



**Independent
Age**



Home truths

Experiences of people in
later life during COVID-19

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About Independent Age

We offer regular contact, a strong campaigning voice, and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. Our vision is that we can all live a happy, connected and purposeful later life. Our mission is to ensure that as we grow older, we all have the opportunity to live well with dignity, choice and purpose.

We provide telephone and face-to-face friendship services to support people across the UK who are experiencing chronic loneliness. We also provide information and advice on a wide range of topics, including anxiety, depression, loneliness and coping with bereavement.

Introduction

At Independent Age, we know the huge impact the pandemic is having on people in later life.

Whether it is not being able to see friends and family, experiencing money worries, being bereaved with no goodbye possible, or having trouble accessing doctors' appointments and treatment, coronavirus has disrupted many areas of our lives.

Since the pandemic began, we've conducted three surveys to find out more about people's experiences in relation to COVID-19. We wanted to better understand what's happening in people's everyday lives to ensure that our policy and campaigning work truly reflects the experiences of those in later life. We asked questions about mental health, experiences of ageism, views on COVID-19 information and guidance, access to food, experiences of bereavement, poverty and finance, social care, and mental and physical health.

From March to April 2020 we heard from 2,511 people aged over 65, and from August to September 2020 we received 4,978 responses from people over 65. We also ran a survey from April to May 2020 with 1,836 respondents specifically sharing their experiences of accessing food during the pandemic. All our surveys included responses from people across the UK.

This report details our findings and Independent Age's policy recommendations to address these issues, as of November 2020.



1. Mental health



42% of respondents reported that their mental health has got worse or much worse since the start of the pandemic



66% of respondents said they feel worried or anxious about the impact COVID-19 could have on their life



25% of older people reported that they waited 1–3 months to begin their talking therapy

The COVID-19 pandemic has significantly affected the mental health of people of all ages and, as an organisation, we wanted to specifically understand its impact on people in later life.

Some told us their mental health has been negatively impacted because of the restrictions put in place to deal with the virus: people reported feeling increasingly anxious or depressed because of lockdown and shielding measures. In our recent survey, 66% of respondents said they feel worried or anxious about the impact COVID-19 could have on their life. In addition, almost half (42%) our survey respondents reported that their mental health has become worse or much worse since the start of the pandemic. Colleagues on the Independent Age Helpline have spoken to many people struggling with their mental health as a result of COVID-19.

"I feel there is no point being here just to sit isolated from getting up in the morning and going to bed at night." Anonymous Helpline caller

Others we spoke to had been impacted mentally because they have had COVID-19 themselves and survived it. The effects of having had the virus include stress, depression, anxiety, post-traumatic stress disorder and disrupted sleep.¹ Research has found that almost 1 in 5 people diagnosed with COVID-19 is diagnosed with a psychiatric disorder within 90 days.²

Older age has also been identified as a potential risk factor for 'long COVID', with a recent study finding more than 1 in 5 people aged 70+ experienced long COVID for four weeks or more, compared with 10% of those aged 18–49.³ NHS England has launched a COVID-19 recovery service, including mental health support, aimed at supporting those recovering from the virus. However, much of this support appears to be online and it is unclear whether people with mental health needs will be offered dedicated support or simply be referred to existing NHS services, which were already stretched before the pandemic took hold.

Access to mental health support and treatment

Before the pandemic, people in later life often struggled to access appropriate support for their mental health compared with other age groups: for example, in 2019 just 6% of all Improving Access to Psychological Therapies (IAPT)⁴ talking therapy referrals for anxiety or depression through NHS England were for people aged 65+.⁵ We are concerned that the pandemic may have exacerbated the issue of access.

For those who did try to seek support, waiting times are another barrier. Independent Age research carried out earlier in 2020 found that a quarter (25%) of older people reported that they waited 1–3 months to begin their talking therapy, while 1 in 10 (10%) reported waiting 3–6 months.⁶

"My waiting time for resuming therapy for mental health problems is still 'the 12th of never'." Anonymous

"[My biggest concern] is that my mental health is so severe I need help but am afraid to access the services because I know that there will be long waiting periods in my area, and I don't feel that online or phone consultations are adequate for my needs." Anonymous

Our recommendations on mental health

Independent Age is calling on the NHS to:

- support GPs to review patient lists and reach out to older people with pre-existing mental health issues or those who are at risk of developing these – for example, people who have had COVID-19 or are experiencing long COVID, those who have been recently bereaved, carers or those with multiple long-term health conditions – to offer advice and consultation

- review the mental health needs of older people at a local level, ensuring that services like IAPT can continue safely during the pandemic – including by offering online or telephone therapy – and boosting provision to meet increased levels of demand for support.

Independent Age is calling on the NHS, clinical commissioning groups, and local health and care systems to:

- ensure that older people can access COVID-19 rehabilitation services in their community and that services supporting physical recovery also screen for mental health issues so that older people get the support they need.

Spotlight on ageism

During the pandemic, people shared with us that they'd seen an increase in negative language used about older people in relation to COVID-19. In March 2020 45% of survey respondents had experienced this. By September 7% had been on the receiving end of negative language in public, 47% had read or heard negative language in the news and 24% had read or heard it on social media.

"Older people's lives should not be seen as expendable." Lorraine

While there have been some fantastic examples of people of all ages supporting others in their local communities, we heard that some people in later life have been really negatively impacted by thoughtless comments they've seen or heard – whether on social media, in the media or in person. The people in later life we've spoken to agree there needs to be a focus on tackling ageism.

“*My waiting time for resuming therapy for mental health problems is still 'the 12th of never'.*”
Anonymous

2. Bereavement



Up to 98,000 older people were bereaved of a partner during the COVID-19 lockdown between 21 March and 4 July 2020



Just 2.7% of respondents thought they would need to access professional bereavement support in the near future

Grief has been a major part of COVID-19, with people of all ages experiencing unexpected loss.

The deaths that have occurred during the pandemic have disproportionately impacted people in later life. At Independent Age we've estimated that up to 98,000 older people were bereaved of a partner during the COVID-19 lockdown between 21 March and 4 July 2020.⁷ Losing a partner is a significant life event and one that will have severely impacted the majority of people in this situation.

Many of the common practices that we know help people who are grieving haven't been possible during the pandemic: for example, many people have likely been prevented from spending time with friends and family who would usually offer support, and some of the key conversations that take place with professionals like GPs, funeral directors and faith leaders are happening over the phone rather than face to face.

Respondents also expressed a sense of guilt at not being able to comfort others because they have their own health concerns and are more at risk from the virus.

Attending funerals

Our survey also highlighted people's feelings when they could not attend funerals because of the restrictions on attendance, and those who found a funeral even more distressing because it didn't offer the usual opportunity for families to come together and support one another.

"No support before and after my husband died at home. Not allowed a funeral. Left completely alone as no one, even my children, was allowed to travel to help me. I have been traumatised by the experience and it has made my bereavement much harder to bear." Anonymous

"My wife died in May with coronavirus and, although I was allowed to visit her in hospital just before she died, before that I could only speak to her via phone. The most distressing thing was the limitations for the funeral and not being able to celebrate her life." Dennis

"I lost a close friend and was not able to attend the funeral or go and see her family, which has made it an unreal event and I felt sad and disassociated at the same time." Anonymous

"Not being able to attend the funeral, not just to grieve myself but to offer support to others. Feeling I've not been able to say goodbye." Anonymous

Professional bereavement support

The National Institute for Health and Care Excellence's three-component model of bereavement support acknowledges that feelings of grief are normal following a bereavement and the majority of people will manage without professional intervention.⁸ This puts into context why just 2.7% of our survey respondents thought they would need to access professional bereavement support in the near future.

However, people who go on to develop 'complicated grief' – a period of prolonged, acute grief that can result when the normal grieving process is interrupted – are likely to need more professional support. Some respondents thought they might need professional support in the future.

"I am a trained counsellor and understand the need to talk. I currently don't feel the time is right." Susan

Worryingly, however, others felt that counselling and bereavement professionals wouldn't have the capacity or systems in place to help them. They also felt that their issues were not a priority.

"Feel nobody would really care because so many people are in same situation. Feel systems in place are purely going through the motions. Everything is a tick-box exercise." Anonymous

Our recommendations on bereavement

Sufficient funding and a clear strategy for bereavement support have always been crucial, but this is all the more urgent in the wake of the COVID-19 pandemic.

Independent Age is calling on the government to:

- adequately invest in bereavement support, so that the current postcode lottery is addressed, ensuring everyone can access the support they need, regardless of where they live
- undertake a full review of bereavement needs, including mapping out current levels of provision. One starting point could be commissioning a significantly expanded version of the 2015 National Survey of Bereaved People (VOICES) in England

- ensure its guidance on visiting care settings balances the risk of infection spread with the certainty of harm caused by preventing loved ones being together, particularly towards the end of life. We echo the National Care Forum's calls for there to be sector-wide efforts to ensure visiting can continue as far as possible and for decisions to be taken on a case-by-case basis, rather than imposing blanket bans.⁹

Independent Age is calling on training providers to:

- review the bereavement resources and training on offer to health and care professionals and, where gaps are highlighted, work with professional bodies and charities to increase what's available, to ensure effective signposting.



My wife died in May with coronavirus and, although I was allowed to visit her in hospital just before she died, before that I could only speak to her via phone. The most distressing thing was the limitations for the funeral and not being able to celebrate her life.

Dennis

3. Physical health



34% of respondents reported that their health had got a bit worse, and 9% reported it had got much worse



26% of respondents reported that they have been unable to book a GP or nurse appointment during the pandemic



21% of respondents reported that their regular healthcare or treatment had been postponed or cancelled because of the pandemic

COVID-19 has significantly affected the health of people in later life, whether or not they contracted the virus.

Much of this is because the pandemic has disrupted the delivery of health services across the country, despite the best efforts of those who work for the NHS and related organisations.

In our survey in August/September 2020, we asked respondents how the pandemic had affected their physical health. A third (34%) reported that their health had got a bit worse, and almost 1 in 10 (9%) reported it had got much worse.

Loss of mobility

With almost a million older people being advised to shield, and everyone over 70 told they were at more risk of the virus, we know that many didn't leave their home for months, while others were unable to do their usual exercise. Respondents to our survey spoke about not being able to attend exercise classes or to go out and about as much as they used to, leading to a lack of movement. Bearing this in mind, it's no surprise that some older people's physical fitness has been negatively impacted.

"I have mobility problems which are helped by regular workouts and swimming, which I haven't been able to do. Walking is difficult so cannot do that." Anonymous

Lack of exercise can result in the avoidable development of frailty for some, and significantly worsening frailty for others, also known as deconditioning. Many people in later life will need rehabilitation services and support to reverse the impacts of lockdown and the pandemic.

"My mobility has got worse as my knee replacement operation was postponed and my shoulder rotator cuff problems became more painful. My GP was unhelpful about this and my decreasing mobility, especially going up and down stairs as I live alone." Anonymous

Access to treatment

People shared their fear and anxiety about attending appointments in person because of the worry that they will take up valuable time that others may need more, and because of the fear of catching the virus:

"[I was] too scared to go for a routine blood test." Anonymous

The impact of these anxieties and concerns may have been part of the reason for the number of primary care consultations in England reducing by around 30% at the end of March 2020 and remaining at this level at the end of June.¹⁰ By not making or attending appointments, situations such as late diagnosis and referral to treatment for serious health conditions can arise. We are concerned that this reduction in appointments where referrals take place could be masking significant unmet need not yet reflected by current waiting lists.

Of those who did feel the need to have an appointment, and felt comfortable making one, 1 in 4 (26%) reported that they have been unable to book a GP or nurse appointment during the pandemic.

"The difficulty accessing GP. No face-to-face appointments. No access to GP surgery. Long wait on the phone. I don't feel confident to access a doctor should I need one." Anonymous

For those who managed to speak to their GP, there were mixed views about the phone and online consultation options. Some shared that this was convenient, reduced their travel time and costs, and meant they could speak to their doctor safely in their own home. Others did not think online and telephone consultations were a replacement for face-to-face support. It will be essential moving forward to ensure people can choose the options that work best for them.

Waiting times

Despite the fact that many people may not have felt comfortable coming forward for an appointment to diagnose and treat a health condition, the pandemic has already significantly increased waiting times for those who have come forward for non-urgent health treatment referrals. At the end of September 2020 more than four million patients in England had waited to start treatment.¹¹ Almost 140,000 patients (139,545) were waiting more than 52 weeks, which is an increase of more than 30,000 people in one month who found themselves in this situation.

Age breakdowns for people waiting for treatment are not currently available; however, people in later life are generally greater users of elective hospital care than younger people. Common types of elective procedures for older people include cataract surgery and joint replacements. Long waiting times for treatment can cause additional pain, anxiety and worry, and can significantly impact someone's quality of life and day-to-day activity. Delays to treatment can also lead to a higher risk of poorer health outcomes because of worsening health or the development of new conditions.

We are concerned that these waiting times will continue to increase thanks to a combination of winter pressures, the second wave of COVID-19 and continued suspension of elective care. In our survey, 1 in 5 (21%) respondents reported that their regular healthcare or treatment had been postponed or cancelled because of the pandemic. In addition, almost half (46%) said reducing NHS waiting times was one of the most important things needed to protect the mental health of people in later life.

"I can't see consultants. I received a severe lack of communication and the overwhelming impression is that I don't matter because I'm old." Barbara

The ongoing impact of COVID-19 on the health system means there will likely not be sufficient capacity in the NHS to meaningfully tackle long waiting lists. It is therefore essential to make sure that people are sufficiently informed about where they sit within waiting lists and what support is available to them while they wait.



I can't see consultants. I received a severe lack of communication and the overwhelming impression is that I don't matter because I'm old.

Barbara

Our recommendations on physical health

COVID-19 is negatively impacting older people's health and their ability to access healthcare.

Independent Age is calling on the government, NHS England and local health and care systems to:

- agree a long-term funding settlement for the NHS to ensure it can cope with the immediate pressures of COVID-19 and its longer-term impacts on NHS operation and service delivery
- ensure the NHS national review and clinical validation of surgical waiting lists does not discriminate based on age, and appropriately considers a person's frailty and other circumstances where relevant – and that this process sees patients awaiting surgery being contacted to reassess their needs and prioritise the most urgent cases for treatment
- provide patients with information about where they sit within waiting lists, the next steps for their treatment and what support is available in the meantime
- review the rehabilitation needs of older people at a local level, and ensure that the provision of these services can continue during and after the pandemic and meet increased levels of demand
- support GPs to review patient lists and reach out to older people with long-term conditions, or people who are at risk of deconditioning, to offer advice and consultations where relevant.

Spotlight on social care

The pandemic has had a huge impact on those who need social care support. However, only a very small (3%) proportion of our survey respondents currently receives care and support provided by a professional carer either in their own home or in a care home, which limits the conclusions we can draw from this sample. But the small number of responses we did get does echo trends seen elsewhere. In September 2020 the Joint Committee on Human Rights raised concerns that social care provision had been reduced, even in areas where local councils had not officially used the Care Act easements – that is, legislation that was passed to reduce their duties to meet eligible needs during the pandemic.¹²

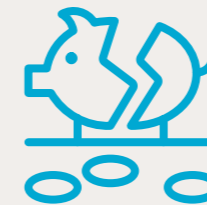
Nearly a third of our respondents who said they receive social care support told us that, because of COVID-19, they now receive less social care support than they did previously. The most common reasons for this were because of changes to guidance and restrictions, and because of cutbacks and staff shortages. For others, the changes to their care packages were because they chose not to have carers in their home or because they felt that carers were no longer able to safely perform the tasks they usually did.

"I felt my health was being put at risk because my care company was sending too many new carers into my home." Anonymous



"[I was] too scared to go for a routine blood test."
Anonymous

4. Money worries



24% of respondents said they were feeling more financially insecure because of the pandemic



14% of respondents aged 65+ with eligible jobs were furloughed

People in later life have told us that they are facing extra costs and higher-than-usual spending because of the pandemic.

Many have lost income and are worried what the future might mean for them. Almost 1 in 4 (24%) people who responded to our survey said they were feeling more financially insecure because of the pandemic. Of those, the most common responses were from people who said they were facing extra costs for day-to-day living, those who had lost income, and people who were worried about the potential impacts of a recession and the state of the economy in general.

Approximately two million older people already live in poverty. Yet many are missing out on benefits that they are entitled to: for example, Pension Credit has one of the lowest take-up rates of any income-related benefit and has remained at around 60% for almost a decade. With many people in later life spending more on essentials like food and heating during the COVID-19 pandemic, it's vital that the government takes decisive action to improve uptake of this essential entitlement.

Gas and electricity bills

The pandemic in general, and lockdown measures in particular, have meant people are spending more time at home. There has been a corresponding increase in energy use¹³ and people in later life told us they spent more on energy bills, even during the spring and summer when people normally use heating and electricity less. This is extremely concerning as we move into winter and additional lockdowns, especially as many older people are already vulnerable to fuel poverty.

"[I] worry about extra costs incurred at home (electric/gas etc) while in lockdown/shielding."
Anonymous

Paying for food and essential groceries

People in later life told us they are spending more on food and other essential groceries as a result of rising retail prices and shopping online. Many people who have been advised not to visit supermarkets in person are now shopping online or shopping locally to avoid public transport. Respondents to our survey said shopping online is more expensive. This can be because they have to buy more than they normally would to reach the minimum spend, spend more on delivery costs, or have less opportunity to 'shop around' and get offers, with cheaper products often selling out quickly. For those shopping locally, some felt that prices were higher in small local shops compared with supermarkets and thought the price of food and other essentials had gone up in general.

"Everything costs more and having to pay for food deliveries, and paying others to do things for me." Jean

"Cost of living has increased. Sometimes (most times) I have to take items off my grocery list because I can't afford them."
Maureen

"Having to pay much more to have my food delivered and prices more expensive online than in-store and independent suppliers very, very expensive." Anonymous

Lost income

People aged 65+ have experienced the second highest proportion of furloughed jobs, with 14% of eligible jobs among this age group furloughed.¹⁴ Around 1 in 5 (22%) of the respondents to our survey who said they felt more financially insecure said it was because they or a loved one had been unable to work because of social distancing or shielding, or that they had been made redundant or furloughed, or that they had lost some other source of income as a result of the pandemic. There is a particular weakness in support for people unable to work because they are shielding or are clinically extremely vulnerable.

"I was working but felt I had to resign due to vulnerability to the virus." Anonymous

Worries about the state of the economy and its impact on savings and pensions

Our survey revealed that many people in later life are concerned about the future of the economy, and the impact this will have on their financial situation. They are worried what a recession will mean for their own, often small, private pensions, savings or investments, the benefits they receive or the ability of the State Pension to keep up with rising costs of living. Some have already lost money because of the falling value of investments or savings.

"We have managed and helped our family out, but we worry about the future years as obviously the small amount of pension we have will now not last as long or go so far." Jacqui

"Have carried on working past retirement age for 10 more years, because the State Pension is absolutely not anywhere near enough to live on. Now I find I could be made [redundant]." Sheridan

"Investments and my pension have suffered, so I'll have to work longer than I had planned." Anonymous

Our recommendations on money worries

Independent Age is calling on the government to:

- increase uptake of Pension Credit and other benefit entitlements by creating a written action plan with specific strategies and activities to increase uptake
- take measures to reduce fuel poverty. We echo National Energy Action's recommendations¹⁵ to protect vulnerable people from fuel poverty by using data to identify people in need, improve the quality of communication about support available and address energy debt, especially debt that has built up during the crisis



I was working but felt I had to resign due to vulnerability to the virus.

Anonymous

- protect the livelihoods of people in later life at risk of COVID-19 and who are unable to go to work, to ensure no one has to choose between their health and their financial security. Where the government advises those in the clinically extremely vulnerable (CEV) group not to go into work, they must provide adequate financial support to enable people to follow that advice without falling into financial hardship.

Independent Age is calling on supermarkets to:

- lower their minimum spend thresholds for online shopping and look at reducing or eliminating delivery costs for people with priority slots. This will help to avoid excluding many older people on low incomes whose vulnerable situation in the pandemic means they have been allocated priority delivery slots.

5. Access to food



48% of respondents in the non-shielding vulnerable group said they had struggled to access food



63% of respondents said that the government had not communicated well about how people could access food



23% of respondents receiving food parcels felt that their dietary needs were not met

During the first national lockdown from March to July 2020, safe access to food was a major issue for people in England.

Independent Age's survey on access to food in April/May 2020 illustrated the scale of the problem: nearly half (48%) of respondents in the non-shielding vulnerable (NSV) group said they had struggled to access food. This survey also revealed the problems and inconsistencies in how support was being offered and communicated, both to NSV and clinically extremely vulnerable (CEV) groups of people.

Support and awareness

After representations from us and other charities collaborating on a joint activity to ensure these concerns were brought to the minister's attention, the Department for Environment, Food and Rural Affairs (DEFRA) agreed that a wider group than just 'shielders' needed government support to access food. The government set up an online portal to enable local authorities and selected national charities to refer those who fell into the NSV group to a range of support options, including access to priority supermarket delivery slots, phone delivery slots and volunteer matching. The scheme started slowly but, by November 2020, more than 80% of local authorities in England are signed up, and others could have alternative support arrangements in place.

This support is much needed, and we are concerned that it is not being communicated to everyone who might need it, leaving many unaware. In our April/May 2020 survey, 63% of respondents said that the government had not communicated well about how people could access food, with some people feeling forgotten or unsupported. In addition, a Which? survey published in July revealed that only 1 in 4 respondents struggling to access food had contacted their local authority.

Shopping online

During the pandemic, many older people made the switch to online shopping. There were initial problems as demand outstripped capacity – 69% of NSV respondents to our April/May access-to-food survey reported that they were struggling to access food because they couldn't get an online shopping delivery slot – but this seemed to improve over time. Alongside this, DEFRA worked closely with supermarkets to allocate priority delivery slots to those classed as CEV.

However, a key theme from responses to our August survey was that many people moved to online shopping and intended to continue with it. With this in mind, over winter we can expect demand for online shopping delivery slots to increase. The government should monitor this situation, including whether those in the NSV group struggle again to secure slots and become at risk as a result.

Going to the supermarket

Our survey revealed that even in the autumn, when cases of the virus decreased, more than half (57%) our respondents reported being very or somewhat uncomfortable going to the supermarket.

When asked what would make them feel more comfortable, respondents particularly highlighted mask-wearing for customers and staff, enforced social distancing with clear signage in supermarkets, and clear communication to other customers to be sensitive to those who may be taking extra precautions with social distancing.

“Keep the one-way systems in the supermarkets. I felt safer with everybody going the same way, not as it has returned to with people crowding round certain areas and two-way traffic down the aisles!” Anonymous



Keep the one-way systems in the supermarkets. I felt safer with everybody going the same way, not as it has returned to with people crowding round certain areas and two-way traffic down the aisles!

Anonymous

Support for the clinically extremely vulnerable

In contrast to the first national lockdown, there is no formal shielding programme in the November–December 2020 lockdown, including no food parcel programme. People in this group could become at risk if they voluntarily shield for long periods and struggle to access food. It is vital to monitor this situation and increase the support available if required.

Should another food parcel programme be required – for example, because people can't access supermarket delivery slots – this must meet people's needs. In our April/May survey, 29% of respondents getting a food parcel did not believe there was enough food in it to sustain them until the next delivery. In addition, 23% of respondents felt that their dietary needs were not met.

Our recommendations on access to food

As we head into winter with the possibility of ongoing or additional lockdowns, the government must ensure that lessons are learned from the first national lockdown and make sure that everyone can safely access food. Supermarkets must play their part to ensure that people feel safe to shop in stores, and act to prevent stock shortages.

Independent Age is calling on the government to:

- continue to run and support the local authority scheme in England to help those in the NSV group access food – through priority online delivery slots, phone delivery slots and volunteer matching – and continue to allow large charities to refer people to it. The government should widely communicate information about this important scheme, including how to access it, so that everyone who needs support can use it

- respond quickly if we see widespread 'voluntary shielding' by CEV people who then struggle to access food despite the support available, such as priority delivery slots. Options should include a return to food parcels delivered to people's homes. If reintroduced, parcels must be of sufficient size and quality and meet people's dietary needs
- implement the five recommendations of a recent British Red Cross report,¹⁶ including identifying people most at risk, to help effectively target support.

Independent Age is calling on supermarkets to:

- put measures in place to ensure older people feel safe while shopping in-store, including clear communication to customers of rules around social distancing and mask-wearing, having staff on hand to assist customers in need, and encouraging customers to be sensitive to the needs of others. Supermarkets should also revisit schemes such as priority shopping hours, which have started to fall off as measures relax.

Definitions of category groups

Clinically extremely vulnerable (CEV)

People at high risk from COVID-19 with certain less common health conditions or who are undergoing specified treatments.

Clinically vulnerable (CV)

People at moderate risk from COVID-19, including those who:

- are 70 or older
- have certain health conditions.

Non-shielding vulnerable (NSV)

Anyone unable to access food or other essential supplies because of a COVID-19-related change in circumstances. While no one is formally shielding at the moment, we find this is still a useful definition to capture a wider vulnerable group, including those who:

- are clinically vulnerable
- are self-isolating and unable to leave the house
- have disabilities or long-term health conditions whose usual food delivery arrangements (by shops or their social network) are disrupted
- are carers.

5. Moving forward

At Independent Age we have listened to the voices of people in later life throughout COVID-19.

We've learned more about the challenges faced, the ideas put in place to help and what is missing. The impact of this pandemic will be with us for a significant time, and the ramifications will be felt long after a vaccine is deployed. We will use the testimony we have heard to call for both the short-term changes and longer-term investment that are needed to ensure that everyone has the opportunity to live well with dignity, choice and purpose



Thank you to everyone who shared their experience of COVID-19 with us, without your support this report would not have been possible.

Endnotes

¹Ravi Philip Rajkumar, 'COVID-19 and mental health: A review of the existing literature', *Asian Journal of Psychiatry*, vol 52 (August 2020), [ncbi.nlm.nih.gov/pmc/articles/PMC7151415](https://pubmed.ncbi.nlm.nih.gov/pmc/articles/PMC7151415)

²Maxime Taquet et al, 'Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62,354 COVID-19 cases in the USA', *The Lancet Psychiatry*, online first (9 November 2020), [thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30479-X/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30479-X/fulltext)

³Carole H Sudre et al, 'Attributes and predictors of Long-COVID: analysis of COVID cases and their symptoms collected by the Covid Symptoms Study App', *medRxiv*, 21 October 2020, [medrxiv.org/content/10.1101/2020.10.19.20214494v1](https://www.medrxiv.org/content/10.1101/2020.10.19.20214494v1)

⁴NHS England's Improving Access to Psychological Therapies (IAPT) programme provides free, evidence-based psychological therapies to people with anxiety disorders and depression.

⁵NHS, 'Psychological Therapies, Annual report on the use of IAPT services 2019–20', NHS Digital, 30 July 2020, digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20

⁶Independent Age, 'Minds that matter: Understanding mental health in later life', Independent Age, 7 October 2020, independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2020-10/Mental_health_report_FINAL.pdf?AdNI8cex815TjfZiNYzWOI71r8XC1oDY=

⁷Independent Age estimate based on combining Office for National Statistics weekly death figures with data from the Family Resources survey. Note that dates do not match the lockdown period exactly because of when data sets are published. Figures have been calculated using the closest available data to the beginning and end of the first national lockdown in 2020.

⁸National Bereavement Alliance, 'A Guide to Commissioning Bereavement Services in England', National Bereavement Alliance, August 2017, nationalbereavementalliance.org.uk/wp-content/uploads/2017/07/A-Guide-to-Commissioning-Bereavement-Services-in-England-WEB.pdf

⁹The National Care Forum, 'Visiting in Care Homes: A joint call to action – open letter to Secretary of State for Health and Social Care, Minister for Care and DHSC officials', The National Care Forum, 1 November 2020, nationalcareforum.org.uk/wp-content/uploads/2020/11/20201102-FINAL-Visiting-in-Care-Homes-Joint-Call-for-action-with-signatories.pdf

¹⁰Toby Watt et al, 'Use of primary care during the COVID-19 pandemic', The Health Foundation, 17 September 2020, [health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic](https://www.health.org.uk/news-and-comment/charts-and-infographics/use-of-primary-care-during-the-covid-19-pandemic)

¹¹NHS England and NHS Improvement, 'Statistical Press Notice, NHS referral to treatment (RTT) waiting times data, August 2020', NHS England, 8 October 2020, england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/10/Aug20-RTT-SPN-publication-version-1.pdf

¹²Joint Committee on Human Rights, 'The Government's response to COVID-19: human rights implications', House of Commons, 21 September 2020, committees.parliament.uk/publications/2649/documents/26914/default

¹³National Energy Action, 'UK Fuel Poverty Monitor 2019–20', National Energy Action and Energy Action Scotland, 18 September 2020, nea.org.uk/wp-content/uploads/2020/07/UK-FPM-2019.pdf

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¹⁵National Energy Action, 'UK Fuel Poverty Monitor 2019–20', National Energy Action and Energy Action Scotland, 18 September 2020, nea.org.uk/wp-content/uploads/2020/07/UK-FPM-2019.pdf

¹⁶British Red Cross, 'Access to food in emergencies: learning from Covid-19', British Red Cross, July 2020, [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies)




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