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Pandemic Pressures: How Greater Manchester equalities organisations have responded to the needs of older people during the Covid-19 crisis

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Pandemic Pressures

How Greater Manchester equalities organisations have responded to the needs of older people during the Covid-19 crisis

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April 2021

A programme led by:
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Images throughout this document were provided by Manchester People First, Warm Hut UK, Wai Yin Society Henshaws, and Fatima Women's Association.

Ambition for Ageing is a Greater Manchester wide cross-sector partnership, led by GMCVO aimed at creating more age friendly places by connecting communities and people through the creation of relationships, development of existing assets and putting older people at the heart of designing the places they live.

Ambition for Ageing is part of the National Lottery Community Fund's Ageing Better Programme. Ageing Better aims to develop creative ways for people aged over 50 to be actively involved in their local communities, helping to combat social isolation and loneliness. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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Executive Summary

The response to Covid-19 in the spring of 2020 was one of crisis and firefighting for organisations supporting older people across the board.

Organisations were forced to close offices and community activities quickly, then adapt services and support as best they could in a new, evolving and unknown context. This was made more difficult for equalities organisations - those that work within and for particular communities of identity which experience marginalisation - both because of Covid-19 risk factors in their communities and because they attempted to fill gaps in statutory provision that catered to the majority.

As the pandemic continued into the autumn of 2020 we were interested to find out how such organisations were faring. Nine equalities organisations shared their experiences with us through a survey, interviews and focus group discussions. They varied in terms of the communities they work with, geographies, and their capacity in terms of size, scope and scale. All had services for older people as part of their service offer but none worked exclusively with older people.

All faced challenges, to varying degrees, around adapting services and developing new services. Capacity and staffing were challenging, especially for smaller groups, whilst some larger organisations that support people from dispersed communities of identity had more issues with being physically distanced from their service users. Many staff and older service users even more so, found reorienting from face-to-face to telephone or digital services more difficult.

Over time marginalised older people reported feeling more anxious and less safe as isolation continued, leading to greater mental health impacts. This also affected the families, communities and Greater Manchester organisations that supported them. Broader service support issues around mental health for service users and staff became more challenging as the pandemic has continued.

Positive developments for organisations included new ways of working and new partnerships, which could reap benefits as organisations adapt to the possibility of living with changing restrictions in the short term, and meeting the diverse needs of older people in the longer term. However, the organisations we spoke to generally felt they have been unable to planor are planning reactively rather than proactively, and that a lot of time and capacity is spent on changing plans. In addition, there have been challenges around advocacy and supporting communities to access appropriate mainstream services.

It is vital to recognise the expertise of equalities organisations in understanding and meeting the needs of the communities they represent, and to involve them in coproducing emergency planning and responses. Further recommendations on how to learn from the pandemic experiences of Greater Manchester equalities organisations, and how to support their resilience to crises, are included at the end of this report.

Section 1: Introduction and Context

Marginalised communities are particularly at risk during the pandemic as acknowledged in the August 2020 Equally Ours Submission to the House of Lords Committee on Covid-19 Inquiry into Life after Covid[1]:

> The intersection between discrimination and disadvantage means that people with protected characteristics [under the Equality Act 2010] are more likely to have poorer health outcomes overall. The pandemic has demonstrated just how much more susceptible those with protected characteristics are to Covid-19 itself and its wider social and economic impacts in areas such as employment, housing, education and access to justice.

In 2019 Ambition for Ageing produced a prescient report on *'Resilience in an Ageing Greater Manchester'*[2]. Amongst the key findings of the report were:

- Social inclusion plays a key part in keeping people resilient, something that is a risk for older people. This risk is further compounded the more marginalising characteristics an individual has.
- Older people with additional marginalising characteristics often have high levels of bonding social capital but struggle to make connections outside of their own community that are beneficial during times of shock.
- To avoid further marginalising people, it is vital to take an intersectional approach to resilience planning, including a range of marginalised groups.

We also know that older marginalised people are at particular risk of isolation because an accumulation of disadvantage over their lifetime results in increased risk factors for isolation, including poor health and lower incomes. Additionally, marginalised communities face a wide range of barriers which make it more likely that individuals become more socially isolated during any periods of restriction, including lower tiers, and which make planning for recovery harder.

There is often an assumption that people will get their support in crisis locally. However people who belong to small dispersed marginalised communities (with strong bonding capital) may look for support from the equalities organisations that support their community of identity, which may not be local[3]. For this reason, they may not have developed links with local community organisations (bridging capital) that they can use in times of need.

It is in this context that Greater Manchester equalities organisations have been working with marginalised communities during the current Covid-19 pandemic.

[1] https://www.equallyours.org.uk/resources/the-equality-and-human-rights-impacts-of-covid-19
[2] https://www.ambitionforageing.org.uk/resilience
[3] https://www.ambitionforageing.org.uk/equalitiesmodel

In the late spring of 2020 the impact of the Covid-19 pandemic was ameliorated to some degree as it seemed infections were decreasing and organisations could plan for a summer recovery. However, in Greater Manchester the relaxation of Covid-19 restrictions was short lived (lasting only a couple of months) and the 'Autumn Wave' that began in September and continued into 2021 was felt to be more challenging for partner organisations due to sustained uncertainty, and as more people were affected and died amongst the older people they worked with.

These were the considerations that led the Ambition for Ageing team to have a particular interest in how equalities organisations that represent or support marginalised communities were applying learning from the first wave of the pandemic to their plans to keep their communities well in the winter of 2020/21.

We were aware that other research and information gathering on the equalities impact of the pandemic in Greater Manchester was taking place, notably by Manchester Urban Ageing Research Group[4] which is focused on social exclusion, neighbourhoods and older people themselves, and GM=EqAI[5] that surveyed Greater Manchester equalities organisations in the 'First Wave' about Covid-19 recovery planning. We hope that our research adds to the evidence on the equalities impact by having a particular focus on how equalities organisations have adapted to the pandemic, and what the impact has been on them.

Process

In November 2020 the GMCVO Ambition for Ageing programme commissioned a small piece of qualitative research to look at how equalities organisations that work with marginalised older people had responded to the first wave of Covid-19 and how this impacted on their winter planning. However, it quickly became apparent that the issues faced were more about balancing a continued emergency response in the second wave and subsequent lockdowns with a need to realign services for the medium and longer term.

This research involved nine Greater Manchester equalities organisations that Ambition for Ageing had previously worked with: Fatima Women's Association, Manchester People First, Warm Hut, Wai Yin, The Manchester Deaf Centre, KYP, Europia, Henshaws and The LGBT Foundation. We refer to these organisations in this report as "partner organisations". The partner organisations are different in terms of the communities they work with, geographies, and their capacity in terms of size, scope and scale.

The nine partner organisations participated in a survey and follow-up phone interviews. This was followed by focus group discussions to better understand themes, common issues, challenges and responses/solutions that organisations have been managing throughout the Covid-19 pandemic. They provided feedback and reflections on discussions and collective agreement on the report.

[4] Covid-19 and Social Exclusion: Experiences of Older People Living in Areas Of Multiple Deprivation' (Interim Report December 2020)

[5] Covid-19 Recovery Planning: A Pan-Equalities Approach' https://www.gmcvo.org.uk/publications/covid-19-recovery-planning-pan-equalities-approach

Section 2: Covid-19 challenges faced by organisations

Partner organisations faced a number of general shared issues during the Covid-19 pandemic over the past year. The main ones include adapting service provision; using digital and phone technologies; mental wellbeing and partnership working. This was all within the context of additional needs and barriers for marginalised older people that were often not met in the first instance by mainstream services. For some, but not all, partner organisations this led to an increased awareness of inequality in service provision, and a loss of faith that the statutory sector would meet their community's needs.

One participant summed this up as:

> The main issues for us is the role of the VCSE in providing a lifeline to some individuals who are still missing out from mainstream help and support. The public sector, i.e., Councils and the NHS/PHE talk the talk but don't always walk the walk.
>
> We have been delivering support and assistance despite facing health and wellbeing challenges ourselves; we recognised and reacted urgently to perceived needs in the community…

Due to the nature of the Covid-19 pandemic, the need for social/physical isolating and distancing (especially for older more at risk populations), digital and online services and information sharing quickly replaced other face-to-face forms of service provision, and 'digital by default' became the norm. This was problematic for older people generally, but even more so for those from marginalised communities with additional needs (such as, for example, language barriers, or sensory challenges).

The forced isolation for many older people due to age or medical condition that dragged on over months had a noticeable impact on mental health but initially was ameliorated to some degree as a possible end was in sight due to infection decreasing and planning for summer/recovery that unfortunately did not materialise in Greater Manchester. In Greater Manchester this continued into 2021 and as the vaccination programme was beginning to be rolled out. Over time marginalised older people reported feeling more anxious and less safe as isolation continued, leading to greater mental health impacts. This also impacted the families, communities and organisations that supported them:

> The pandemic has affected many of our older service users [and staff] mental wellbeing and more as it has dragged on… initially many people managed but now people need more mental health support from telephone check-ins to peer support to counseling… Many are now asking 'When will it end?

The partner organisations we talked to all work with marginalised older people and are different in terms of the communities they work with, geographies, and their capacity in terms of size, scope and scale. Some cover part of or the whole of Greater Manchester (or beyond); some cover one, or a few boroughs, and some just a few wards. Capacity and staffing were challenging, especially for smaller organisations, but also for organisations that might have a broad service or geographic coverage. All faced challenges, to varying degrees, around adapting services and providing new services, for staff and especially for their older service users.

Some smaller organisations were able to quickly provide more direct practical support to users of their services (including basic welfare support such as emergency food deliveries), whilst other larger organisations serving more dispersed communities relied on developing and adapting services at a distance and or more on referring to other organisations to others for 'welfare support'. The level and speed of adaptation and/or pivoting of services depended to some degree on the organisations systems, capacity as well as leadership and existing partnerships. Additionally, it was observed that generally organisations based within the communities they served were able to more quickly diversify their supports in an emergency based on partnerships and understanding at the local level. Some organisations that provided broad services across a wide area needed to develop new understanding or partnerships in a wider range of localities locally to support their service users better at local levels.

The Wai Yin Society adapted quickly to delivering food to people who were isolating

2.1. Service Provision Adaptation

All organisations faced challenges with delivering services and adapting service delivery, as well as the reality of working remotely both internally with staff and volunteers as well as in service provision with different communities of marginalised older people.

Some of the main services affected included: client contact; client health (physical and mental); advice and welfare support; community and social spaces; travel and logistics; befriending, advocacy. The near continuous Covid-19 imposed restrictions in Greater Manchester, ongoing 'crisis-mode', has had significant impact on delivery, response, planning and morale.

For larger organisations that cover Greater Manchester or a whole borough/s the model of delivery (pre-pandemic) was for people to travel (often using public transport) to a central venue. Many of these types of organisations did not resume face-to-face services for older people even when the restrictions eased due to underlying health conditions.

Older people with Learning Disabilities, Lesbian, Gay, Bisexual & Transgender people (LGBT), and Deaf people (and to some extent visually impaired people) are smaller dispersed communities, which are less suited to neighbourhood group support[6]. Hence the organisations supporting them are based in the city centre with people traveling to them. These types of organisations face very different challenges in changing service provision from neighbourhood based community organisations that provide services for marginalised communities in the local area. There is often an assumption that people will get their support in crisis locally (and this has happened to some extent during the pandemic), but people who belong to small dispersed marginalised communities may look to the organisations that support their community of identity – and also for this reason may not have developed links with local community organisations that they can use in times of need.

All of the partner organisations, regardless of the nature of their work and capacity, have been forced to be more reactive. Over time some have been able to plan more proactively but not to the extent they would wish. Managing expectations in uncertainty/crisis was and is challenging for all as was funding. There have been interesting responses and learning by all organisations despite the significant challenges.

a. Direct impact of ongoing pandemic

The ongoing pandemic has been particularly challenging in Greater Manchester as there was very little easing of lockdown and partner organisations have had to be continually reactive and continually adapt plans. Organisations have faced death of clients and staff. These challenges have been demoralising for staff and older people as hopes of easing of restrictions at various points have not been realised and people become more affected and fatigued by continuous restrictions. The vaccination programme has provided some hope, though not without challenges for some organisations due to vaccine hesitancy in their communities, but generally it has been harder to motivate staff, older people and volunteers over time:

[6] https://www.ambitionforageing.org.uk/equalitiesmodel

> Many community members are still catching the virus in Asian communities and relying on their extended family members and neighbours to provide support during their illness, but they too are falling ill.

There has been a growing recognition of challenges for those without children or family to support or advocate for them. For some communities having others to shop for, or support them, has been positive in keeping them connected to others. Many groups are providing were supporting older people with basic needs like food, cooking for others, befriending etc. Other individuals face challenges and a financial burden as they may need others to shop for them, due to a lack of diversity in volunteers, and may have to pay for this.

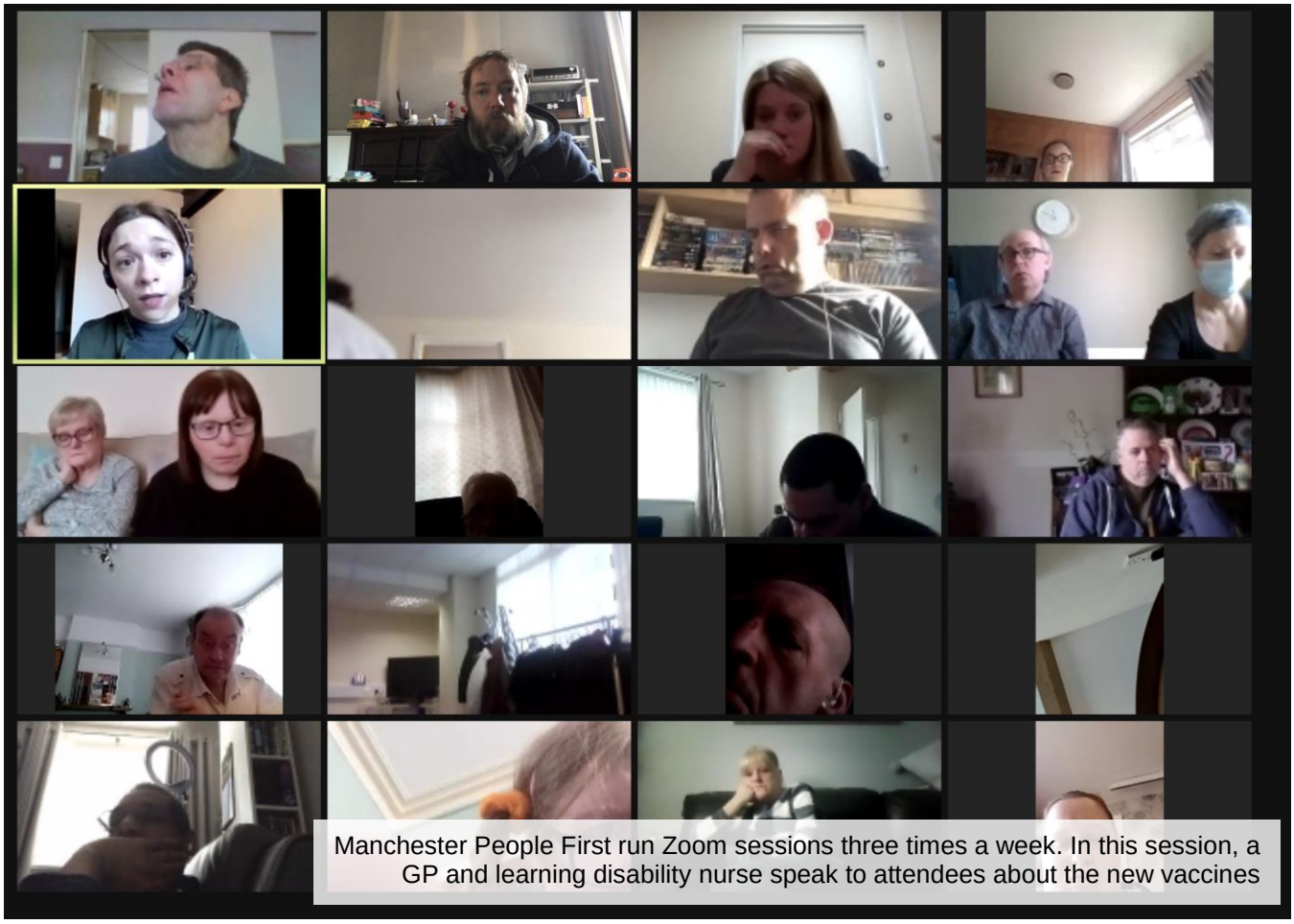
One of the main new impacts has been direct welfare and food support, and developing relationships and greater signposting to localised services - particularly food banks and Community Hubs. For organisations that responded by delivering food themselves, this became more challenging during new waves of the pandemic as it became less safe for both staff and older people - meaning they have had to adapt their support to respond to the changing situation. These initiatives also supported greater or different social contact over time. Some organisations were able to maintain or develop contact through determining 'welfare' support needs via 'check-in' telephone calls or 'front door' chats, or when delivering food. Although as has been noted, this happened less over time as support was managed in other ways.

CASE STUDY: KYP

KYP provided emergency food parcels and other essentials from the 'first wave' through to the present that over time, and due to Covid-19 restrictions, and capacity has developed into a 'food pantry' in partnership with other organisations. KYP has also increased welfare advice due to increased demand, as well as to support social contact. They have tried to provide this in various ways in person, by telephone and online to cater to their service users many of whom are digitally unequal and or have additional language needs.

Both of these supports were considered pre-pandemic, as in recent years need has become more acute in both welfare advice and food security, but Covid-19 pressures have amplified these needs sufficiently for the organisation to increase and dedicate services especially for older service users.

Rochdale / Greater Manchester



Manchester People First run Zoom sessions three times a week. In this session, a GP and learning disability nurse speak to attendees about the new vaccines

b. Different decisions and impact on adapting service delivery

During the First Wave of the pandemic in spring 2020, office and community space activities stopped for all partner organisations and all moved to remote delivery of services via telephone or online. Remote delivery worked to varying degrees for different organisations, depending on the types of service and the groups of older people they supported.

Partner organisations responded in different ways to the brief summer relaxation of rules. Some continued not to offer in-person support due to risk for older people generally or because their communities had greater risks due to underlying health conditions. Other partners took organisational decisions to remain closed due to their capacity. Some of the smaller organisations offered some limited Covid-secure services such as in-person advice, walking or exercise groups, or activities with 'bubbled' groups. The general reduction in social contact affected the level of social support received and the sense of community felt by older people. For some organisations closure impacted on income as they were unable to hire out community space.

All partner organisations continued advice and advocacy to varying degrees, mainly by telephone and online (see next section).

Most partner organisations were involved in translating Covid-19 and other information into various formats, via telephone calls and online. For some this was an adaptation of health services or health advocacy that they already provided to their users. Others picked this up as a new area of support as it wasn't being provided by statutory services. Some organisations provided more health advice/advocacy in their geographic area and or shared resources with and from sister organisations or national partners.

c. Emerging impact of change to remote service delivery

Many partner organisations quickly adapted to telephone ‘check-ins’ and or befriending that have helped alleviate social isolation of older people, especially as community spaces were closed . For some it was difficult to provide a proper befriending service due to capacity, systems and or volunteer support. Online group support was offered by most partner organisations with varying degrees of success. For some marginalised groups WhatsApp was more useful in sharing information and keeping connected.

A few organisations indicated that remote working expanded the number of people they could reach. However many organisations have lost clients who would not engage by telephone or online, or lost motivation over time. While most clients understood and accepted the necessity of remote working it was generally harder to motivate older people who, in the main, are less comfortable with remote service delivery and digital technology generally and feel it is superficial and want in person contact. This was felt to be generally greater for older people from marginalised communities.

Older people generally, and from marginalised communities specifically, are more comfortable coming to community spaces due to the opportunities provided for socialising (as explained above), peer support and just ‘popping in’. For many marginalised older people community centres are often their ‘second home’ but also places that provide opportunities to share issues and problems as peers that are often easier to support and resolve together. Previous research has shown the value of ‘weak’ social ties and informal networks in reducing social isolation amongst older people. The loss of social infrastructure, such as community centres, in the pandemic has reduced the opportunities for people to maintain or strengthen these everyday connections.[7]

Many partner organisations have experienced challenges regarding confidentiality and ethical issues. For example, discussing sensitive topics such as cancer, mental health or domestic abuse has proved difficult when there is a lack of privacy with family present or for people living in group homes.

For some partner organisations the loss of purpose for their building as a community resource became more challenging over time as well as the implication of the loss of income for some.

d. Organisational capacity to adapt services

Larger partner organisations had database or CRM, IT and phone systems as well as staff capacity that allowed them to transition more quickly to online and/or phone support, while

[7] https://www.ambitionforageing.org.uk/socialinfrastructure

other smaller organisations took longer. Some organisations could not access their offices for months and had to rebuild service-user databases. On IT, some struggled both with staff knowledge and capacity, (ability and capacity) and with supporting older people as a client group. Advice and social support via telephone (including WhatsApp) was better for most older people but online worked for some. There were gaps in service, especially in the First Wave due to both capacity issues and the uncertain and changing situation.

Some partner organisations, especially larger ones covering bigger areas with dispersed service users, had to also try to quickly understand and adapt to local community infrastructure to enable them to support individuals. This was manageable for those that had capacity to pivot and also helped them deliver new partnerships that may help them better support their clients in the future. Further, these new partnerships may sensitise other organisations and services to the specific needs of marginalised communities that they represent.

CASE STUDY: HENSHAWS

Henshaws was able to transition relatively easily to telephone and online/digital advice and befriending support services as they had the capacity and systems already in place. They also have a designated digital training team who could provide support to people who suddenly needed to access technology which they may not have needed prior to the pandemic.

There was an initial challenge, with service users dispersed widely across Greater Manchester, to support them with welfare and other organisations in their immediate local area. This was managed very quickly by mapping local provision and gaining a thorough understanding of local level services which could be referred into or which they could signpost people on to.

They acknowledged as a larger organisation they had capacity to do this and also that this learning will help them in the future to better support their service users locally as well as raising awareness of other organisations.

Greater Manchester

Delivery of digital magnifiers to Henshaws' service users helped them with their independence. They also received socially-distanced training on the new devices

2.2. Online Service Delivery and Digital Inclusion

All partner organisations faced challenges around delivery in terms of accessible communications and digital skills during Covid-19 and into the winter. This has been more challenging with older people and generally 'low-tech solutions' such as the telephone have been used first.

Many older people are especially dependent on the telephone (though not appropriate for all marginalised older people) generally over digital and this has been particularly challenging during the pandemic. This is a general challenge given capacity and the amount of information that is being disseminated by authorities on line – 'digital by default'. The uncertainty over the length and scope of the pandemic has also provided a challenge in terms of both capacity and investment as well as fatigue especially for older people.

Many organisations received or were offered support to develop IT capacity from local organisations, the national charity Good Things Foundation or via other funding sources. However it has been more challenging to use IT with older people, especially those with additional barriers. There was some support from the statutory sector for digital work with younger people but little for this work with older people.

a. Digital exclusion and inequality during the pandemic

There were general challenges around information and communications from the statutory sector, especially initially. As a result partner organisations needed to fill these gaps to communicate with marginalised older people. 'Digital by default' has been highly problematic as many older people are digitally excluded for a variety of reasons, including low levels of digital literacy, a lack of access to appropriate equipment, and costs and other barriers to connection.

Older people in supported living or who have family to help them access digital services have seen this support reduced by the pandemic. Those without family or someone else to support them, and people socially isolating or shielding have lacked digital access support altogether. Some organisations were able to put support in place for their service users through partner organisations such as housing association services etc:

> Staff in care homes or supported living are often not up to speed so therefore can't support people in their homes to access online sessions or services, also some staff are unwilling to learn and develop the skills for online engagement.

Most older people from marginalised communities are more dependent on telephone support or prefer this over online support. This requires one-to-one work, and means that partner organisations must provide more staff or volunteer time to support older people. Some organisations had more experience of training older people to use a smart phone and technology such as WhatsApp, and providing a smart phone with credit was a better solution than a tablet or laptop for many older people.

Partner organisations felt that statutory organisations had not given sufficient consideration to the communication needs of marginalised communities or to resourcing these, and that they were left to fill gaps in provision (see Partnership section for more on this). This had costs to organisations in terms of the time and capacity needed to adapt and support people at a distance, and even meant that some organisations had to pause some services and potentially lost some of their older clients due to digital exclusion and fatigue.

A socially distanced delivery of a smart phone from Fatima Women's Association

CASE STUDY: FATIMA WOMEN'S ASSOCIATION

Fatima Women's Association did training with Alchemy Arts/Tek Eagles for their older women around IT and digital technology in late 2019. Due to the needs of the older women the training was mostly around using their mobile phones to take pictures, access the internet and WhatsApp. This training was very helpful for many of the women during the pandemic as they could stay connected with Fatima Women's Association, each other as well as other friends and family and share information and pictures especially using WhatsApp.

Oldham

b. Challenge of learning new skills during a pandemic

Partner organisations working with marginalised older people have found that it has been harder for older people to learn and integrate new digital skills when under pressure, and when compelled to by the closure of face-to-face services. Some people adopted technology better when it was offered as an optional support. Organisations and the older people they serve saw digital access as a short-term contingency strategy - had they known that the pandemic would go on longer they might have invested in more training and preparation:

> It takes a long time to train/support people but also often frustrating… Hard to teach people remote systems remotely - harder with older people even if they have the tech…without face to face meeting or the office being open This slowed down the process of learning new tech and shared learning between peers.

c. Challenges within Organisations

Some larger partner organisations had capacity to pivot and adapt more easily with regard to technology - for some this included securing additional funding fairly quickly. However, many found it challenging not knowing how long the pandemic would last, and how to invest or plan for this. Additional equalities needs meant it was harder for these organisations working with marginalised older people. Organisations needed support to develop and adapt their database and CRM systems, and update data protection and confidentiality processes. Some organisations didn't have the necessary systems in place, or access to clients in order to understand their needs and best support them, when they had to adjust to remote working.

Many staff had only acquired the specific IT skills needed for their pre-pandemic roles. During the pandemic they were required to use IT in different ways, and this has highlighted skills gaps and training needs. There have been challenges around capacity for providing one-to-one telephone services for older people which require more staffing than online groups. Some organisations successfully adapted in developing new befriending or 'check-in' telephone support services while others have struggled with capacity.

d. Providing digital and phone services

For most partner organisations adapting some services for online delivery was satisfactory, but generally this was more challenging with older people. Over time 'Zoom fatigue' has set in for many using online services. Some organisations gained new older clients because of online services, but this was not true for all. New clients have been generally small in number, and have focused on specialised services.

Consultation with service users by phone has sometimes proved helpful in giving some organisations a reason to call and an opportunity to connect with older people.

For many the greater use of technology has been seen as a positive development for the longer term as it could enable them to support more older people in the future, and help organisations blend services and support capacity in and out of offices. In the shorter term however, it is more problematic due to older people's digital fatigue and desire for face-to-face engagement as the pandemic continues.

CASE STUDY: MANCHESTER PEOPLE FIRST

A positive aspect is that the Learning Disability community in Greater Manchester, unlike others who are showing signs of research fatigue, have been very willing to engage and give their opinions. This has also been to a degree because they have a history of not being listened to or having their opinions respected. Manchester People First have done phone surveys as a way of engaging with people on a one-to-one basis and of providing topics of conversation for people to engage with. They have also linked up with other People Firsts to increase the variety of their online offer and to share Easy Read materials. Although online sessions were initially more popular with those that could access them enthusiasm has tailed off over time.

Greater Manchester

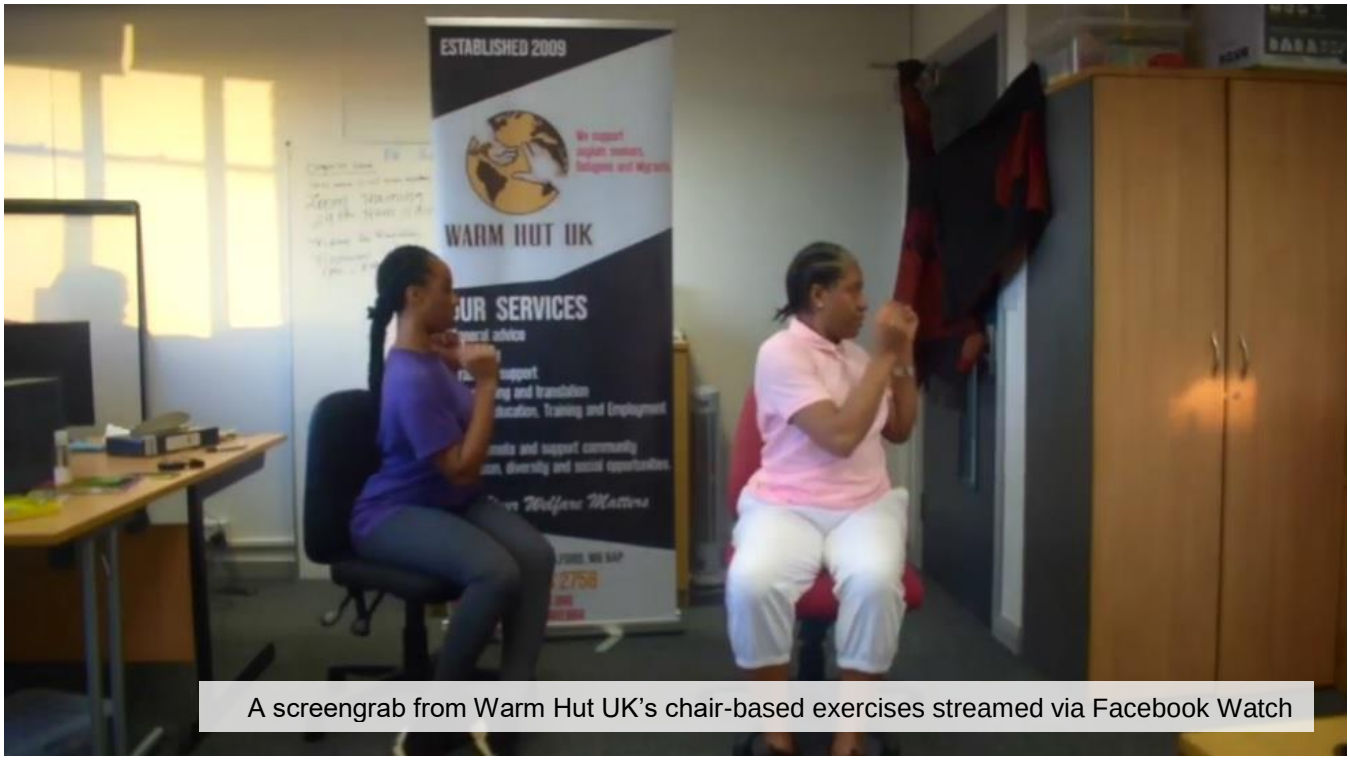
2.3. Mental Wellbeing

All partner organisations faced challenges in terms of mental health support for both staff and the older people they supported. Organisations acknowledged that mental health support for older people has always been more challenging due to both the stigma around mental ill health, and the lack of services available, and the pandemic has exacerbated this.

The impact of increased social isolation on demand for services has been notable. Communication challenges meant some people have been lost to services and there was particular concern for these individuals. In addition, increased anxiety and isolation has led to a fear of mental deconditioning (a decline in mental wellbeing) and increasing levels of mental health support are needed as time goes on.

Organisations have responded to older people's needs in a variety of ways, from 'check-in' calls, to befriending, online exercise/wellbeing activities, and increased counseling services and referrals to the NHS. Funding has been available for some of these activities but many gaps remain and are particularly challenging due to the need to deliver remotely. Lockdown has magnified the effects of gaps in service provision – social isolation has worsened for many older people, and especially those in marginalised communities. Some organisations mentioned that the difficulties of not being able to grieve as a community, and the need for bereavement support, have also led to increased mental health challenges over time:

> Many older people don't have the motivation any more to attend sessions online and volunteers have also lost interest to continue to provide the service to communities due to continuing challenges in their lives at the moment. It is a big challenge for the organisation to continue to provide the service…



A screengrab from Warm Hut UK's chair-based exercises streamed via Facebook Watch

a. Impact of 'Third Lockdown' in January 2021

Partner organisations are finding the ongoing crisis and lockdowns increasingly challenging around mental health, and deconditioning:

> "January has been hard… When will it end?"

More staff and older people were affected personally by the pandemic and isolation over time and especially since the autumn. Also an increasing fear of 'going out' was noted for more older people and there was a recognised need for more support services from peer support to physical exercise or wellbeing support, befriending, and counseling for older people.

Concerns for people isolated and alone, without children, family or other support, have become more pronounced. Linking to these people is more difficult and organisations recognised that they need more support especially as the pandemic goes on. Organisations fear they are missing people and losing some who will no longer engage due to digital fatigue. Organisations are concerned that both mental and physical health has been declining during the pandemic, 'deconditioning' will worsen, and that reduced contact will make it more difficult to link mental and physical support services. This is likely to be made more complex by the lack of understanding by mainstream services of cultural differences and specific barriers faced by marginalised communities.

Services that are co-produced with older people as volunteers or those for specific interest groups are finding they need to spend more time supporting and 'checking in' with them. It is recognised that more wellbeing tips and different solutions are needed for different people and this is becoming more challenging for many over time.

CASE STUDY: WARM HUT UK

Warm Hut UK started providing weekly online physical exercise and wellbeing advice videos on Facebook and YouTube aimed especially at their older members to help keep them active and support social connections. They are now watched weekly by hundreds of members in Greater Manchester and beyond and especially appreciated by many of their older members.

Salford / Greater Manchester

b. Proactive wellbeing services

All the partner organisations have found that wellbeing check-ins with older people are important, whether conducted via staff or volunteer 'check-in' or welfare calls, or through formalised befriending. Some organisations do weekly contact, others once or twice a day to support with practical welfare and mental health support, provide reassurance and encouragement, and support resilience building. Organisations report that older people have expressed fear of Covid-19 and sometimes even panic about going outside. Public messaging, and in some communities social media messages, can be frightening, or lack the context or proper explanation that marginalised older people need.

Networks and peers also help though social media groups, WhatsApp or projects like community radio or television programmes, YouTube exercise videos, and information sharing. Linking into other networks and learning from each other is generally helpful. For some organisations existing or newly developed formal befriending schemes have become more important during the pandemic.

CASE STUDY: LGBT FOUNDATION BREW BUDDIES

LGBT Foundation's Rainbow Brew Buddies telephone befriending service was set up during the first Covid-19 Lockdown to help reduce loneliness for LGBT people across Greater Manchester. The service was established to help those who face reduced opportunities to make social connections within LGBT communities due to the recent Covid-19 restrictions or other circumstances in their life. The service is delivered remotely by volunteers. Service users reported the benefits of accessing LGBT-affirmative phone calls and signposting to other services during this time in lockdown where they cannot come together as a community in safe spaces.

Some callers have also been spending lockdown with family, housemates or around neighbours who do not affirm or even recognise their LGBT identity, and in severe cases some may be facing homophobia, biphobia or transphobia from those who they are living with. Around a third of service users are LGBT people over 50, who are more likely to face isolation and loneliness than their heterosexual and cisgender counterparts.

Greater Manchester

c. Mental health stigma and older people

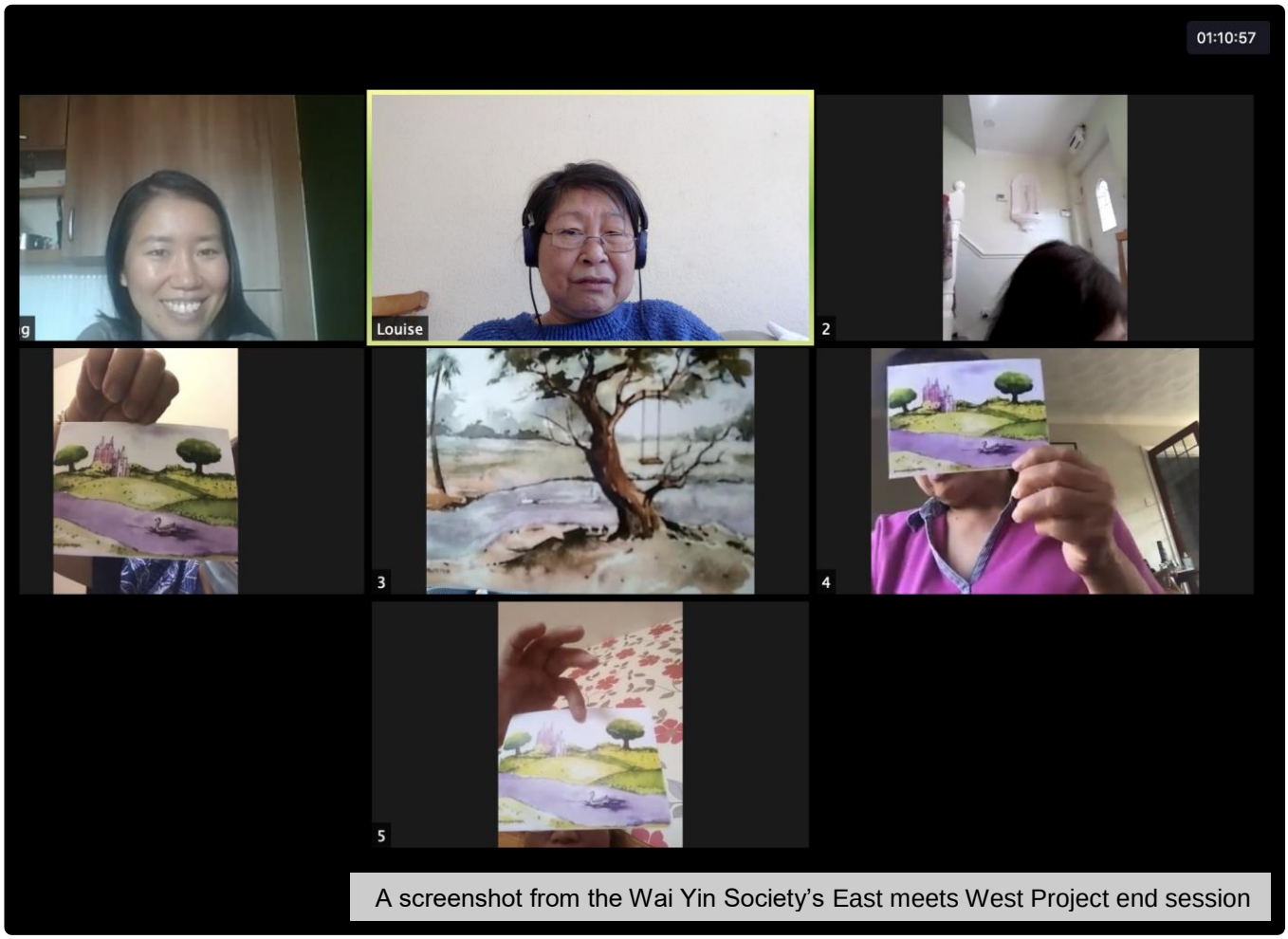
Many of the partner organisations working with marginalised older people have found that general cultural and age challenges affect all levels of mental health, and the associated stigma around them, from general mental wellbeing to loneliness and social isolation, and mental illness. It is difficult for organisations that are community focused and not diagnostic to address these issues properly, especially in crisis, as well as the stigma associated with them. In some instances, peer support groups are helping people to recognise issues like anxiety and this helps to destigmatise these issues, but this is more difficult to do online.

CASE STUDY: WAI YIN SOCIETY

Wai Yin has seen a significant increase (four-fold) in demand for counselling support since the pandemic began. This has been a direct result of online engagement and peer-to-peer discussion especially around anxiety when people have shared their experiences which has given 'permission' to name a common problem that others have been experienced. While it has been positive for older people to speak about this together and de-stigmatise these issues with older Chinese people, meeting the need for this increased demand, and also from increased referrals, has been challenging.

Wai Yin was able to partner with the GM Health and Social Care Partnership and start a new service called East Meets West for counselling and psychotherapy from July 2020. It has been difficult to find sustained funding and to think of how to provide more systematic support over time.

Manchester / Greater Manchester



A screenshot from the Wai Yin Society's East meets West Project end session

d. Organisational challenges in providing new or extended mental health and wellbeing services

For most of the partner organisations, in terms of mental health support, there have been general challenges as the demand has increased dramatically. Many older people who had experienced mental health difficulties previously have had increased difficulties due to Covid-19, and many new service users are self-referring or being referred. There have been more issues around safeguarding, confidentiality and consent, as well as logistical issues around CRMs and databases used to identify support needed.

There are also funding challenges for mental health support as different funding sources don't always link up, for example funding for community and wellbeing services is not well connected to funding for mental health and counseling services. The increasing mental health support needs of older marginalised people are posing challenges for organisations trying to develop their understanding of these needs as well as their capacity to engage and respond. Funders and commissioners are also struggling to keep up with these changing needs.

In addition to many of the above issues older people who are already isolated become more disconnected from organisations, making it more difficult to assess need. However, organisations expressed serious concern about mental wellbeing and continue to explore ways to support older people as the pandemic continues.

Manchester People First craft bag-drop during the third lockdown in March 2021

2.4. Partnership Working

All partner organisations had experience of working in partnership, to varying degrees, with statutory support services (including Emergency Community Hubs) as well as other voluntary sector organisations and funders and commissioners during Covid-19.

There have been varying degrees of engagement, and some consultation fatigue. But there have also been some successes with these relationships providing support and influencing improvements in services for their respective communities. Some organisations have benefited from national or regional networks to share experience and resources rather than having to reinvent the wheel. Partner organisations welcomed the increased the flexibility shown by some, but not all, funders, and experiences have varied depending on the administrative burden of the grants given. The availability of smaller funding pots has also been welcome, although they have sometimes carried disproportionately heavy administrative requirements, compared to larger funds given with fewer conditions.

Partnership with other organisations and umbrella groups has been generally helpful, especially within the voluntary sector. Though some organisations were consulted, there was a general feeling that there has not been enough consultation to address equalities issues in services commissioned by statutory agencies, from crisis services delivered by community hubs to the vaccinations programme Some organisations offered help to the statutory sector but these offers were too often not taken up.

a. Working with statutory sector

Learning from partnership working during Covid-19 with some of the public sector was felt to be more challenging. Consultation often was felt to be superficial or after-the-fact and many partner organisations felt they had to react or advocate for space and raise concerns to address issues. This was understandable to some extent in the First Wave but many felt this should have improved more over time. Equality impact assessments were felt to have been done superficially or retrospectively in the main, which was problematic. In some instances and localities, there was improvement over time, and there was a recognition that things worked better in some localities than in others:

> “Some public sector funders/commissioners prefer to work with larger charities (who may be doing a good job) but to our bitter collective experience, our organisations tend to get overlooked, which inevitably means the community risk losing their trusted lifelines and support structures.”

For example, some felt the Community Hub programme commitment to equalities was superficial, as their services were advertised in community languages but only delivered in English when people made contact. It was also difficult for British Sign Language (BSL) users as there was a lack of awareness that many older BSL users find reading English difficult. Communication challenges meant these services were difficult to access leading to a loss of trust or confidence in them. As a result, some partner organisations responded by, for example, providing similar advice, or parallel food delivery services to older people from marginalised communities that met their cultural and access needs. Some partner organisations lost confidence in the Hubs because they didn’t meet the access needs of their client group, but this was also dependent on existing relationships:

> How well we work with Community Hub workers or statutory sector workers depends on the previous working relationship.

Working with health services was also often problematic as older people had less access in lockdown and organisations ended up trying to filter and provide information and support for their members.

Communication challenges for adults with learning disabilities included lack of Easy Read versions but also sometimes support. Organisations needed to 'shield' people from information overload – sifting and simplifying the 'snowstorm of information three or four times a day' for consistency and to avoid the danger of fatigue. This also meant organisations needed to produce their own materials, which was sometimes funded but often not.

The timing of our focus groups meant that partner organisations were particularly concerned about the equality implications of the impending vaccine rollout. Partner organisations felt they could have been consulted with and engaged better regarding the marginalised communities they work with both nationally and locally.

b. Work with other organisations

Most of the partner organisations worked with grassroots and 'mutual aid' support in local areas to some degree. This applied generally more for the smaller organisations at the beginning of the pandemic and for all more over time. All organisations needed capacity to engage and link older people to new support, which was generally harder for smaller organisations with less capacity to engage and adjust in crisis, however smaller organisations were also more likely to be providing similar welfare support themselves.

Local, regional and national networking with sister organisations helped a number of the partner organisations to access and share information and practice, as well as translated materials and policy advocacy.

CASE STUDY: MANCHESTER DEAF CENTRE

Accessible information has not been provided for BSL users officially, and there is sometimes an assumption that BSL users can access the written word. There were additional challenges for deaf people to transition to online support. Because BSL is by its nature an embodied language many deaf people have a strong preference to be physically present with each other, so it has been difficult to maintain momentum with online work. Manchester Deaf Centre was able to access and share their resources regionally and nationally amongst other deaf organisations as well as advocate collectively during the pandemic. Whilst deaf centres nationally have tried to link up to avoid reinventing the wheel, at a Greater Manchester / regional level the Deaf Centre has found it difficult to engage with public sector authorities, although they have offered to get involved in public health messaging and vaccination.

Manchester / Greater Manchester

c. Other partners and commissioners

Existing partnerships via national equalities umbrella organisations for specific communities, in addition to regional and local umbrella organisations, were generally helpful and proactive in supporting each other. However, there were challenges around partnerships and funding that often did not focus on older people even though there was more need for this group during the pandemic.

Locally there was some partnership with Local Authorities to translate information into community languages for communities, though this was sometimes challenging and with little funding attached to it. There was frustration for many organisations that this was considered late, or that only larger organisations were engaged, but some acknowledged that partnership and engagement got better over time.

CASE STUDY: FATIMA WOMEN'S ASSOCIATION

Fatima Women's Association acknowledged a good partnership with Oldham Council from the beginning of the pandemic and offered support when there was a surge in Covid-19 cases in October 2020. Fatima made over 1000 information calls regarding Covid-19 and support to engage and explain to residents in their mother tongue. This also benefited Fatima volunteers to remain active, and supported some into employment.

Oldham

d. Campaigning and lobbying

The pandemic has resulted in significant lobbying for some organisations to statutory services and/or local Councillors or MPs. This was new for some organisations and prompted by poor accessibility of official information sources, which highlighted a lack of understanding and existing inequalities. Positively, there have also been new links developed with both local and national level organisations, (such as Doctors of the World), but creating new partnerships has generally proved time-consuming without new resources. For some partner organisations this was a new area of work and made them more aware of inequalities in service provision that they could support better in the future. For others, the crisis amplified known inequalities and reaffirmed the need to continue to advocate for equality in service provision beyond tick box approaches that didn't deliver.

CASE STUDY: EUROPIA

As a result of the pandemic Europia became more involved in lobbying and campaigning for information and support services to be provided in European languages as they were frustrated by Covid-19 responses from the statutory sector. Initial contact information for Community Hubs was provided in community languages but then when people contacted the hubs there were no community language speakers and often little sensitivity to people with ESOL needs to take calls or assess need. Europia was able to work with some services to support this better. This level of lobbying was new for the organisation and made them more aware of inequalities in service provision and they felt they had learned to be better advocates for the future. They are now building their policy and campaigning capacity.

Greater Manchester

e. Funders

In general, organisations have found that funders have been positive and supportive in responding to requests to adjust funding and reporting requirements. This has enabled organisations to pivot funding to be able to work differently. Their experience has been generally positive across the board in terms of changing services or delaying delivery, and in agreeing reduced monitoring requirements and additional support. Organisations found that national and local emergency funding was fairly quickly available for general work, advice work, and welfare as well as digital equipment (including training and data) and this support was accessed by most of the partner organisations. Some partners found that some large funding programmes, such as ESF, lacked flexibility during changing pandemic conditions. However, some small local funds could also be administratively burdensome for the amount of money available.

For IT and digital support, it was harder to access funding for older people as they were not used to the technology, and even more so for those with multiple needs such as community languages or Easy Read, than for younger people. Some organisations were helped by having previous experience for example of knowing full costings or investing in lower tech such as smart phones for those who understood them, but for other organisations without this experience this was more challenging. Organisations acknowledged potential challenges in reporting to funders as it has been harder to engage and sustain older people's digital participation, leading to lower than anticipated outputs.

Section 3: Conclusion

Older people in the communities that many equalities organisations represent, including those that experience racial inequality, disability and LGBT people, are more at risk either to the virus itself or to the effects of pandemic control measures than the general older population. This is recognised across the common issues: communications and digital inclusion, mental wellbeing and health impacts, adapting services and partnerships and general understanding of equalities issues. The crisis has amplified as well as increased underlying inequalities in many instances. Equalities organisations have responded and learned new ways of working in this period that will likely be helpful for the future.

Equalities organisations stepped up at the start of the pandemic and put a huge amount of effort in responding to the crisis and adapting services for older people in their communities. This was vital in a crisis situation but is not sustainable on a longer term basis. Organisations responded differently due to the nature of their service users as well as size, organisational capacity, systems and geographical coverage. Because of the nature of the pandemic, and the ongoing uncertainty, this has taken its toll on organisations and staff, with a result that some, especially smaller, organisations are now struggling or in danger of becoming overwhelmed.

Equalities organisations have a further triple burden over and above many other community organisations because in many cases the needs of the communities they represent have been poorly considered in planning. This triple burden involves filling gaps to meet unmet specific needs of marginalised communities; working with, or lobbying, public sector providers to amend or add to pandemic response services that have been already established; and "horizon scanning" to try to pre-empt potential future problems. This is resource intensive and, on an individual level, takes its toll on staff and volunteers as they are not only responding to the pandemic but also to the widening inequality caused both directly and indirectly by the pandemic:

> "There needs to be a system change to address and reverse this so that older people and those most in need continue to be supported – and as demonstrated time and time again, the VCSE sector provides an excellent value for money way of doing this. Equity and equality is a key issue."

The expertise of equalities organisations in understanding the lives of people in marginalised communities needs to be recognised and harnessed earlier in planning and adapting public health, crisis and ongoing support services in response to the pandemic as needs change. This goes beyond consulting with organisations, which often happens too late with little recognition of the resources it takes to respond to such requests. Genuine partnership with equalities organisations is needed to plan how to live with Covid-19 and its consequences in ways that do not further increase inequalities for older people in marginalised communities.

Our findings reflect other calls to have representative and diverse pandemic response teams that can develop community-based interventions which address inequality as a core purpose.[8]

[8] http://blog.policy.manchester.ac.uk/health/2021/02/covid-19-and-social-inequality-developing-community-centred-interventions/?preview_id=12801&_thumbnail_id=12820

Much has been learnt by organisations during the pandemic. The new ways of working, which have been prompted by the challenges of the pandemic, can be built on rather than reverting solely to old methods. Blending the innovative responses of equalities organisations to the pandemic with best equalities practice they have developed over many years has potential to deliver more diverse and better services for and with older people from marginalised communities. For the greatest benefit to communities this needs to be delivered as part of a co-ordinated Greater Manchester response that aims to narrow inequalities and increase the resilience of both marginalised communities and the equalities organisations that support them.

Richard from Henshaws' Digital Team set up at home to help people remotely to use technology to get connected stay informed

Section 4: Recommendations

Taking the learning from this from this research, we have identified a number of recommendations for service commissioners, funders and contractors which can be viewed under three main headings:

Recognise and utilise the expertise of equalities organisations to mitigate against increasing inequalities in a crisis:

- Recognise where equalities organisations can deliver added value services which mitigate against widening inequality, but don't expect them to fill gaps in universal provision, or to resource access requirements for standard service provision.
- Involve equalities organisations in codesigning emergency response plans to ensure the needs of marginalised communities are considered.
- Work with equalities organisations to monitor and assess the equality impact of emergency responses.
- Provide a clear point of contact for VCSE equalities organisations to engage with statutory services, including local authorities, public health, and health and social care partnership to enable suggestions and offers of help to be coordinated as crisis situations develop.
- Compensate equalities organisations for contributing their expertise: they already have a lot of demands on their capacity, so requests for co-design or consultation need to come with funding for staff time and should not impose additional demands on organisational capacity.

Build and support the resilience of equalities organisations to respond in a crisis:

- Develop or rebuild trusted relationships with equalities organisations and networks that include them. Doing this in good times supports resilience and organisational capacity for response in times of stress.
- Support staff and volunteer wellbeing in equalities organisations. This is paramount in enabling equalities organisations to respond in times of crisis.
- Invest in smaller equalities organisations, to enable them to effectively change their working practices in a crisis, as necessary.
- Support equalities organisations to upskill staff and volunteers in digital skills, including training people to train others in digital skills.

Learn from the experiences of equalities organisations during this pandemic:

- Document, share and embed the learning of equalities organisations during this crisis to capture learning locally and nationally in order to better respond in the future.
- Consider how to implement the recommendations of the GM=EqAl networks' report 'Covid-19 Recovery Planning: A Pan-Equalities Approach' (July 2020), as the recognised peer led network for equalities organisations in Greater Manchester.

The Wai Yin Society carrying out food delivery

Appendix i: Participating Equalities Organisations

Organisation	Marginalised Community	Greater Manchester Service Coverage
Fatima Women's Association	South Asian Women	Oldham
Henshaws www.henshaws.org.uk	Sight Loss Community	Greater Manchester
KYP www.kyp.org.uk	South Asian Community	Rochdale/GM
Europia https://europia.org.uk	European Nationals	Greater Manchester
Manchester Deaf Centre www.manchesterdeafcentre.com	Deaf Community	Manchester/GM
Manchester People First www.manpf.org	Learning Disability Community	Manchester/GM
Warm Hut UK http://warmhut.org	African Refugees and People Seeking Asylum	Salford/GM
Wai Yin Society www.waiyin.org.uk	Chinese Community	Manchester/GM
LGBT Foundation http://lgbt.foundation	Lesbian, Gay, Bisexual and Trans (LGBT) Community	Greater Manchester

ambition for ageing

COMMUNITY FUND

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