



2021

# VOICES FROM LOCKDOWN: EXPERIENCES OF COCOONING



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Compiled by Janet Grundy, Susan Higgins

*Commissioned by Older Voices Kildare with  
funding received from RTÉ does Comic Relief*



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## Foreword

When we entered into the early days of restrictions and lockdowns we genuinely thought to ourselves “what now”? just like the rest of the world I’m sure. For us however, we had no idea how we would be able to continue our wonderful and rewarding work supporting the older person through befriending when the very nature of the service was for people to meet face to face and support each other. We very quickly discovered that we could facilitate this through telephone calls and although this was not how we usually did things, it started to work!

Thanks to the support of County Kildare Leader Partnership and the wonderful volunteers across the board, we were able to support even more people than we ever imagined.

As a service we showed that older people have a huge part to play in society and that by blanket cocooning them and treating them all as one cohort of people who had to be bubbled away from the rest of the world was unfair and assumptive. One of our strongest volunteers is the wonderful Janet whom without we would have been lost as she brought the human side of being older and being more capable than vulnerable to the forefront of the minds of our service users.

We decided that it was absolutely essential that we captured the effects of this message of vulnerable and older as a blanket term and the positives and negatives that were coming out of it through our calls. Thanks to the funding we received from RTE does Comic Relief, we were able to talk to people and capture it all as a whole while never losing the voice of the individual. Thank you to Sara Stephens for always ensuring this was never lost.

The befriending service is a place where we listen without judgement and always support the individual where they are at in their lives. Our amazing volunteers underpin our ethos of caring and they bring more than just a friendly chat to the people they contact, they bring friendship and the impact of that, while immeasurable is one of the greatest joys I witness and hear as the Befriending Support Worker.

Susan Higgins, Befriending Support Worker

At the beginning of Covid lockdown I met Denise and volunteered to help with some paperwork. It was the beginning of a lovely friendship involving Denise and Susan and becoming aware of Older Voices Kildare, which included Befriender the weekly telephone call service for older people and those who needed help in other ways. It has been such a pleasure working with them and being included in all sorts of projects such as distributing hampers at Christmas and bracelets made by another volunteer. I have come to “know” the Befrienderes on the phone and found we had such a lot in common. The survey, in which I felt honoured to participate, reflected some of the things I too felt, such as being vulnerable, when I didn’t, and missing my family very badly. I’m fortunate in that I didn’t suffer from physical or mental health problems exacerbated by Covid Lockdowns which were widely shown in the survey. I am proud to have taken part in such a worthy project.

Janet Grundy, Volunteer Befriending Support Worker

## Introduction

### Background

Older Voices Kildare (OVK) is a social inclusion initiative working to build the confidence and capacity of older people living in County Kildare. OVK is focused on creating a Kildare where older persons are included and empowered within a vibrant community. The aims of OVK include to assist and facilitate people to explore their own aging and to challenge the myths and stereotyping that leads to ageism and to develop befriending services to address high levels of loneliness and social isolation in the county.

Older Voices Kildare has been operating the Befriending Service since 2018. The Befriending Service matches volunteers with older people to meet on a regular basis. Prior to Covid, the Befriending Service had between 60-80 recipients of face-to-face befriending for an hour per week. In the first week of cocooning those 80 people transferred to telephone befriending and the following week the Service took a further 30 referrals and it grew significantly over the subsequent weeks until it peaked at 183 calls made per week. OVK was able to meet this increased demand due to huge voluntary support and the support of County Kildare LEADER Partnership who facilitated staff across SICAP and other programmes to undertake training to make some of those calls.

Given the impact Covid has had on the lives of older people in Kildare, this report was



commissioned to capture the experiences of older people during this period and to inform OVK's future planning to ensure that appropriate supports can be put in place as older people re-engage with wider society. The community development principles of consultation, participation and leading from the bottom up underpin the work of OVK and it is vital that the voices of older people in Kildare are central to OVK's planning; this report is an opportunity to capture some of these voices.

Older people are not a homogenous group and, amongst older people, there are a variety of experiences during the Covid period. This report does not attempt to present one narrative but to provide a snapshot of the different experiences of older people in Kildare from the introduction of public health restrictions in March 2020 to when the surveys were conducted (May – July 2021).

### Wider research used to inform this report

The Irish Longitudinal Study on Ageing (TILDA) has produced several reports that have been used to show the wider picture nationally. The Irish Longitudinal Study on Ageing (TILDA) is a prospective, nationally representative study of community-dwelling older adults in the Republic of Ireland. Since 2009, TILDA has collected information every two years on all aspects of health, economic and social circumstances from community-dwelling people aged 50 and over. This report draws on these reports, including:

- *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021.
- *Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE*, Mark Ward, Christine McGarrigle, Ann Hever, Paul O'Mahoney, Seán Moynihan, Gráinne Loughran and Rose Anne Kenny, published July 2020.

### About this report

Older Voices Kildare (OVK) is a Social Inclusion Initiative which specifically targets isolated categories of older persons, including Older LGBTQI persons, Travellers, People with Disability, and Individuals who are experiencing social exclusion through lack of or limited social capital. Our mission -- to build the confidence and capacity of older people in Kildare -- works towards creating a County where older people are included and empowered within a vibrant community.

Loneliness is a serious health issue, and one in 10 older people in Ireland identify as chronically lonely. Loneliness is particularly identified as a primary concern of an aging demographic, contributing to negative impacts on physical and emotional well-being.

The risk factors of loneliness are:

- Poor psychological and physical health
- Adverse Feelings (Separateness, alienation, distress and isolation)
- Failure to satisfy the need for intimacy, conceptualised as the discrepancy between desired and achieved levels of social relations.

Higher levels of loneliness are associated with living alone, adverse physical health symptoms, lack of spousal confidante, marital or family conflict, and a generally poor quality of social relationships.

In order to address this issue, Older Voices Kildare, began delivering a Befriending Service in the County to complement its pilot Social Prescribing Initiative for older people.

When Covid hit, older people were the first to feel the impacts of the isolation required under Public Health Guidelines. Overnight the lives of those living in communities contracted, and for those in nursing homes an unprecedented period of sadness, uncertainty, fear, loss and loneliness began.

Through the work being done by the Befriending service our team carried the stories of the challenges people were experiencing in the initial period, and then over time the beginning of anxiety around re engaging with their communities and the lives they had before the virus. To a lesser extent there were experiences of positive responses, of using the time to adapt, and embrace new things. It was a diverse and rich story of a defined period that needed to be heard and it needed to be told by those most affected so that the learning would be authentic and meaningful and not just a token exercise.

An application was made to RTÉ does Comic Relief via The Community Foundation of Ireland for funding to carry out a piece of research to gather some of these experiences. We were successful in our application and this report is the outcome. We are very grateful to RTÉ Comic Relief for the opportunity to capture this experience, to the report's author Sara Stephens who totally "got" what we were hoping to record, to Susan Higgins and Janet Grundy for their work with the befriending service- the quality of the relationships they have built with our service users is one of the main reasons our participants felt empowered enough to share their experiences- and of course to the research participants literally without whom this report would not exist. We hope we have done you proud.



### About the images

Claire Murphy is a visual artist living in North Kildare, mainly focusing on figurative and portrait art:

"It was a pleasure and an honour to collaborate with Older Voices on this art project during the lockdown in 2020. At the time we were all looking for a way to reach out and connect with others while we were staying at home. Making portraits gave me something to focus on, and I got such lovely feedback from participants. The photos I received to draw were of people with great character in their faces, they were fantastic subjects for portraits.

This project really helped me to build my confidence, as it was the first time where I have made contact with an organisation to facilitate a project, and I have since gone on to do another portrait project with the organisation KARE and am planning another portrait workshop with another community inclusion group.

I hope the people who had their portraits done enjoyed receiving them, it was certainly a very positive experience for me."

Claire can be contacted at [clairemurphy100@gmail.com](mailto:clairemurphy100@gmail.com)

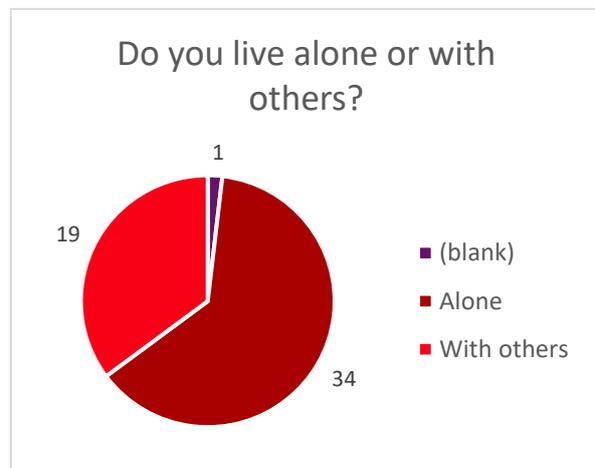
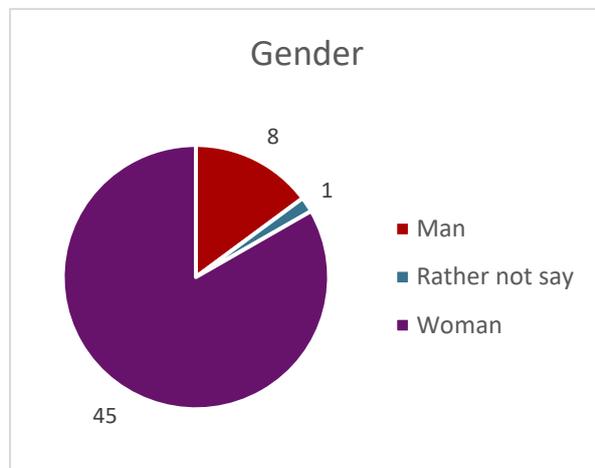
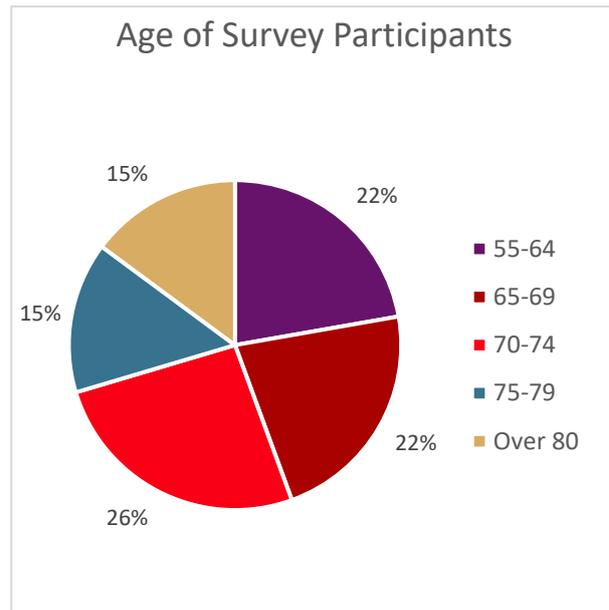
The cover was designed by Sine Kenny a graphic designer who has volunteered with Older Voices Kildare since 2019 and works with OVK on the organisation's social media profile and website as well as design projects.

### Profile of those surveyed

54 people completed the survey which had questions on Covid-related public health restrictions, the Befriending Service and re-engaging with society. The survey can be found in Appendix 2. Of the 54 people that completed the survey, 14 people completed it themselves online and 38 surveys were completed by phone interview. These phone interviews were done by Susan Higgins, the Befriending Support Worker, and Janet Grundy, Volunteer Befriending Support Worker.

The survey participants were aged from 55 upwards. 22% were between 55-64, 22% between 65-69, 26% between 70-74, 15% between 75-79 and 15% over 80 years old.

53 of the 54 participants shared their gender and, of those 53 participants, 85% were women. 53 participants shared their living situation and 64% live alone while 36% live with others



## Covid-related public health restrictions

The survey asked a series of questions to understand how the public health restrictions had impacted participants' daily life, these questions covered physical health, mental health, medical care, loneliness and the Government messaging around older people (70+) and those with an underlying condition being treated as "vulnerable" groups and asked to cocoon.

### Changes to daily activities

Though a couple of participants said that the introduction of Covid-related public health restrictions did not impact their daily activities, for most participants, these restrictions radically transformed their daily lives. Many participants spoke about feeling afraid to leave their homes, that the risk of contracting Covid-19 led to anxiety, and, for some participants, panic attacks when they did leave their homes. The uncertainty about variants of Covid-19 has meant that some participants who are fully vaccinated are still fearful about leaving their homes.

Activities that participants had done previously without consideration, were suddenly off-limits or required lots of planning. Many participants spoke about grocery shopping, and how, with the introduction of restrictions, some became dependent on family members or neighbours to do their grocery shopping, others began to do it over the phone or online, and some people continued to do it themselves but reduced the frequency and chose the time of the visit to the shop carefully. Participants spoke about other activities that stopped for them such as visiting the gym, going for long walks, outdoor activities, swimming and aqua-aerobics classes, day centres, visiting the local library and their volunteering roles.

Socialising, including having visitors, visiting friends and family, and meeting up with others, stopped for most of the survey participants. While some participants moved their social activities online, such as talking to family members on Zoom or making new connections online, not all their friends were able to make this jump and many shared how they missed seeing family and friends, and how lonely and isolated they felt. One participant, living in a nursing home, shared the

### What is Cocooning?

"Cocooning" was the term used to describe a set of public health restrictions that applied to certain groups of people, in response to Covid-19. These restrictions included that a person should not go to the shops or leave their home or garden to exercise. They should have no interaction or minimal interaction with other people.



frustration of no longer being able to come and go and not being able to have visitors (even after the Government allowed it, the nursing home did not change its policy to reflect this change) and the pain of not getting to know their grandchildren. Another participant, whose spouse had recently moved to a nursing home prior to Covid, spoke about feeling overwhelmed by not being able to see their spouse everyday (as they had planned to do). For those with family members far away or abroad, the public health restrictions meant that they have not been able to see loved ones.

The patterns found by the OVK survey are similar to those found nationally by The Irish Longitudinal Study on Ageing (TILDA); TILDA's findings were that 69% of participants (aged 60 and older) report leaving the house less often than before, and 53% report doing grocery shopping less often than before as a result of the COVID-19 pandemic. Furthermore, 62% of participants report not travelling to visit family members at all, and 80% not to visit friends, since the outbreak of the COVID-19 pandemic.<sup>1</sup>

#### **From the participants: Impact on daily activities**

- We have not seen our grandchildren which is awful.
- Increased online activity opened up via Zoom. Many new contacts nationwide.
- I miss seeing my friends very much, they are my lifeline.
- I only shop when I have to, I do want to go out again but am not as confident as I was before.

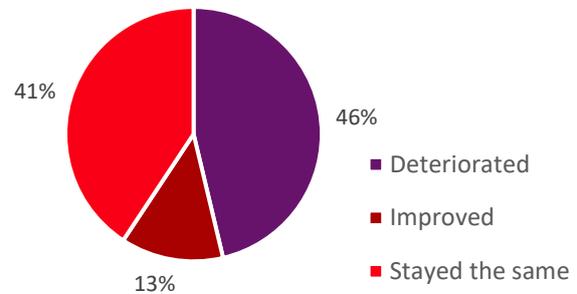
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<sup>1</sup> P. 24 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

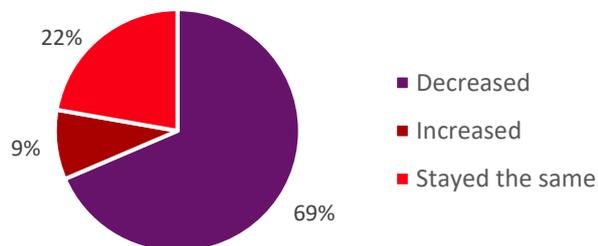
## Physical Health

69% of the survey participants stated that the amount of physical activity they do has decreased since the introduction of restrictions. 46% said that their physical health had deteriorated and 41% said that it had stayed the same. Participants shared the impacts on their bodies including weight loss or gain, muscle weakening or wastage, and a stiffening of their bodies. Many said that they are unable to do the physical activities they had done prior to Covid and that they are now less mobile and concerned about the risk of falling. For some, the physical deterioration was linked to their mental health: the mental stress of Covid affected physical health and individuals lost the motivation to be physically active.

Since the introductions of restrictions, has your physical health:



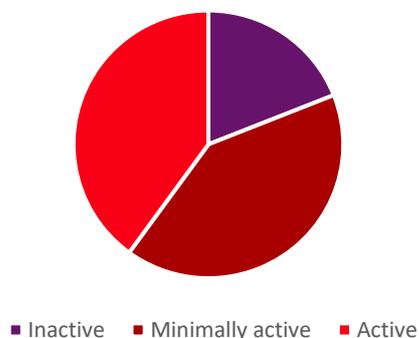
Since the introductions of restrictions, has the amount of physical activity you do:



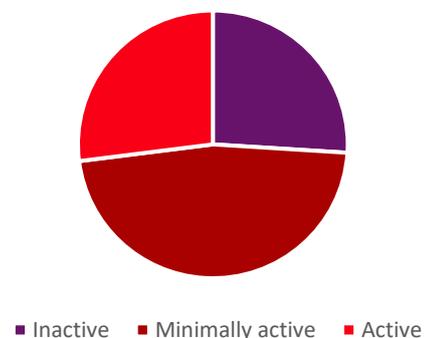
There was a minority that increased their amount of physical activity during this period and some participants shared that they took up exercises at home or walking due to boredom or loneliness while one participant embarked on some DIY projects. One positive noted by some participants was that they were not exposed to colds or flus during this period.

TILDA's research found that physical activity levels differed by age<sup>2</sup>:

60-69 years



70+



<sup>2</sup> P. 84 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

Previous evidence from TILDA has shown that participants who are physically active are less likely to develop mental health issues such as depression or anxiety and that participants with low physical activity are also the most likely to be in the highest group for depression, anxiety, and stress, and the lowest group for life satisfaction<sup>3</sup>. International data from throughout COVID-19 has suggested that people are spending less time engaged in physical activity and more time in sedentary behaviours, and that these changes are associated with a range of poorer mental health outcomes<sup>4</sup>.

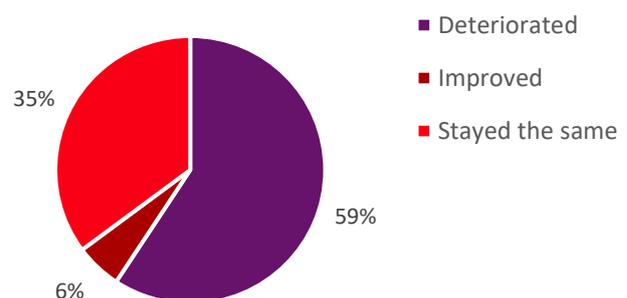
#### From the participants: Impact on physical activity

- I have mobility problems and need to walk regularly. As I was unable to do this my body began stiffening up and I became even less mobile.
- Weight gain, inability to go for long walks due to the restrictions made me feel like a prisoner.
- I did not get any of the usual flu or chest infections that I normally get [due to not being around others].
- My physical health deteriorated beyond recognition I am a shadow of my former self. Physically I am stiff, and I am not as movable as I used to be - I am slower in reaction and I am much more cautious because I am also very much in pain. Before the pandemic I was very active.

#### Mental Health

59% of participants surveyed said that their mental health has deteriorated. Reasons given include increased anxiety and fear due to Covid-19, not being able to spend time with family and friends, loneliness, delayed medical care, no longer being able to do their usual activities and a lack of routine. Some participants shared that the way older people were treated during this period made them feel as if they were invisible, or a “nobody” for society and the authorities.

Since the introductions of restrictions, has your mental health:



<sup>3</sup> P. 98 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

<sup>4</sup> P. 86 *Ibid.*

TILDA's research found that almost one quarter of older adults reported levels of depressive symptoms that are potentially clinically meaningful. This is substantially higher than the numbers found in previous studies of TILDA. For example, in 2018, 8% of the same cohort of participants had potentially clinically meaningful levels of depressive symptoms. The increase in depressive symptoms seems to be at least in part due to the COVID-19 pandemic<sup>5</sup>.

#### **From the participants: Impact on mental health**

- I felt suicidal as I had no essential support, my family tried to help me, but I needed professional help.
- I felt the need to shield myself from too much information. It was worrying and overwhelming.
- I have been asking for support for anxiety and panic attacks, I feel separated and detached from the world, I am now on anxiety medication that I have not needed for years, this is all down to fear and isolation now.
- I lost interest in a lot of things and find it hard to stay focused now.

#### **Medical Care**

45% of participants had their medical care delayed or cancelled since the introduction of Covid-related public health restrictions. Reasons given to patients for the delay or cancellation of medical care include medical staff being deployed to Covid-related areas, outbreaks of Covid in the hospital, and carers being unavailable due to risk of or exposure to Covid. Issues accessing medical care were exacerbated by the cyberattack that the HSE experienced in May 2021. Many appointments that did take place were done over the phone or through video link. For some, video or phone appointments were a positive development as it meant not having to travel to appointments and risk being exposed to Covid-19.

The number of participants in the OVK survey whose medical care was delayed or cancelled since the introduction of Covid-related public health restrictions was higher than the participants of the TILDA study. Of those that TILDA surveyed, nearly one-third of adults aged 60 years and older (30%) delayed or did not get



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<sup>5</sup> P. 98 Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

medical care that they needed. TILDA found that the most common reasons for delaying or cancelling healthcare appointments were deciding that the appointment could wait (39%), the clinic/hospital/doctor's office cancelling the appointment (25%), the appointment being rescheduled (21%), being unable to get an appointment when needed (21%), being afraid to attend an appointment (18%), other unspecified reason (6%), and being unable to afford the appointment (3%)<sup>6</sup>.

#### **From the participants: Impact on medical care**

- I was diagnosed with cancer just as covid hit and follow up has been very protracted leaving me feel quite vulnerable and forgotten.
- The surgery concentrated on Covid patients even though I have had mental illness problems for a long time.
- Carers becoming unwell themselves so unable to bring me to appointments.

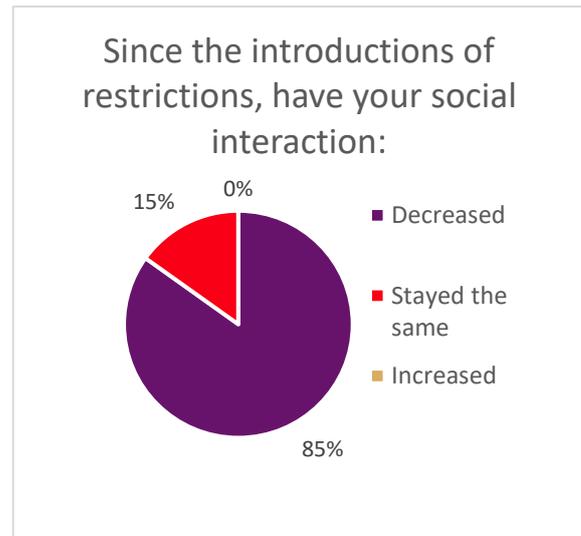
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<sup>6</sup> P. 104 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

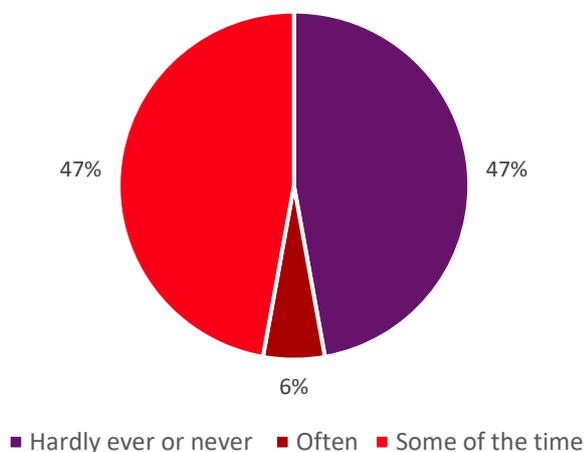
### Social Interactions and Loneliness

85% of survey participants said that their social interactions have decreased since the introduction of restrictions. Prior to Covid, 47% of the survey participants hardly ever or never felt lonely and 47% felt lonely some of the time. Only 6% felt lonely often. Since the introduction of Covid-related public health restrictions, 70% of participants have felt lonely often, 21% some of the time and 9% hardly ever or never.

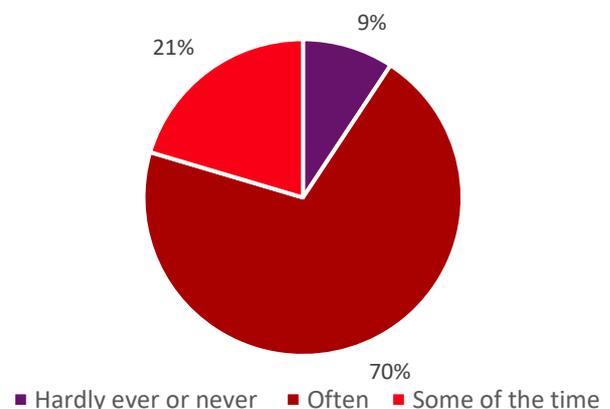
TILDA found that despite the extra restrictions imposed on the over 70s, this group did not differ in their levels of loneliness compared to those aged 60 to 69. TILDA researchers consider this to suggest that levels of loneliness among the 60 to 69 age group may have been affected in a way similar to those over 70<sup>7</sup>. Information from the OVK survey shows that, though 55–69-year-olds did not have extra restrictions imposed on them, their social interactions and daily lives were seriously impacted.



Prior to Covid, did you feel lonely:



Since the introduction of Covid-related public health restrictions, have you felt lonely:



<sup>7</sup> P. 77 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O'Mahoney and Rose Anne Kenny, published 2021

### Narrative around cocooning

In response to Covid-19, the Government considered older people (70+), and those with an underlying condition, as “vulnerable” groups and asked these individuals to cocoon. The OVK survey asked participants did the narrative around cocooning affect how they saw themselves and how others saw them. These questions elicited a wide range of responses: for some, the narrative was important for them and others around them understanding the situation and measures that individuals needed to take, but for many, this narrative, and especially the treatment of people 70 and older as a homogenous group, led to people who had not previously felt old or vulnerable, viewing themselves this way and those around them also viewing them this way.

#### **From the participants: Did the narrative around cocooning affect how you saw yourself?**

- I felt by using this label the Government wanted us to stay quiet and out of the way and not bother them. I feel they have forgotten us.
- I was always aware I was medically vulnerable and at risk due to [a health condition] but the messaging absolutely terrified me, it has frozen me out.
- I never considered myself to be older or vulnerable before.
- I never ever seen myself as any of that until it kept being repeated by the Government and the news. I have been active my whole life so being told that this illness was likely to target and kill me was very very worrying.
- No, it was important to be given the facts of the situation and be able to make informed choices in response to it.
- I see myself the same but I see how the Government see me now. They talk about us not to us. Why aren't they asking us what we think?

#### **From the participants: Did the narrative around cocooning affect how others saw you?**

- My neighbours stopped knocking in case they made me ill.
- My family visited occasionally but we spoke through the window. I felt I was not acknowledged by the family, I was too vulnerable.
- It helped me to make others understand my needs. As an older person, others had to act and behave in a safe manner around me. If that messaging wasn't there, it would have been harder for me.
- A lot of people felt we were surplus to requirements and didn't show much respect at shops and supermarkets. I think they felt resentment that they were required to stand back and let the elderly go first. On the few occasions I had to go to the supermarket myself I found some of the other shoppers deliberately moving in too close and on one occasion I was told I should go home.
- We are thought of us as worthless, forgotten... Everyone else needs their family it seems, except us [in nursing homes]. Feels like we have no rights to anything.

### Government messaging about public health restrictions

When the participants were asked if they would change the approach that the Government took to the messaging, some felt that the messaging was necessary and they would not change it, while for others, the treatment of all people over 70 as a homogenous group was an issue. Many felt that the blanket label of “vulnerable” did not acknowledge the different levels of health amongst this group and the independent lives many were living. Many survey participants pointed out that they felt ignored or forgotten, and that while the aim of these measures was to keep them safe, they were not included in the discourse about them.

#### **From the participants: If you could change anything about this messaging, what would it be?**

- No changes necessary.
- Everything - everything was handled very badly by the Government, NPHET and RTE. So many mixed messages that caused a lot of confusion - it still is.
- The way the news was delivered was wrong, the Taoiseach announced it in such a confusing way and so suddenly with no clarifying about what we could or should do.
- We need an alternative word to vulnerable.
- It would be better if older people were viewed as individuals with separate needs rather than collectively being labelled as vulnerable.
- The messaging needs to look at age as only one factor and the need for a balanced life and routine with company needs to be given much more recognition.
- Not to generalise how older people are seen and to see them as the individuals they are.
- Stop treating us as second-class citizens and stop labelling us and segregating us. We belong in society just as much as everyone else. We may have underlying conditions, but we know how to keep socially distant and sanitise better than any other areas of the public and we at least obey the rules.
- Talk to people in nursing homes not about them. Stop calling me vulnerable. I have a brain in my head and a tongue in my mouth. I can speak for myself if someone would just listen.

### Covid-related public health restrictions: conclusion

The Covid-related public health restrictions have been particularly onerous for people aged 70 and older and those with an underlying condition. These groups have been required to “cocoon”, self-isolate, at home for long periods of time. As the above section highlights, this has impacted every aspect of their lives (including food shopping, physical activity, medical care and social interactions). The lack of social interactions has led to an increase in loneliness and TILDA research has found that there is a clear association between loneliness and self-rated health<sup>8</sup> and that loneliness is associated with poorer quality of life<sup>9</sup>. Quality of life is an important feature of successful ageing, as it provides a holistic view of older adults’ lives and does not focus on physical health alone<sup>10</sup>. Given the relationships between quality of life, physical and mental health, loneliness, and social interactions, and the damaging consequences of the period of living with Covid restrictions on many older people, it is important that services are reinstated and that they are supported to re-engage with society.



In addition to the impact on daily routine, the Government messaging that people aged 70 and older and those with an underlying condition were “vulnerable” had a damaging effect on how older people saw themselves and how others saw them. Survey participants acknowledged that the restrictions put in place were emergency measures that aimed to protect them, and that the Government was in a difficult position as so little was known about Covid-19. However, the treatment of older people as a homogenous group that had blanket restrictions imposed on them failed to recognise the active and independent lives older people were living prior to March 2020. Many of the survey participants had busy social lives prior to the introduction of the restrictions – some volunteered, others played sport, attended classes, visiting partners or loved ones in nursing homes, but, in the words of one survey participant, once the

restrictions were put in place, everything came to “a complete stand still. Everything changed for me”. By cocooning, many older people lost their self-reliance and became dependent on others for tasks such as collecting prescriptions and grocery shopping. In future, it is important that any discussion about older people includes older people.

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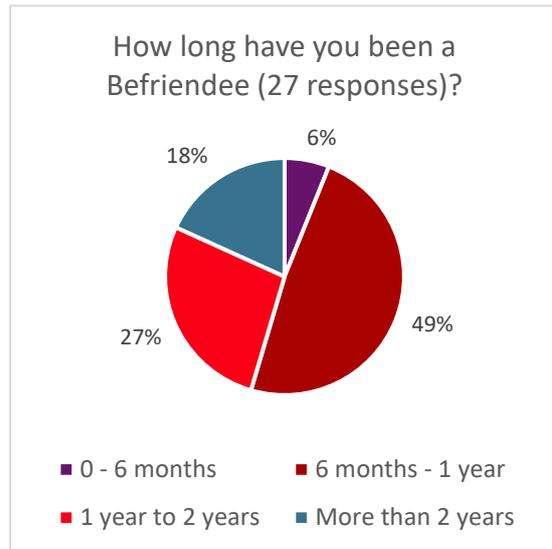
<sup>8</sup> P. 8, *Loneliness and social isolation in the COVID-19 Pandemic among the over 70s: Data from The Irish Longitudinal Study on Ageing (TILDA) and ALONE*, Mark Ward, Christine McGarrigle, Ann Hever, Paul O’Mahoney, Seán Moynihan, Gráinne Loughran and Rose Anne Kenny, published July 2020.

<sup>9</sup> P. 78 *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland, Findings from The Irish Longitudinal Study on Ageing*, Mark Ward, Paul O’Mahoney and Rose Anne Kenny, published 2021

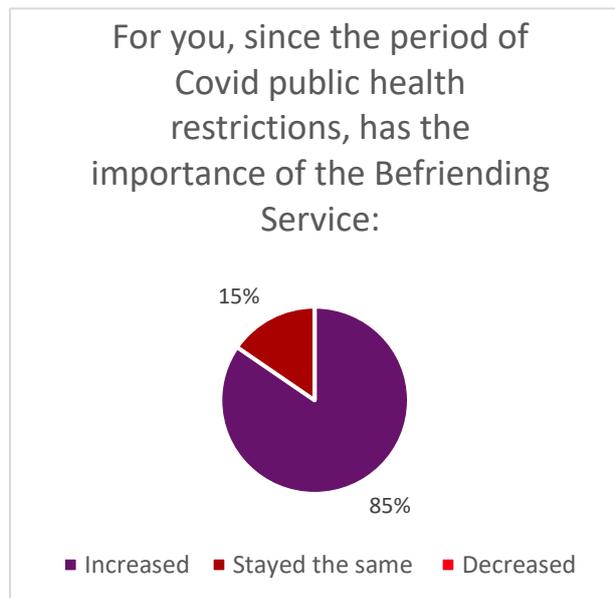
<sup>10</sup> Ibid 78.

## Befriending Service

The second section of the OVK survey looked specifically at the Befriending Service. This section of the survey was limited to Befriendees (recipients of the Befriending Service) and the majority of those surveyed have become Befriendees since the beginning of Covid. This fits with the pattern, identified in the Introduction, that OVK has had increased demand for its Befriending Service due to Covid going from between 60 and 80 recipients of befriending per week to a peak of 183 calls to make per week.



Participants overwhelmingly agreed that the Befriending Service had been beneficial to them during the period of Covid and, when participants who had been Befriendees prior to the period of Covid were asked about the importance of the Befriending Service since the period of Covid public health restrictions, 85% said the importance of the service has increased for them and 15% said the importance has stayed the same.



When participants were asked what they most like about the Befriending Service, they repeatedly identified confidentiality, friendliness and a non-judgemental service as being the most important components for them. The Befrienders (Befriending Service volunteers) provided both emotional and practical support. Particularly in the early stages of the restrictions, they helped Befriendees to adjust through practical supports including arranging grocery shopping and accessing services on the phone or online.

Participants identified that it was a way to stay connected and to feel supported. For many people, the phone calls broke up the day and, for some, there was comfort knowing that if they wanted to talk, they could ring their Befriender. According to one survey participant “Strange things go to your mind when you are left for very long periods by yourself without the sound of human being, I remember once ringing the helpline to just hear a human voice”.

Many survey participants said that they felt forgotten or ignored through the Government messaging around cocooning. For those who engaged with the Befriending Service, the importance of feeling listened by their volunteers came up repeatedly in survey responses, in contrast to how they felt from the Government messaging.

**From the participants: What do you most like about the Befriending Service?**

- Regular, friendly calls. They spoke in ordinary terms and didn't use language that I'd find difficult to understand.
- The fact my volunteer rings me every week - she makes me feel there is always someone there for me and yourselves as a service, supporting and listening to me.
- Confidentiality.
- Just having someone who will listen and not judge me.
- Everything, if Older Voices Kildare didn't provide what they do there would be a lot more people in the graveyard. The practical things as well as the emotional supports are immeasurable. Older Voices Kildare gives us normality.
- Having someone to talk to that understands.
- The volunteer that rings me always wants to hear how I am and never gives up even if I don't feel like talking, she will ring another time.

**From the participants: If you would recommend the Befriending Service to a friend, how would you describe it when recommending it?**

- I would say that the service cares about me a great deal and that they are always anxious to help in any way they can.
- I already have recommended it to a friend of mine. I told her that the service is so friendly, helpful and kind, that she would find that she has someone who listens and cares.
- I never felt alone when I knew I could call my Older Voices Kildare volunteer. Which I did.
- The befriending service will be your voice when you are lonely, they will be the hand that you will hold when you are scared, they are the voice at the end of the phone will understand your situation each and every time.

**From the participants: If you could change anything about the Befriending Service, what would it be?**

- Changing from phone calls to face to face visits as before COVID 19.
- Nothing, it is a tremendous service.
- If I could have more time, like more days or hours a week with someone
- More of it. It's my lifeline.
- The only thing and it's not a change or in way it could be a change that they get state funding and they get more state recognition for the powerful work that they do after all they are keeping people from falling through the trends of mental health and physical health deprivation daily with the work they do so they need more state recognition and they need state funding urgently.

## Befriending Service volunteers

In addition to the value of the Befriending Service as a service, many survey participants shared their appreciation and fondness for their individual Befriender (volunteer). That the service is personalised to each user was important and, particularly at a time when older people were being treated as a homogenous group in the Government messaging, that there was an effort to match Befrienders and Befriendees based on their interests was meaningful to some participants. The flexibility in arranging phone calls at convenient times for both Befriender and Befriendees was also seen as a strength and many survey participants appreciated that if they were busy or unable to talk the Befriender understood and called at another time. According to one survey participant "The volunteer that rings me always wants to hear how I am and never gives up - even if I don't feel like talking, she will ring another time".

### **Extract from a Volunteer's Journal**

**March 2021**



Well, we think a year has passed. It's been weird of course but we've constantly kept in touch. The summer was easier. Nature is another thing we have in common, all that lovely weather and being within 5k of each other meant we could still physically see each other. We spent visits masked up out in the front garden admiring the plants and the birds, yet again I'm impressed by his green fingers and his keen ear for knowing a bird by its call, except for starlings because they mimic the call of other birds, another new thing I learnt. The cold and rainy days were tough, winter seems to have gone on for a really long time and most of us are struggling with getting from one day to the next but in usual form, himself reminds me that in a lot of ways we are more connected now than we ever were. Maybe we can't socialise like we used to but people are keeping in touch more and making more of an effort to consider the effect of their behaviour on those around them. He also reminds me spring is here, we're not out of the woods yet but the natural world has had a bit of a break from us, the birds are already singing and brighter days are on the way.

Thanks to Himself, Sue and Denise and all at Older Voices, what we do makes a difference.

### The Befriending Service: conclusion

As was demonstrated in the earlier section, the Covid-19 public health restrictions, introduced in March 2020, had huge implications on the lives of older people in Kildare: daily activities and social interactions ceased, medical care was delayed, and physical and mental health deteriorated during this period. The Befriending Service, through the provision of phone calls from Befrienders, offered the Befriendees both practical and emotional support at a time when they had limited human interaction. Comments from Befriendees include: “the phone calls break up the day”, “[it] gives you a lift when phoned”, and “I never felt alone when I knew I could call my OVK volunteer. Which I did.” These remarks highlight the value of the Befriending Service to many of its users. At a time when many older people felt forgotten and ignored, the Befrienders demonstrated interest in them and gave them an opportunity to feel listened to.

Many of the Befriendees would like to see the resumption of face-to-face meetings, however, not everyone would - some are happy with the service being exclusively on the phone. Befrienders are also eager to meet with their Befriendees but acknowledge that they do not necessarily live nearby or would be able to commit to face-to-face meetings to replace phone calls but that, in the future and in line with public health measures, a blended version that has a mix of face-to-face and phone calls could work for many. It is important that individual Befriendees are consulted as to what would suit them best and that limitations (such as time constraints) are explained to them so that an arrangement that works for both Befriender and Befriender can be found.

Some Befrienders identified that some Befriendees may feel like they are alone in their experiences and might benefit from knowing that there are lots of other people like them and that they are also using the Befriending Service. Promotion of the Befriending Service and how popular the service is could be valuable for these individuals.



## Re-engaging with society

### Context

The surveys were completed between May and July 2021. By 1<sup>st</sup> May 2021, most people in Ireland aged 70 and older had received their first dose of vaccine and approximately half had received their second dose. On 1<sup>st</sup> May, about a third of the 60-69 cohort had received their first vaccine. By 30<sup>th</sup> July, most people aged 60 and over had received both vaccines<sup>11</sup>.

Another development during this time was the increase of variants of concern, specifically B.1.617.2, also known as the Delta variant. By mid-June, 30% of sampled cases were the Delta variant and, a month later, by mid-July, all sampled cases were the Delta variant. A description of this variant in a HSE report in July 2021 was:

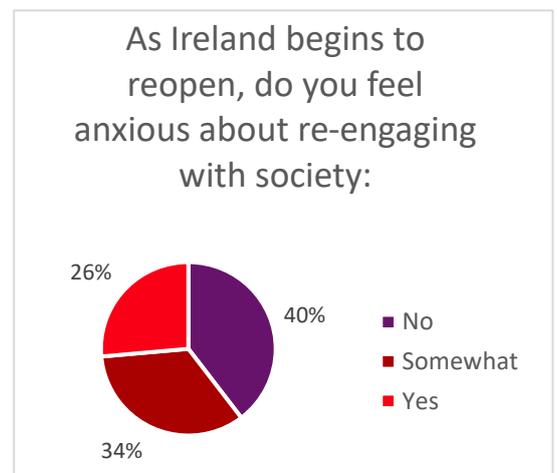
*“Increased transmission, potential increased severity, potential reduced neutralisation by antibodies generated in response to vaccination or previous infection with another variant – emerging variant, further studies needed.”<sup>12</sup>*

During June and July 2021, as the proportion of Delta variant cases grew, there was a lot of media attention on the consequences of what this meant, particularly around the concerns of vaccine effectiveness against it.

### Feelings about re-engaging with society

When survey participants were asked if they feel anxious about re-engaging with society 40% said no, 34% said somewhat and 26% answered yes. When asked if they feel prepared for re-engaging with society, 28% said no, 26% said somewhat and 46% answered yes.

For those who are feeling prepared for re-engaging with society, the reasons they gave include being vaccinated, the adoption of good public health practices such as face masks, social distancing, hand sanitisation by the wider population and protecting themselves by following the public health advice and deciding what situations they are comfortable with.

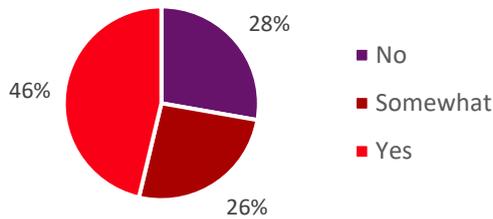


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<sup>11</sup> Integrated Information Service - Vaccination programme dashboard, <https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/integrated-information-service-vaccination-programme-dashboard.html> (accessed 18th August 2021)

<sup>12</sup> Summary of COVID-19 virus variants in Ireland, Report prepared by HPSC and NVRL on 27/07/2021

### Do you feel prepared for re-engaging with society:



Survey participants who said they did not feel prepared or only somewhat prepared for re-engaging with society gave reasons including that Covid is still out there, that they can still get Covid despite being vaccinated, they not everyone is vaccinated, fear of new variants, that not everyone is following the good public health practices. Another reason that came up several times is that participants identified that they had lost their confidence after the long period cocooning and that

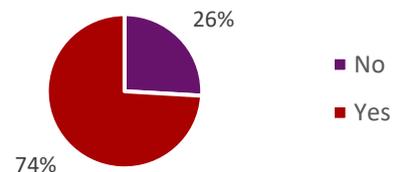
this has contributed to fears of crowded places, people coughing and being around noisy or drunk people.

### From the participants: What factors contribute to these feelings (about re-engaging)?

- I feel they are opening too fast. The shops will be packed with people and it is worrying to me.
- I am happy to reengage with society at my own pace. Even if indoor dining and pubs is introduced I think for the moment I would stick to meeting up outside.
- The fact that Covid is still out there. People appear to not be as careful as before and even though I am fully vaccinated I can still get it.
- That people continue with the hand sanitising, continue to wear face masks and practice social distancing.
- Loss of confidence

Three-quarters of survey participants said that they will return to the daily activities and social interactions that they had prior to Covid. For those who said they will return to the daily activities and social interactions, many said that they will practice social distancing, wear a mask, take more precautions, and stay away from crowds. For the quarter that said that they will not return to the daily activities and social interactions that they had prior to Covid, some reasons include the deterioration of physical health meaning that they are prevented from the activities that they previously did, feeling unsafe, not trusting the people around them to engage in the necessary public health practices, having become detached due to the period cocooning and being afraid of new variants of Covid.

### Will you return to the daily activities and social interactions you had prior to Covid?





When asked about the services or supports that participants would like to see offered as they re-engage with society, participants said that they would like to see the medical clinics and services, including community nurses, mental health services and respite, restarted and the option of in-person and video appointments. Similarly, participants said that they want to see Day Centres reopen in a way that is safe for attendees and the wider

availability of Meals on Wheels. Participants called for increased transportation options including public and adapted transport so that individuals can attend appointments and social activities. Tying into the issue of physical health, online exercise classes and walking groups were suggested. Several participants said that they would like to develop their computer skills. Participants also identified the need for supports to help address the loss of confidence over the period cocooning including a safe community service to talk about their fears and how to get back into society, support to build up confidence on interacting with others and the Befriending Service, or another service, that can support older people through accompanying them returning to activities. One example given by a participant who has developed panic attacks was that they would like someone to accompany them the first time they go for a walk or to a café.

**From the participants: What services or supports would you like to see offered as you re-engage with society?**

- We need more physical supports - more human connections. An adapted bus for wheelchairs that could take people like me out for the day in a safe and socially distanced way would be amazing, a way that maybe I could get used to being back out and around people.
- Medical services and surgeries opening up. Day Centres reopening as soon as possible.
- Whatever lends to building up confidence on interacting with others. Supports that help lessen the fears that have been instilled on us around interaction with others.
- I think a lot of elderly people will need a safe community service to talk about their fears and how to get back into society after being isolated for so long.

## Re-engaging with society: conclusion

The survey highlights many issues of concern including a loss of confidence identified by participants and high levels of anxiety about re-engaging with society, but survey participants have also given recommendations as to what could assist in addressing these areas of concern. For example, several survey participants spoke about the need for spaces to talk about their concerns and to learn ways to build up their confidence about interacting with others.

Participants who said they will return to the daily activities and social interactions shared the types of practices that they will engage in including social distancing, wear a mask, take more precautions, and stay away from crowds. The methods that they have identified can also be used to support those with high levels of anxiety about re-engaging with society, particularly through teaching individuals how to conduct risk assessments of situations such as going to the supermarket or an aqua aerobics class, so that they can make informed decisions of the situations they put themselves in and the aspects of these situations that they can control (hand sanitising, mask wearing etc).

As some Befriendees identified being too anxious to resume regular activities, there may be a role for Befrienders to support Befriendees by planning to accompanying them as they resume activities, for example, the first time that they go for a walk or to a café, provided this is done in line with public health measures and both Befriender and Befriender are comfortable with it.

Many survey participants wanted activities to resume but in a safe way, and activities such as walking groups or that include gentle exercise may be a way of addressing multiple issues that were identified in the survey (deteriorating physical and mental health, loneliness, and limited social interactions) at the same time. Social prescribing could be used to support individuals to find activities that match their interests and to assist them in risk assessing these activities.

### **What is Social Prescribing?**

Social prescribing is a means of enabling healthcare professionals and other professionals to refer people to a range of local, non-clinical services, primarily provided by the voluntary and community sector. The problems of social isolation, fear and loneliness and often associated inactivity have negative consequences for health and can particularly impact older age groups, those with chronic health problems, people with mental health difficulties and psychosocial needs, carers, single parents, migrant and immigrant and minority ethnic groups. Social prescribing began as a community-led movement that seeks to address these needs in a holistic way using an assets-based approach by empowering participants to improve their Health and Wellbeing.

## Recommendations for Older Voices Kildare

Many of the recommendations for Older Voices Kildare are funding dependent. The provision of stable funding is crucial to ensure that services such as the Befriending Service and Social Prescribing can be offered consistently and can expand to meet the demand across the county.

### Befriending Service

- In line with public health guidelines, explore the option of face-to-face meetings with Befriendees and Befrienders.
- Where appropriate, Befrienders accompanying Befriendees on a one-off basis as they resume regular activities.
- Promotion of the Befriending Service particularly amongst Befriendees to make them aware that there are many people benefiting from this service.
- Ensure consistent sustained funding for the maintenance and strategic future development of the Service.

### Re-engaging with Society

- Support people to be able to conduct risk assessments of situations.
- Resilience training to address loss of confidence over the Covid period.
- Consider activities such as walking groups that have both social and health benefits.
- Provide opportunities to upskill on computers/IT to allow people to take advantage of the wider opportunities available.
- Offer social prescribing to support individuals to involved in activities that match their interests and that they feel safe participating in.

### More Broadly

- Advocate for the consistent sustained funding of services for older people based on the needs that older people identify.
- Develop a countywide mechanism to support older people to represent themselves where decisions are being made that affect their lives.

## Conclusion

This report has aimed to capture the diversity of experiences of older people in Kildare during the period of Covid-19 public health restrictions. These restrictions have been particularly onerous for people aged 70 and older and those with an underlying condition as these groups have been required to “cocoon”, self-isolate, at home for long periods of time. These restrictions have impacted every aspect of their lives (including food shopping, physical activity, medical care, and social interactions) and the lack of social interactions has led to an increase in loneliness. Quality of life, physical and mental health, loneliness, and social interactions are interconnected, and it is crucial that supports are put in place that recognise the impact of the Covid-19 public health restrictions and address the intersectionality of these multiple impacts.

In addition to the impact on daily routine, the Government messaging that people aged 70 and older and those with an underlying condition were “vulnerable” has had a damaging effect on how older people saw themselves and how others saw them. A lesson that should be taken away from this is that older people are not a homogenous group, and should not be treated as such, and that discussions about what is in the best interest of older people should include older people.

During this period, the Befriending Service, through the provision of phone calls from Befrienders, offered the Befriendees both practical and emotional support at a time when they had limited social interaction. The positive impact of this can be seen both by the increase in those using the service and the feedback given through the survey.

More broadly, the period of Covid-19 public health restrictions has highlighted how dependent many people are on supports provided by non-governmental or community service providers. There is a need for funding supports to be stabilised to recognise the importance of these services and the impact that inconsistent or stop-start funding has on their provision.

Finally, the survey highlights many issues of concern including a loss of confidence identified by participants and high levels of anxiety about re-engaging with society, but survey participants have also given recommendations as to what could assist in addressing these areas of concern. Supporting individuals to be able to conduct risk assessments that will allow them to evaluate what situations they are comfortable in is one such measure that could help to reduce anxiety. Resilience building supports, social prescribing, computer skills and activities that include meeting others and gentle exercise (such as walking groups) are other ways that older people in Kildare identified to help them re-engage.



## Appendices

### Appendix 1: Survey of Older People in Kildare

#### Introduction:

This survey is being done by Older Voices Kildare to understand the experiences of older people in Kildare during the period of Covid-related public health restrictions and the impact of the Befriending Service. It is part of a piece of research to develop a set of recommendations on how Older Voices Kildare, and other service providers, can better support older people if public health restrictions continue or return and the supports, identified by older people, required to re-engage with society as restrictions lift.

A Befriender is a recipient of the Befriending Service. The survey is made up of four sections: general information; Covid-related public health restrictions; the Befriending Service; and re-engaging with society. For participants that are not availing of the Befriending Service, Section 3 can be skipped.

#### Consent:

Participation in the survey is voluntary and the participant can withdraw from the survey, without repercussions, at any point. The participant can choose not to answer any question.

The information provided will be kept confidential and will be held by Older Voices Kildare. If you have any questions, please contact: [oldervoiceskildare@countykildarelp.ie](mailto:oldervoiceskildare@countykildarelp.ie)

<b>Section 1: General information</b>	
<b>3. Age:</b>	<input type="radio"/> 55 – 64 <input type="radio"/> 65 - 69 <input type="radio"/> 70 – 74 <input type="radio"/> 75 - 79 <input type="radio"/> Over 80
<b>4. Gender:</b>	<input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Other <input type="radio"/> Rather not say
<b>5. Do you live in:</b>	<input type="radio"/> Kildare <input type="radio"/> Another county
<b>6. Do you live:</b>	<input type="radio"/> Alone <input type="radio"/> With others
<b>7. Did you or a member of your household have a confirmed or suspected case of Covid?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Other _____
<b>Section 2: Covid-related public health restrictions</b>	
<b>8. How have your daily activities changed since the introduction of Covid-related public health restrictions? (For example: grocery shopping, visiting friends and family, leaving the house)</b>	
<b>9. Since the introductions of restrictions, has the amount of physical activity you do:</b>	

Increased  Stayed the same  Decreased

**10. Since the introductions of restrictions, has your physical health:**

Improved  Stayed the same  Deteriorated

**11. In what ways has your physical health been impacted?**

**12. Since the introductions of restrictions, has your mental health:**

Improved  Stayed the same  Deteriorated

**13. In what ways has your mental health been impacted?**

**14. Since the introduction of Covid-related public health restrictions, has your medical care been delayed or cancelled?**

Yes  No  Other \_\_\_\_\_

**15. What were the reasons for medical care being delayed or cancelled?**

**16. Since the introductions of restrictions, have your social interactions:**

Increased  Stayed the same  Decreased

**17. What aspects of the Covid-related public health restrictions have you found most difficult?**

**18. Has there been any positive aspects of the period of Covid? Please explain?**

**19. Prior to Covid, did you feel lonely:**

Hardly ever or never  Some of the time  Often

**20. Since the introduction of Covid-related public health restrictions, have you felt lonely:**

Hardly ever or never  Some of the time  Often

**21 & 22. In response to Covid-19, the government considered older people (70+), and those with an underlying condition, as “vulnerable” groups and asked these individuals to cocoon.**

a) **Did this messaging of “older people as vulnerable” affect how you saw yourself? How so?**

b) Do you think that this messaging of “older people as vulnerable” affected how other people saw you?

23. If you could change anything about this messaging, what would it be?

**Section 3: Befriending Service [only to be completed by those availing of this service]**

25. How long have you been a Befriender (recipient of the Befriending Service)?

0 – 6 months       6 months – 1 year       1 year – 2 years       More than two years

26. Have you found the Befriending Service beneficial during this period?

Yes       Somewhat       No       Other \_\_\_\_\_

27. [For those who were Befriendees prior to the Covid-related public health restrictions:] For you, since the period of Covid public health restrictions, has the importance of the Befriending Service:

Increased       Stayed the same       Decreased

28. What do you most like about the Befriending Service?

29. If you could change anything about the Befriending Service, what would it be?

30. Would you recommend the Befriending Service to a friend?

Yes       No       Other \_\_\_\_\_

31. [If yes:] How would you describe the Befriending Service when recommending it?

**Section 4: Reopening Ireland and Re-engaging with Society**

32. As Ireland begins to reopen, do you feel anxious about re-engaging with society:

Yes       Somewhat       No

33. Do you feel prepared for re-engaging into society:

Yes       Somewhat       No

**34. What factors contribute to these feelings?**

**35. Will you return to the daily activities and social interactions you had prior to Covid?**

**36. If yes, will your actions and activities be different and how so?**

**37. If no, why not?**

**38. What services or supports would you like to see offered as you re-engage with society?**

**39. Is there anything you would like to add that you feel was not covered in this survey?**