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Prejudice of enforced lockdown and its impact on the older person

Tabloids in recent years have indicated that the older generation are becoming a burden on society, citing cost of pensions, social care and the older person having the potential to overwhelm the NHS system. For many young people, the retirement generation evokes images of inactive older people. Yet, many seniors are living longer and enjoying better health into their later years, with retirement becoming an extremely active phase of life.

Health is an invaluable resource for older people and is important for quality of life, independence and increasing longevity due to improved global health care. The number of older people living alone is rising, putting them at higher risk of social isolation, which can have a negative impact on an individual's physical, mental and social health. Active involvement and participation in a variety of social contexts is known to have health and wellbeing benefits, and improve the functional level of older adults which is associated with their quality of life. Living and ageing well are key components of health promotion strategies, yet the ageing population is changing rapidly because of many issues, including economic need and comorbid illnesses and, more recently, the pandemic and its ramifications of enforced social isolation, with seniors being at higher risk of disability, poor recovery from illness and depression. Additionally, nearly half of the elderly living alone in the UK are in poverty. Although poverty levels are lower than they were 20 years ago, two million (16%) pensioners in the UK live in poverty and, worryingly, numbers have started to grow in recent years (Age UK Poverty Evidence Review, 2019).

Since January 2020, the impact of a global coronavirus pandemic has challenged everyday lives, especially when confronted with enforced lockdown. Social distancing measures imposed by the Government required people in certain risk categories, including the over 70 age group who suddenly found themselves labelled as 'vulnerable', to self-isolate for many weeks, provoking frustration and anger for many who led fit and healthy lives. This has had an enormous impact on many seniors as social relationships are a key component of quality of life due to demographics, bereavement, retirement, unemployment and social changes. While many elders understood the importance of keeping safe due to their age, it alienated those who felt patronised and under-valued for their contribution to society.

The long-term effects of solitude can lead to individuals being at even greater risk of loneliness, with a total withdrawal from society. An example of ageist attitudes was demonstrated when a mature, professional colleague was taken ill and contacted the emergency service in the early hours of the morning. On arrival and after assessment, the paramedic expressed concerns that she was living alone in an isolated village and raised questions regarding how she kept herself occupied living in such a remote area. Due to her age, the implication was that she should consider moving to a community style living establishment for older people! This was a classic stereotype example of how 'vulnerable' labels are assigned to seniors, which are formed under the influences of traditions, society and media, which are closely related to culture. Such attitudes affect expectations of older individuals and beliefs about their personalities, preferences, capabilities, and weaknesses — yet, many seniors are living longer, have a productive career and social life, and enjoy better health and wellbeing into their later years.

The advent of an aged society has become a serious issue within the UK. Our lives are now based on a 'shifting sand' approach, as we face challenges in this era of post pandemic uncertainty of what will become a post lockdown way of a normal life.

However, during the pandemic we have adapted to change in our everyday behaviour and lifestyle, and witnessed a reconnection of generations and working together by becoming involved in our communities. Examples have been seen in the practical support offered by neighbours and volunteers regarding shopping, collection of prescriptions, and food deliveries — all of which have strengthened community spirit.

On a personal note, I have been so inspired by the UK and international sharing of creativity from friends and colleagues through technological communication. As we emerge out of the crisis, we need to maintain our intergenerational community spirit and have a strong focus on helping the older generation, as opposed to regressing to an age-segregated society. JCN