

COTA
NEW SOUTH WALES
For older Australians



Connections in COVID -
“Just keep on going
& be kind to each other”

This publication is available on the COTA NSW website (below).

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Executive Summary

The world has experienced a year of tumult and uncertainty. The emergence of this coronavirus has been especially impactful for older people.

The world has experienced a year of tumult and uncertainty. The emergence of this coronavirus has been especially impactful for older people. Notwithstanding the successful control of COVID-19 in Australia, and the relatively low case numbers and mortality here, the increased risks associated with age and pre-existing conditions has required a more cautious approach for older Australians. This research sought to explore the experience of people aged 50 and older in New South Wales during the pandemic period, with a particular focus on the impacts on older people's social and community interactions.

More than 7,500 older people responded to the 2020 COTA NSW survey (administered in September/October) with a further 8 online focus groups conducted to explore the themes of the research in greater depth. The findings do much to dispel some of the pre-conceptions of vulnerability and level of technological use in older people, with demonstrations of resilience, enthusiasm, and strength from this section of society. Amongst many participants there was an attitude of pragmatism and resolve, with a focus on adhering to the health advice and supporting others.

However, there were spheres of concern, particularly in the areas of mental health and social isolation – with the curtailment of volunteering negatively impacting many older volunteers. Carers, people with disability and those with chronic illness were much more likely to be socially isolated, with feelings of anxiety, loneliness, or depression. This was also the case for the older unemployed and those in receipt of Job Seeker or Job Keeper. In some instances, the age cohort 50-59 were also experiencing more negative emotions than older age groups, possibly due to increased financial, family and work responsibilities.

The main findings of the survey include:

- 2/3 of older people wore a face mask and avoided crowded areas during the previous week.
- There were increases in the use of both video and phone calls during the year, with the 50 – 60 age group significantly increasing their use of both video calls and social media.
- Carers, people with disability and those with chronic illness were more likely have decreases in social interactions with service providers, social groups and other members of the community resulting in increased incidence of social isolation.
- The biggest challenges cited by respondents was missing seeing family and friends followed by navigating shopping trips.
- 1/5 of respondents felt anxious or depressed and/or lonely or isolated during the restrictions.
- The impacts of restricted volunteering opportunities were harmful to many, producing feelings of sadness, loneliness, and boredom.
- Many respondents cited the importance of accurate information and a positive and pragmatic attitude as key for successfully navigating this period.

Across the world the pandemic has brought into sharp focus the strengths and weaknesses of communities and their ability to come together to support and protect societies most vulnerable. Although this research highlighted groups that have faced greater challenges and shown poorer outcomes in mental health and social isolation, the results of this survey and focus group insights are largely positive. The findings have demonstrated that we are fortunate - that in the most cases - we have communities that are cohesive and that came together during this challenging time to connect with and support one-another.

Methodology

A survey of people aged 50 and over in NSW was conducted by COTA NSW in September and October 2020 and received 7535 valid responses.

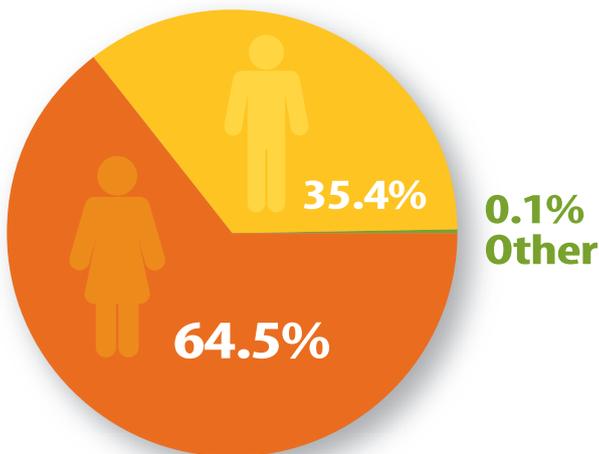
The survey was self-administered and available online and in hardcopy to COTA NSW members without e-mail or internet access. The survey was promoted through COTA NSW e-newsletter subscribers, COTA NSW members and COTA NSW Facebook and Twitter accounts. A link to the survey was inserted in the Seniors Card e-newsletter, and posted on various community organisation and local council websites in metropolitan and non-metropolitan areas.

Data was weighted according to 2016 Census data of NSW’s population for age-groups only. An under and over presentation of responses from certain age-groups necessitated the creation and application of a weighting/raking variable based on the census data for those age groups. Data software Stata was used to create the new weighting variable ‘wgt1’, using the ‘survwgt’ package. After weighting, the sample distribution aligns with NSW population data, making inference more meaningful. The resulting data set was analysed within the software package SPSS.

COTA NSW would like to acknowledge the assistance of Dr. Hangyoung Lee, Lecturer in Sociology, Department of Sociology, Macquarie University with weighting of the data and Jenny Kishor, Macquarie University for analysis of the data.

Survey sample

Gender



Age Group

50 -54	18.7%
55- 59	18.1%
60 - 64	16.2%
65 – 69	14.8%
70 – 74	11.3%
75 – 79	8.4%
80+	12.5%

Cultural Background



Where you live

28.2%
of respondents
live in regional
city/centre

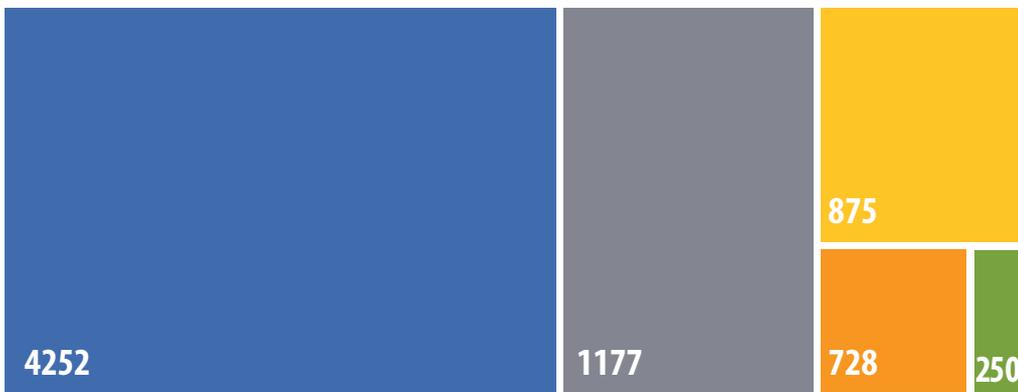
52.7%
of respondents
live in a
metropolitan
area (eg. Sydney
and surrounds)



14.2%
of respondents
live in a rural town

4.9%
of respondents
live in a rural area
out of town or
remote area

Marital Status



*Multiple selections were permitted.



Current Work Status

I am retired	48.0%
I don't do paid work	3.1%
I am self-employed	5.5%
I work part-time	10.2%
I work full-time	18.8%
I am unemployed	6.2%
I work as a casual	3.7%
I am a volunteer	4.3%

24.9% Respondents provided care to someone with a disability or health condition.

20.9% Respondents identified as having a disability.

37.7% Respondents identified as having a chronic illness.

Limitations

As the survey was conducted predominately online, to complete it all participants needed internet access and to be competent in its use. It is acknowledged that this requirement may skew responses across a range of variables. A small sample of respondents completed the survey on paper. The survey has been weighted by age, but not sex or other demographic markers.

Respondents to this survey were overwhelmingly Australian born and English speaking. The response rate to this survey of people from cultural and linguistically diverse (CALD) backgrounds was 12.1% and not indicative of the cultural diversity in NSW.

After weighting, there was a significant difference in responses received by sex, with female responses constituting 65% of the weighted data, indicating that respondents in the 50 – 65 age group were predominately women. For these reasons, while the survey provides many insights into the attitudes and behaviour of the people who participated in the research project, the findings cannot be generalised to all older people living in New South Wales.

Consumer reference groups

To complement the quantitative research, 8 focus groups were conducted online in November and December of 2020.

These groups consisted of a maximum of 8 participants and included older people from across the state, from different age groups and gender. The groups focused on specific themes from the survey such as their experiences during COVID, volunteering or social connections and community.

It is from these in-depth conversations that much of this report is informed, providing nuanced insights and personal stories on older people's thoughts and experiences on connecting and living during the pandemic.

Older people and connections during Covid

COTA NSW was interested in exploring how older people's connection to community and other people changed during 2020 and the possible impacts on their own health and wellbeing.

The survey was administered during September/October 2020 and the results from individuals or communities may vary due to differences in social distancing restrictions or other mandated public health orders that applied at that time.

In the early stages of the pandemic (March – May 2020) and the subsequent implementation of tighter restrictions, there was a recognition and concern about the potential harmful impacts of this enforced social isolation on older people in New South Wales. Coupled with that concern was the increased risk to older people of the disease itself and the need to balance precautionary measures whilst being mindful of the need for social interaction.

A number of initiatives were established by government, the COTA federation, corporations and by the wider community that endeavoured to provide a variety of supports that both reduced risk and also enabled alternative avenues for social interaction.

The Department of Communities and Justice implemented a grant program, *Combatting Social Isolation for Seniors during COVID-19*, that provided community organisations funding to implement localised projects for older people to stay socially connected. COTA Australia, supported by COTA state and territories, established a phone service to call older COTA members to conduct wellbeing checks on them. At a community level there were many examples of community-led innovative activities that checked on older people in their neighbourhoods, such as community care postcards – and provided the option for a variety of assistance or social connection.

The results of this survey and subsequent focus groups provide an important insight into the behaviours, attitudes and impacts of the pandemic on older people in NSW.

Behavioural change during Covid

Survey participants were asked to think about their behaviours in the past 7 days and to select the type of measures that they may have taken to protect themselves from coronavirus (COVID-19).

The top 3 protective measures



People with disability or chronic illness were marginally more likely to wear face masks (74%), avoid crowded areas (68%) and go out in public generally (52%). These differences may be explained by an increased awareness of a physical vulnerability to the illness, restricted access to care givers or personal safety fears.

The high use of mask wearing amongst older people (particularly in the over 70's) and those with health concerns is encouraging and a positive outcome from public health COVID-19 awareness campaigns.

For those still in the paid workforce, 41% of full-time workers and 32% of part-time employees indicated that they had worked from home in the previous 7-day period.

Generally, across all age cohorts, they were least likely to curtail behaviours relating to attendance at a medical appointment, undertaking exercise or continuing to receive home support services.

“When I go to the supermarket, I wear a mask, and I'm the only one wearing a mask, and I feel a bit embarrassed, but I think it should be quite normal. I still feel wary, and I keep my distance. And I wash my hands all the time.” 65-male, focus group

Change in the way you connect with others

The very nature of social distancing redefined how many of us had to interact with others. In most instances organised social groups or clubs were hibernated; public health orders may have restricted family or friend gatherings and for others there was an avoidance of social activity as a precautionary measure.

The year also brought an increased focus and for some, an increased usage of technology to stay connected with others. The survey sought to measure how the way in which older people communicated and socialised may have changed over the period.

The results, as indicated in the graph, demonstrated increases in the use of video and phone calls, and social media. Unsurprisingly, there was a significant decrease in face-to-face interactions such as attendance at social groups, seeing family or friends and contact with colleagues.

“My wife actually started a Facebook group with the other ladies from her bowling club. And the demographic is probably about the average age of about 74. She helped a lot of them to learn new technology and to buy computers.”

75-male survey respondent.

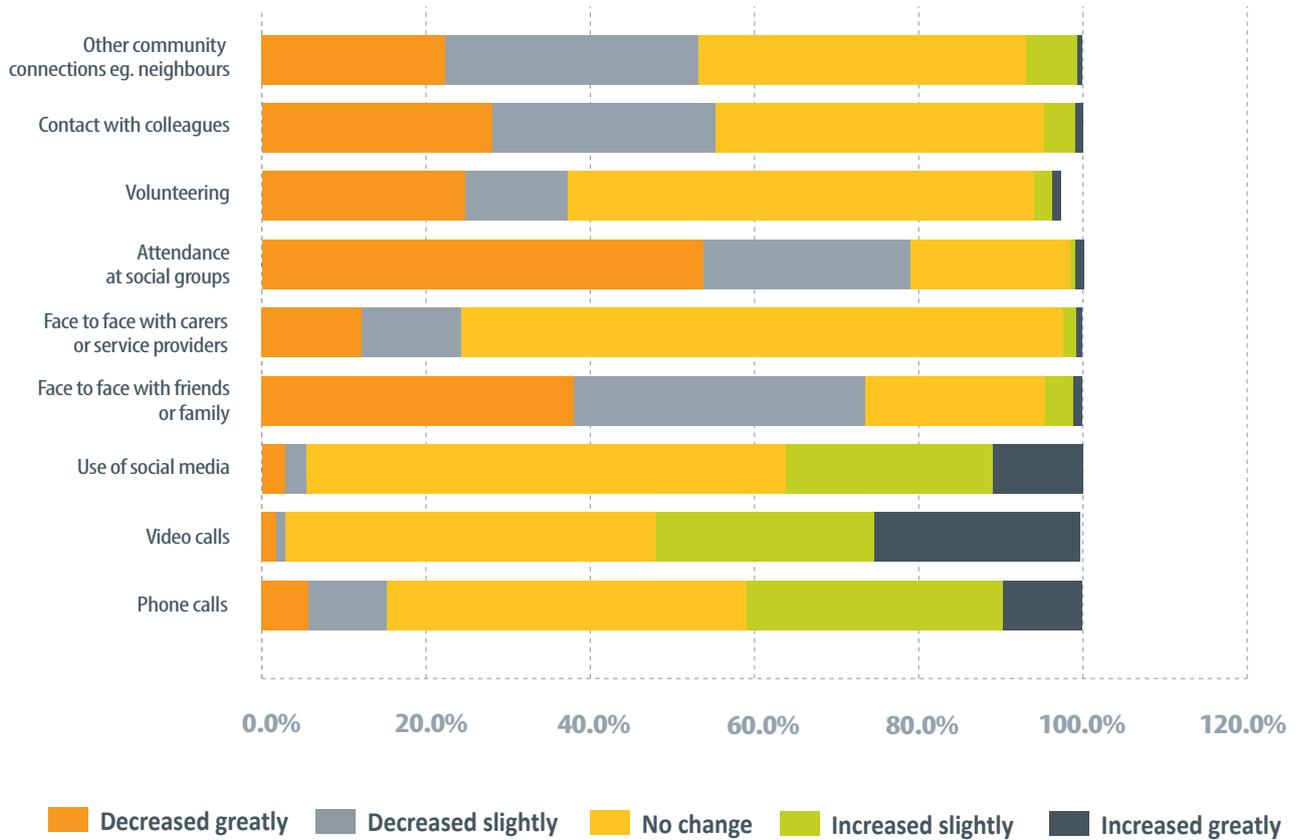
The data was also analysed based on other factors such as regional differences, age cohorts, income, and income source and if they identified as having a disability or being a primary carer.



“As far as the immediate family when we didn't see our grandchildren for probably three months, four months. We mainly kept in contact through phone calls, and we used to swap drawings with the grandkids. But I really missed the opportunity to spend time with them.”

Illawarra focus group participant

Change in the way you connect during the pandemic



Regional differences

Rural and remote respondents were more likely to state that the frequency of phone calls had decreased either greatly or slightly during this period. However, this corresponded with a reported increase in the use of video calls. Those in metropolitan and regional areas reported that their use of video calls had increased greatly (28%) compared to other areas in the state (14%). This was also true of the usage of social media (e.g. Facebook, Twitter) with metro and regional increasing greatly there use thereof (12.3%) compared to rural and remote (5.6%).

“My daughter-in-law created all these zoom meetings and video chats and Face Times and she did a really good job of keeping the family together. It’s to the point now where my granddaughter - she’s 11 - and every now and again, our phone rings. She just has a little FaceTime with us, shows us what she’s doing.”

South Coast participant, focus group.

Respondents living in rural towns were twice as likely to feel that their face-to-face visits with family and friends had increased slightly. They were also less likely to report a significant decrease in in-person contact than other geographic locations. Residents living in rural towns who volunteered were more likely to be able to continue to volunteer during the year. These findings are not unexpected given that the majority of restrictions on the population applied to metropolitan and regional areas. There were also very few, if any, cases reported in large parts of regional NSW – thus continuing a feeling of normality compared to other areas of the state.

Age differences

Older people in the age group 50-54 were much more likely to indicate an increase in both phone calls and video calls than any other age group. Notably, 49% of this cohort reported that their video call used had increased greatly, this was followed by 55-59 at 30.2% and the older cohorts averaging 12.8% for the same selection. Increase in use of social media 50-59 (15%) was also highest for increasing greatly. These results may be explained due to disparities in confidence with technology usage and access to electronic devices and internet access.

This younger age group also reported the highest proportion of a significant decrease in face-to-face contact with family and friends. This may be explained by face-to-face social interactions replaced by other methods such as video calls, or changes to work and other social habits that were more significant compared to older aged groups.

Older cohorts 75+ had a marked decrease in attendance at social groups, 58.7% decreased significantly compared to younger cohorts. This older age group also were also more likely to have their participation in volunteering impacted, with 33.1% decreased significantly, compared to younger cohorts.

Disability & Chronic Illness

For people with disability or chronic illness, there was perhaps a heightened sense of vulnerability. This understandable caution is evident in a number of key interactions. This group reported decreases in visits from service providers (18%) compared to the average of 10%. Incidental social interaction with other community members was also markedly worse for this cohort, with almost a third of people with disability and chronic illness stating that there had been a decrease compared to 1/5 of other respondents. This group was also more likely to suspend their attendance at both formal and informal social groups.

Carers

Carers were similarly vulnerable to an increased risk of social isolation. They were more likely to report a decrease in contact with service providers and carer support compared to non-carers. This possible respite from external sources impacted their attendance at social groups, with 59% of carers stating that it had decreased greatly, compared to 51% of other respondents. Contact with other community members such as neighbours was also more likely to be impacted than other groups, with 64% of carers saying that it had decreased either slightly or greatly, compared to 49% of non-carers.

Income

Household income impacted the increase in usage of video calls/technology. Those on higher incomes were more than twice as likely to report that their use of video/calls had increased greatly compared to those on low incomes. However, those on lower incomes were more likely to continue to maintain face-to-face contacts with family and friends than those on higher incomes. Very high-income earners (\$2884 per week and over) continued to volunteer, increased contact with neighbours and participate in social groups than any other income range. Very low incomes reported that their interactions with neighbours and other community members had been impacted more than any other income group.

Income Source

People in receipt of Carer or Disability pensions reported a more significant reduction in contact via phone calls during this period than any other income group. Older people that were still in the workforce reported a significant increase in the quantity of video calls.

Those receiving JobKeeper and Carer payments reported the greatest percentage of reduction in face-to-face contact with friends and family, 56% and 57% respectively, compared to baseline of 38%. These differences were also evident in face-to-face contact with service providers and attendance at social groups.



Challenges during the Pandemic

Survey participants were asked to select what they found to be most challenging to them during the pandemic, with a focus on those areas adversely affected by restrictions relating to social interaction, ease of movement or business operations. They could select all that applied.

Not unexpectedly, the primary challenges by a large margin for all cohorts was the decrease in the ability to see family and friends in person. This was followed by challenges relating to going to supermarkets/ shops, and on a personal level the impacts that these restrictions had on their mental health or feeling or isolation and loneliness.

Miss seeing family	54.5%
Miss seeing friends	53.4%
Going to the supermarket or other shops	25.9%
Feeling anxious or depressed	23.4%
Feeling lonely or isolated	20.9%
Having to use technology to communicate	19.7%
Personal safety	15.8%
Other (please specify)	13.9%
Accessing medical services	13.8%
Employment conditions have changed e.g. reduced hours, less income	10%
Issues around housing costs	8.5%
Providing care	5.9%
Losing my job	5.6%
Accessing home support services	1.8%

Mental health during COVID

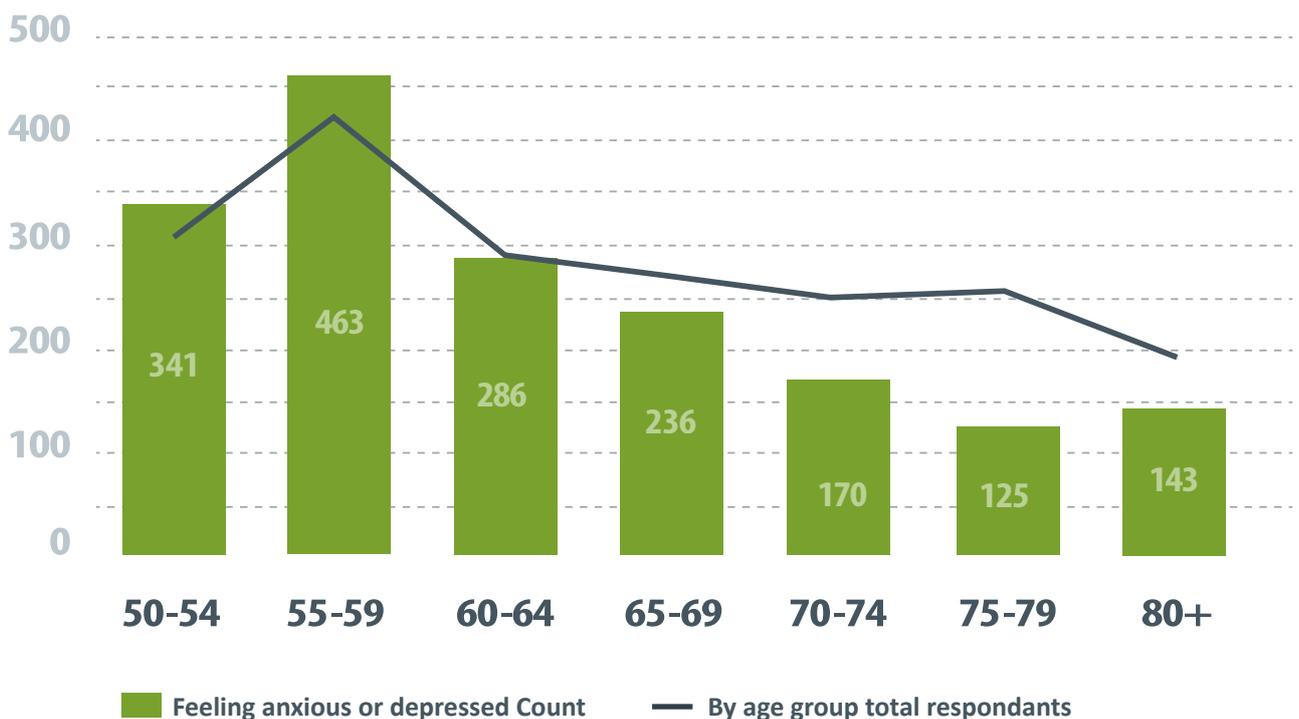
The results indicated that approximately 1/5 of respondents felt anxious or depressed and/or lonely or isolated during the year. This data was further analysed by age to identify differences – if any – across different age cohorts. The results challenged societal assumptions that people aged 75 and over were more likely to feel lonely compared to younger groups.

The analysis found that people aged 50 – 59 were much more likely to identify that they had experienced those feelings during the year compared to people aged 70 and over. Although the survey did not provide an opportunity to ascertain why they felt that way, a number of suppositions could be made. It is perhaps more likely that this younger cohort would have been impacted by changes to employment conditions or a fear of losing their job. This theory is supported by the results of the survey with 422 respondents indicating that they lost their jobs.

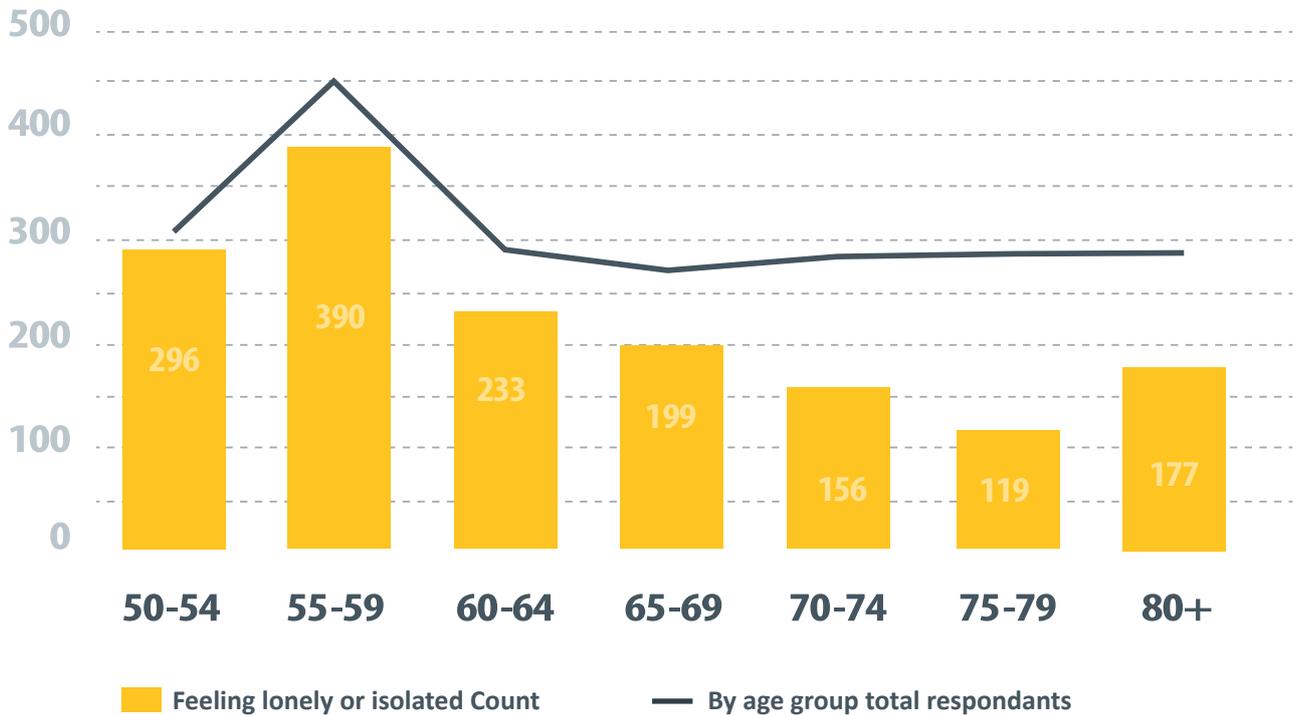
The highest proportion of these was in the age groups 50 – 59 with approximately 10% of this age group stating that they had become unemployed.

Challenges relating to housing costs were also more significant in this age group, potentially contributing to feelings of anxiousness or depression. This younger group may also have been more affected by social restrictions, with older groups having had time to adjust to retirement, smaller social circles, and financial responsibilities.

Felt anxious or depressed by age group during COVID



Feeling lonely or isolated by age group during COVID



For carers and people with disability, their experience with anxiousness or depression was also greater than other groups. Approximately 32% of carers, and 27% of people with disability reported that they had felt that way. As indicated previously, these groups were more adversely impacted by restrictions relating to social interaction or service provision in the home so were at a higher risk of feeling isolated and susceptible to the results of this, evident in their feelings of health and wellbeing.

“I struggled at the beginning, I live alone so it was difficult, and I felt scared. I decided to see my GP and he put me on a mental health plan for my anxiety. I feel like I am in a better place now.”

Northern beaches participant, focus group.

When work status and source of income were examined, it was evident that older people who reported that they were unemployed and receiving Job Seeker were experiencing more adverse mental health than other respondents. Approximately, 39% of this group reported feeling anxious or depressed during this period. Older people on Job Keeper also disclosed that they felt more lonely or isolated (47%) compared to other respondents (22%).

Living in a rural area and/or being partnered or married appeared to be protective factors for individual’s mental health and wellbeing. Only 15% of rural residents and partnered older people reported feeling either anxious or depressed and/or lonely or isolated during the year. This compares to approximately 23% of other geographic locations and 1/3 of widowed or divorced respondents that felt these emotions.

Positive experiences during COVID

The survey sought to explore what, if anything, people found to be positive for themselves during 2020 and what they found helpful in supporting their mental health during this period.

For 4 out of 10 people, the government-imposed restrictions provided an opportunity to slow down from frenetic daily life. For almost a third, they used the experience to actively enjoy nature or commit to more exercise. The necessity of moving online for social connections resulted in ¼ of respondents feeling that their skill levels had increased in technology use. Unfortunately, for many people (18%) felt they were not able to identify anything positive for themselves during the pandemic.

Pace of life slowed	44%
Enjoyed nature	29%
Exercising more	26%
Increased skill in use of technology	25%
No positive experiences	18%
Have become closer to family	14%
Taking up a new hobby	13%
Connected with my neighbours other people in my community	25%



Support for mental health and wellbeing

The importance of practical measures that individuals could utilise to support their mental health and wellbeing during this period was explored within the survey.

The value of meaningful social connection was evident and was cited as the primary way in which older people felt supported during the year. Other important activities selected in the top five, and often recommended by mental health practitioners included: exercise, connecting with nature and participating in hobbies.

Top 5.

Support of family and friends	48%
Exercising	46%
Using technology to stay connected with family and friends	40%
Connecting with nature	34%
Hobbies	34%

Approximately, 5% of respondents disclosed that they had sought assistance from a psychologist, counsellor, or other mental health professional.

A number of other suggestions were provided by survey participants that assisted them during the year including meditation, reading, pets, cooking, and gardening. Concerningly, some people nominated the consumption of alcohol as an aid. For others there was an assertion that did not have any mental health and wellbeing concerns.



Helpful to get through Pandemic period?

Participants were asked to articulate what would assist them to get through this pandemic period and a range of responses were received.

For the majority of people, the need for connection with others was the most important way of coping during the pandemic and the emotions associated with it. This ranged from being able to physically visit family or friends, to re-attendance at social groups or clubs or increased incidental interactions with neighbours or other community members.

“Having someone call and speak to me every day.”

Survey respondent.

Many others provided pragmatic responses that related to personal attitude and the need to maintain positivity and stoicism. There were many suggestions regarding the importance of living in the moment, reducing access to negative media and to be kind to yourself and others.

“To stay calm and take each day at a time.”

Survey respondent.

The provision of reliable and easily understood information by reputable government officials was paramount. There was concern expressed about messaging and confusion about changes to restrictions and that some people were not adhering to measures such as mask wearing or social distancing.

“If I could see people continue to social distance and be more aware of the seriousness of the situation, I would feel more comfortable.”

Survey respondent.

The remainder of the responses covered topics such as prompt access to vaccines, maintaining open borders with other states and generally for society to return to “normal”.

Neighbourhood connections during COVID

In the early months of the pandemic there were many positive stories in the media detailing the establishment of grass-root activities in neighbourhoods to support vulnerable community members.

The survey and focus groups provided an opportunity for participants to discuss their own communities and how COVID impacted the social cohesiveness in the area.

The responses to this discussion and question were varied, from no contact with neighbours to kindness and inclusion shown by people on their street. There was also no clear indication based on a person's geographic location whether they thought communities had come together during COVID.

“I've noticed while we've been sort of in semi lockdown and not able to go anywhere, we've been wandering the streets around where we live, and everybody has been really quite happy to stop and talk because they're just not meeting people and talking to them. So, I've met hordes and hordes of people just over fences, or because there wasn't coffee shops to go to and things. I just come across them in rambles and chatted to them. That's been really refreshing.”

Survey respondent.

Another participant enjoyed the opportunity to meet people in his street that were usually working:

“I got to meet a lot of the younger neighbors who are usually at work, which has been exciting. It was really good; we were locked in as we had been overseas. We just had to stay in and one of the little girls - who had not long moved in - came up and asked if we were all right, do we need anything? She then appeared with some Anzac biscuits she'd made and asked for our phone number in case we needed help.”

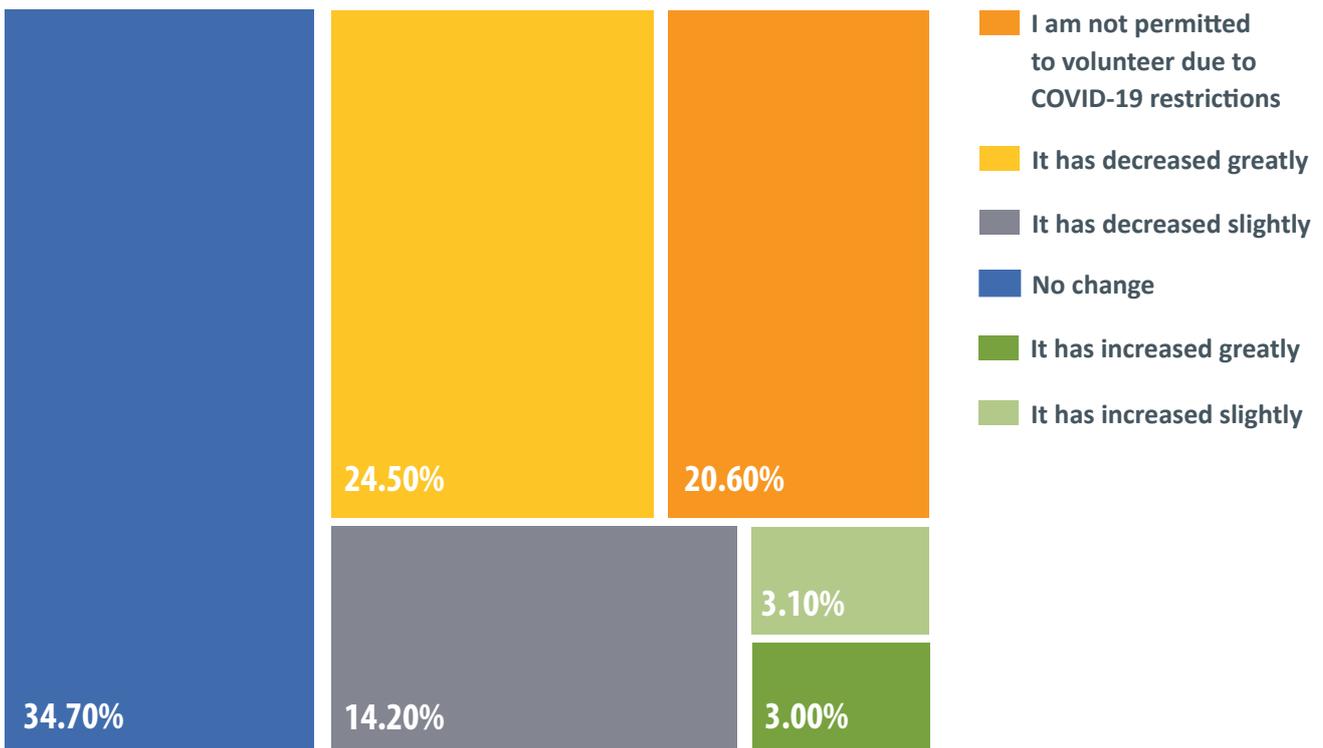
Inner Sydney, Focus group.

Volunteering

Volunteering continues to play an important part in the life of older Australians. It often provides them with a sense of purpose, social interaction, and an opportunity to give back to their local community. The results of this survey indicated that approximately 60% of respondents undertook some form of volunteering, ranging in frequency of infrequent to daily.

The COVID restrictions imposed in 2020 had a dramatic impact on older people’s opportunities to participate in volunteering and their ability to remain connected and supported by others. The graph below demonstrates that for almost 2/3 of volunteers the frequency of volunteering had either stopped or decreased during 2020. A small portion of volunteers reported an increase in time spent volunteering.

Change in Frequency of Volunteering During Pandemic



“Sad. I love the work and it is an opportunity to connect with others.”

Survey respondent.

For those volunteers that had experienced change to their volunteering habits due to the pandemic, we asked them to articulate how that felt. The majority of respondents described feelings of loss, loneliness, frustration and boredom. They missed being able to make a contribution, maintain social connections and interact with their community.

“Cut off from those that I've served for over 6 years and it has diminished a sense of making a worthwhile contribution.”

Survey respondent.

A recent report by Volunteering Australia, highlights the challenges that have impacted the volunteering sector and the vital social and economic contribution volunteers make to Australia. The report emphasises the need to re-engage with volunteers and for organisations to establish robust processes and policies that address the risks associated with volunteering in the COVID-19 era.¹

The continued participation of older people in volunteering positions is critical for both their health and wellbeing and for the continued operation of the not-for-profit sector. It is essential that older volunteers are supported to re-enter their previous roles in a timely and safe manner.

¹ Volunteering Australia (2021). Re-engaging volunteers and COVID-19. Retrieved from: <https://www.volunteeringaustralia.org/re-engaging-volunteers-and-covid-19-2/>

