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University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

"YOU'RE NOT ALONE: exploring the impact of Covid-19 on loneliness and social isolation: a cohort study of ALONE service users in South Tipperary"

Philip O' Reilly

CARL Research Project
in collaboration with

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Name of civil society organisation/community group:	ALONE
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Name and year of course:	Masters in Social Work Year 2
Date completed:	22nd April 2021

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Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

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We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

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Declaration of Originality

This is to declare that this dissertation titled " You're NOT ALONE: exploring the impact of Covid-19 on loneliness and social isolation: a cohort study of ALONE service users in South Tipperary" submitted to the School of Applied Social Studies, University College Cork, in partial fulfilment of the requirements for the award of Master in Social Work is my own work.

Any work that is not my own has been acknowledged and referenced appropriately. I have reviewed the Turnitin report prior to submission and made appropriate edits in line with the UCC Plagiarism Policy.

I have received permission from ALONE for the use of their logo and all photographs used in this thesis.



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Date: 22nd April 2021

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Abstract

This research looks at the impact of the Covid-19 pandemic on a small cohort of older people in South Tipperary in terms of loneliness and social isolation. Primary research was carried out with five service users of the ALONE Good Morning South Tipperary service to ascertain their views of the pandemic and how it has affected their everyday lives. The interviews took place over the phone and the qualitative data was recorded on a dictation device. The epistemological positioning applied to this research is constructivism and the theoretical perspective is from an interpretivist lens. A full review of the literature on the impact of Covid-19 on older people was carried out as well as a comprehensive review of the literature on loneliness and social isolation. This dissertation was completed as part of the UCC Community-Academic Research Links initiative (CARL) in conjunction with ALONE. The qualitative data collected was analysed using thematic analysis. The themes highlighted in the findings include: the impact of Covid-19 on ALONE service users, loneliness and social isolation, activation and socialisation programmes, the importance of the ALONE Good Morning South Tipperary service, and future development of ALONE services in Tipperary. All research participant's noted that Covid-19 has been especially difficult for people over seventy and has led to an increase in loneliness and social isolation among this age cohort. Participant's reported feelings of frustration with the closure of day centres, family resource centres, community education classes and coffee shops in their communities. Research participants were highly complementary about the Good Morning South Tipperary service and look forward to availing of other specialist ALONE services when the restrictions ease. In the final chapter, this researcher makes a number of concluding remarks and recommendations on the future development of ALONE services in Tipperary.

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Table of Contents

Chapter One: Introduction & Background 9
1.1 Research Title 10
1.2 Introduction and Rationale for the Research 10
1.3 About ALONE 11
1.4 Research Aims 11
1.5 Research Objectives 11
1.6 Research Questions 12
1.7 Chapter Outline 12

Chapter Two: Literature Review 14
2.1 Introduction 15
2.2 Definition of Ageing & Key Demographics 15
2.3 Key Legislation 16
2.4 ALONE Alignment with Government Policy 17
2.5 Loneliness & Social Isolation 18
2.6 The Disproportionate Impact of Covid-19 on Older People 19
2.7 The Nursing Home Sector 20
2.8 The Evolving Role of the Social Worker 21
2.9 Conclusion 23

Chapter Three: Methodology 24
3.1 Introduction 25
3.2 Epistemology 26
3.3 Theoretical Perspective 26
3.4 Social Work Theory 27
3.5 Community Based Participatory Research 28
3.6 Research Methodology 28
3.7 Research Methods 29
3.8 Recruitment of Participants 29
3.9 Data Analysis & Data Anonymisation 30

3.10 Ethical Considerations & Reflexivity 31
3.11 Challenges & Limitations 32
3.12 Conclusion 32

Chapter Four: Findings & Discussion 33
4.1 Introduction 34
4.2 Profile of Research Participants 35
4.3 Theme One: The impact of Covid-19 on ALONE service users 35
4.4 Theme Two: Loneliness & Social Isolation 37
4.5 Theme Three: Activation & Socialisation Programmes 40
4.6 Theme Four: Importance of the Good Morning South Tipperary service 42
4.7 Theme Five: Future development of the ALONE service in Tipperary 44
4.8 Conclusion 46

Chapter Five: Conclusions & Recommendations 47
5.1 Introduction 48
5.2 Concluding Comments 48
5.3 Recommendations 49
5.4 Future Research 51

Reflective Piece 52
Bibliography 53
Appendices 64
Appendix 1: Ethical approval confirmation from UCC Social Research Ethics Committee 65
Appendix 2: Research information sheet for participants 67
Appendix 3: Consent form 69
Appendix 4: Questions for participants 70

Chapter 1:

Introduction & Background







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Chapter One: Introduction & Background

1.1: Research Title

'YOU'RE NOT ALONE: exploring the impact of Covid-19 on loneliness and social isolation: a cohort study of ALONE service users in South Tipperary'.

1.2: Introduction and Rationale for the Research

On 9th March 2020, ALONE developed a Covid-19 national support line which became the gateway to their multi-disciplinary supportive services and allowed them to reach a growing cohort of older people in need of support. The national support line operates seven days a week from 8am to 8pm and has quickly become the leading national number for older people accessing information and specialist supports. As a member organisation of the National Public Health Emergency Covid-19 Subgroup for Vulnerable People, ALONE has worked in collaboration with the Department of Health and the HSE to provide a coordinated national response to support older people who have concerns, may be at risk or who have contracted Covid-19. A year later, the support Line has received in excess of 43,429 calls from older people across the country for support. In the same period, ALONE staff and volunteers have placed more than 110,141 calls to older people who have been linked in with their services (ALONE, 2021). According to the latest figures, ALONE assists up to 2426 older people on a weekly basis addressing issues such as loneliness, social isolation, health, finance, housing, accessing services and Covid-19. This piece of research specifically focuses on the ALONE merger with the Good Morning South Tipperary (GMST) telephone befriending service which was finalised in March 2021. The GMST telephone befriending service has been in operation for fourteen years and has five volunteers ringing thirty older people on a weekly basis from the Tigh na nDaoine Community Building in Newcastle, Tipperary. This researcher works part time as a Project Manager with ALONE and was ultimately responsible for this merger. There is limited information on the impact of Covid-19 on older people and I hope that this research will provide some insights to ALONE and the HSE on the impact of Covid-19 on a small cohort of older people in South Tipperary.



1.3: About ALONE

ALONE is a national organisation that strives to enable older people to age at home, safely and securely, for as long as they wish. ALONE work with all older people, including those who are lonely, isolated, frail or ill, homeless, living in poverty, or are facing other difficulties. The organisation provides an integrated system of support coordination, practical supports, befriending, a variety of phone services, social prescribing, housing with support and assistive technology. ALONE use support plans, provide a point of contact for access to health, social care, housing, transport and other arising needs using technology and other services and activities to improve physical, emotional and mental wellbeing. ALONE have nearly 3000 volunteers throughout the country who conduct and provide practical supports to older people, visits and phone calls, linking older people into social activity and being a companion.

1.4: Research Aims

The aim of this research is to measure the impact of Covid-19 in terms of loneliness and social isolation on a cohort of five ALONE service users in South Tipperary. The findings of this research will be used by ALONE when designing future programmes in the region.

1.5: Research Objectives

1. To carry out comprehensive interviews with five ALONE service users in South Tipperary. Feedback from research participants will be used when designing future ALONE programmes that enable older people to live in their own homes for longer.
2. To complete a literature review which will provide a clear understanding of the

effects of Covid-19 on older people since the emergence of the pandemic. The literature review will also analyse the current literature on loneliness and social isolation in Ireland.

3. To explore the evolving role of social work during the pandemic.
4. To Identify appropriate ALONE responses and other interventions that may alleviate loneliness and social isolation among this cohort in South Tipperary.

1.6: Research Questions

1. What impact has the Covid-19 pandemic had on a cohort of ALONE service users in South Tipperary to date?
2. What is the current Government policy in relation to responding to loneliness and social isolation for older people in Ireland today?
3. What role can ALONE play in reducing the rates of loneliness and social isolation among the elderly population in the region?

1.7: Chapter Outline

Chapter One: Introduction & Background

This chapter specifically focuses on the rationale for this chosen topic and the writer's link to ALONE. There is a section on the ALONE organisation which outlines the type of supports they put in place for older people across the country. Chapter one also defines the research aims and objectives, as well as the research questions agreed with ALONE.

Chapter Two: Literature Review

The second chapter reviews all of the existing literature on the impact of Covid-19 on older people in terms of loneliness and social isolation. This writer will also review the relevant literature on the evolving role of social work during the pandemic.

Chapter Three: Methodology

The third chapter provides a comprehensive overview of the research process. This writer discusses both the epistemological and theoretical perspectives of the research. The research methodology and methods used are also outlined. The ethical considerations and the importance

of reflexivity are discussed in this chapter. To conclude, this writer will discuss the challenges and limitations of the research.

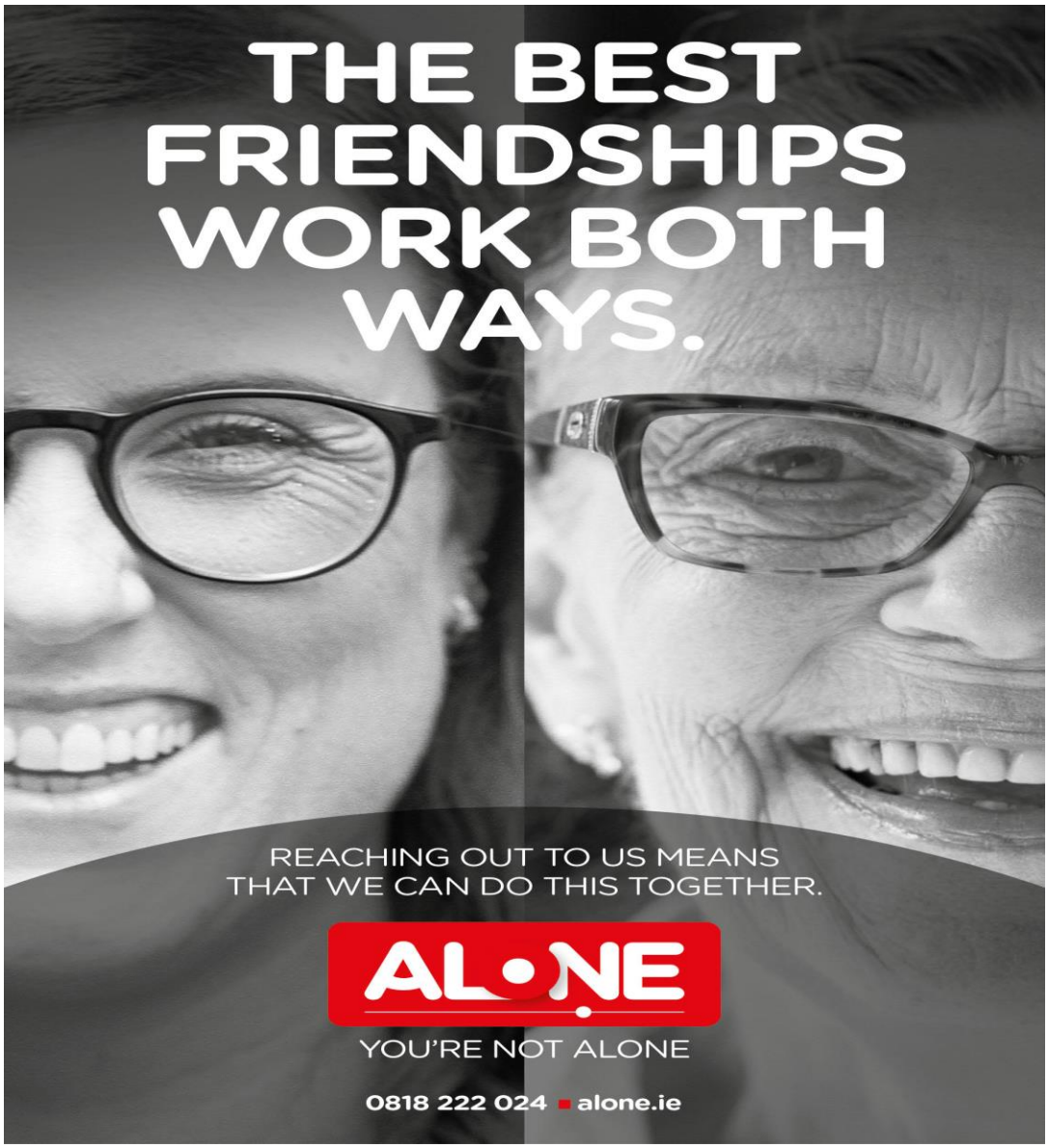
Chapter Four: Findings & Discussion

Chapter four will present the data gathered from the five interviews with the GMST service users. This writer will use thematic data analysis to make sense of the qualitative data gathered. The findings of the primary research will then be discussed and examined with reference to the secondary literature review.

Chapter Five: Conclusions & Recommendations

The final chapter of this thesis will have a number of concluding remarks, recommendations based on the research and suggestions for future research. This writer will conclude with a reflective piece addressing the whole experience of carrying out the research.

Chapter 2: Literature Review



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Chapter Two: Literature Review

2.1: Introduction

The purpose of this chapter is to examine key literature relating to the impact of Covid-19 on older adults. The chapter will begin by discussing the definitions of ageing as well as looking at the key demographics and projections for the future. The chapter will look at key legislation which will enable social workers and ALONE support coordinators to better respond to the needs of older people. The next section will look at how the ALONE organisation aligns itself with government policies to enable older people to live independently for as long as possible. The chapter then looks at relevant literature on loneliness, social isolation and how Covid-19 has severely impacted older people in the community and in nursing homes. The chapter concludes with a review of the literature on the evolving role of social work during the pandemic.

2.2: Definition of Ageing & Key Demographics

Ageing can be defined as the process of growing older and occurs throughout the life course (Health Service Executive, 2015). There are a number of common definitions of old age but there is no common consensus of at what age a person becomes old. The World Health Organisation (WHO) states that most countries use 65 as the age of an 'elderly' or older person. According to the Health Service Executive (2017), the population of over sixties in Ireland stands at 860,000 and is projected to keep growing by 28,500 people per year to 1.15 million, or 23% of the total population, by 2026. It is also important to note that the over eighty demographic has increased by more than 20,000 between 2006 and 2016 and is projected to grow by another 36,000 by 2026 to a total of 104,000. The Central Statistics Office (2013) predict that for the time frame (2016-2046) people aged sixty-five and over will almost double in all parts of the country over the life time of the projections (see figure 1). This massive shift will have huge implications in terms of social policy for a number of Government Departments for the years ahead. For the purposes of this thesis, I will be interviewing older people over the age of sixty-five in the South Tipperary region where the GMST service operates. According to the Tipperary Age Friendly Strategy which was published in 2018, Tipperary has a population of 159,533 and is the sixth largest county in Ireland according to the last census. The proportion of people over the age of sixty-five in 2016 was 15.29% (or 24,398 people), which suggests that ALONE will be able to

build on the good work of the GMST service and expand the service to cater for all older people within the county.

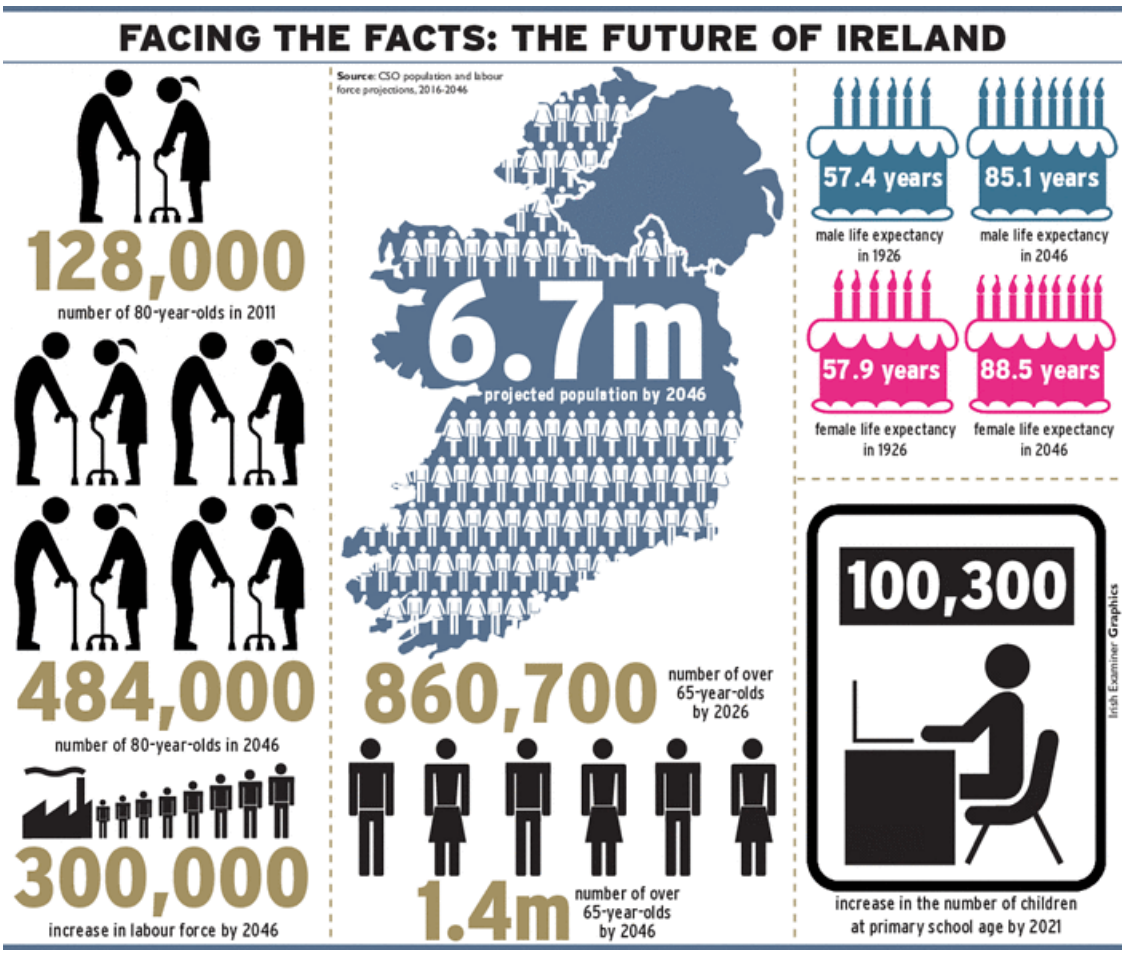


Figure 1: CSO Population and Labour Force Projections (2016 – 2046)

2.3: Key Legislation

The Domestic Violence Act 2018 is a welcome piece of legislation that brings in significant changes including extension eligibility for orders and intimate relationships being considered an aggravating circumstance in sentencing. The Assisted Decision Making (Capacity) Act was signed into law in 2015 but has yet to be fully enacted. This act will be vitally important for social workers dealing with vulnerable adults in the community and in residential settings. This act will also support ALONE's work with older people in terms of supporting decision-making and maximising a person's capacity to make decisions. Flynn (2020) notes that the Assisted Decision Making (Capacity) Act 2015 is an important piece of legislation which

recognises the importance of the individual's will and preference as opposed to the paternalistic best interest's approach. In 2017, Senator Collette Kelleher introduced the Adult Safeguarding Bill which aims to put in place additional protections and supports for adults, in particular, for those who may be unable to protect themselves. Kerry Cuskelly of the IASW, in an interview with Fagan (2020) noted that older people are "falling through the cracks" and urged the Government to fully enact the Adult Safeguarding Bill (2017) and Assisted Decision Making (Capacity) Act (2015) to strengthen existing safeguarding measures. This researcher is also the Designated Safeguarding Officer with ALONE and deals with any safeguarding concerns that come into the organisation. The enactment of the aforementioned pieces of legislation will give social worker's the necessary statutory powers to effectively intervene when there are safeguarding concerns.

2.4: ALONE Alignment with Government Policy

The National Positive Ageing Strategy was launched in 2013 and one of the main aims of the strategy was to enable older people to live independently in their own homes for as long as possible. Eight years later, ALONE is playing a pivotal role in ensuring that various measures of this strategy are being implemented throughout the country. In May 2017, a cross-party parliamentary committee published the "Sláintecare" report which was instrumental in enacting Sláintecare, a ten year programme that aims to build a world-class health and social care service for the Irish people. In 2019, ALONE was successful in securing funding for a Sláintecare Project which endeavours to support older people with dementia through assistive technology and other specialist ALONE services. These services are important in ensuring that older people have the requisite supports in place when they are discharged from hospital and enable better quality of care in the community. Browne (2016) is a vocal advocate for care in the community and makes the point that "community care should be underpinned by clear legislative entitlement and dedicated funding provided to ensure that this legislative entitlement is delivered" (p.22). One of ALONE's biggest strengths is their adaptability and willingness to align their programmes and services with Government policy and legislation. This undoubtedly makes the organisation an attractive prospect for partnerships with various Government Departments.

2.5: Loneliness & Social Isolation

The second research question focuses on current Government policy in relation to responding to loneliness and social isolation. To date, there has been a notable lack of public health policies and measures on loneliness and social isolation in Ireland. The TILDA (2019) report notes that "loneliness is now considered a critical issue for public health, and responses to increased concern about loneliness have included the establishment of a number of voluntary and community based organisations including ALONE" (p.9). ALONE has been proactive in setting up the Loneliness Taskforce with support from other key statutory, community and voluntary agencies. In 2018, the Loneliness Taskforce published a key report entitled "A Connected Island: An Ireland free from loneliness" and made a number of key recommendations to Government including the request for multi annual funding to specifically combat loneliness and social isolation. The taskforce also advocated that this budget and responsibility should be allocated to a specific Minister and Government Department. In May 2019, the Minister of State for Mental Health and Older People, Jim Daly TD, launched a €3 million mental health fund to assist community organisations in combating loneliness and also confirmed that loneliness would come under the remit of his mental health brief. According to the Loneliness Taskforce report which was published in 2018, "loneliness describes an individual's personal sense of lacking connection and contact with social interactions to the extent that they are wanted or needed. Social isolation can be defined as "an absence of social interactions, social support structures and engagement with broader community activities or structures" (p.6).

Holt-Lunstad, et al., (2010) carried out a review of over 140 studies and found that loneliness and social isolation can have the same effect to the human body as smoking fifteen cigarettes a day, and can have a greater impact than physical inactivity and obesity. A recent 2019 TILDA study estimated that around 400,000 people in Ireland suffer from loneliness, 37% of people aged 50 and over felt lonely often or some of the time and this figure rose to 45% after the age of 74 (TILDA, 2019, p.9). There is a wealth of information on the effects of loneliness and social isolation on older people in Ireland. In 2015 and 2017, Respond Housing Association and the Department of Applied Social Studies in University College Cork hosted two separate conferences that explored innovative responses and the uses of assistive technology for the challenges posed

by loneliness and social isolation. It is worth noting that the ALONE organisation played a significant role in both of these conferences.

Most of the international research on loneliness and social isolation focuses on the prevalence and main predictors (Theeke, 2009; Yang & Victor, 2011; Bath et al., 2018; Windle et al., 2011). Research by O' Luanaigh & Lawlor (2008) identifies the main associates of loneliness and social isolation. Research by Kenny et al., (2015) showed that older people who have good social networks and have solid personal relationships experience a higher level of wellbeing and tend to be much healthier than people who are marginalised from society. Research by Bantry-White et al., (2018) looked at the importance of interventions such as befriending in alleviating loneliness and social isolation among older people. The researchers noted that "social isolation and loneliness cannot be singularly viewed as symptomatic of the demise of the social self in later life but as part of a symbolic construction of community" (p.558). In conclusion, there has been significant progress in developing interventions to tackle loneliness and social isolation among older people. However, further research is required to provide more robust data on the effectiveness of interventions since the emergence of the pandemic.

2.6: The Disproportionate Impact of Covid-19 on Older People

There is a wealth of emerging literature on the global impact of Covid-19 on older people. Schormans et al., (2021) point out that the pandemic has not impacted people in an equitable manner and that long standing inequalities and injustices have increased risk and harm for some groups over others. Cox (2020) notes that criteria for vulnerability differs in many countries but the one common characteristic is the disproportionate impact of Covid-19 on older people across the world. In Europe, over 95% of the fatalities from Covid-19 were older adults over the age of sixty-five (Human Rights Watch, 2020). Older people and people with specific needs and requirements have been severely affected by the pandemic. Government plans and responses to the pandemic across the world have failed to take into account older peoples living situations, support networks and daily realities (United Nations, 2020a). In Ireland, it is widely accepted that the pandemic has been especially hard on older people and has undoubtedly increased the rates of loneliness and social isolation among this cohort. It is reasonable to infer that the restrictive measures imposed by the Government have had a negative effect on the wellbeing of

older adults. It is important to point out that the restrictions were well intentioned but Brennan et al., (2020) notes that there are strong elements of ageism in the restriction measures as many older people over seventy are fit and well. A recent study in 2020 by TILDA and ALONE found that current NPHET measures such as social distancing and cocooning were significant factors in increasing the levels of loneliness and social isolation among older people. Seán Moynihan, CEO of ALONE has been vocal about certain restrictions imposed on older people and makes the point that "certain measures were necessary to protect older people from the virus, long periods of cocooning had a negative effect on both their mental and physical health" (ALONE, 2020, para. 7). The TILDA/ALONE study analysed the data from the ALONE Covid-19 support line and researchers noted a steep rise in callers expressing suicidal ideations as a result of the pandemic. This is a worrying trend for an organisation like ALONE who have developed a memorandum of understanding with Samaritans Ireland to cope with the volume and intensity of the calls from vulnerable older people.

2.7: The Nursing Home Sector

It is widely accepted that older people in nursing home facilities have been severely impacted by the pandemic. At the time of writing, there has been 4,628 deaths that have been attributed to Covid-19 with 683 cases recorded on a single day (Government of Ireland, 2021). In February 2021, it was reported that a total of 1,543 people have died due to Covid-19 in nursing homes, with 369 of those having occurred in the month of January (RTE, 2021). The IASW has been vocal in their criticism of the restrictions on visitors in nursing homes and have consistently highlighted the unmet needs of people who are dying in residential services and the immediate bereavement needs of their grieving families (IASW, 2020a). Michael (2021) listened to the traumatising experiences of grieving families who couldn't comfort their loved ones in their dying moments. One family member noted "*We just had to watch her die through a glass window, in the wind and the rain, and just look at her lying there taking her last breath. I couldn't even hold her hand and nobody was with her. Nobody went in to see her. Nobody went to check on her. It was just horrific*" (Michael, 2021, para. 21). The IASW note that restrictions were required to prevent further loss of life and to limit the rapid spread of the virus. They point out that in many nursing homes, socialisation and activation programmes were suspended completely and residents were confined to their rooms for long periods of the day. A number of residents also died without the

appropriate end of life care in place leaving bereaved families frustrated and angry (IASW, 2020b). Brennan et al., (2020) note that Covid-19 restrictions had a major impact on nursing home residents end of life wishes and funeral rituals were curtailed which was hugely detrimental for families trying to grieve for loved ones. The dominant national discourse at the time focused on the clinical needs of older people in nursing homes and organisations like the IASW were deeply concerned about the failure to recognise the emotional and social needs of older people. Low et al., (2021) carried out an international review of safe visiting and practices at nursing homes during Covid-19. One of the main recommendations of the review was that blanket visitor and family caregiver bans should not be used to prevent the spread of the virus in nursing homes. The review also pointed out that regulators in the sector should be ensuring that residents' rights to have visitors are being adhered to. According to Conneely (2021), the Health Information and Quality Authority (HIQA) are urging people working in the health and social care sector to avail of online learning to enable them to apply "a human rights-based approach" to their work. This is an important step in the right direction and will help to move the focus and narrative towards the psycho-social and emotional needs of the older person.

2.8: The Evolving Role of the Social Worker

Dominelli (2009) points out that social workers generally tend to engage with older people in times of crisis. The pandemic has been an unprecedented time for the social work profession and even more for vulnerable older adults and people in marginalised communities (Schormans et al., 2021). It is widely accepted that social workers play an integral role in keeping older people safe in the community and in residential settings. Phillips & Ray (2012) make the point that social workers have the psycho-social intervention skills to work effectively with this cohort in challenging situations. Social workers work from a person centred approach and working with the older person's ecosystem including their family and carers is an important part of the role. Galwa et al., (2020) notes that the pandemic has exacerbated a number of issues for older people including ageism, human rights, social justice and concerns around safety. Safeguarding Ireland and the HSE National Safeguarding office recently ran a number of advocacy campaigns to safeguard vulnerable older adults from abuse. In October 2020, Safeguarding Ireland conducted a RED C research poll on a representative sample of 1,000 adults nationwide. 12% of the adults interviewed experienced some form of abuse since March 2020 while 32% experienced some

form of abuse or neglect in their lifetime. Interestingly, during the same period, Brennan et al., (2020) notes that many HSE Safeguarding and Protection social workers were redeployed to "contact and tracing" teams leaving Safeguarding and Protection teams across the country with fewer staff to investigate and monitor safeguarding concerns. It is also worth noting that the National Public Health Emergency Team (NPHET) has no social work representative on this group which is largely made up of medical experts and senior health officials. The IASW have made numerous representations on the importance of having a social work voice around the table but there has been no progress to date. In contrast, the Chief Social Worker in Northern Ireland, Sean Holland sits on the national response group and plays a central role in coordinating a social work family liaison service in care homes.

Since the beginning of the pandemic, social workers have adapted and responded to the needs of residents and their families in the most challenging situations. McGarry et al., (2020) state that "social workers have particular expertise in the co-ordination and delivery of skilled communication care. Communication care is a key component of the model, ensuring that residents and families receive complex and distressing information in an empathic and sensitive way, from a consistent, supportive professional" (p.7). The pandemic has brought many challenges for older people which merits the attention of social workers in a variety of settings. Staller (2021) points out that the social work profession is evolving throughout the pandemic and "has been flexible enough to accommodate the chaos and responsive enough to adapt to altered conditions" (p.14). Geiran (2021) notes that when Irish society moves back to some level of 'normality,' it is vitally important to acknowledge the critical role of social work in reaching out to the most vulnerable and marginalised people in our communities.

2.9: Conclusion

This chapter reviewed the existing literature on the impact of Covid-19 on older people. This researcher also reviewed the literature on Ireland's response to loneliness and social isolation and the lack of clear policies in this area. Definitions of ageing, key demographics and future growth projections for the older population were discussed as well as relevant legislation. There is an urgent need to prioritise the enacting of the Assisted Decision Making (Capacity) Act 2015 as well as developing adult safeguarding legislation to adopt a zero tolerance approach to the abuse of older adults. The following section focused on ALONE's alignment with various government policies and strategies. The restrictions imposed on the nursing home sector were well intentioned but ultimately had disastrous consequences for older people and their bereaved families. The final section looked at the evolving role of the social worker throughout the pandemic and their ability to adapt in the most challenging times.

Chapter 3: Methodology



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Chapter Three: Methodology

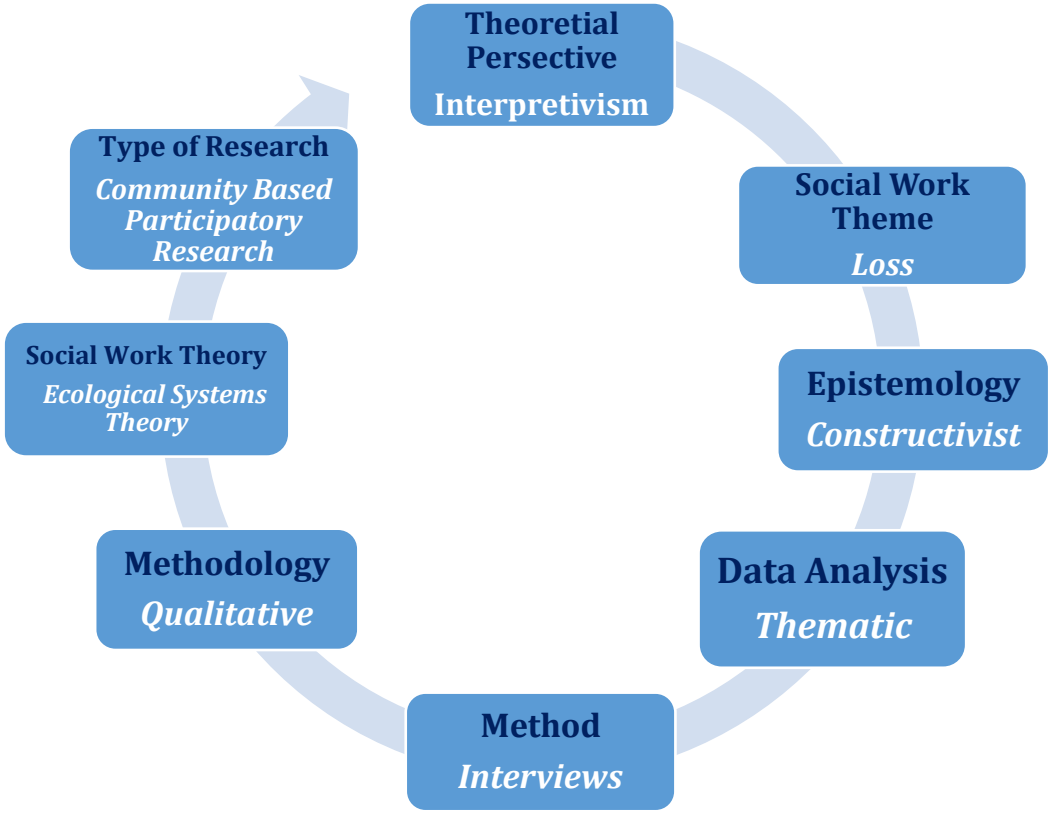


Figure 1: Research Methodology diagram

3.1: Introduction

This chapter provides an overview of the research process for this thesis. Firstly, I will discuss both the epistemological and theoretical perspectives which informed the study. The next section looks at Urie Bronfenbrenner's ecological systems theory and the theme of loss when providing analysis on the five interviews with the research participants. This researcher will then look at community based participatory research, as this current study is in partnership with ALONE as part of the UCC Community-Academic Research Links (CARL) initiative. The next section will focus on the methodology used for this research and the use of interviews in qualitative research. This researcher is a part time employee of ALONE so there are a number of ethical considerations which will be discussed as well as reflexivity. To conclude, this writer will discuss the challenges and limitations of this piece of research.

3.2: Epistemology

McNeill & Nicholas (2017) state that "epistemology helps us to understand what constitutes knowledge and how it is acquired" (p.352). Steup (2005) states that epistemology helps us to differentiate knowledge from values and beliefs, and sets out considerations for the justification of knowledge claims. The epistemological positioning of this research is constructivism. When referring to constructivist theory, Crotty (1998) points out that people find truth and meaning from their engagements with other people and society as a whole. Crotty furthermore states that "different people may construct meaning in different ways, even in relation to the same phenomenon" (p.17). The constructivist approach is a good fit for this piece of research because this researcher will be interviewing the participants about their lived experiences of the Covid-19 pandemic. One of the most important tasks for this researcher was to ensure that the interview questions were structured carefully to ensure that multiple perspectives were taken into account and that participants were comfortable in articulating their views on the research topic.

3.3: Theoretical Perspective

Theories often provide complex and comprehensive conceptual understandings of things that are very difficult to understand like how societies work, how organisations operate, and why people interact in certain ways (Reeves et al., 2008). This dissertation is informed by an interpretivist approach. Interpretivism refers to how we can gain knowledge and understanding of the world through interpreting the meanings that individuals apply to their actions and behaviours (O'Reilly, 2009). Whittaker (2010) states that "interpretivism argues that the research methods of the natural sciences are inappropriate to study social phenomena because they do not take into account the viewpoints of the social actors involved" (p.9). The interpretivist approach was appropriate for this research because this researcher asked the five participants about their own unique experiences of the impact of Covid-19 on their lives. The use of constructivism allowed this researcher to take a closer look at how individual practices and culture shaped and described social reality.

3.4: Social Work Theory

Ecological Systems Theory

Section (5.2) of the CORU standards of proficiency for social worker's states that graduates must be able to "demonstrate a critical understanding of social work theory, methods and skills, social policy and social research, including consideration in a global context" (p.11). For the purposes of this research, I have used ecological systems theory when providing analysis on the five interviews with the service users in chapter four. I have referred to Bronfenbrenner's (1979) theory that the person's ecological environment is conceived as a set of nested structures, each inside the next like a set of Russian dolls. I have looked at research carried out by Mattaini and Meyer (2002) which focuses on the interrelationship and adaptation of organisms with each other and their surroundings. This particular theory was highly relevant to the three research questions and has given me a greater understanding of the service user's social and personal relationships with their environment.

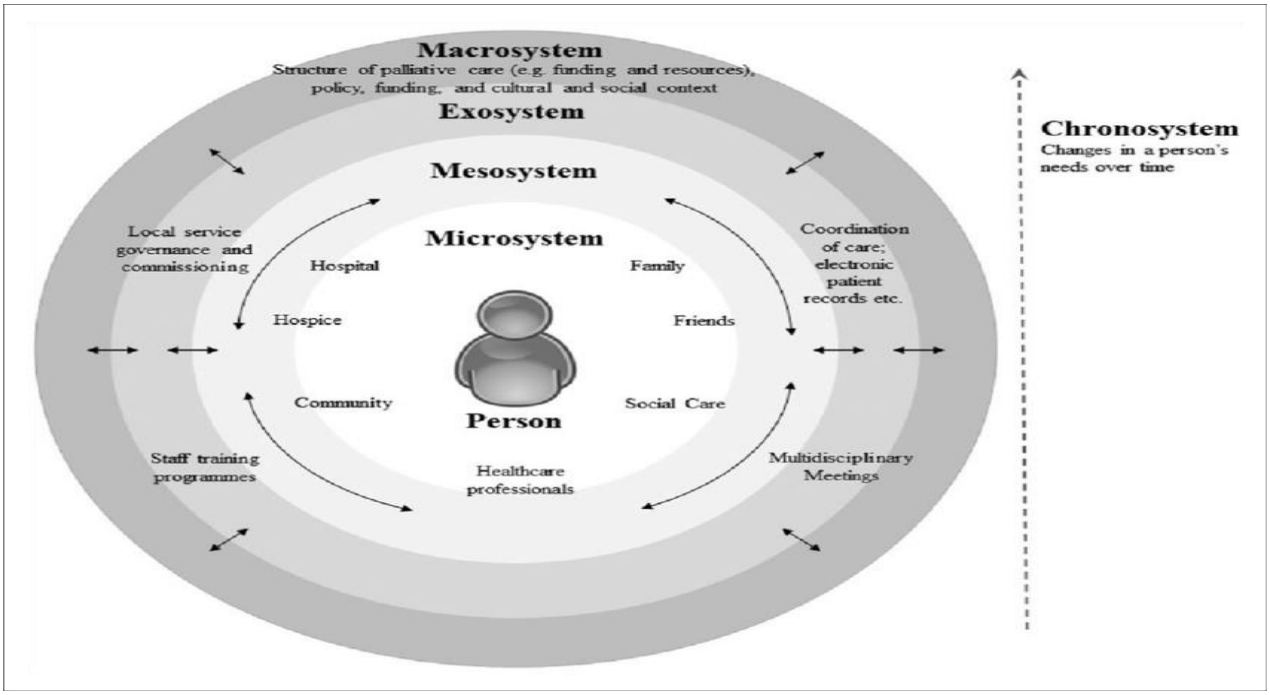


Figure 2: Urie Bronfenbrenner's Ecological Systems Perspectives (Pask et al., 1979, p.1078).

Loss Theme

This researcher also explored the theme of loss when providing analysis on the five interviews. At the time of writing, there has been 4628 deaths in Ireland with older people with underlying conditions accounting for the vast majority of the figures (Government of Ireland, 2021). Goldsworthy (2005) states that loss is an ever present reality and that we experience loss not only through death, but through changes that we encounter throughout our lives. None of the research participants spoke about losing loved ones but they all talked about the loss of social contact, connectedness and participation in social activities in their communities. van Tilburg et al., (2020) note that some particularly vulnerable older people lost the care and support provided by care organisations due to Covid-19 restrictions. The exploration of grief and loss theory was particularly useful when providing analysis on the themes outlined in chapter four.

3.5: Community Based Participatory Research

This piece of community based participatory research was carried out in partnership with ALONE as part of the UCC Community-Academic Research Links (CARL) initiative. Community based participatory research (CBPR) seeks to connect communities and civil society organisations with higher education institutions through student, and also through staff, research activities (McIlrath et al., 2014). CBPR holds considerable relevance to an organisation like ALONE who are attempting to study and take action to address the complex issues facing older people as a result of the Covid-19 pandemic. For the purpose of this research, there is a signed research agreement in place between this student, my academic supervisor, ALONE and the UCC CARL initiative. Quigley (2006) emphasises the importance of having research agreements in place to avoid any issues including "data control, confidentiality, interpretation of results, ownership, publication of results and dissemination procedures" (p.142).

3.6: Research Methodology

From an early stage, I was determined to carry out primary research because there is very limited data available on older people's experiences of Covid-19. O' Leary (2004) makes the point that primary research can help the researcher to make sense of a given situation and has the potential to affect programmes, policies and procedures and help to create change in organisations. This research is qualitative in nature and focuses on older people and their

relationship within the various sub systems in their community. Denzin & Lincoln (2004) talk about the importance of researchers studying people in their natural settings and attempting to make sense of phenomena in terms of the meaning which people bring to them. Carter & Henderson (2005) refer to qualitative research as a focused method of naturalistic enquiry which does not manipulate research settings. This piece of qualitative research is limited within the "bigger picture" of what is known about the impact of Covid-19 on older people and if it is a major factor in increasing loneliness and social isolation among this cohort. There will be numerous studies on this particular topic but this writer hopes that this thesis provides some valuable insights to ALONE on the impact of Covid-19 on a small cohort of older people in South Tipperary.

3.7: Research Methods

For the purposes of this research, five ALONE service users were interviewed over the phone. This researcher asked five open ended questions [1]followed by a number of probing questions. The combination of open and probing questions were used to get a deeper understanding of the participant's views on the pandemic as well as their experiences of loneliness and social isolation. The phone calls were audio recorded on a dictation device and ranged between twenty-five minutes up to sixty minutes in duration. According to Denscombe (2003), interviews involve a set of assumptions and understandings about the situation which are not normally associated with a casual conversation. Silverman (1985) makes the point that individual interviews are a great way of learning about an individual's values, feelings and beliefs. They are also important in allowing the researcher to delve into more complex issues and learning about the unique experiences of the individual.

3.8: Recruitment of Participants

ALONE nominated a gatekeeper for this research and they recruited five ALONE service users over the age of sixty-five from that region. The gatekeeper ensured that there was an appropriate gender balance in place with three men and two ladies interviewed. The gatekeeper phoned each participant and explained the information sheet [2]and the requirement of giving their verbal

[1] Please see Appendix 4: Questions for participants
[2] Please refer to Appendix 2: Research Information Sheet for Participants

consent [3]in advance of this researcher contacting them. Interestingly, two women declined an interview when this researcher phoned them. Both women stated that they didn't feel lonely and just liked the weekly call from the service. All participants were fully aware of their right to withdraw at any stage of the research process. Waldrop (2004) makes the point that qualitative research involves active engagement with participants and that, informed consent is an "ongoing and negotiated" process (p. 238). This researcher had no access to any information other than the service user's name and phone number. It is important to note that ALONE do not have any access to the raw data collected during the interviews but will have access to the anonymised aggregated data upon completion.

3.9: Data Analysis & Data Anonymisation

The qualitative data captured from the five interviews was analysed using thematic analysis. Braun & Clarke (2006) define thematic analysis as "a method for identifying, analysing and reporting patterns within data" (p.79). This researcher extracted a number of themes based on the research questions and then read and reread through the transcripts of the interviews. I then listened to all five interviews again on the dictation device and reflected back on the original aims and objectives of this CARL partnership with ALONE. I went back to the written transcripts and proceeded to colour code the data from each interview. This researcher came up with five key themes from the interviews and these themes will be fully discussed and explored in chapter four.

The five interviews were recorded on a dictation device and were immediately anonymised. The anonymised data was immediately transcribed and stored on the password protected UCC-supplied OneDrive for Business. For the purposes of this research, I used pseudonyms which only identify the gender and age group of the person I interviewed. This researcher used a fully encrypted and password protected laptop provided by ALONE for the purposes of this research. On completion of this CARL project, the data will be retained for a minimum of a further ten years and then destroyed.

[3] Please refer to Appendix 3: Consent Form

3.10: Ethical Considerations & Reflexivity

This writer currently works for ALONE on a part time basis and was responsible for the merger of the GMST service into the ALONE organisation. The greatest challenge for this research was stepping back from an 'insider' positioning and approaching this research from as objective a position as possible. Throughout this research, I was a Masters in Social Work student who happened to work with ALONE as a part time employee. Throughout the process, this writer availed of regular academic research supervision and used a reflective research journal to ensure that the findings are unbiased.

The ALONE gatekeeper for the research ensured that all of the research participants gave informed consent before they were interviewed. The gatekeeper was used to ensure confidentiality and anonymity at all times and that nobody participating in the research was deemed acutely vulnerable. The gatekeeper identified a random sample of ALONE service users by their willingness to talk openly and honestly about their experiences of the pandemic. All participants were informed before, during and after the interviews that support was available to them if they felt upset in any way. This researcher informed each participant that they could speak to the ALONE Manager of the GMST service who would ensure that the interviewee would receive the necessary supports if needed.

Reflexivity is recognised as an important strategy in the process of generating knowledge by means of qualitative research (Berger, 2015). Bradbury-Jones (2007) point out that reflexivity is of paramount importance throughout all phases of the research process, including the initial formulation of research questions, at the interviews stage and when analysing data and drawing conclusions. I have previously acknowledged that I work with ALONE and I am fully aware of the impact I have on this study. I am also fully cognisant of the use of power when working with marginalised groups as I have significant experience with this particular target group. Pillow (2003) emphasises the importance of the researcher being non-exploitative and compassionate toward the research subjects to avoid any negative effects of power in the relationship. Ferguson (2018) believes that social workers should have good self-awareness and the ability to be reflexive when dealing with vulnerable people in their everyday practice. As a social worker in

training carrying out a piece of research for ALONE, I feel a sense of responsibility to provide fair, effective and impartial analysis.

3.11: Challenges & Limitations

This piece of research was limited by word count and level five Covid-19 restrictions. One major challenge initially was getting written consent from each service user being interviewed. This would mean that the service user would have had to go to their local post office to send back the signed consent form. The UCC Social Research Ethics Committee[4] recommended that verbal consent would suffice but it should be recorded and stored on the UCC OneDrive. I had initially hoped to carry out ten interviews with ALONE service users in their own homes. This would have enabled me to get a real sense of the person in their own living environment and get a broader range of perspectives. I would also have liked to conduct a focus group with a number of ALONE service users in the GMST offices. Whittaker (2010) points out that focus groups provide an opportunity for research participants to express a range of opinions and interact with one another in a group setting. In many cases, people explore and develop their own opinions after interacting with their peers.

3.12: Conclusion

This chapter provided a detailed overview of the methodology used in this thesis. In the first two sections of this chapter, this writer talked about the epistemological and theoretical perspectives of constructivism and interpretivism as frameworks for this thesis. Community based participatory research was then discussed as well as the partnership with ALONE under the UCC CARL initiative. This writer then discussed the methodology and the use of interviews during this research process. Reflexive positioning and ethical considerations were discussed and were important for this researcher because of my insider positioning within the ALONE organisation. The final section of this chapter focused on some of the challenges and limitations of this piece of research.

[4] Please refer to Appendix 1: Ethical Approval Confirmation from UCC Social Research Ethics Committee

Chapter 4:
Findings & Discussion



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Chapter Four: Findings & Discussion

4.1: Introduction

The fourth chapter presents the findings from the five interviews with the ALONE GMST service users. The first three themes highlighted below address the first research question: what impact has the Covid-19 pandemic had on a cohort of ALONE service users in South Tipperary to date? Themes four and five address the third research question which explores ALONE's role in alleviating loneliness and social isolation among older people. The qualitative data collected during the interviews was thematically analysed and divided into five headings that are linked to the research questions and research objectives. The five chosen themes are:

Theme One	The impact of Covid-19 on ALONE service users
Theme Two	Loneliness and Social Isolation
Theme Three	Activation and Socialisation Programmes
Theme Four	Importance of the Good Morning South Tipperary service
Theme Five	Future development of ALONE services in Tipperary

Figure 1: Thematic Headings

As stated in chapter three, the epistemological and theoretical perspectives of constructivism and interpretivism have been used as frameworks for this thesis. Schwandt (1998) points out that the proponents of constructivism and interpretivism "share the goal of understanding the complex world of lived experience from the point of view of those that live it" (p.221). The same writer notes that one of the main goals of constructivism and interpretivism is to get the person's view of a given situation through the process of human enquiry. The data collected from the phone interviews gives an overall representation of the experiences and views of a small cohort of GMST service users. Direct quotations from the five research participants have been used to give a sense of their lived experiences of Covid-19 since March 2020. At the end of each theme, there is a discussion section reflecting back on the lived experiences of the research participants and links are made to the relevant literature previously outlined in chapter two.

4.2: Profile of Research Participants

This researcher interviewed five GMST service users over the phone. Three men and two women were interviewed about their experiences of Covid-19 since March 2020 and were asked if the pandemic has increased the rates of loneliness and social isolation among this cohort. As outlined in sections (3.9) and (3.10), this researcher has taken the necessary steps in removing all identifying characteristics and pseudonyms have been given to each participant highlighting their gender only.

Name	Additional information
Claire	Widowed lady. Lives alone. Has great support from her family.
Donal	Lives with his wife. Has numerous health problems. Great support from family.
Eddie	Single. Lives alone. Lives in an isolated rural area.
Marie	Separated. Lives alone. Suffers from depression and anxiety.
Noel	Single. Lives alone. Noel suffers from depression and anxiety.

Figure 2: Profile of Research Participants

4.3: Theme One: The impact of Covid-19 on ALONE service users

When participants were asked if the pandemic was especially hard on the over seventies, they all felt that the Covid-19 restrictions have been tough. Marie noted that:

"*It's a real lockdown in every sense. Just not being able to meet people is incredibly difficult and that's what keeps you going*".

The same question was put to Eddie.

"*It is definitely harder on older people because trying to talk to your family through an open window is not an easy thing. My family cannot come down to see me. They came down at Christmas and I haven't seen them since*".

Donal and his wife have great support from family and friends but both of them are struggling with the 5km restriction on travel. Donal noted:

"*It's been very difficult on older people. We would like to have the freedom to go for little spins in the car. Somewhere not terribly far. But it has been difficult. You really are isolated*".

Noel is sixty-nine and lives on his own in a rural area. He relies solely on his carers to assist him with his everyday living activities. The pandemic has been especially difficult for Noel who remarked:

"*I am afraid of getting the virus and my carers are terrified of picking it up as they are going to so many houses*".

Claire lives on her own in the centre of a large town and has good support from her family and friends locally. When asked if the pandemic has been particularly difficult for older people, Claire remarked:

"*I am not the type of person to wither indoors. I don't want that to happen to me to be honest with you. I see people and neighbours who are looking out the window and they look completely lost*".

Discussion

The findings of this research are consistent with the literature review and indicate that the Covid-19 pandemic has had a disproportionate impact on older people in society. Robinson et al., (2020) make the point that understanding older people's unique experiences of the pandemic is just as important as developing measures and vaccines to deal with the virus. As I found out from reviewing the literature, the pandemic has been particularly difficult for older people and people with specific needs and requirements. The public health measures and restrictions were well intentioned but have led to an increase in loneliness and social isolation. When ALONE launched their Covid-19 national support line in March 2020, they received 2-3 calls per week from people expressing suicidal ideation. A couple of months later this increased to 3-4 calls per day, which suggests that older people are really struggling with the restrictions (TILDA, 2020). In the same TILDA report, the author states that many callers to the ALONE support line failed to engage with health and social care services because of their anxiety around contracting the virus. Many other callers reported falls within their own homes but didn't seek medical treatment or examination

by health professionals. One of the major findings of this report suggests that the Covid-19 measures to curtail the virus are having a negative impact on older people, and the most marginalised older people are now even more vulnerable to social isolation because of the virus. Three out of the five research participants interviewed reported that they attended day care services in their local communities. One of the interviewees Marie noted that she has very little structure in her life since the closure of the local family resource centre and day centre. In Kerry, 308 service users from nine different HSE funded day centres were interviewed about their experiences of the pandemic since the closure of the service they were attending. 86% of the respondents stated that they missed the company of other people and 70% reported that they missed the social activities organised by the service. One in five of the respondents expressed feelings of loneliness or isolation as a result of the closure of the service (Kerry Day Service Survey Steering Committee, 2020). In conclusion, the closure of essential services is hugely significant for clients, carers and their families. It is clear and evident that the resumption of repurposed services for older people is critical for the physical and emotional wellbeing of the older person.

4.4: Theme Two: Loneliness and Social Isolation

This researcher asked the participants a number of open ended questions on the topics of loneliness and social isolation. First of all, I asked each participant if they ever felt lonely and if so, how it affects them.

Noel was very quick to answer this question and remarked:

"*Yes. I think it's loneliness that I suffer from rather than depression and anxiety. I get through it but sometimes it can be very bad. I try and ring the helplines. I have tried suicide in the past when things got very bad. Thank God I don't feel like that now. I ring somebody to get me over it*".

At this point in the interview this researcher asked Noel if he was okay presently and if he would like some further support from ALONE or Samaritans Ireland who have a memorandum of understanding in place with the organisation for any callers with suicidal ideations. Noel confirmed that he was okay to proceed with the interview and remarked that:

"*I am okay at the moment but I would say nearly every day I would have a bit of loneliness. In the afternoon especially. I usually ring the helplines to talk to someone. It does me good*".

When this researcher asked Claire if she ever felt lonely she noted that:

"*I am not too bad really. If I was feeling a bit down I would go out for a walk and forget about it fairly quickly. My grandchildren would either ring me or I would ring them".*

Donal states that loneliness and social isolation was never a factor because he has so much support from family and friends in his local community. He notes that:

"*I always had so many friends that came here and had a drink. My children are ringing every day and never miss a day*".

Eddie lives on his own in a rural area and receives regular calls from the GMST service. When this researcher asked Eddie if he ever felt lonely he remarked:

"*I would be lonely from time to time. Sometimes I might ring ALONE and the Samaritans as well just for a little bit of consolation. I would be lonely a few times a week. I would be lost without the television"*.

Marie also reported that she felt lonely and that she often rang ALONE and other support lines when she needed to talk to somebody. She noted that:

"*Yeah. I feel lonely on a regular basis. That comes with the depression. From the depression point of view, the Aware calls are very good because you're talking to people who understand*".

Discussion

The second research question focuses on the Irish government's response to loneliness and social isolation. As outlined in chapter two, loneliness and social isolation are complex multi-faceted issues that are considered to be detrimental to a person's physical and mental health (TILDA, 2020). Waldegrave & Scharf (2017) point to international evidence on the impacts of loneliness and social isolation as severe risks to mortality. In Ireland, there has been a lack of focus by successive governments in tackling loneliness and social isolation on a meaningful level. ALONE, at the behest of the Department of Health, play a pivotal role in providing specialist services like GMST which aims to alleviate loneliness and social isolation among older people in South Tipperary. The analysed data confirms that four out of five research participants reported feelings of loneliness and social isolation through loss of a partner, loss of services in the community and lack of contact with friends and family members. Bantry-White et al., (2018) refer to spaces such as shops, cafes and community halls as being important for maintaining social connectedness. During the interviews, the research participants were upset that all of these services have been closed and that this has been extremely difficult for people with limited support from friends and family.

An ecological perspective has helped this researcher to understand the differences between people who have the requisite support from their family, friends and community as compared to people who are marginalised and socially isolated from society. Burholt & Scharf (2014) point out that loneliness can be influenced by a person's microsystem through their current health status, the mesosystem through their social circles and the exosystem through their levels of participation in social activities in their community. Three out of the five research participants interviewed could be classified as socially isolated and on the margins of society due to their loneliness, depression and anxiety. In these cases, the research participants relied mainly on external organisations within their exosystem such as ALONE, Aware and Samaritans Ireland for emotional support. In contrast, Donal and Claire both stated that they have great support from their immediate families and rely on support from within their own microsystems. Stanistreet (2020) notes that for some people, Covid-19 represents a significant inconvenience. For others, it represents an "ongoing struggle for survival with associated threats to mental health" (para. 12).

Stanistreet calls for long term investment in services that support the most vulnerable to create a fairer and more inclusive society.

4.5: Theme Three: Activation and Socialisation Programmes

The interviewees were asked if they miss going to social events and activities in their local communities. Claire is a firm believer in getting involved in socialisation and activation programmes and remarked:

"*Of course I do. I really miss the gossip. There is a club here in the family resource centre and they run lots of activities for older people. Before Covid, we had a lovely time doing an upholstery class*".

When this researcher asked Donal if he missed going to social events, he replied:

"*I used to love sport, but I am not really interested at the moment because I think it has no atmosphere without the crowds*".

When asked the same question, Marie was very upset that all of the classes she attends are cancelled because of the virus. Marie replied:

"*Oh yes. Sure I thrive when I get out. I don't have great structure at the moment. I used to paint and knit and now I am not doing either. I sort of half drift along you know. The fact that you don't have something to get up for is bad. It's bad. You know*?

Noel is a big music fan and was an avid concert goer before the pandemic. Noel relies heavily on his carers to bring him to social events. He remarked:

"*I love music and I really miss going to concerts even though I cannot see the artists as I am totally blind. I can hear them though and sometimes meet them afterwards*".

At the end of the interview, Noel sang his favourite Johnny McEvoy song "The Boston Burglar" and concluded by thanking ALONE for being so supportive to him and for listening to him when he is feeling depressed.

Discussion

During this section of the interviews, the theme of loss was evident and research participants reported that the absence of social activities during the pandemic had a negative effect on their mood and wellbeing. The importance of social connectedness was conveyed during the interviews with all of the participants commenting on the importance of getting out of the house and participating in social and recreational activities. Prior to the pandemic, all of the research participants were all involved in some form of activation or socialisation programmes in funded services such as day centres and family resource centres. Ní Léime & O' Shea (2010) talk about the importance of active ageing programmes for older adults and the role that they play in alleviating loneliness and social isolation among this age cohort. O' Rourke et al., (2018) note that older adults are at a higher risk for loneliness and social isolation and that programmes to promote social connectedness are required to intervene and address these problems. Research by Dickens et al., (2011) looks at the effectiveness of social programmes in alleviating loneliness and social isolation and participation leading to better outcomes for older adults.

During the interviews, this researcher noted that the moods of the interviewees were sombre when talking about the absence of social and recreational activities in their lives because of the pandemic. There is a wealth of literature available to guide social workers engaging with clients who have lost loved ones but the needs of clients experiencing the loss of a service or social connection are often overlooked. Knight & Gitterman (2018) note that individuals also experience non-death losses that are rarely acknowledged and make it difficult to cope and move on. Boss (2016) refers to this as ambiguous loss which can be defined as "a situation of unclear loss that remains unverified and thus without resolution" (p. 270). It is clear and evident from the research that the interviewees have experienced loss through the suspension of important social and recreational programmes that were an important part of their lives before the pandemic.

4.6: Theme Four: Importance of the Good Morning South Tipperary service

This researcher then asked each participant if the GMST service has made a difference in their everyday lives.

Claire is very positive about the service and remarked:

"*I think it is lovely. There are nice kind ladies. I appreciate it because they keep a check on you*".

Marie is separated for a number of years and lives on her own. During the interview, Marie was very positive about the service and really looks forward to the calls. She noted:

"*They are excellent. They are very lively and a breath of fresh air. A lovely positivity about them and you can go on for as long as you like or as short as you like.*"

Donal stated on numerous occasions during the interview that he doesn't feel lonely because he has a good network of family and friends who support him when he needs it. He did say that:

"*I find it very enjoyable talking to the ladies for ten or twenty minutes each week.*"

Eddie suffers from loneliness, depression and anxiety and when asked if the service has made a difference to his everyday life, he replied:

"I really do. The volunteers are brilliant. They are very funny and we get on fantastically".

I followed up with a probing question asking Eddie if the ALONE GMST service offers him emotional support. Eddie replied:

"*It has given me great support. I find ALONE very good and they even tried to organise a dinner for me at Christmas. It's a very Christian thing that ALONE are doing for people*".

Noel stated that he suffers from severe depression and loneliness. He has very limited support from his immediate family and relies on organisation like ALONE and Samaritans Ireland for emotional support. When asked about the importance of the GMST service, Noel remarked:

"*The service is excellent. It great to hear a voice at the other end of the line and a chat always helps*. *I find that talking often helps me with anxiety and depression. Talking helps to release some of the tension in my mind*".

Discussion

Prior to the merger with ALONE in January 2021, the GMST service had been in operation for fourteen years reaching out to the most socially isolated older people in South Tipperary. It is clear and evident from the findings that the service has been vitally important in alleviating loneliness and social isolation in this region. From the research findings, it is clear that GMST is crucially important for this small cohort of older people and offers them emotional support in times of crisis. Research by Dean & Goodlad (1998) and Chal (2004) note that befriending services like GMST offer prolonged support and comfort to older people when they need it most. McNeil (1995) talks about the importance of volunteers who are not related to service users providing emotional support in times of crisis. O' Shea (2006) makes the point that helplines rarely specify that their main objective is to alleviate loneliness among a certain cohort of people. The same writer points out that helplines can effectively help people who identify as lonely through empathetic listening. The GMST service is ideal for older people who are lonely and who may not have direct support from their families. Research by Cattan et al., (2010) suggests that telephone befriending services are important for relieving loneliness, improving self-esteem and confidence in older people. Interestingly, the authors of this study commented that many participants were happy with the service but expressed a desire to have a befriending volunteer that visits them in their own home. This is consistent with the findings of this study where all of the interviewees are currently happy with the GMST service but would like a physical visit from an ALONE volunteer when the restrictions ease.

4.7: Theme Five: Future development of ALONE services in Tipperary

Towards the end of each interview, this researcher talked about the services that ALONE offer including support & befriending, coordinated support, age-friendly housing and assistive technology. All five research participants were interested in availing of these services when the restrictions ease and volunteers are permitted to visit older people in their homes again.

Claire is interested in having an ALONE volunteer to visit her in her home. She notes:

"*As the years are coming on me, I will avail of some of these services. I mightn't be always as lively and able to drive around*".

Since the merger, Eddie now receives three calls from ALONE each week at prescribed times and sometimes phones them up himself if he wants to chat to somebody. When asked if he would be interested in receiving other ALONE services he replied:

"Yes, I would have no problem with that. I believe in getting help whenever possible. If there is any help out there, I will take it".

Marie is looking forward to the summer when the restrictions ease and she will have received her vaccination. She is very open to receiving any service that ALONE can offer her. She notes:

"*I would love an ALONE volunteer coming in here to visit me. It would be nice to go out for a coffee. Wouldn't that be a real treat? I like people, they are your salvation really*".

Noel is optimistic about the future after Covid-19 and is very open to all services that ALONE will be running for older people in Tipperary. He remarked:

"*Keep up the good work and I look forward to an ALONE volunteer visiting me. My problem is that I don't have enough people interacting with me*".

Discussion

It is clear from the findings that there is a demand for other specialist ALONE services that are crucial in alleviating loneliness and social isolation among this age cohort. All five research participants reported an interest in an ALONE befriending volunteer visiting them in their home when the restriction ease. Dean & Goodlad (1998) define befriending as "a relationship between two or more individuals which is initiated and supported and monitored by an agency that has defined one or more parties as likely to benefit" (p.13). Lester et al., (2012) state that befriending provides "opportunities for emotional support and reciprocal social exchange through the development of safe, confiding relationships" (p.325).

At the time of writing, the ALONE support coordinator covering Tipperary is carrying out comprehensive needs assessments on all of the GMST service users. This researcher feels that the ALONE support & befriending service will be ideal for GMST service users who require companionship, social contact and practical support with everyday living. According to the ALONE website, the service provides assistance to solve everyday problems, offers friendship and companionship, and supports the older person to engage with local events and activities. Andrews et al., (2003) notes that the main objective of befriending is to "enhance the quality of life and alleviate social isolation by fulfilling emotional needs, and to contribute to the maintenance of mental health and prevention of mental deterioration" (p.350). ALONE has nearly 3000 volunteers across the country providing this essential service that is vitally important for the physical, emotional and mental health of older people.

Since the merger, GMST service users can now avail of ALONE's coordinated support service which provides practical support and coordinates services for and with older people to address challenges and to find solutions. Following the assessments with the GMST service users, every older person will be linked with an ALONE support coordinator, a trained social care professional who acts as an independent agent for the older person and helps them to navigate through often complex health and social care systems. The support coordinator will also link the older person to other ALONE services including age friendly housing and assistive technology to enable them to live independently in their own home for longer. Roe et al., (2016) reflect on the importance of having a one point of contact service to assist the older person and provide an advocacy service

on their behalf if required. This type of service where trained professionals act at the interface between community and public services is of paramount importance when mainstream support fails to reach marginalised people in society (Knapp et al., 2012). In conclusion, all five research participants intimated that they are willing to avail of the specialised supports offered by ALONE following the comprehensive assessments. These specialised supports will hopefully enable and empower the research participants to live independently in their own homes for longer and prove to be crucial interventions in helping to alleviate loneliness and social isolation.

4.8: Conclusion

This chapter firstly introduced the five research participants who all gave open and honest accounts of their experiences of the pandemic to date. The interviewee's spoke candidly about their experiences of loneliness and social isolation and how this affects their everyday lives. It is clear and evident that the GMST service is a much needed intervention that helps to alleviate loneliness and social isolation and provides emotional support to older people in times of crisis. All of the research participants were extremely happy with the service and noted that they will gladly avail of all specialist services offered by ALONE in the future.

Chapter 5:
Concluding Remarks & Recommendations



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Chapter Five: Concluding Remarks & Recommendations

5.1: Introduction

Chapter five begins with a number of concluding comments based on the findings from this research, the literature review and reflections on the five interviews with the GMST service users. This researcher will make a number of recommendations for the future development of ALONE services in Tipperary. The chapter concludes with suggestions for future research in this area.

5.2: Concluding Remarks

The main aim of this research was to learn about the experiences of the Covid-19 pandemic of five ALONE services users in South Tipperary. This research also looked at the links between the pandemic and the increase in loneliness and social isolation among older people. This was achieved through thematic analysis of primary data collected from the five interviews using an interpretivist lens. It is important to note that the scope of this research was limited due to Covid-19 restrictions and the findings are representative of a small cohort of five older people in South Tipperary. Future research may benefit from focus groups of ALONE service users interacting with each other about their lived experiences of the pandemic.

The results of this primary research clearly show that Covid-19 has had a significant impact on the research participants in this study and has increased the rates of loneliness and social isolation among this small cohort. A review of the literature suggests that the restrictions for the over seventies were well intentioned but had a detrimental effect on older people across the country. Reville (2020) notes that the "blanket over-70s "cocooning" measures were ill-advised because of their predictable negative impact on physical and mental health, eroding the emotional and cognitive resilience older people need to handle stress and adversity, and also discriminatory on age grounds" (para.1). All of the research participants reported that the Covid-19 pandemic has been particularly difficult for people over seventy years of age. Research participants reported that the immediate closure of day centres, family resource centres, activation and socialisation programmes have been particularly difficult on older people. One research participant Marie noted that she really misses being around her peers and stated "I like

people, they are your salvation really". Another research participant Noel remarked that his biggest problem is that there aren't enough people interacting with him since the beginning of the pandemic. The theme of loss was particularly evident throughout this research and participants reported a lack of social connectedness since the emergence of the pandemic.

It is clear from the findings that all five research participants have benefited significantly from the GMST service. It is evident that the service offers emotional support to the research participants in times of crisis and is vital to service users with limited support from their families. This researcher used ecological systems theory to analyse the relationship each research participant had with the various sub-systems surrounding them. Interestingly, the research participants with little or no support from family, friends and the local community tended to rely heavily on the ALONE service for both practical and emotional support. The absence of strong social supports in the form of loneliness and social isolation have been shown to be harmful to the wellbeing of older adults (TILDA, 2019). One research participant, Donal remarked that he had tremendous support from his wife, his family and wide circle of friends in his local community. Donal furthermore remarked that he doesn't rely on the ALONE service for emotional support but loves to get the weekly phone call for a chat.

5.3: Recommendations

After analysing the primary research findings and reviewing the relevant literature, this researcher is offering the following recommendations:

- ALONE has a service level agreement in place with the HSE in South Tipperary to run the GMST service. The gatekeeper informed this researcher that a significant number of calls are made to older people in the north of the county and right up to the Limerick border. This researcher is recommending that ALONE should approach the HSE Manager of Services for Older People in Tipperary North and Limerick for funding under section 39 of the Health Act, 2004, to expand the remit of the service.

- All of the research participants have used the GMST service for a number of years and are very happy with the service. They are looking forward to availing of the new services that

ALONE will be offering them when the restrictions ease. This researcher is recommending that the ALONE Services Manager in the region has a number of fully trained and Garda vetted volunteers ready to physically visit the older people in their own homes. The research participants and other GMST service users in the region would benefit from ALONE's assistive technology to enable them to live independently in their own homes for longer. This researcher is recommending that the ALONE Technology Engagement Officers, subject to funding, commit to installing assistive technology in cases of serious need like Eddie's where he is legally blind and gets limited support from the state.

- It is clear and evident that a significant number of GMST service users rely on the service for emotional support and to help them through difficult times in their lives. It is beneficial that ALONE has a memorandum of understanding in place with Samaritan's Ireland to provide support for callers in extreme distress. This researcher is recommending that the existing GMST volunteers receive the appropriate training promptly to ensure that they are in a position to effectively manage difficult calls and to know when to refer the calls to other agencies like Samaritan's Ireland.

- The Minister of State with responsibility for Mental Health and Older People, Mary Butler, TD, has confirmed to this researcher that she will officially launch the ALONE Good Morning South Tipperary service when the Covid-19 restrictions ease. This researcher is recommending that ALONE rebrand this service and offer this important service to all older people in the wider Tipperary region. Following the rebranding of the service, an information campaign on local media and social media should be organised to promote the new service.

5.4 Future Research

In chapter two, this researcher looked at the evolving role of social work with older people since the emergence of the pandemic. It was interesting to note the prominence of social work in the national response to the pandemic in Northern Ireland in comparison to the south. It is clear and evident that a lot of mistakes were made in relation to restrictions in the nursing home sector and the redeployment of highly skilled social work practitioners was hugely detrimental for older people and their bereaved families. This researcher would like to have expanded on this area but was limited due to the scope and word count of this thesis. The evolving role of social work during the Covid-19 pandemic is a topic worthy of future discussion and study.

Reflective Piece

When I was accepted onto the Masters in Social Work programme, I was certain that I was going to engage in community based participatory research in partnership with my employers ALONE. At the time, I talked to Seán Moynihan, CEO of ALONE and we discussed a number of potential projects that would benefit the organisation. We first of all looked at the importance of ALONE having a research function within the organisation and I used this theme for my first scoping exercise. On 11th March 2020, the World Health Organisation declared a worldwide Covid-19 pandemic and ALONE were at the forefront in responding to the needs of older people across the country. My practice placement concluded prematurely and I went back into full time employment with ALONE. I was heavily involved in developing partnerships with statutory, community and voluntary agencies across the country to ensure that no older person was left behind. Reflecting back, it was at this point that I started to think about carrying out primary research on older people's experiences of the pandemic. At the time, I was working on a merger with the Good Morning South Tipperary telephone befriending service and had invested a lot of time and energy into the project. Throughout my career, I have always had an interest in developing initiatives that endeavour to alleviate loneliness and social isolation among older people. It is one of the main reasons why I opted to work for ALONE, a dynamic organisation that has really answered the call during the pandemic.

When the restrictions ease, I have no doubt that ALONE will provide the full range of specialist supports for older people in Tipperary and will play a major role in alleviating loneliness and social isolation among this age cohort. I hope that this research will support ALONE in developing futures services in Tipperary and further afield. This research has proved to be a hugely rewarding experience and has been important for my personal and professional development. It was the first time I have ever carried out primary research so there were many new learnings along the way. The Masters in Social Work has been an incredibly rewarding and transformational experience and I am now even more determined to pursue a social work career in the area of safeguarding and protection of vulnerable adults.

Bibliography



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Appendices



CARL
COMMUNITY - ACADEMIC
RESEARCH LINKS
University College Cork, Ireland

ALONE
YOU'RE NOT ALONE

Appendix 1: Ethical approval confirmation from UCC Social Research Ethics Committee

Burns, Kenneth <K.Burns@ucc.ie> Wed, Jan 13, 2:06 PM
to Caroline, me

Hi Philip and Caroline
I have noted all of the responses. Thank you for being so thorough at every stage so far of the application. Best of luck with the project.

Thanks

Kenneth

Dr Kenneth Burns
Senior Lecturer in Social Work
Director of Practice, Deputy Director of the Master of Social Work Programme and Research Associate with ISS21
School of Applied Social Studies | University College Cork | T12 D726 | Ireland

Hi Kenneth,

Many thanks for your email and for the feedback on my SREC application. I will respond to each item that the SREC committee raised directly below.

Specific feedback and recommended changes

1. The reviewers noted and agree with your comments on being an insider and the risks involved: however, we were happy with your plan to manage and address this.
   Noted.

2. In the reporting of your results, it would be best not to identify the county when reporting your findings.
   Thank you for allowing South Tipperary to be used for the purposes of this research. This CARL project specifically focuses on a current ALONE merger and a lot of my research will be focusing on the demographics and needs of that particular area. In my findings, I will ensure that the specific community I will be mainly focusing on will not be identified.

3. This is not a question of ethics, but I wonder if RQ3 needs some revision (how Alone programme *are* helping to reduce loneliness. 'Will' suggests a future programme)
   I will take this on board and make the necessary change.

4. How will you record the phone calls? Where will that data be stored? (e.g. If recorded on an audio device, moved file quickly to your UCC OneDrive and then deleted off the audio device)
   I will be using a Dictaphone to record each of the calls. The calls will be made on a landline using the loud speaker. The audio data will be immediately transferred to the UCC OneDrive following each interview. In my case, due to Covid-19 restrictions, the only record of participant consent is on the audio recordings. I intend to keep these on my Dictaphone until after the examination process (Exam Board in June) is complete. I will then delete these recordings from my Dictaphone.

5. It will be important that Kim does not learn the identity of the study participants.
   Noted.

6. Section E: specify what the data will be (audio files, transcripts, anything else?)
   Noted. The data will be audio files which will be transcribed for the purposes of this piece of qualitative research.

7. Consent form: I would add that the anonymised report will be used by Alone to evaluate their services. Do you plan some type of feedback to study participants also?
   Noted. I will ensure that the participants receive some feedback on this report.

8. The consent form will need to specify that report will go on both websites, but names and county will not be identified.
   Noted thanks.

9. A quick observation on the interview questions: these will take way more than 30-40 mins!
   Thanks for the advice with this. I will set aside one hour for each call.

   Thanks to the SREC for taking the time to go through my application and for giving me the go ahead to carry out this piece of research.

   Best wishes.

   Philip O' Reilly

Appendix 2: Information sheet for participants



Purpose of the Study. As part of the requirements for the Masters in Social Work at University College Cork, I am carrying out a research study. The study is concerned with the recent takeover of the Good Morning South Tipperary Service by ALONE. I also work with ALONE on a part time basis and I am interested in how Covid-19 has affected older people in South Tipperary since March 2020. This information will be useful for ALONE when designing programmes that aim to alleviate loneliness, social isolation and help older people to remain living in their own communities for longer.

What will the study involve? The study will involve a short interview with a series of questions over the phone on the day you normally receive a call from the ALONE Good Morning South Tipperary service. The phone call will last approximately thirty to forty minutes and it will be audio recorded. I will not be given any of your personal details and will ensure that you will remain anonymous throughout my research.

Why have you been asked to take part? You have been asked because you are a current ALONE service user and your input is invaluable to ALONE when designing programmes that enable and empower you to live independently in your own home.

Do you have to take part? Participation in this research study is entirely voluntary. If you agree to participate you must give your verbal consent over the phone after this researcher reads the information sheet and explains it to you in full. You can get a copy of the information and consent form for your records if you request this from the researcher. If you are not happy after the interview and wish to withdraw you can also phone the interviewer within a two-week period and ask to have your data destroyed.

Will your participation in the study be kept confidential? Yes. I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be entirely anonymous.

What will happen to the information which you give? The data will be kept confidential for the duration of the study, available only to me and my research supervisor. It will be securely stored on the UCC One Drive. On completion of the project, the data will be retained for minimum of a further ten years and then destroyed.

What will happen to the results? The results will be presented in the thesis and will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on the course and may be published in a research journal. The thesis will also be provided to ALONE and CARL in UCC who will publish the report on their respective websites. The thesis may also be presented at future seminars and conferences.

What are the possible disadvantages of taking part? There are no disadvantages in taking part in this study as you will retain your anonymity at all times.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact Rob Walpole, ALONE Services Manager on (086) 8530994.

Who has reviewed this study? The Social Research Ethics Committee of UCC has given me the necessary approval to carry out this research study.

Any further queries? If you need any further information, you can contact me:
Philip O' Reilly 119224257@umail.ucc.ie. My thesis supervisor in University College Cork is Caroline Shore and she can be contacted at c.shore@ucc.ie

Appendix 3: Consent form

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

I…….. agree to participate in Philip O' Reilly's research study.

The purpose and nature of the study has been fully explained to me over the phone. I understand everything that is contained in the information sheet.

I am participating voluntarily.

I give permission for my interview with Philip O' Reilly to be audio-recorded.

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use my data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

(Please tick one box:)

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

Please note that the consent for each participant will be captured in the audio recordings.

Appendix 4: Questions for participants

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

There will be five main open ended questions followed by a number of probing questions. The combination of open and probing questions are used to get a deeper understanding of the participants views on the Covid-19 pandemic as well as their experiences of loneliness and social isolation.

QUESTIONS:

1. Can you tell me how you got involved with the Good Morning South Tipperary service?

i. ALONE recently took over the GMST service. Had you heard of ALONE before?

ii. What was your main reason for signing up to the GMST service?

2. How are you getting on since the Covid-19 pandemic began in March last year?

i. What affect has the Covid-19 pandemic had on your life?

ii. Do you feel that Covid-19 has been particularly difficult for people over seventy years of age?

iii. Has it made you more nervous about leaving the house?

iv. Are you nervous about letting people into your house as the restrictions ease?

v. Do you miss going to social events in the community?

3. Would you mind telling me a little about your everyday life?

i. What are the best moments?

ii. What are the more challenging moments?

iii. Do you sometimes feel lonely?

iv. If yes, what makes you feel lonely?

v. How often do you feel lonely in a normal week?

vi. How does loneliness affect you and how does it make you feel?

4. Can you tell me a little about your social activities and contact with people?

i. Have you family or friends living locally who regularly check in on you?

ii. Have you somebody you can call on if you need help or support?

iii. What do you enjoy doing in your spare time?

5. Has the GMST service made a difference to your everyday life?

i. What are your thoughts about the weekly phone call?

ii. Does the service offer you emotional support?

Iii The service aims to provide a sense of support and security. Has this been your experience?

iv. Do you receive many other calls in a typical week?

v. What do you think are the best aspects of the GMST service?

vi. How do you find the length of the calls?

vii. Are there any aspects of the service that could be improved?

viii. Are you aware of the extra services that ALONE intend to offer the Covid-19 restrictions are lifted?

Is there anything you would like to ask me now?

If you are upset in any way with anything we have discussed, I can refer you to one of my colleagues on the ALONE Support Line for further support. Alternatively, I can refer you to Samaritans Ireland who have a service level agreement in place with ALONE.

I would like to thank you sincerely for taking the time to talk to me and for being so honest with your answers. I would like to wish you all the very best for the future.

Philip O' Reilly

Student Number: 119224257