

# Listening to the Voices of Older People in Wigan

Impacts and Experiences of living through the Covid 19 pandemic

November 2020



[www.do-well.co.uk](http://www.do-well.co.uk)

# Age UK Wigan Borough - Research into the experiences of older people living in Wigan during the Covid19 pandemic

## 1.0 Introduction

Age UK Wigan Borough (AUKWB) wished to explore how the Covid19 pandemic is impacting on the lives of older people in Wigan during 2020. In particular, AUKWB is keen to understand how lives changed and how peoples' priorities and views may have shifted or adapted as a result of this extraordinary experience.

One of the key principles of the research was founded on the viewpoint that a great deal has been spoken about older people during the pandemic, but questioning whether we have heard enough directly from older people themselves, or perhaps to clarify further, have older people been speaking about their views and priorities but we (the wider system) have failed to listen attentively enough?

The research has explored:

- Impact of Covid on physical and mental wellbeing
- Connectivity – capacity and challenges
- Community – capacity and challenges
- Experience of the health system
- Communications and voice of older people
- Worries and unexpected benefits

## 2.0 Methodology

Do- Well adopted the following methodology to carry out the research on behalf of AUKWB:

A literature review was undertaken that explored the demographics of the older population locally as well as some of the existing research on the impact of Covid on older people. The literature review was carried out in order to set the planned research into a wider context for consideration. Hyperlinks to research considered as part of the review is available in Appendix 2.

For the local research we carried out and analysed a quantitative survey with older people in Wigan. We offered both online, and or telephone options to complete this stage of the research. The research engaged with over 200 residents of Wigan via the survey and through the addition of online coffee groups and telephone discussions.

Participants for the research were contacted via established Wigan networks, including the Carer's Centre, Wrightington, Wigan and Leigh Hospital trust, Wigan Council and the CCG



among others. The survey was promoted through all of the local communication channels and the use of social media.

During the research timeframe national and local restrictions around contact changed and consequently meant original intentions to have 'real life' coffee mornings were not possible.

The research also involved a stakeholders' session to develop insight into system wide activity, challenges and aspirations. A full list of stakeholders we have engaged with is available in Appendix 1.

The content, findings and recommendations gathered as a result of this research and contained in this report are as a result of the work carried out by Do-Well and are not attributable to, nor the responsibility of AUKWB.

### 3.0 Context and Recurrent Themes

The research took place during the Summer and Autumn of 2020, after the easing of the restrictions placed upon the nation during the first "lockdown", and through the implementation of local and regional restrictions known as 'tiers'. It is too early to be able to define or project the eventual lifespan of Covid19 and therefore the views and experiences outlined in this research should be seen as generally reflective of this specific moment in time. That said, as we see from the quotes provided by participants their experiences do clearly draw upon lived experience and insight without the pandemic.

This research project also drew upon, and cross-referenced, wider research on Covid in the UK (including ongoing longitudinal research which may be of benefit to AUKWB and their partners as a reference point for comparison with experiences in Wigan).

It is worth setting out here some of the recurring themes from the wider research review that are pertinent to this report:

- Reinforced age-based inequalities baked into the system by policy frameworks not understanding (or ignoring) the needs and aspirations of older people.
- Digital connectivity and capacity, how are older people shaping the emerging digital agenda.
- System design and leadership - are older peoples' needs and aspirations recognised in system design or are they invisible?
- Older people being portrayed as vulnerable not valuable - leading to a default deficit mindset across policy and systems rather than an asset-based approach.

These are system level themes which consequently require a system led approach in response as they are not within the gift of any one organisation to resolve. Many of the issues arising from this research and the experiences of older people in Wigan feed into



these system level challenges. Whilst incremental improvements may be developed at an individual organisational level, it is likely that a more fundamental 'power shift' will require a different way of engaging and acting.

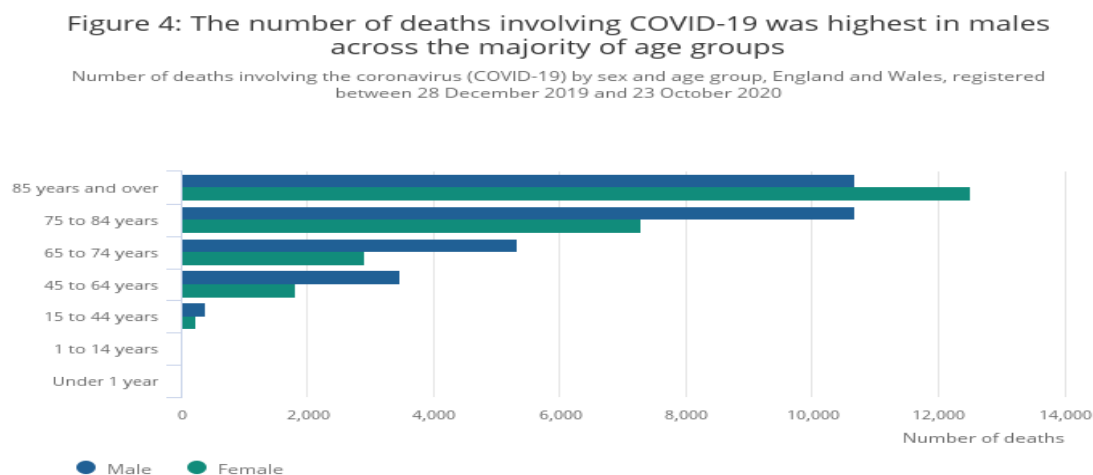
Turning specifically to the findings of this report, whilst they are detailed in the following sections it is worth noting recurrent themes that emerge from the research. We have highlighted this at this juncture in the report to provide a perspective on the sectional findings and recommendations.

As ever, it is important to state the need to avoid thinking about older people as a homogenous group. However, against that backdrop it is worth considering the following recurrent themes.

- The inter-connection between physical and mental wellbeing, how one drives and supports the other.
- A need to acknowledge the importance of independence in older people's lives, how can the wider Wigan system centre that need and not diminish it?
- Understanding the strengths and limitations of community support and mutual respect
- Service design and communications and how failure to do this well can be multiplied by poorly rolled out technological support.

### 3.1 Covid19 and older people: What do we know?

All evidence, both UK and global, suggests that older people as a demographic group have suffered considerably as a result of Covid19.



Source: Office for National Statistics – Deaths registered weekly in England and Wales



Exploring community-based infections, there is no evidence that older people are more likely to be infected by Covid19 than other population groups. However, we know from the data that outbreaks in settings such as Care Homes have led to higher levels of infections amongst older people.

When we look at the seriousness of infection and fatality rates, we see a different picture. It is evident that risks of having a more serious experience of Covid19 increases with age (from 50 and up) and the infection fatality ratio is skewed towards older people.

An argument can be made that the Covid19 pandemic has both revealed the challenges facing older people in the UK, has risked a further characterisation as older people as “vulnerable not valuable, has illustrated the fragility of some infrastructure supporting older people and yet not given sufficient prominence to the voice of older people themselves. It is against this backdrop that this research wished to explore and better understand the impact and experience of living as an older person in Wigan during the Covid19 pandemic *and* to consider what learning we take forward.

#### 4.0 Barbara's story

There are many individual stories and experiences that lie behind the graphs, data and analysis in this report - the participants are more than numbers on a page. This report cannot do justice in the telling of everyone's story but we wanted to share at least one.

We have chosen Barbara's story as it demonstrates a wide range of impacts that the pandemic has had on just one person. Her experience in the care home was frightening for her and in her own words she did not feel safe. However she is also keen to point out some of the benefits she has seen including the support of her neighbours and how technology has enabled her to stay connected, both themes that come out through the responses to the questionnaire which are outlined later in the report.

*“ I'm Barbara, I'm 76 years old, and at the beginning of the pandemic I had been in hospital for five months. The hospital asked that I be discharged into a care home for a few weeks as part of my transition back to my own home, where I live by myself. I felt safe in the hospital and was very nervous about the discharge and going home but the hospital staff told me that I'd be safe and supported in the care home.*

*During my first week in the care home I was still quite worried and had quite a few fears. The staff weren't wearing PPE and I asked to be transferred back to the hospital as I felt safe there. Unfortunately, I became ill in hospital and it was confirmed that I had contracted Covid19. As I was the only case in the hospital, and the only other place I had been for the last five plus months was the care home, it was confirmed that was where I must have become infected.*

*I was finally discharged back to my home in April and being at home was great and very positive. The Council was great! They arranged for carers to come and see me and support*



*me, I got food parcels delivered and I was given a pendant call button which gave me that extra reassurance that I would be safe and could get in touch with someone if I felt unwell.*

*I'm still really tired after Covid19 and I get breathless easily but I'm being treated for this. But, none of that will get me down, I've got lovely neighbours who I'm now much closer to and, thanks to technology I'm able to stay in touch with my family on FaceTime and I really appreciate the small things – like seeing a photo of my friend's garden.*

*After Covid19 I then had to go back to hospital as I had a heart attack but once again, I'm back home and am really grateful to be getting all this support. “*

For more personal stories about life during Covid do visit <https://ourcovidvoices.co.uk>

## 5.0 Findings

### 5.1 Participants

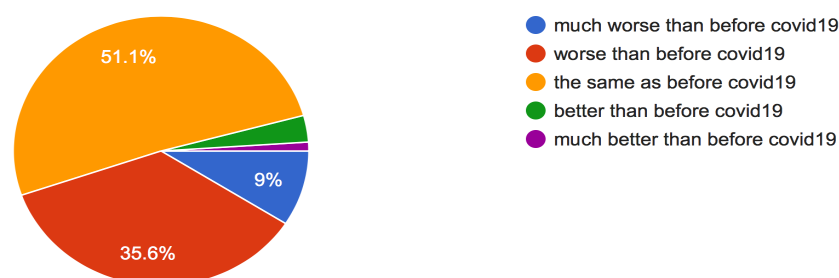
Of those who responded to demographic questions, over 56% of participants were over 70 years old. No-one was under 50 years old. The majority of participants did not live alone (70%). Of those that did share with others, 9% shared with at least one under 50 year old, 46% shared with someone aged between 50 and 70, whilst 48% occupied their home with someone aged over 70. The majority, (88%), did not identify themselves as carers and 42% indicated they (or someone they lived with) “shielded” during Covid19.

### 5.2 Impact of Covid19 on physical and mental health

Participants were asked a series of questions relating to their physical and mental health during the Covid19 outbreak. To provide a baseline comparison, participants were asked to ‘rate’ their overall health and wellbeing pre-Covid and during Covid.

7. How has the pandemic affected you physically and mentally? Thinking about before Covid19 and now, how would you rate your physical and mental wellbeing?

188 responses



Whilst the majority of respondents indicated that they felt no overall change in their health and wellbeing, a significant minority described it as worse than pre Covid19 and a further 9% described it as much worse. It is worth reflecting however that 'no change in physical and mental wellbeing' does not necessarily imply a wholly positive scenario. Within this group there will be people who had good health and have not experienced deterioration, equally there will be people who did not experience good health and whilst no deterioration is a welcome response, there still remains a health gap between these two groups.

The percentage of participants reporting no significant change in physical and mental health in this survey is lower than equivalent data found in The Centre for Ageing Better's report exploring "The experience of people approaching later life in lockdown: The Impact of Covid19 of 50-70 year olds in England" which was published in July 2020. That report suggested 69% reported no change in physical health, whilst 60% reported no significant change in mental health. In addition, a greater proportion of respondents in the Wigan survey reported worsening physical/mental health (36% compared to 21% [physical] and 30% [mental health] in the England wide survey). The Public Health England Age Spotlight survey (a series within the Covid19 mental health and wellbeing surveillance report) reported older people having lower levels of mental stress and ill-health compared to younger adults.

Exploring this issue further in this survey, respondents were asked to consider how the pandemic had affected them physically, responses included changes due to exercise, eating and drinking more, changes in their body due to being less active. These themes echo national themes in the Centre for Ageing Better report.

Twice as many respondents indicated that they had done less exercise or activity during the pandemic than those who said it had stayed at similar levels. A much smaller group of people said their activity levels had increased.

*"I'm much worse physically than when it started"*

*"Little or no exercise. As my wife has mobility problems she is unable to walk much more than a few yards, so being unable to attend tai chi, swimming or strength and balance class due to Covid19 closures has impacted her physical health"*

*"I put on weight and my marker for pre-diabetes went up"*

*"I'm getting an hour of exercise pre-work every day instead of a grind of a public transport commute. I'm also doing half a day of domestic tasks on a Saturday before relaxing. More recently I've been working in the garden for up to an hour at a time [or] after work which previously simply wasn't possible."*

Those that advised they had seen a reduction in activity levels indicated it was due to classes or sports activities not running, respondents added that not only were they missing



the physical benefits of these activities but the social contact that went alongside the class or sport. Other reasons for a reduction in exercise/physical activity included concerns about safety or that caring responsibilities prevented this, or the lack of NHS treatment for existing medical conditions meant that they had become housebound:

*“Struggling with back issues as I don’t feel safe going to the hydrotherapy pool.”*

*“Lack of exercise due to my bowling teams being unable to meet”*

*“I’m really missing the companionship of my keep fit classes.... I do try to keep myself physically fit but have not got the same incentive without my friends”*

There were a number of comments coming through both the questionnaire and the focus groups stating concerns with medical appointments, including physiotherapy, being cancelled/deferred and not rearranged.

With regard to mental wellbeing, many participants reported that they were missing contact and connection with friends but particularly highlighted the impact that the lack of physical contact with family was having. This lack of contact was exacerbated by their worry for their absent family members – children who work in the NHS, concerns about the happiness of grandchildren, worries about their offspring's financial situations.

The research shows a significant range of the impact on mental wellbeing. Some participants described the change in generally mild terms:

*“Feel down sometimes but otherwise ok.”*

*“Missing seeing/visiting daughters and grandchildren, otherwise feeling a little cut off but nothing major.”*

Whilst a significant proportion of those who felt their mental wellbeing had been impacted used more concerning language and displayed a sense of loss of control in their own lives:

*“Being unable to mix with friends and family have left us both in a low mood and demotivated. The fear of further lockdown is soul destroying. For older people, it feels like we are being robbed of our freedom in our final years.”*

*“No contact with friends, family, extremely lonely, scared, vulnerable.”*

*“Stressed, worried, feeling like I’m in a film but no one has given me a script, adrift.”*

*“I’m starting to think I’m filling my days not living them.”*

*“It has affected every part of my life - in fact my life has stopped. This isn’t living at all.”*





Technology was cited by many participants as a possible way to overcome the lack of physical contact and the emotional connection such physical contact drives. The technology had varying degrees of success:

*"No change except missing choir. Zoom choir is no replacement. I offered a Zoom get together for choir members in the summer but had few takers."*

*"Have enjoyed regular Zoom contact with friends I'd normally see once every few years."*

A recurring theme for some participants was almost a physical sense of their brain capacity diminishing as a result of the lack of connectivity.

*"Don't think my brain is as sharp with not going out and taking part in card games."*

*"My mental faculties are slower, and I am more forgetful, sleep badly and always tired."*

*"Thankfully I have a garden and I've spent more time in there than I would normally do, otherwise I have no interest in anything, I used to read a lot but find I can't concentrate."*

For those respondents who didn't report a diminishment of mental wellbeing (or those who did notice a change but felt able to take action) many reported coping mechanisms and shared how they had taken up new hobbies.

*"I went through phases of being downhearted occasionally. But I have taken up knitting again, and have enrolled for an online A-level politics course."*

*"I have enjoyed the reduction of pressure from my diary being full of events actually. I have had time to spend in the garden, listening to the birds and enjoying the beauty of nature.... During the school lockdowns I was involved in teaching my 10 year old granddaughter English and Art using the school's curriculum which was accessed online."*

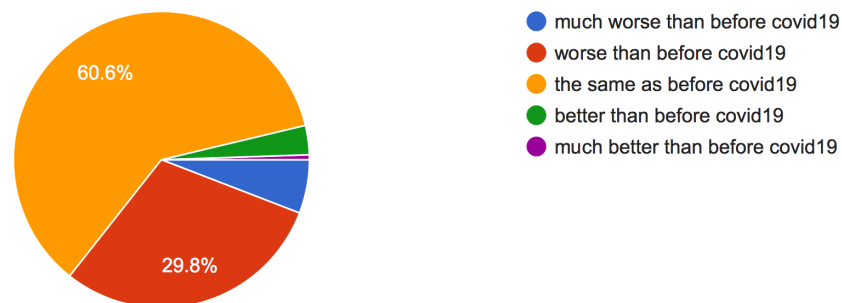
*"Very lucky, new commitments in terms of volunteering with responsibilities and fun things to do."*

The research also addressed a related area – that of confidence - and asked respondents to compare their confidence levels before and during Covid19.



10. How has the pandemic affected your confidence? Thinking about before Covid19 and now, how would you rate your overall confidence about your daily life?

188 responses



As with the previous question, the majority of respondents indicated no change to confidence levels. The research sought insight into which aspects of their lives people felt a loss of confidence and what changes could be put in place that may restore their confidence.

The responses demonstrated the link between confidence and independence but also shared how the infrastructure in daily life could impact on confidence levels. For those people who did report a drop in confidence, the following aspects of daily life were mentioned most frequently - shopping causing anxiety, lack of confidence using public transport and drop in confidence because of difficulties accessing GP services.

Transport was cited by many respondents as a barrier to both independence and confidence with concerns about safety on public transport due to the potential lack of adherence to social distancing or mask wearing requirements. Several respondents said they were not using public transport or taxis and consequently were staying more local. For those not reliant on public transport some reported reduced levels of confidence in driving themselves:

*"I had just begun to regain confidence in going for bus rides before the pandemic. Now I have no confidence again."*

*"I still don't feel confident using public transport or taxis but I can walk to most places."*

Shopping was also a major consideration in terms of confidence with many respondents wary of shopping because of fears around coronavirus. Some reported changing their pattern of behaviour to adapt to these concerns, or relied on support from family members or friends:



*“Before the supermarkets gave priority to people shielding, I relied on neighbours shopping for me.”*

*“Need more confidence in other people keeping to the restrictions.”*

*“I don’t see myself going back into a supermarket whilst the atmosphere is so febrile.”*

*“I am not happy about going into shops and in fact have only done basic shopping”*

*“I managed very well with online shopping and the pharmacy delivery scheme.”*

**Recommendation:** To review the services the older people use on a regular basis to be able to live their lives including public transport, access to town centres and high streets, looking at what can be done to make people feel confident and safe in accessing these places and services again. As we move forward, and as the pandemic eases, it’s important that all is done to ensure that people are able to confidently leave their homes.

Accessing GP services appears to have been a significant challenge for many respondents. Some expressed anger at a perception that GP’s were “hiding away”. The move to online or app-based GP services provoked a range of responses, some felt that the MyGP app was not fit for purpose. Those who had caring responsibilities also felt difficulty in supporting them and this impacted on their own confidence levels:

*“Everything now is stress inducing. I have a 93 year old mother who lives on her own who I cannot see, and who cannot get what she needs like sample pots from the doctors. She has had no help AT ALL from anyone else at any point during the pandemic, she relies on me for everything. I feel as though I’ve let her down and my confidence is rock bottom. I can’t go near her, yet when she needs help to go for blood tests etc, I am at my wits end as to how I can get help to her.”*

*“My husband has cancer so therefore we have both been shielding. The support we eventually received after trying to find it has been useful getting prescriptions etc. I have had no support nor expected it before the pandemic, so it was nice to eventually have someone who could help as we were both shielding. Some supermarkets have been abysmal, Sainsburys admitted we were on their list but their website wouldn’t recognise us as customers who needed help. Others even though we were on their list we couldn’t get a slot.”*

*“Mum has dementia, the GP doctor will not visit and she is unable to make or understand phone consultations. Mum has fallen on a number of occasions and the district nurses would not attend, so her wounds have been untreated. I feel the elderly in our community have been seriously let down by the local health services. I understand the need to introduce ‘ask my GP’ for the majority of people but not all. You need to listen to your community as to what they need and not what*



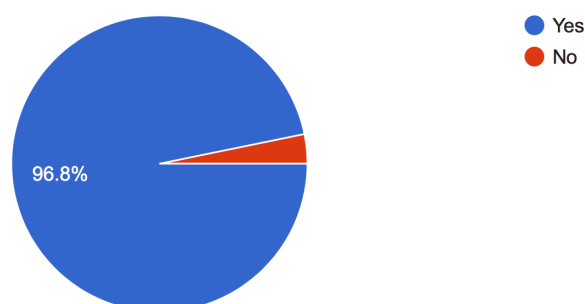
*government tell you - sometimes it's not about costs and please don't hide behind Covid19."*

Accessing health services is a recurring theme throughout this report and will be returned to in sections 5:3 and 5:5.

### 5.3 Connectivity, capacity and challenges

A theme emerging already in the data relates to the benefits and limitations of technology. We have heard from older people in Wigan who have used technology to support their social connections and yet at the same time others have flagged up the potential exclusionary aspect of technology if people do not have the skills or confidence to use it.

12. Are you able to access the internet from your home? If you've answered no please skip to question 14  
187 responses



The Age UK 2018 report "Digital Inclusion Evidence Review" draws upon ONS data which states that internet use has steadily increased since they began recording in the 2011 census. At an adult population level it now sits at 90%, rising to 99% for people aged 16-44. For older people the percentage decreases with age, with 80% of those aged 65-74 having used the internet recently (within the last three months) reducing to 44% of those over 75 years of age. The data returned in this survey suggests higher levels of internet access in Wigan than national figures (which stand at 88% of two person households with at least one over 65) but does not quantify the frequency of usage.

The charts below demonstrate the variety of devices used to contact others and detail on the different communication channels being used.

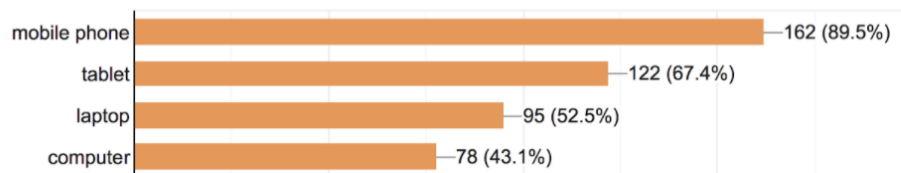
It appears that older people in Wigan have greater levels of accessing the internet via a mobile phone (nationally 84% of those aged 55-64, declining to 72% in over 75s) or a tablet (nationally 57% of those aged 55-64, declining to 28% in over 75s).



Further research into how, when and why older people are accessing the internet in Wigan may be illuminating in considering support that may be required or how to design services to be most accessible to older people.

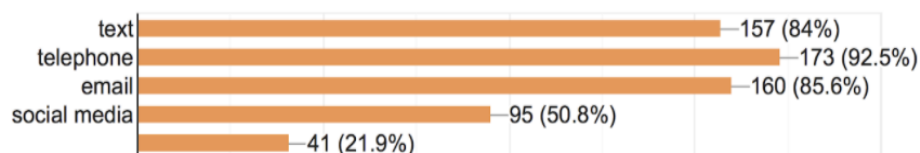
13. Which of the following devices do you use? You can tick more than one.

181 responses



14. Do you use any of the following ways to keep in touch with people? You can tick more than one.

187 responses



However, as we have seen in the previous section, there were concerns raised about the usability of some tech solutions in Wigan. On the face of it from the data above, access to tech solutions does not seem to be severely limiting, but confidence in using and/or satisfaction with using some tech based solutions may be more of an issue:

*"I can't use an app. My daughter had to do it so I could speak to the doctor."*

*"Cannot contact GP, made to use Ask GP service which is impersonal."*

*"Using the ask my gp app made things simpler."*

*"... I became ill and had to do all my contact with the surgery over the phone and then via phone apps. It's very difficult to take photos of yourself (i.e. your back and sides) with your own phone camera, at least I found it so. In the end I had to go to my daughter's and she held the phone camera for us using video to show the doctor my symptoms (rash); I was diagnosed with shingles."*

As app/tech based solutions are likely to increase rather than decrease this is an area of value in exploring further, not just in terms of access to technology but more pertinently exploring concerns regarding accessibility. For example asking how does a customer centred design service process vary according to age groups? In development of apps or tech based solutions how are system risks associated with non take up by older people



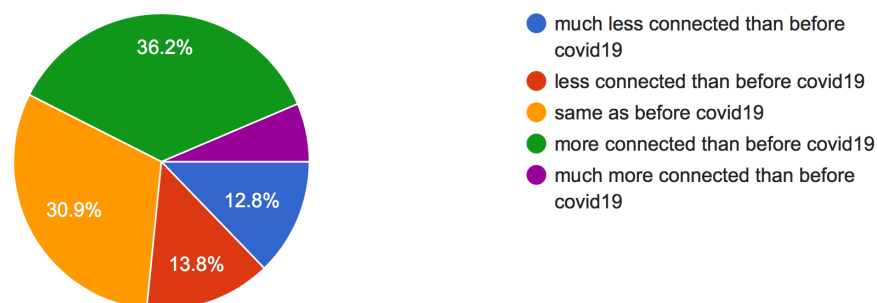
quantified and mitigated for? Is there a Wigan tech standard that meets the needs of all the population? We return to wider consideration of health services later in the report.

## 5.4 Community - capacity and challenges

In the early days of the pandemic and lockdown the value of community support and spirit received national attention – from Clap for Carers to the creation of mutual aid groups and from VE Day to Sir Tom. This research wanted to explore what this felt like from a Wigan perspective.

15. Did you notice any difference in your neighbourhood or community during covid? How connected do you feel to your neighbours and community?

188 responses



In total, 45% of respondents felt greater levels of connection with their neighbours or community compared to pre-Covid times. The research went onto explore what was underpinning this sense of greater connectivity.

A common theme was how connectivity with neighbours served in some small way to replace the loss of connectivity with family or the benefits of attending social networks (clubs, classes etc). Respondents reported people becoming 'more neighbourly' with some citing the sense of a common purpose or connection – all were concerned about the virus.

Those who had access to outside spaces reflected on the increase of "over the fence" conversations as people used gardens.

The communal clap for the NHS was referenced frequently by those who felt connectivity had increased. Some saw it as a springboard for greater connections and support, although some stated that now the clapping has stopped things have gone back to normal:

*"We see less people, but people are more friendly, which seems to stem from clapping for the NHS, when people meet on the doorstep."*

*"During lockdown we met as a cul-de-sac for VE day celebrations each week after clapping for the NHS and ad hoc during good weather on the road when gardens*



*were 'out of bounds'. We also sometimes shared a bottle or two of wine at evening times in small socially distant groups. The neighbours have always got on well for many years but all participated in VE day and clap; we were more united because of the circumstances and watched out for each other."*

*"Always a lovely friendly place but we take more care about ensuring everyone is ok and now have a WhatsApp group."*

However, this sense of connectivity was not universal and many respondents spoke about how lonely they felt not seeing neighbours and a sense of worry or fear that permeated their neighbourhoods:

*"Just not seeing people as much. Makes me feel sadder."*

*"People are reticent to be near other people."*

Even those who enjoyed a sense of greater connection felt it had reduced in more recent times or were worried about the impact of a shift to darker nights and future lockdowns:

*"Clapping for the NHS, more contact but gone back to before."*

*"I worry about the darker nights and the winter approaching when I feel much more isolated and alone."*

*"Only us in our road. Very lonely."*

There may be an interesting exploration to be done about the relationship between confidence and community connectivity. Evidence correlating confidence and community connectivity was not available to underpin this research. However, a greater focus has been taking place on the potential shift from "community spirit" to "community power" - including work by amongst others, New Local ([www.newlocal.org.uk](http://www.newlocal.org.uk)) Locality ([www.locality.org.uk](http://www.locality.org.uk)) and New Citizenship Project ([www.newcitizenship.org.uk](http://www.newcitizenship.org.uk))

Earlier in the report it was clear that older people had lost confidence in infrastructure such as supermarkets, transport, town centres, but where people have experienced positive social interaction at a neighbourhood level can this be demonstrated to boost confidence more broadly?

#### **Recommendation:**

**In line with Clap for Carers, a community initiative could be instigated to create togetherness. Creative and easy to access solutions should be found for this, possibly a weekly sing-along or movement to music where people can participate from their front doors or through an open window during inclement weather. Weekly themes could be set for artworks or poems to be created that could be placed on windows for neighbours to read and see.**



## 5.5 Experience of the health system

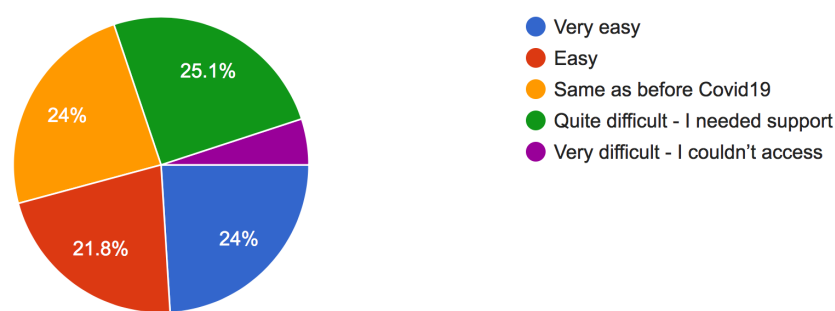
Deepening our understanding of the experience of older people living in Wigan during Covid19 must address the level of access and engagement and satisfaction with health services during this period. We have already explored some aspects of this interaction in previous sections and will build on this further.

As a baseline we wanted to know what level of access people had sought.

Of our 190 respondents to the survey 135 of them had needed to collect medication from a pharmacy, 106 had needed to contact their GP, 67 had attended hospital appointments and 27 had needed to attend an emergency hospital appointment.

18. How easy was it to contact these services?

179 responses



As shown above, 46% of respondents said it was easy or very easy to access these services. The most frequently cited services accessed were pharmacy support (74%) GP appointments (58%) hospital appointments (36%) and Emergency Department (14%).

Those who found it difficult to access were asked to share more information. The themes emerging from this can be grouped under the following headings:

- Accessibility
- Service design
- Impersonal service
- Lack of information

Accessibility spanned concern about physical or technological access to services, particularly phone lines regularly engaged, or reduced face to face access to GPs. On the other hand, pharmacy services were praised for their accessibility and service levels. Telephone consultations were not seen as helpful either with some being very difficult for those older people with hearing difficulties:





*“Didn’t use GP services as unable to get through on the phone. Seems to be using Covid19 as an excuse not to do face to face consultation.”*

*“The pharmacy services were very good but to contact the Drs was difficult, I was made to feel isolated.”*

*“I’m a 97 year old diabetic, and had absolutely NO contact from my GP or from Wigan Borough Council. Made me feel totally forgotten.”*

Some people felt quite strongly that they were being failed as a result of a lack of face to face visits by community healthcare practitioners.

Impersonal services and service design appear to be connected. The MyGP app was regularly cited as difficult. One aspect of this appears to be the design nature of the app which didn’t allow “ongoing conversations”. Consequently people felt little continuity of care and perhaps were being treated in terms of ad hoc medical needs (what is the matter with you) rather than an ongoing person - centred relationship (what matters to you). Clearly, demand on services is the missing part of this equation but it may well be useful to explore how this app is planned to be used in the future and whether it has centred the needs of older people sufficiently.

#### **Recommendation:**

**Advocating for a review of accessibility to health care services, in particular the MyGP app. Many of Wigan’s older people have found it really difficult to use this technology, there may be a way to make it much more user friendly. There may be scope to work with a local GP surgery, or a group of surgeries, to test accessibility and discover what the real issues are. These findings could then be presented further afield to help influence GM and national GP accessibility. The task force suggested above could inform this through their lived experience.**

There were also concerns about the long waits for routine and less urgent treatment which may become more urgent as more time elapses. Lack of ongoing monitoring or surveillance health care all ceased in Covid19 which means early warning signs not highlighted or maintenance activity carried out such as podiatry and or ears.

#### **Recommendation:**

**That services that can continue while living with Covid19 be assessed as to the likely risk, particularly with point of care testing being introduced. This could include ongoing health surveillance visits and community services such as podiatry and district nursing.**

## **5.6 Communication**

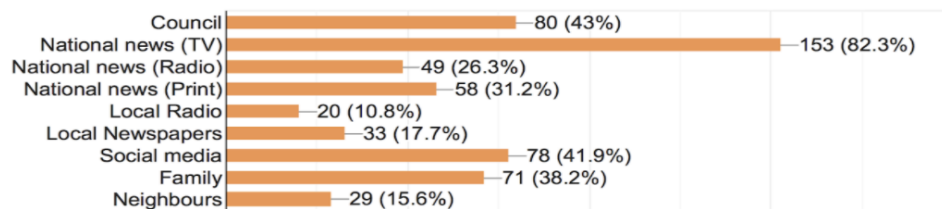
Accessing and trusting information is vitally important in a pandemic, so exploring this in more detail should be useful not just in the context of Covid19 but in wider understanding



of how and when older people access information. This section also explores to what extent respondents felt the voice of older people themselves was present in the discussion.

22. Where did you get your news and updates about Covid and what was happening in Wigan from? You can tick more than one.

186 responses



National news combined (TV, radio, print) was the main source of information but the Council itself, social media and family/neighbours were also regularly cited.

We didn't ask respondents to rank these sources in order of trust but emerging practice across the country seems to suggest an increased need or desire to make better use of local community voices/champions as the pandemic continues. This may reflect a greater sense of trust given to community champions or a reduction in trust in other outlets. Given the strong base in Wigan relating to social media/family/neighbours, AUKWB may wish to give consideration as to how these emergent community based communication channels could be maximised or strengthened yet further.

We wanted to hear from respondents as to whether these sources of information were useful. Around a quarter of those who responded said yes, they found these sources useful and newsletters from the Council were cited as being helpful.

In terms of where communication was less helpful – two clear issues stood out - the changing restrictions caused challenges in communications as:

*"Inevitably it was confusing as the situation kept changing."*

*"very confusing and conflicting."*

There was some sympathy expressed for the government and others in having to navigate a changing landscape, however people did say they sought clarification with friends or family. Aside from the Council no other institutions were named as being places where clarification was sought. It may be worth considering what role AUKWB could play (or how to amplify an existing role) in being a 'trusted communication or clarifier.

There was a suggestion that a weekly guidance could be produced and this could be displayed on notice boards and in hospitality settings as well as by individuals.



**Recommendation::** The creation of a single point of information to share clear and easy to follow details of up to date announcements relating to the pandemic, and also details of any support available to assist older people during this time. Ideally this would be a collaboration between all organisations that provide services for the older people of Wigan.

## 5.7 Voice of Older People

The second element of dissatisfaction related to the negativity or “scariness” of some of the news. Again, the nature of a pandemic like Covid19 will obviously focus on challenging scenarios but how could this be balanced alongside locally driven ‘positive stories’? especially as we enter a prolonged period of exploring how we can “live well” with Covid19.

Turning to the voice of older people, whilst some felt these voices were being heard, the majority felt this was a gap:

*“No...We have been typecast as elderly and frail. Not heard of anyone asked for their opinion till now. This shows a lack of respect.”*

*“No, need a minister for the elderly and more people speaking up for us.”*

*“Definitely not heard. There was no consultation and very little understanding of the needs of various age groups.”*

*“A blanket restriction on age doesn’t make sense.”*

*“It [the government] has failed to recognise the critical support many older people give to their families, their contribution to society and the need for older ... people to have close loving contact with those they love the most.”*

Interestingly one response also went on to challenge if the system was working effectively if it needed older voices to speak up – perhaps reflecting the challenge we explored in our introduction, is it about amplifying a voice or is it about the system listening more actively?

There is clearly a role here for AUKWB to step into if desired as there appears to be a significant challenge in understanding the diversity of older people, their contributions and a desire to be viewed as valuable not only vulnerable.

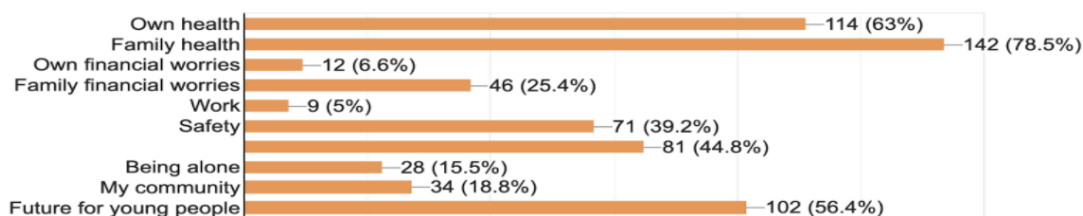
**Recommendation:** The creation of a task force or focus group of older people from Wigan that could help with the informing, design and testing of initiatives, strategies and policies.



## 5.8 Worries and unexpected benefits

25. What did you worry about during Covid? You can tick more than one.

181 responses



*"I made a video of how scared I felt because I have underlying health conditions and there seemed no end to having to isolate."*

*"Lost one sister and nephew this year and am worried about losing any other family members."*

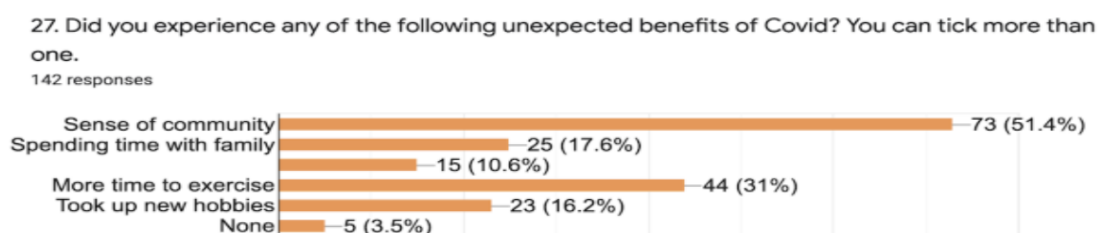
One of the biggest concerns was for others, with lots of older people worrying about their families losing jobs or requiring hospital admission and how others on their own were coping. A number of comments referenced the government response and the fact that local knowledge has not been used to inform decision making. there was a worry that government information was unreliable and contradictory at times.

The highlight of widening inequalities as people struggle to access funding if working and still being required to pay for services:

*"We are self-employed and yet unable to access the HMRC grants. Tried ringing god knows how many times and can't get through. This pandemic has really highlighted the wealthy v everyone else divide. We can't pay for services and therefore we suffer."*

Many of the themes raised by participants in this research echo those found in the national Centre for Ageing Better report which also reinforced the concern that Government needed to ensure that older people were not left behind in economic recovery plans (also present in similar report from Nesta).





By far the biggest positive response was around walking, with respondents citing increased exercise and feeling fitter. They also said that increased interaction with other people had been good for their physical and mental health and wellbeing.

DIY, gardening and taking up other hobbies were also seen as unexpected benefits.

*"My husband and I spent more time together each day going for a walk, doing jobs together or puzzles."*

*"As I was spending more time at home, I had more time to exercise so I bought an exercise bike."*

As set out in previous sections, the sense of community and getting to know neighbours was an unexpected but welcomed benefit, as was the use of technology to help them stay connected.

A number of responses demonstrated the valuable contribution that people have made. There was reference to feeling happier once able to get out volunteering again, and this was something that also discussed in the focus groups. Others demonstrated their worth by helping to home-school their grandchildren.

Worries that were identified included family living far away, struggling with grief and loneliness and finding it hard to pick up new hobbies.

### Recommendation:

**As society opens up once more it would be useful to review what is available socially for older people to access, exercise classes, libraries, community clubs and coffee mornings etc. There is no guarantee that everything that was available before Covid19 will still exist once the pandemic eases and we are able to return to some form of normality. There might easily be gaps in provision that may not be noticed initially.**

**Ensure the needs of older people are adequately addressed in local Economic Recovery Plans**



## 5.9 Care homes

Many of the same experiences coming through the survey were repeated during the focus groups. However, we also heard first hand experiences of care homes, whether as a resident or a family member, which did not come out in the survey.

There was some extremely rich and insightful information which came from these conversations including calls for action to resolve some of the issues that have been faced in these settings over recent months.

You have already read Barbara's story about how she became infected with Covid19 in a care home, and it will be important to ensure that lessons are learnt from her experience.

We also heard from those visiting relatives and their stories. Concerns were raised about lack of capability for visiting. One example being where the only way to communicate was through a window which was on an extremely busy and noisy road. The resident being deaf as well as suffering from dementia found it impossible to communicate and this has had a detrimental impact on her health and wellbeing.

There was then discussion in the group about how one nominated regular visitor in full PPE could have a positive impact.

It was generally felt that there was no-one who was speaking up on behalf of care homes, and questioned whether AgeUK could become that voice. A number of asks coming out of the focus groups are included in the recommendations in section 5.

Partners separated through residential care are being particularly hard hit through lack of regular contact. One example shared was from a man whose wife was in residential care and the only opportunity he had to see her was because she fell out of bed and banged her head so he was able to accompany her to the emergency department.

**Recommendation:** That AgeUK Wigan Borough use their influence to **speak up for those in care homes**. There were particular asks around: **Fees** and what is going to happen from April 2021? The Government says that they have passed money to local authorities to support care homes, but (based on what we have heard), the homes are saying that they haven't received anything. For residents they are potentially looking at massive increases next year and they would like to see the Government put a cap on increases for at least one year.

**Designating a single visitor as a key worker** is something that has been discussed by the House of Commons Health and Social Care Committee and they are looking to pilot this. It is recommended that pressure is put on to ensure that the those in the greatest need are included in the pilot. This means those residents who have no capability to communicate with those outside of the care home in any other way. Advocating better **Risk Assessments** of the impacts of people not being able to visit/interact with residents.



## 6.0 Conclusions

Several key themes have become evident from our research and in conclusion we will aim to summarise what these are and what may be possible to help support the older people of Wigan through the next phase of the pandemic and into the future as the virus eases:

- **Mental and physical health:** Many of those that responded to our survey have made it clear that not being able to attend their regular social activities, including exercise classes, choirs, coffee mornings etc, has had a detrimental impact on their mental and physical health. As soon as it is safe to do so people would definitely benefit from these activities re-starting, albeit they may need to happen in a slightly different way. This will go a long way to helping with the physical and mental health of the older people of Wigan.
- **Access to health services:** Whilst most people reported that they were able to access health services relatively easily, this was not uniform across all aspects of health care and importantly a significant minority reported difficulties accessing health services, especially the lack of face to face contact. A way of enabling those that are unable to use the MyGP app, or find it hard to communicate over the phone, needs to be investigated urgently.
- **Community:** It would be a real shame to lose the connection that was created within Wigan's neighbourhoods during the first lockdown. Conversation and connection with neighbours have been an obvious benefit to people while living through the pandemic. Activities or a campaign to bring neighbours together would really help through the winter months. These could be simple activities that re-ignites the sense of togetherness created by the Clap for Carers initiative.
- **Communication:** From the responses received it seems that the national communications throughout the pandemic have been confusing and unclear to some people. Creating a central point of contact with clear information and guidelines for the older people of Wigan would be of benefit. A one stop shop, accessible online or by phone, where they could find out how to access help they need, any activities or courses that may be available, as well as up to date information about Covid19. This could be a collaboration between all the older people services in Wigan, both public and private.
- **Concerns:** A key concern has been the access to loved ones in care homes, and whether anyone is speaking on behalf of the residents. Although a complex issue it's important that some way is found for the relatives of care homes residents to be able to interact with them. Many residents find it impossible to interact digitally or by phone due to conditions such as deafness and dementia, these are the people that urgently require some other way of being in contact with their relatives.



## 7.0 Recommendations

In response to the findings of this research there are a few short, medium and long term measures that Do-Well suggests could be considered to ensure that the older people of Wigan are able to thrive during the lifespan of the pandemic and also into the future post Covid19. These recommendations have been explained in more detail within the related sections of the report.

### Short term recommendations

- To risk assess needed services to ensure they can continue and are safe during Covid19 e.g. podiatry, health surveillance etc.
- To work with other service providers to instigate a creative community campaign to bring neighbours together again as happened with the Clap for Carers.
- The creation of a single point of information in partnership with other service providers.

### Medium term recommendations

- That AgeUK Wigan Borough use their influence to speak up for those in care homes.
- The creation of a task force or focus group of older people from Wigan that could help with the informing, design and testing of initiatives, strategies and policies.
- Advocating for a review of accessibility to health care services, in particular the MyGP app.
- Ensure the needs of older people are addressed in local Economic Recovery Plans.

### Long term recommendations

- To review the services the older people use on a regular basis to be able to live their lives and what can be done to make people feel confident and safe in accessing places and services again.
- To review what is available socially for older people to access, exercise classes, libraries, community clubs and coffee mornings etc. to see if any gaps have developed as a result of the pandemic and what can be done to fill them.





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Age UK Wigan Borough  
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Wigan MBC, Public Health and Adult Social Care  
Wigan and Leigh Carers Centre  
Wigan Borough Clinical Commissioning Group  
Wrightington, Wigan and Leigh NHS Foundation Trust



## Appendix 2

### Literature Review and Resources

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