Written evidence submitted by the Centre for Ageing Better

Response to: Impact of Covid-19 on DCMS sectors inquiry

About the Centre for Ageing Better

The UK's population is undergoing a massive age shift. By 2050, one in four people will be over 65.[1] The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities. We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Introduction

Our understanding of the immediate and longer-term impacts of Covid-19 on the sector are based on our evidence-based work to improve later life. We hold strategic partnerships with Leeds, Greater Manchester and Lincolnshire and provide support to the WHO UK Network of Age-friendly Communities across the country. It is largely through our work with these localities that we are learning what is happening on the ground and what local approaches are being taken, to respond and recover from the crisis.

Our response focuses on two main areas, drawing on our learning from our work on Healthy Ageing and Connected Communities, to support recovery and resilience plans within relevant sectors:

1) Sport sector
   - The sector needs to re-think their service offer to attract an older cohort of adults (aged 50+) who are currently much less likely to engage with the sector than younger adults
   - The sector should be a part of the multi-faceted response to address the rehabilitation needs caused by the pandemic.

2) Voluntary and Community Sector
   - The voluntary and community sector needs to be at the heart of recovery plans and requires support and integration
   - The sector needs to harness the enthusiasm from volunteers during the crisis and adapt their processes to be inclusive

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[1] ONS (2019) Living longer and old-age dependency – what does the future hold?
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerandoldagedependencywhatdoesthefuturehold/2019-06-24

Sport sector

The Centre for Ageing Better sees two significant areas for how the fitness and active leisure sector might evolve after Covid-19:

1) **The sector needs to re-think their service offer to attract an older cohort of adults (aged 50+) who are currently much less likely to engage with the sector than younger adults:**

The Centre for Ageing Better shares the government's goal[2] to ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest.

Physical inactivity is one of the top risk factors for developing conditions that lead to ill health and preventable disability in later life. Being physically active can help to prevent and delay many diseases and conditions that affect people as they age. Physical activity can also help people to maintain their functional ability, their independence and their quality of life as they grow older. Yet physical inactivity levels generally increase with age.[3]

Pre Covid-19, the fitness and active leisure sector were failing to meet the needs of older adults. In its Reimagining Ageing report[4], UKactive, an industry association promoting the interests of commercial fitness gyms and community leisure centres, concluded that, "The sector is not currently providing, nor marketing, a sufficiently attractive offer to older [aged 55 and over] people, despite an ambition to do so".

There are a number of barriers that older people face that prevent them from taking up and participating in offers provided by the fitness and active leisure sector. These include practical barriers such as cost or access to parking, a lack of options that individuals feel are suitable to their age or ability, psychological barriers, poor mental health, fears about physical health and falls, lack of interest, lack of social support, and cultural or religious factors.[5][6][7][8] These barriers will, of course, be compounded by older adults' fears, whether real or perceived, of leaving their homes to do physical activity due to risk of developing Covid-19.

As the sector emerges from the lockdown, it should take the opportunity to reconceptualise their services offer and how they can help groups they have previously been less successful in supporting to overcome these barriers and become more physically active. Rather than

[2] https://www.gov.uk/government/publications/industrial-strategy-the-grand-challenges/industrial-strategy-the-grand-challenges

[3] Sport England (2020) Active Live Adult Survey November 2018/19 Report https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-04/Active%20Lives%20Adult%20November%2018-19%20Report..pdf?BhkAy2K28pd9bDEz_NuisHl2ppuqJtpZ

[4] Ukactive (2018) Reimagining ageing https://www.ukactive.com/reports/reimagining-ageing/

[5] Macera et al (2017) State of the Art Review: Physical Activity and Older Adults *Am J Lifestyle Medicine*

[6] Ige-Elegbede et al (2019) Barriers and facilitators of physical activity among adults and older adults from Black and Minority Ethnic groups in the UK: A systematic review of qualitative studies. *Prev. Med. Reports*

[7] Horne et al (2013) Perceived barriers to initiating and maintaining physical activity among South Asian and White British adults in their 60s living in the United Kingdom: A qualitative study. *Ethnicity and Health*

[8] Sanders et al (2018) Using formative research with older adults to inform a community physical activity programme: Get Healthy, Get Active. *Primary Health Care Research and Development*

going after the same clientele, the sector should be looking to expand their reach by considering the age inclusivity of their offer and what types of sessions they could be specifically targeted at older or 'less active' groups.

Recommendations for government:
- Due to how especially hard the fitness and active leisure sector has been hit by the pandemic, it is unlikely that existing business models will recover in the short to medium term and that the sector will need further financial support from the government to ensure it survives.
- The government should make any future financial support conditional upon the sector committing to a 5% increase in the proportion of older adults that they support to become physically active, particularly focusing on those who are currently classified as inactive (undertaking less than 30 minutes of physical activity per week) and on groups who are more likely to find it difficult to engage with the current service offer, including BAME groups, people with health conditions and disabilities, lower socioeconomic groups and women. The sector should be able to demonstrate that they provide an age-inclusive service offer that addresses social and health inequalities that have been exacerbated by the pandemic.

2) **The sector should be a part of the multi-faceted response to address the rehabilitation needs caused by the pandemic.**

Social distancing measures put in place in response to the Covid-19 pandemic have led to a large proportion of the population spending significantly more time at home and, as a result, becoming less active. According to Sport England survey data,[9] women, older people, people on low incomes, people living alone, people without children in the household, people with a longstanding condition or illness, people self-isolating because they are at increased risk, and people without access to private outdoor space are all finding it harder than normal to be active during the pandemic. These groups are statistically more likely to report doing less physical activity than normal and are less likely to report doing more than normal.

There is growing concern that the extended periods of time people are spending confined to their homes and being inactive – similar to prolonged inactivity and bedrest during a hospital stay leading 'post-hospital syndrome' or 'hospital-associated deconditioning' – will result in an analogous 'post-pandemic' deconditioning syndrome with a similar or greater impact on health outcomes across the population, particularly on musculoskeletal health.[10]

In addition to those who have deconditioned as a result of social distancing measures, there will be a large numbers of people recovering from Covid-19 who need rehabilitation after discharge from hospital as well as people who will have deconditioned due to postponed elective surgeries and inability to access healthcare. The Chartered Society of Physiotherapy has predicted a 'tsunami of rehabilitation needs'.[11]

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[9] Sport England (2020) Covid-19 briefing https://indd.adobe.com/view/793b48d5-bbcd-4de3-a50f-11d241a506b3
[10] British Geriatrics Society (2020) https://www.bgs.org.uk/policy-and-media/%E2%80%98protecting-older-people-from-covid-19-must-not-come-at-the-expense-of-their-health
[11] Thorton, J (2020) Covid-19: the challenge of patient rehabilitation after intensive care https://www.bmj.com/content/369/bmj.m1787

Much of rehabilitation services will continue to be provided by health and social care systems, but the level of predicted demand will mean that the current system is not going to be able to provide these services in the same way, nor will it be able to meet the likely scale of need for rehabilitation. The fitness and active leisure sector can play a role to help assess and support or signpost individuals to start to become active again.

Recommendation for government:
- DCMS should work with the Department for Health and Social Care and NHS England to find ways for the fitness and active leisure sector to be part of the recovery and rehabilitation response.

Voluntary and Community Sector

1. **The voluntary and community sector needs to be at the heart of recovery plans and requires support and integration**

The pandemic has highlighted how vital the Voluntary and Community Sector (VCS) is for supporting people in the places where they live. We have seen a strengthening in the partnership working, particularly between local government and the VCS, and a greater recognition of the valuable role they play. We have also learned that in some areas informal contributions have been faster to mobilise than more formal community action and that a lack of coordination can lead to duplication or a failure to reach diverse communities.

Many charities have rapidly adapted their activities, introducing welfare calls, running online activities and transforming day services such as changing shopping trips into food deliveries or offering food banks. Covid has highlighted the critical value of a VCS presence, its networks and resources, but also the importance of informal community knowledge and social action in ensuring support is quickly mobilised and that no one is left behind. Local responses need to both enable and sustain spontaneous social action and to coordinate through local strategic partnerships, across public services and civil society (including faith) and business, working alongside communities to support more connected and thriving people and places.

Nevertheless, it has been widely reported that Covid is putting severe strain on an already fragile third sector and we believe that some areas will have been better served because of stronger civil society, relationships, knowledge and partnership working before the crisis. Despite huge numbers of new volunteers and a high demand for services, the voluntary sector and local charities have lost significant income, experienced older volunteers and staffing capacity, with many at risk if this continues. Charities are estimated to lose a minimum of £4.3 billion in projected income in the three months from March 2020.[12] 43% of charities have reported an increase in demand for services, however there has been a 48% decline in voluntary income.[13] 9 out of 10 BAME micro and small organisations are set to close if the crisis continues beyond 3 months.[14]

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[12] NCVO (2020) https://www.ncvo.org.uk/about-us/media-centre/press-releases/2748-every-day-counts-as-charities-still-wait-for-government-support

[13] Institute of Fundraising (2020) https://www.institute-of-fundraising.org.uk/news/coronavirus-impact-survey-

There is a window of opportunity for government to understand the value of social infrastructure – the organisations and the places and spaces (online and offline) which shape the way we interact – and how to strengthen and sustain civil society, social action and social capital post Covid-19. The DCMS Committee should explore the learning from Covid, to understand what works to support communities to connect and thrive. Social infrastructure provides a foundation for a stronger civil society, strengthened relationships and thriving communities but we need to test this. Government has a key role to play in enabling sustainability, capacity and capability within the sector, as part of more integrated and collaborative, asset based, age-friendly and inclusive place-based approaches. These will likely be key to recovery, resilience and future proofing and we are committed to developing a key part of the evidence about what works.

Leeds have put the third sector at the centre of their response and have been recognised for responding rapidly and flexibly to the needs of people and communities. Third sector organisations working with specific communities and marginalised groups have come together to gather intelligence, share information, and respond effectively to challenges, and partnerships have formed between the public sector and charities to deliver effective services. However, during a recent survey, 60% of respondents reported they might not remain viable past the end of the year.[15] Smaller organisation with an annual income of £100,000 make up 44% of organisations that may only remain viable for three months or less. To counter this, Third Sector Leeds has suggested charities should act collectively to reduce duplication and facilitate organisational conversations about redesigning services. Charities need the same level of resilience support as other sectors and national support to react to local challenges. They also suggest encouraging infrastructure organisations to invest resources in short term practical advice and guidance for third sector organisations to respond to opportunities on a local level. We have been supporting the Leeds Neighbourhood Networks to learn from their local response to Covid across 37 areas of Leeds and will be able to share this learning in due course.

Similarly, Greater Manchester has been calling for a hyper localised approach and long-term funding for the voluntary sector to create a new integrated model of working for the public sector.[16] By co-designing a new model with communities, building on strengths of different sectors and focusing on what matters to people, GM hope to create a thriving community that champions wellbeing and prevention. This means services are integrated at a GM, locality and neighbourhood level, with the voluntary sector being a core part of service delivery.

The pandemic has also highlighted the unfairness of some funding models, such as needing to demonstrate an income under a certain amount each year or nuances in grants that mean they can't be accessed. The voluntary organisations in a stronger position have long-term

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[14] The Ubele Initiative (2020) https://www.ubele.org/news/2020/4/30/9-out-of-10-bame-micro-and-small-organisations-set-to-close-if-the-crisis-continues-beyond-3-months-following-the-lockdown

[15] Forum Central (2020) https://forumcentral.org.uk/the-impact-of-covid-19-on-the-third-sector-in-leeds/

[16] The Greater Manchester Model (2019) https://www.greatermanchester-ca.gov.uk/media/2302/gtr_mcr_model1_web.pdf

funding arrangements agreed with local authorities. However, local authorities are already experiencing significant funding pressures.

Finally, VCS can play an important role in helping bridge the digital divide for digitally and other excluded groups. Public services and VCS have used digital technology to support communities, engage volunteers and share data and integrate services. For example, Barnsley Council installed video systems and user guides to over 100 old laptops and iPads to distribute to care homes in the borough.[17] Despite the risks of a digital divide, particularly for older people,[18] it will be important to build on these innovative approaches, to capitalise on the new forms of online engagement and continue to find ways to make these online services accessible to all. Connectivity will be increasingly important for health, wellbeing and social inclusion in later life. Digital and blended approaches will be key to achieving levelling up and Covid has escalated the need for digital skills to connect with family and access services. However we know there are geographical, economic, educational and emotional divides, with 52% of those offline aged between 60-70.[19] Not only do charities have a key role in reaching digitally excluded groups so they don't miss out on important information, they can also help people access the technology and support to improve their skills. Lack of digital skills or access to technology significantly heightens inequalities and it's vital the VCS sector and Local Government gets the support to ensure people aren't left behind.

Recommendations for government
- DCMS should ensure vital support and services are maintained so that the VCS sector is supported to innovate, look at different partnership, and explore different ways of delivering age-friendly and inclusive support in the future.
- Provide long-term support for the VCS sector and community infrastructure to enable innovations and collaboration to be developed further and sustained beyond the crisis.
- Ensure local authorities have the funding and support to invest in the VCS. They will play a key role in nurturing the VCS networks across neighbourhoods to ensure a long term, strategic response to community needs.
- Provide specific funding for localities to enable the VCS sector to support digital inclusion. This funding can help adjust their current services, provide skills training, give access to technology to marginalised groups, and provide personalised outreach.

2. **The sector needs to harness the enthusiasm from volunteers during the crisis and adapt their processes to be inclusive**

There has been a huge growth in people putting themselves forward to volunteer, whether for the NHS, charities or in their local community. In addition to the 750,000 volunteers who signed up to become NHS responders, there has been a mass mobilisation of people

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[17] https://www.ageing-better.org.uk/case-studies/how-barnsley-using-recycled-tech-support-local-care-homes

[18] Richardson, J (2018) I am connected: new approaches to supporting people in later life online https://www.ageing-better.org.uk/sites/default/files/2018-06/i-am-connected-good-things.pdf

[19] Lloyds Bank (2020) UK Consumer Digital Index https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/lb-consumer-digital-index-2020-report.pdf

helping informally in their local communities. 78% of adults believe people are doing more to help others since the pandemic, and one in three have gone shopping or done other tasks to help their neighbours.[20] With the epidemic impacting everyone so profoundly and many people unable to participate in their normal voluntary roles or waiting for new ways to participate with local organisations to be set up, we have seen a rapid surge in informal or self-organised contributions.

Volunteering organisations are reporting a huge influx of new members and charities have had to be resourceful, responsive and collaborative to keep helping the public. This surge could be a once in a lifetime event and we need to find ways to sustain people's motivation. Anecdotal evidence from localities and organisations we've talked to suggests many volunteers have not been able to find the right opportunity and that supply has outstripped demand. Although charities have used innovative approaches to link volunteers, such as zoom volunteering fairs, there is a lag between coordination and capacity within organisations. Trends in our ageing society also suggest more of us are living alone and geographically distant from friends and family so community resilience will be needed to future proof our increasingly ageing and diverse communities to reduce inequalities and improve lives.

Harnessing the surge in community activism and volunteers must be a priority, particularly when circumstances change and people return to work. A key challenge in grasping the opportunity is portability, making it easier for people to volunteer in more than one place or with more than one organisation, and to think creatively about how people of all ages can contribute. We need to find ways of removing barriers whilst maintaining people's safety, i.e. DBS checks, references etc but also understanding where community trust and escalation can be strengthened in hyper local ways. The language of volunteering can prove a barrier. Instead, we need to focus on enabling people's connections, meaning and purpose, matching people's skills and motivations, matching them to where there is greatest need and where their skills can be utilised. This is particularly important on a local level, expanding volunteering into areas where mobilisation has not happened naturally and for groups most at risk.

In 2018, Ageing Better published the findings of its Review of Volunteering and Community Contributions with DCMS.[21] While the remit of this review was to consider how to enable more people in later life (50+) to contribute their skills, time and knowledge to their communities, our focus was particularly on how to increase participation among underrepresented groups and future proof community contributions. Through a review of existing evidence, a series of roundtables with cross sector stakeholders, calls for evidence and practice, focus groups, webinars and primary community research in four localities, we were able to identify some of the key barriers to participation:

Practical – such as costs, transport needs, physical access and language

[20] ONS (2020) Coronavirus and the social impacts on Great Britain: 23 April 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/23april2020

[21] Centre for Ageing Better (2018) Age-friendly and inclusive volunteering: Review of community contributions in later life. https://www.ageing-better.org.uk/publications/age-friendly-inclusive-volunteering

Structural – such as inflexible offers, lack of neutral spaces, bureaucracy, lack of resources and digital divide
Emotional – such as lack of confidence, stigma/stereotype, lack of welcome, fear of overcommitment and not feeling valued.

Shielding arrangements and other lockdown measures mean that many existing volunteers who are in later life are being discouraged or prevented from participating in society. Volunteering strengthens people's social connections, meaning and purpose and charities must enable age-friendly and inclusive opportunities beyond the crisis, not just supporting people to return to volunteering but ensuring the least healthy, least wealthy in society can also enjoy the wellbeing benefits. Making volunteering more inclusive and building on the community spirit demonstrated during Covid could also help charities bolster lower staffing capacity.

Before the pandemic, the Centre for Ageing Better were running a grant programme in partnership with DCMS, supporting five local VCS organisations to pilot, develop and share new approaches to age-friendly and inclusive volunteering. This includes ensuring roles are flexible, giving practical help to volunteers, and for the role to have meaning and purpose. Although Covid-19 has delayed completion of these projects, they are developing sustainable models to sustain lifelong contributions and we will share insights from these projects later in the year with the Committee.

Volunteering is not cost free and to support inclusive volunteering, and to manage the growing complexity of conditions and safeguarding, requires a greater recognition of the vital role of the VCS as a strategic partner of local and national government. Voluntary and statutory organisations should work alongside local people and the community, supporting them to help themselves and aligning volunteering interests with what matters to people.

Recommendations for government:
- Volunteers have been at the heart of Covid response and will be at the heart of local recovery plans, delivering localised services to people in high risk groups. To sustain new volunteering roles and support previous volunteers who are older or more at risk to return to their volunteering roles, the VCS needs to be supported so it has the capacity and capabilities to provide inclusive volunteering opportunities. This includes supporting re-engagement of volunteers, and applying the principles of age-friendly and inclusive volunteering.
- Develop and sustain more flexible support to enable organisations to recruit volunteers and match volunteers within the community to roles which meet the emerging needs of people in communities. Support the VCS and other community-based organisations to offer more informal or micro-volunteering opportunities that reduce the barriers that some people face to formal volunteering. This could include micro funding to communities, not always formally constituted groups or to trusted intermediaries, but using the funding to mobilise resources, skills and people to improve outcomes.