found that it provided convenience and gave them access to items that they otherwise would not be able to buy during lockdowns (e.g. items from garden centres, access to food shopping when shielding or self-isolating), many missed the opportunity to go out, and

the pleasure of physical 'tangibility' of smell, taste and touch when selecting food or other items.

Online prescriptions and consultations were acceptable and convenient for some participants. But there were concerns among others that it would mean that older retired people might not get out of their houses; that they would not see people face-to-face; and that health and social care problems might be missed when a professional could only see the person's head and what they chose to show them on screen.

There were also concerns that too much online contact would lead people to be more physically inactive as they were tied to their tablets or computers. While the migration from audio calls to video calls was broadly welcomed when calling family and for meetings, some people still felt in was too formal and intrusive relative to telephone calls or popping by for a chat when contacting friends or acquaintances. Indeed, some people said they felt they needed to make a prior appointment before making a video call.

Consequently, while participant experiences and views showed that people can be encouraged to use online support and services under certain circumstances, the study also showed that online communities and services can be useful, provided they are not put forward as the only option and that the downsides to online contacts are not ignored, acknowledged, and addressed.

The study does not allow us to definitively say whether the online migration of many social connections, support networks and services will be maintained. There were, however, important indications suggesting some activities may be sustained as lockdown eases, for example, people using online messaging or meetings as an additional option when people find it difficult to leave homes, or to check in on people in the neighbourhood and to keep them informed of local goings on. Beyond this, though, it seems unlikely that connecting online will be a substitute for meeting face-to-face.
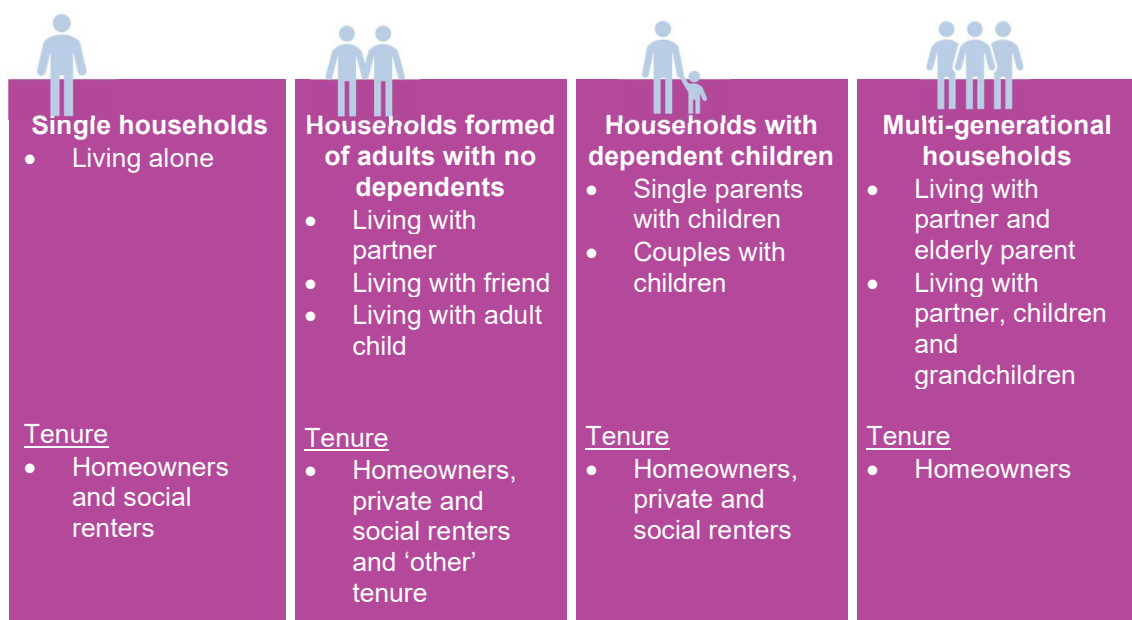
5 Experience of Home and Housing

The survey conducted in July 2020 also looked at people aged 50-70's experiences of their home during the pandemic. It found that the experience of lockdown meant people became more aware of problems with their housing during long periods of confinement. People took stock of their housing and living circumstances, which also made some more conscious of the barriers they faced when making plans for improvements to their homes as they age. The survey also found that access to outdoor space was the single most important feature of people's homes during lockdown.

This chapter explores these themes in more depth. Firstly, it provides information about the range of household types and housing tenure included in the sample. It then looks at factors affecting participants' satisfaction with their homes during the pandemic, such as space, condition, accessibility, and financial ability to secure the housing they needed. The way in which the pandemic affected people's future housing plans is also explored, as is access to outdoor space during lockdown given its importance in the survey. Finally, the chapter discusses the way in which satisfaction with one's home, living circumstances, and ability to make changes realised during the pandemic affected the physical health and wellbeing of people approaching later life.

5.1 Household types and housing tenure

A range of household types were included in the study sample. Figure 5.1 below shows the makeup of the households included and illustrates the variety of living arrangements.

Figure 5.1 Types of households and living arrangements

Single households	Households formed of adults with no dependents	Households with dependent children	Multi-generational households
• Living alone	• Living with partner • Living with friend • Living with adult child	• Single parents with children • Couples with children	• Living with partner and elderly parent • Living with partner, children and grandchildren
<u>Tenure</u> • Homeowners and social renters	<u>Tenure</u> • Homeowners, private and social renters and 'other' tenure	<u>Tenure</u> • Homeowners, private and social renters	<u>Tenure</u> • Homeowners

Those in multigenerational households lived with children ranging from school age to adults, and some lived with children with additional needs such as Asperger's syndrome. Some participants had a non-dependent child move back in with them during lockdown as they wanted to be together as a family. One participant in a single household had a friend move in with her, as her friend did not want to be living on her own during lockdown.

The study sample included owner occupiers, private renters and social renters (including local authority and housing association renters). Some people lived with an adult child who owned their own home.

5.2 Factors affecting satisfaction with housing during the pandemic

The pandemic and lockdown made participants more aware of their homes because of the increased amount of time they spent there by themselves, with their families or with other people in their household. The size of their home, the space it offered, its condition of repair, accessibility (now or in the future), and financial factors affecting ability to choose their housing tenure and type of home, all affected participants' levels of satisfaction with their homes.

5.2.1 Size of home and space

The size of participants' homes relative to the number of people living there, whether people felt cramped, and the amount of space that afforded privacy and separate places to work or study, were all important to people's levels of satisfaction with their homes. People who were completely or partly satisfied with the size of their home and the space it offered, were found across all types of housing tenure. People who were dissatisfied were only among private renters and owner occupiers.

Table 5.1 shows the circumstances that influenced the level of satisfaction with the size of participants' homes and the space they offered.

Table 5.1 Level of satisfaction by size and space of home		
Completely satisfied	**Partly satisfied**	**Dissatisfied**
• Enough space for occupants, allowing for *privacy* • *Separate space* to be able to work or study • Homeowners who increased the size of their home prior to the pandemic (e.g. by building extension) so it *does not feel cramped*	• Where adult children had *moved home* during the pandemic, and living areas were turned into bedrooms • Where people were *working from home* and had to use living areas to work • All household members *being home at the same time* making the home seem more crowded (esp. households with children)	• *Cramped living conditions* with *limited access to outdoors* • People living in a single room in households of multiple occupancy had *no privacy, separate space for work or study*, with shared, communal spaces being too small and cramped to stay in for long • No space to exercise due to the size of the home

Privacy. People valued having enough rooms and space to spend time by themselves. Participants tended to have less privacy when children or friends had moved in with them for company, or to help them during lockdown. In these cases, living spaces were converted to bedrooms or working areas. Privacy was also lacking where participants lived in a single room and had limited, or no access to private outdoor space. Feelings of having limited or no privacy were exacerbated by lockdown.

Separate areas for work, study or exercise. The instruction that people should work at home if they could, and the closure of schools, colleges, universities, leisure centres and gyms meant space at home was at a premium. Where living rooms were turned into bedrooms, offices, or spaces for exercise, household members often found themselves competing for space where they could concentrate or focus. This was a problem for people living with children in a single room or when people had limited outdoor space. One participant living in private rented accommodation said:

> *One table that I have in there… [is] our dining table, our learning table, our everything… even learning becomes a problem (Male, 50-54, finding it very difficult to get by financially, affected a little by health).*

All family or household members being at home at the same time over a prolonged period. This was particularly an issue for households with dependent children and multigenerational households. The fact that people who were normally working, studying or going out socially were all at home at the same time made homes seem more crowded or cramped, which increased some participants' sense of dissatisfaction.

5.2.2   Condition of repair

Spending more time at home due to lockdowns or having to shield during the pandemic made people more aware of the condition of their homes. The condition of people's homes varied from being in good condition and needing little or no work, to being in poor condition and in need of major repairs or maintenance. Levels of satisfaction or dissatisfaction varied across all housing tenures as shown in Table 5.2.

Table 5.2 Level of satisfaction with home by condition and ability to carry out repairs		
Completely satisfied	**Partly satisfied**	**Dissatisfied**
• *Good quality social housing* association homes (e.g. well insulated). • Homeowners, private and social renters with homes in *good condition*. • Private landlords *carried out repairs promptly* and *covered the costs.*	• Privately rented *chalet bungalows and mobile homes* had issues with *poor insulation and damp*, highlighted by being at home more. • Social and private landlords *reluctant to pay for more costly repairs*.	• Homeowners and social renters with homes in poor condition – *leaks, damp and mould*, repairs needed. • Homeowners *unable to carry out repairs* due to costs or worsened financial circumstances arising from the pandemic. • Private landlords *unresponsive or using pandemic as excuse not to do repairs.*

Where properties were in a poor condition, damp or cold, this could lead to general health issues and to anxiety. This was especially the case when people were unable to carry out improvements for financial or other reasons.

> *I have two…medium-dark grey spots, which is definitely mould… Yes, I just have accepted the situation and I keep spraying bleach…. That's another reason to make me think, if the pandemic continues for another three years, as the predictions say, and if I will not be working, it will be very unhealthy for me*

to live in this place. (Female, 55-59, just about getting by financially, affected a little by health issues).

The factors impacting level of satisfaction were:

The condition of repair. Issues such as leaks, damp and mould all led to dissatisfaction and to concerns about the impact on health. The cases below demonstrate participants' differing experiences of their landlords.

Case illustration – Chris has a responsive landlord

Chris is a private renter. He has a positive relationship with his landlord, whom he feels he can rely on to carry out maintenance on the property when needed and keep it in good condition. When there was a problem with his home's plumbing during the pandemic, he got in touch with his landlord who promptly sent a contractor to carry out repairs. Chris describes his landlord as 'brilliant'.

(Male, 65-70, living with partner, just about getting by financially, no long-term health condition or the health condition doesn't affect them)

Case illustration – Brenda has an unresponsive landlord

Brenda lives in a privately rented caravan. She has problems with mould and damp, and the floor of her caravan is damaged, contributing to the problem. Despite Brenda reminding her landlord that it needs to be fixed, they tend to be slow to respond to her requests and keep telling her they will 'send someone later'.

(Female, 50-54, living with partner, finding it quite difficult to get by financially, long-term health condition that affects them a little)

Ability to make repairs. Affordability to undertake repairs was a problem for some homeowners. Social and private renters reported some issues with landlords asking them to undertake or pay for repairs themselves. This was a problem for larger and more costly repairs. A social renter reported that her council has told her to fix things herself, which she could not afford to do.

These issues were exacerbated for people whose financial circumstances were made worse because of the pandemic, for instance, where they had left a job because of fears about infection or they had been furloughed by their employer (discussed further in section 5.2.4).

5.2.3   Accessibility

Accessibility was an important consideration for how satisfied those with health conditions felt about their home. For people in these groups, accessibility meant being able to enter, leave and move around their home easily.

Participants who had health conditions which existed pre-pandemic, or lived with someone who did, were more likely to have their home set-up to meet their mobility requirements. They included social renters who were given ground floor flats which were all on one level so they could easily enter and leave their home, and homeowners who had already installed the required mobility aids they or other members of their household needed (such as elderly parents for whom they cared).

In contrast, participants whose health conditions deteriorated, or who developed new health conditions during the pandemic, were sometimes less satisfied with the accessibility of their home, as it was not set up to address their changing needs. For example, there were homeowners who reported that their mobility had deteriorated in the pandemic and were no longer able to be as active as they were pre-pandemic because facilities such as swimming pools were closed. Their home became a little less accessible as a result.

> *I haven't been able to swim. I haven't been able to go to physio. The health side of me stopped, and that is worrying, and as I realised a month ago… things are deteriorating, and I didn't realise, and that's because of the exercise, that I cannot swim (Female, 55-59, just about getting by financially, affected a lot by health issues)*

5.2.4   Financial circumstances

The financial circumstances of participants before the pandemic were important in determining their ability to choose the type of property and tenure they wanted. This in turn also underlined the satisfaction with other aspects of their homes, such as size and space, condition of repair, and accessibility, described in the sections above.

Participants who were most satisfied with their homes included owner occupiers who had paid off their mortgage or were confident they would be able to continue paying it off, and private and social renters who felt they paid a fair rental price for their property. Whilst some homeowners emphasised the sense of financial security they gained from owning their home, others felt the burden of having a mortgage to pay had limited income left for other bills. As a result, they worried about how they would meet the costs of ad hoc maintenance and repairs in the future as well as paying their mortgage. As this participant put it, she hoped that she would not have anything happen that required expensive maintenance while she still also had her mortgage to pay:

> *Well, at the beginning, the first lockdown, everybody was out of work and it was like difficult thinking, oh, how is the mortgage going to get paid? How are we going to live? All those kind of things arose, isn't it? You have to live - if you've got a house, mortgage is nearly finishing, hopefully, so for the last couple of years I don't want nothing to happen (Female, 50-54, finding very difficult to get by financially, health condition that affects her a lot).*

In some cases, homeowners and renters worried more about repairs during the pandemic. Three reasons emerged:

Through spending more time at home during lockdown and being more conscious of the state of the repair of their home. Spending more time at home put significant strain on their finances – particularly paying for energy costs - and left them unable to pay for repairs needed (e.g. leaks and damp).

Due to reduced income for participants who had lost their jobs or who were furloughed. Their employment situation led people to worry about their on-going ability to pay mortgages, rent, energy bills and maintenance costs. Whilst participants across the sample noted that their bills had increased due to spending more time at home during the pandemic, there were varying degrees to which people were able to absorb this extra cost.

Where participants – especially homeowners and private tenants – had inefficient and costly heating systems such as oil central heating, and gas bottles. Energy costs only increased as people spent more time at home during the

winter months, and some limited their use of heating and hot water to try and reduce their already high costs.

5.3 Outdoor spaces

Ageing Better's survey showed that having access to outdoor space was the single most important factor affecting satisfaction with people's homes during the pandemic. Types of outdoor spaces included private and communal gardens, parks, beaches, countryside and local streets. Outdoor space was significant to participants in this study in several ways:

- **Maintaining mental and/or physical wellbeing.** This involved getting fresh air/change of scenery, exercising, keeping fit and busy (e.g. when furloughed), seeing other people (in general, not friends), appreciating nature and scenery, and for relaxation;

- **Socialising.** When permitted to go outside, having quality time with children in the open air, and meeting family and friends for walks;

- **Giving each other space.** Allowing other household members time alone to work or study at home.

5.3.1   Facilitators and barriers to the use of outdoor space

Table 5.3 below outlines some of the main facilitators and barriers to using outdoor spaces discussed by participants. These include whether they habitually used outdoor spaces, ability to access and use spaces, the amount of free time they had, perceptions of COVID-19 safety and the weather.

Table 5.3 Facilitators and barriers to using outdoor space		
	Facilitators	Barriers
Habits and value attached to using outdoors space	• Previously used/valued parks and green spaces e.g. because walk dog, have small garden, live close to green spaces. • Aware of the health benefits of using outdoor space.	• Only used outdoor spaces occasionally prior to pandemic because time out of home spent at *other venues (e.g. pub)* • Is not aware of the health benefits of using outdoor space.
Access and accessibility	• Green or blue spaces (e.g. beaches) *close by.* • Having a private garden. • Access to personal transport to get to open spaces.	• Limited green space within walking distance from home. • Mobility issues affecting the types of outdoor spaces can use. • No access to personal transport.
Time	• Being furloughed or retired freed up time	• Back to work after period of furlough • Working long hours to make up for loss of previous job due to pandemic
Safety	• Able to access *uncrowded* outdoor spaces.	• Fear of catching/ spreading COVID-19 by visiting busy public spaces
Weather/ time of year	• Spent a lot of time outdoors during first lockdown when weather nice.	• Less inclined to spend time outside during winter/cold weather. • Cold can worsen health condition.

The level of access people had to outdoor spaces affected their physical and mental wellbeing. For instance, one participant explained how he had space to study for his course when other household members, who shared his single room accommodation, went out to the park. The park was also a place they could safely socialise when restrictions allowed, and where they could exercise and engage in their local environment.

> *Yes, because whenever… he[son] takes the little one out [younger sibling], I get some space and then I can do some schoolwork [for university course]…I can read some work and have some quiet…and get a few things [done] before they come back. (Male, 50-54. Finding very difficult financially, affected a little by health issues)*

People with health conditions which made them vulnerable to COVID-19 limited or altered their use of outdoor space by going for walks in the evenings through local streets, rather than going to busy parks during the daytime in which they felt unsafe in relation to the virus.

5.4 Future plans for housing

The Ageing Better survey showed that spending more time at home cemented people's plans about what they needed to do to have suitable housing as they aged. Yet, changes in financial circumstances could also frustrate those plans, sometimes leading to anxiety and stress.

Participants had a range of future plans for their housing, from simple redecorating to structural works or moving home. Some of these desired changes were in response to the impacts of the pandemic on their housing or financial situation. The range of people's future plans for their housing have been classified under four main categories,

shown in Table 5.4 below. The barriers to achieving desired changes are discussed in the section that follows.

Table 5.4 Future plans for housing	
Change tenure	• **Move into affordable housing/social housing** – some people who had lost jobs, or had reduced income, and now lived in very cramped private rented accommodation hoped they would be rehoused into social rented accommodation. • **Become homeowner** – some people in private rented accommodation wanted to own their home because of the perceived greater security it would give them as they aged. This desire was especially visible where the participant's current property was in a bad state of repair (e.g. damp, mould, difficult to heat), where private and social landlords were reluctant or slow to carry out repairs, and where this generated anxiety and distress. However, where the pandemic had worsened the household's financial circumstances, participants said their plans would be delayed, and they expressed a sense of frustration.
Achieve financial stability	• **Raise income** – some working age participants looked to find better paid jobs so they could rent a better property. Some had given up the idea of becoming a homeowner, because it would be difficult to get a mortgage due to the amount they would have to pay before retirement. • **Pay off mortgage** – for financial security, to no longer have financial burden.
Improve accessibility of home (homeowners)	• **Minor works** - improving accessibility (e.g. installing handrails or walk-in shower), general repairs and home improvements. • **Major works** – improving accessibility (e.g. creating bedroom and bathroom downstairs), major repairs (e.g. roofing to deal with leaks). • **Moving to a new house** – more space for multigenerational household, more space for mobility aids, more accessible (e.g. no stairs). Again, participants expressed frustrations that these plans would be delayed due to the pandemic, because of reduced finances and increased financial uncertainty, the fact the housing market was less buoyant, and difficulties related to moving and maintaining social distancing.
Relocate	• **Move closer to friends/relatives** - to be closer to family or friends for wellbeing, support or health reasons. The pandemic had highlighted isolation/distance from friends and family, especially for people living alone.

5.5 Barriers to future housing plans

There were a range of barriers to making the changes that participants wanted for their homes. As in the survey, a significant barrier was affordability. Participants who had wanted to move home or become a homeowner prior to the pandemic for reasons of space, location or financial security, described how the pandemic had heightened or cemented their desire to move or make changes to their home. It did so by highlighting aspects such as lack of space, distance from friends or family and income insecurity. However, at the same time as the pandemic heightened the desire for certain changes, it could also diminish people's ability to make those changes by causing increased financial insecurity. For example, a homeowner gave up their job at the start of the pandemic due to safety concerns around COVID-19. As a result, they were unable to pay for repairs to fix significant damp and mould problems in their flat.

> *How the condensation can turn up on these two particular places on the roof, which implies that there must be a problem on the roof. They said, 'No,' they said, 'Okay, we're going to check it.' After a few weeks, they said, 'We've checked it. Everything is fine,' but even now, I'm looking at the ceiling of the living room; that I've still got on the same particular place the two spots….. another reason, yes, to make me think, if the pandemic continues for another three years, as the predictions say, and if I will not be working, it will be very unhealthy for me to live in this place. However, I'm not renting, I'm the owner, so I really don't know what would be the right step and decision to make (Female, 55-59, just getting by financially, health condition that affects her a little).*

Those who had experienced a loss of income as a result of the pandemic felt less able to aspire towards renting a different property, relocating or becoming a homeowner. Existing homeowners felt less able to relocate due to the costs of carrying out the necessary work on their home (such as resolving damp issues) to make it marketable. Private renters who were struggling financially and had lost income as a result of the pandemic felt unable to move out of poor quality and cramped private accommodation without being provided alternative, more affordable accommodation. In one case a participant had already moved into smaller, more affordable, but overcrowded private rented accommodation, and hoped he and his family would be re-housed by their local authority as soon as possible.

Indeed, local authorities and landlords acted as another barrier for some to make the changes they wanted to make. Participants reported local authorities being unwilling or unable to pay for repairs or being unwilling to offer private renters more affordable housing options. Private landlords could hinder changes being made through reluctance to organise and pay for repairs.

> *Although there's a bit of an advantage to having rented of getting things fixed, but they're not very good on that. […] They're not very quick on getting things done. […] I told her that I get mould in the bedroom as well because of the ventilation and she's saying, 'Open all your windows and open all your doors'. I thought, you can't do that in winter all the time. (Female, 50-54, finding it quite difficult financially, long-term health condition that affects them a little).*

Another barrier to making changes was the state of the participant's health or having a disability. Those with mobility issues were less able to carry out general maintenance or upkeep of their property, and relied on others, such as family members or contractors. Participants who had health conditions which made it necessary for them to shield, were sometimes unwilling to have external contractors come into their home to carry out repairs due to concerns about being infected with or spreading COVID-19.

5.6 Impact of housing on health and wellbeing

People's home environments played a significant role in supporting or hindering their physical and mental health during the pandemic, as home became a place where they and other household members spent an increased amount of time. People in homes with which they were satisfied before the pandemic, generally continued to enjoy using their home during lockdowns. They utilised having more time at home to make minor improvements such as redecorating and aesthetic changes. In contrast, those already under **financial or emotional strain** struggled with being more restricted to their home during lockdowns.

Being at home emphasised existing problems, including:

- Problems and anxieties associated with people's housing situation, for example living in cramped accommodation;

- Uncertainty or precarity to do with their health;

- Feeling isolated or lonely;

- Difficulties associated with bereavement;

- Personal circumstances like caring for adult children with challenging learning disabilities.

Spending more time at home also highlighted the **link between health and home**. For example, having poor insulation and heating could worsen existing health conditions such as arthritis, and people expressed concerns about the effect of damp or cold homes on their physical health. This could be something as simple as a home being cold and the everyday difficulties this presented from having arthritis:

> *Yes. My toilet has got a push button for it. Now, my daughter's toilet has got a handle that you push. Whenever I push the button in my toilet, my hand hurts terribly. If I had a handle like my daughter's, I could use all of my hand and push it down and that means that my fingers or my thumb are not hurting. That's what I've noticed the last couple of weeks. I think it's as the cold is coming in, the arthritis gets worse and, yes, I have trouble pushing down the button in the toilet (Female, 55-59, Just getting by financially, health condition that affects her a lot).*

Anxieties and mental health - there was a group of participants whose financial situation had been affected by the pandemic through loss of work or business, reduced hours or furloughing. Reduced income left some unable to afford to rent good quality private accommodation, and/or reduced their ability to aspire towards owning their own home. This in turn caused worries about the future for themselves and their families. For others, it reduced their ability to meet ongoing bills, and they took steps to reduce their outgoings, such as by using less heating. These financial stresses, and being unable to heat the home adequately, contributed to poorer mental health.
Some participants, particularly those living alone and those lacking space, reported that spending more time at home during the pandemic was depressing and could raise feelings of anxiety.

> *Yes, for one person, it's okay, it's not too bad, however, during the pandemic, I started feeling more depressed, to be honest, because the space is not that big*

(Female, 55-59, just about getting by financially, long-term health condition that affects them a little)

Increasing opportunities for well-paid work, and ensuring good access to financial planning, will help people to obtain better private rented accommodation or to own their own home in later life. Being aware of ways to pay of mortgages more cheaply and quickly, and to allow equity release may also help facilitate the plans people had for a better home and more accessible home in future. However, people on the lowest incomes and the oldest participants in the sample who were privately renting, their options remain limited without access to mortgages or decent, affordable private-rented accommodation or decent social housing. Help and support may need to be provided to enable people in later life to relocate to be closer to family or friends.

6 Conclusions

The COVID-19 pandemic and the measures used by the Government to try to prevent its transmission provided a unique opportunity to explore what people aged 50-70 understand as connected communities, and what they would like from their experience of home.

Connected communities

The survey conducted by NatCen in July 2020 on behalf of Ageing Better suggested that feelings of connection were not as strong among people who were struggling to get by financially, and among those with a long-term health condition. This qualitative study found that, although people's subjective feelings about their income or economic situation were important in affecting feelings of social connectedness, they were not the only or main factors determining this during the pandemic. Instead, ideas about connection to others and to the community were to do with who people turned to for help and support when they needed it, or who they felt they could turn to under the changes in circumstances that people experienced as a result of the pandemic and measures to manage and control it.

The pandemic weakened the usual connections that people had with family, friends and work colleagues, and made local connections with neighbours and community services more important. Anxieties about transmitting the virus to vulnerable people, stay-at-home instructions, travel restrictions, and the closure of community hubs meant many people had to look elsewhere from their usual networks for help and support.

In the early part of the first national lockdown, some people who could not meet family, friends and work colleagues felt isolated and lacked the support they needed. It was in this context that casual encounters with neighbours, community services and passers-by in the street became more important for a sense of connection and community. At the same time, there was some evidence of the development of a sense of 'community spirit', and of battling a common foe, that led to some examples of mutual aid or micro networks. These included neighbours finding ways to offer and receive practical help and emotional support to each other, and the setting up of neighbourhood messaging groups using apps like WhatsApp.

Notably, the Thursday night 'clap for the NHS and key workers' acted as a useful catalyst for these initiatives by bringing people out of their houses, so they could talk to each other, and begin to organise themselves. Later in the pandemic and lockdown the vital idea of 'support bubbles', and the ability for some connections to go online, was important for people to re-connect with some of their networks of support and help them cope with the changed circumstances.

Factors affecting a sense of connected communities

Although participants talked about the way neighbours and communities rallied around to help and support each other, it was clear that several factors influenced the extent to which micro networks developed. One of these factors was the level of turnover of residents in a neighbourhood, and how this affected the ability of people to establish on-going relationships in their neighbourhood and community. Another was how turnover of residents – in both urban and rural areas – was also associated with levels of crime and personal safety, that could affect the extent to which neighbours felt willing and/ or able to reach out to each other. The existence, or awareness of, an existing voluntary or charitable local infrastructure also affected perceptions of neighbourliness and the likelihood reaching out to others.

A range of individual and circumstantial factors also affected the ways in which people were willing and/ or able to connect with each other during the pandemic. In particular, the extent to which people wanted or needed to connect with others beyond their immediate household was significant. The unique circumstances of the pandemic meant that people who lived alone, and/ or did not have family and friends living nearby had to reach out to neighbours, even if this sometimes meant going against their usual desire to 'keep to themselves'. Notably, people with fewer social connections, who lacked organisational and IT skills tended to struggle more to connect and feel part of their community than others.

Giving and receiving help and support in changed circumstances
As described above, the circumstances of the pandemic meant that ideas about social connection, community and who people could turn to when they needed help and support had to change. Giving and receiving help and support were described by participants in terms of informal and formal channels, although there was much greater discussion of the former.

Giving help and support was seen as 'helping out' in practical, emotional and financial or work-related ways. Practical help involved picking up and dropping off shopping (especially for those shielding or self-isolating), help with housework for people less mobile, and minor home repairs. Emotional support included 'checking in' in person, by phone or online, or support implicit through offering small gifts (e.g. items of food). Financial support was sometimes given by family members, although this largely supplemented help given through more formal channels such as the Government Job Retention Scheme and support for the self-employed or for businesses. Family and friends also helped signpost participants to jobs where they had been made redundant or their job was precarious.

Where people had family or friends nearby, they relied on them first for help and support, and in some cases family members or friends moved in together to ensure they could support each other. Where family or friends were not close by, neighbours or the local community became an additional or alternative source of help. However, the extent to which people wanted, or were willing, to reach out to neighbours was influenced by factors such as perceptions of the cohesiveness of the local community and their desire or need to interact with neighbours and their wider community.

Participants were less likely to discuss giving help and support through formal volunteering. Formal channels through which people received help were financial support from the Government, help from utility companies to manage bills or change a tariff, food deliveries, debt advice and signposting by local authorities, and counselling services from charities. Participants said they would have liked more, and better support from employment and benefit services, and better continuity of care from GP services.

Online communities
It was clear that people aged 50-70 were already online, although the extent they wanted to be, were able to be, and felt confident being online varied widely. Online activity increased considerably through fear of being infected or infecting vulnerable people, and stay at home, shielding, self-isolating and social distancing instructions. Some individuals found they had more time at their disposal and took the opportunity to learn how to go online by being guided by people they trusted or regarded as knowledgeable.

New ways of going online included working more or completely from home, using video calls for personal conversations and group activities like attending church, and exercise classes, life events like weddings and funerals and requesting prescriptions and GP consultations. However, barriers to going online included low confidence to do so, a

need for information on inexpensive ways to go online, how to protect their privacy and personal details, and how to identify and report fraud and scams.

While busy working people, those who were less mobile and those who embraced technology liked being online, others were less enthusiastic. A recurring theme was that people in these groups did not know how they would have coped during the pandemic without being able to go online. Nonetheless, it was usually seen as a temporary substitute or additional alternative to in-person, face-to-face contact rather than a replacement.

Aspects of online communications that were welcomed were greater flexibility of working at home, video calls with family and friends who did not live nearby, the ease of attending religious ceremonies or exercise classes from home, and online shopping and banking. The neighbourhood or community WhatsApp groups discussed above were also considered as a useful way of keeping in touch and checking in without being 'in each other's pockets'. However, these groups needed a clear purpose and someone to drive them to stop them 'fizzling out'.

Online activities and communities were less popular where people saw in person, face-to-face contact as a way of maintaining wellbeing, for example by 'getting away' from work, or 'getting out' of the house and finding out what is going in the local community. People who were retired, or who described themselves as 'sociable' missed the opportunities simply to 'be' with others and physically interact with them. There were also concerns that being online too much would make people physically inactive by being wedded to computers or not going out of the house as much, and that important information about people's health and circumstances would be missed by only using online GP or other consultations.

Home and housing
Spending more time at home during the pandemic made some people more aware of the condition of their homes. In particular, for some individuals, it highlighted their home's small size relative to the number of people living there (sometimes made worse by relatives or friends moving in together for company and support during the pandemic); lack of space for different activities and privacy, the poor condition of repair (especially where cold, damp or poorly insulated). Accessibility of the home was not an immediate issue, but something people felt they needed to address in the longer term, for example, by installing handrails, fitting a walk-in shower or by moving to a single storey property. Satisfaction with one's home, and its accessibility, decreased for people whose mobility worsened during lockdowns.

While being at home more during the pandemic tended to cement people's plans in their minds, where their financial situation had got worse, they felt less able to achieve them and this sometimes led to considerable feelings of stress. Future plans were discussed in terms of; either improving the financial position of the household to be able to rent or buy a better home, and/ or changing tenure from private renting to owning one's own home; or moving from poor, overcrowded private rented accommodation to social housing for people with low or fixed incomes.

Ways to obtain a better home included finding opportunities to increase income, or better financial planning, to be able to rent a better home or apply for a mortgage. Some people were looking at ways to pay off their mortgage more quickly, so that they would have money to improve their home and lifestyle in the future. In contrast, people on low incomes and older participants who were privately renting, felt their options were very limited, as they would be unable to access mortgages or decent social

housing. Some people felt driven to change their situation by relocating to be closer to family as a result of loneliness felt from being at a distance from family and friends during the pandemic.

Outdoor space
As observed in the Ageing Better survey, access to outdoor space was perceived as important, as was simply being able to get out of the house. Outdoor space was not only seen as gardens and parks, but also walking around the local streets and communities, wooded areas, beaches or lakes. For working people, what hindered accessing these spaces the most was lack of time. Being close to a park or other outdoor area was important for people with mobility problems. Some people also said that they tended to spend their leisure time in places likes pubs rather than in the outdoors. The weather and time of year was also an issue for using outdoor spaces.

This qualitative research has captured the lived experience of peoples' homes and communities among people aged 50-70 who felt that they were just about getting by or finding it quite or very difficult to get by during the COVID-19 pandemic. In so doing, it has provided depth to the quantitative data collected using the NatCen Panel survey. The insight provided is necessary as we rebuild resilient communities in the aftermath of this pandemic which has served as a real-world test-bed of what we need to support the development of good homes and connected communities. The information that has been gained on the ways in which social connections are enabled or constrained in communities and how people's challenges with their homes impact on their wellbeing will be used to shape Ageing Better's programmes of work on communities and homes over the short, medium and longer term. Having a suitable home and feeling connected in one's community are important factors in being able to live a good later life.