Learning from Seniors' Experiences of Housing and Home during the COVID-19 pandemic

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Every effort has been made to ensure the soundness and accuracy of the opinions and information expressed in this report. While we consider statements in the report are correct, no liability is accepted for any incorrect statement or information.

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Executive Summary

This report presents two sets of views into the experiences of seniors living independently in their communities about the impacts of the COVID-19 pandemic, on their housing and sense of home. One view is from seniors themselves. Overall, 48 interviews and one focus group were conducted with seniors. The other view is from interviews conducted with 20 community organisations and housing providers that support seniors in their homes and communities.

While coming from different perspectives, both seniors and organisations shared common ideas about how to maintain seniors' independence and wellbeing during a pandemic. Seniors' housing situations were critical to keeping them safe and secure. Also important were seniors' ability to receive essential goods and services in their home base, and to maintain important social connections. What can we learn about both seniors' housing needs and adaptable, functional housing design? Key issues that seniors encountered were:

- Food security. Seniors' difficulties in accessing food during lockdown was widespread, although for most it was quickly solved. Struggling to access food was especially an issue for seniors living alone, or for those who did not have close contacts who could shop for them.
- Accessing home-based care services. Organisations reported seniors experiencing multiple difficulties with accessing home-based care, and a lack of clear and consistent information about changes in services.
- Accessing information in the digital world. Lack of digital knowledge and internet connectivity were major impediments to seniors receiving information, accessing services, and paying bills.
- Coping in different living environments. Some seniors left their own home to stay with other family members, while others stayed in their homes and were joined by relatives or friends. However, many seniors continued to live alone during lockdown. Being able to choose their bubble and have control over their living environment became critical for seniors' wellbeing.
- Being able to maintain social connections safely. Both actual and virtual connections gained heightened significance during Level 3 and Level 4. Many participants reported that ties with family and friends gained greater meaning and intensity during lockdown. However, the lack of face-to-face, personal connections with loved ones was one of the most difficult things to endure about lockdown.

Both seniors and organisations considered that certain physical and design aspects of the home environment increased seniors' ability to manage and cope during lockdown. These were:

- Having enough space in the dwelling for different household members to carry on different activities, and for individuals to be able to self-isolate if required.

- Dwelling layout where spaces can be flexibility used to enhance privacy and allow for different activities.
- The ability to grow and store food.
- Access to private outdoor space attached to the dwelling.
- Having an outlook or view from inside the home, which helped the senior to feel connected to others.
- Housing amenities that provided comfort, including functioning appliances and adequate heating.
- Digital technology embedded as part of the dwelling's amenities.
- A dwelling located for easy access to green spaces, support services and community infrastructure.

Introduction

COVID-19 has profoundly affected how we experience the physical domestic spaces in which we live and how we perceive our homes. As the primary site of everyday life, the home gained heightened meaning and significance during the weeks of higher restrictions imposed to help combat COVID-19 in Aotearoa New Zealand. The home's ability to support seniors was especially critical. The home became the first line of protection and defence against the virus, and as such was essential to seniors' ability to physically distance or self-isolate as required, as well as allow them to continue to give and receive care and support. The need for the home to be warm and safe was also highlighted at this time.

This report presents the views and experiences of seniors living independently in their communities, and those of various organisations that support seniors, about the impacts of the COVID-19 pandemic on housing and home. While coming from different perspectives both seniors and organisations shared many common views about how to maintain seniors' independence and wellbeing during a pandemic. In particular, this report highlights issues around seniors' ability to continue to access essential goods and services in their home base, their ability to maintain important social connections, and the role of housing in keeping them safe and secure.

While there is a growing body of local research focusing on the impacts of COVID-19 on financial wellbeing, physical and mental health (Every-Palmer et al. 2020; Prickett et al. 2020; Thaker 2021), there has been little investigation of the physical aspects of the dwelling that support people in a pandemic. This report contributes to a growing literature on housing as key to combatting COVID-19 (Rogers and Power 2020). Its focus is two-fold. Firstly, it explores how housing's role as the base of care for seniors, which is so important for ageing well during usual times, performs during the pandemic. Secondly, it identifies salient material and design features of the home that support seniors' independence and resilience during the pandemic. This report, then, presents what we can learn about both seniors' housing needs and adaptable, functional housing design.

The report is divided into three sections. Section 1 reports on interviews with 20 community organisations and housing providers in 10 locations about the role of housing in supporting older people to manage their lives during the pandemic. Section 2 reports on seniors' experiences of their housing and home during the pandemic. Overall, 48 interviews and one focus group were conducted. Section 3 summarises what we can learn from seniors' experiences during the pandemic, about the interrelationships between the role of housing in supporting seniors, house design and the design of social infrastructure for our communities.

COVID-19

On 25 March 2020 the country moved into Level 4 'lockdown', which severely curtailed movement and interactions. Level 4 was the highest level of restrictions put in place, requiring people to stay home, except for essential activities, medical reasons or essential work (Infobox 1).[1] Those aged 70 and over faced additional restrictions, due to their greater vulnerability to severe illness and death from COVID-19.[2] They were required to stay home five days before the general population went into lockdown, and during Level 3 and Level 4 they were advised not to leave their homes (except for exercise or medical reasons). This made them more reliant on others for food and other essential goods and services.

> **Infobox 1: Alert Levels**
> Level 4: Lockdown – stay home, only go out for essential shopping and exercise. Public venues & schools closed. Only essential businesses operate. Everyone else work from home. Social distancing.
> Level 3: Restrict - stay home as much as possible. Household bubble extended to another bubble. Work from home if possible. Schools open for parents needed in workplace. Businesses operate contactless. Public venues closed. Gatherings up to 10 allowed. Social distancing.
> Level 2: Reduce - gatherings up to 100 people, including public venues. Businesses & schools open. Work from home if possible. Limit unnecessary travel. Social distancing.
> Level 1: Prepare - no restrictions on personal movement, workplaces, schools or public venues.

Just over one month after the lockdown was implemented, the country moved to Level 3, and by 8 June 2020 when there were no active cases in the community, moved to the lowest level of restriction, Level 1.[3] Since that time, Auckland region has been subject to short periods of Level 3 restrictions and the rest of the country to Level 2 restrictions, underlining that the pandemic is ongoing, and its potential long-term impacts on housing are still evolving (Oswald et al. 2020; Rogers and Power 2020).

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[1] https://covid19.govt.nz/alert-levels-and-updates/about-the-alert-system/
[2] https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-higher-risk-people#risk
[3] https://covid19.govt.nz/alert-levels-and-updates/history-of-the-covid-19-alert-system/#timeline-of-key-events

Section 1: Seniors' Organisations: a Window on Housing and Seniors in COVID-19

This section summarises interviews with 20 community organisations and housing providers in 10 locations about the role of housing in supporting older people to manage their lives during difficult times. Those organisations provided essential services during lockdown, which means they were closely involved with supporting seniors in their homes. Interviews were conducted with a selected group of organisations, including seniors' information and advocacy services, social services, primary health services, emergency management and housing providers, located in metropolitan areas, provincial cities and towns. This included two Māori organisations.

Why focus on housing as the base for care?

The functioning of the home as the base of care was thrown into sharp relief during Level 3 and Level 4 when movement in and out of the home was highly restricted, and local support networks and services had to quickly adjust to new public health requirements.

To age in place requires the dwelling to be the site where seniors may receive care services, such as personal care, housework, gardening services and meals. When in-home care and support is effectively provided, it has both health and psychosocial benefits for seniors, such as improved wellbeing and independence. However, the ease and cost of providing home-based assistance depends on housing characteristics such as dwelling size and design, dwelling condition, location and housing security (Bridge et al., 2006).

It should be noted too, that the home is not only the base for receiving care services, but also where informal support is given by friends and family. Furthermore, the home enables seniors to support others. Their homes can provide a stable base for kin that is a focal point for support and sharing resources, as well as offering accommodation.

Key themes and issues

Organisations reported that the main issues for the older people they engaged with during Level 3 and Level 4 were:

- Food security
- Accessing home-based care services
- Accessing information in the digital world
- Coping in different living environments

Organisations supporting seniors also commented on physical and design aspects of the home environment that they considered helped or hindered seniors' ability to cope during lockdown. The main points they emphasised were:

- Having enough space
- Housing amenities that provided comfort
- The location of the dwelling.

Food security

Organisations noted that a major, and in some places, the most common issue for seniors, was difficulty in accessing food during lockdown and Level 3. Some seniors were very anxious about ensuing a food supply for their pet, rather than for themselves. From the start of lockdown, organisations were instrumental in either directly assisting seniors to access food or referring them to other agencies that could provide food. Organisations continued to receive enquiries about accessing food throughout the higher levels of restriction and through to Level 2.

Organisations found that seniors tend not to buy food in bulk. This is often due to budget constraints or lack of storage facilities. Consequently, they have little food in reserve to tide them over difficult times.

> *There's a tendency for them to say 'I'll be alright for a few days', they don't like to be a burden so you have to drill down, ask, 'do you have enough to eat for dinner tonight?'*

Two organisations pointed out that the timing of lockdown in the week between pension payments, combined with its rapid implementation, placed additional stress on those seniors with limited funds to spend on food. Difficulty in accessing food was exacerbated for those with no family available to drop off supplies, or who were not able to shop online. Even if older householders could use online shopping, there were long delivery delays, in some instances up to 10-12 days. Those seniors reliant on others to provide cooked food faced additional difficulties in accessing food during lockdown. For some, the disruption of home-based care services affected their access to food as they relied on their carer to shop for them, or to cook at least one daily meal.

> *There's a real tension between celebrating our age and active seniors versus identifying problems and vulnerabilities … the language of messaging is critical.*

Struggling to access food was especially an issue for seniors living alone. Although those aged 70 and older were permitted to leave home to buy food during Level 3 and Level 4, official COVID-19 messaging strongly urged them to stay at home. As a consequence, many seniors were reluctant to go out, feeling a mix of anxiety about infection risk and also wanting to 'obey the rules.' Several organisations questioned whether the valid concern for seniors' safety nevertheless made them feel unnecessarily dependent.

Access to care services

Organisations received many queries about care services, as the provision of home-based care such as personal care (e.g., help with showering) and housework was disrupted during Level 4. Some care providers struggled to maintain their staff numbers, since they had to stand down workers who were over 70, or workers with health conditions that made them vulnerable to COVID-19. Care providers stopped or reduced care activities such as housework, which were deemed non-essential.

Organisations reported that some seniors encountered a lack of carer PPE, or were anxious about carers re-using PPE with multiple clients. Furthermore, seniors were worried about possible infection from carers moving between several clients during the day. There was also concern about interacting with new carers who did not know the

Quite a few different stories were getting reported back to us, people in need of care and not getting it, it was a massive breakdown in communication, there just needed to be clear guidelines about PPE.

person's routine, needs and preferences. An added difficulty was the mixed messages seniors reported receiving when they sought clarification about the use of PPE and hygiene practices. As a consequence, some seniors provided masks to their carers, while others chose not to have carers come into their home.

In addition, organisations reported difficulties experienced by seniors who had previously not needed care, but who became new clients shortly before lockdown or during the higher levels of restriction. Organisations reported assessments for care being delayed, and seniors returning home from hospital without care services or home modifications in place.

Access to information in the digital world

Organisations were key information sources for seniors. They found that the most sought-after information by seniors was about accessing: food; prescriptions and medication; GPs and specialist health services; home care services; transport; and emergency repairs. Seniors also looked for information about the COVID-19 virus and what the restrictions practically meant for them. Most organisations fielded calls from family and whānau seeking advice about how to support their seniors.

Much of the official information about COVID-19 and information about services was distributed online. Yet the older population is among the least digitally engaged (Digital Information Research Group, 2017). Lack of internet connectivity was a major impediment to seniors receiving needed information, as well as accessing services. It meant that they could not organise food delivery or pay bills. Older tenants who did not have automatic payments set up or who do not use

They don't have computers, they don't have internet banking to get food, a lot are operating with cheques, they don't have debit cards. People are stranded.

internet banking suddenly found they could not pay their rent. Seniors who could not pay their bills online were worried that their utilities would be cut off, or their insurance or car registration would lapse. Organisations were alert to the possibility of financial abuse or scams, noting that if seniors trusted others to conduct financial transactions for them during Level 3 and Level 4, it potentially exposed them to risk. As a consequence, several organisations set up secure ways to help seniors conduct financial transactions.

Important information channels that many older people rely on, such as free community newspapers, did not operate in Level 4. In response, organisations ramped up newsletters, phone networks and digital connections to keep not only their members, but also

This was strange, because in other emergencies like earthquakes, we talk to people directly. This time some channels were down and we couldn't talk face-to-face.

other seniors in their communities informed about safe practices during a pandemic, and how they could access essential goods and services. While significantly increased contacts were appreciated by many seniors, some organisations observed that seniors were contacted multiple times by different organisations, which resulted in confusion and mixed messages. Organisations emphasised the need for clear, concise messages in formats that are easy to read for those with visual or cognitive impairment, and ensuring that messages from different organisations are consistent.

Changed living situations

Existing care and support provision was complicated by changes in living situations for seniors during lockdown. Some left their own home to stay with other family members, some seniors stayed in their homes and were joined by others, while many seniors continued to live alone during lockdown.

Organisations noted that some seniors chose to leave their own home to stay with family so that they could give and receive companionship and support. However, staying with others was difficult where households included essential workers. Sometimes in that situation, older family members went to another household where they would not be put at potential risk of infection from an essential worker. There were also instances where essential workers asked to be stood down from work so that they would not put at risk seniors living with them.

Organisations also reported many examples of seniors providing shelter and support for others. One example was where a parent and children moved in with grandparents, leaving the other parent, an essential worker, in the family home. This was done

Families stressed over housing has been a trend in recent years anyway, but it was really apparent over lockdown.

to enable the essential worker to continue in their role without potentially exposing the family to infection. There were grandparents who moved grandchildren into their homes for lockdown, as they wanted to ensure their grandchildren had space and were safe. In other instances, young adults and families moved in with their seniors, because they were living in inadequate housing, in temporary accommodation such as caravans and mobile homes, or had returned from overseas just before lockdown and were without accommodation. While additional people living in the senior's home can have benefits such as companionship and mutual support, organisations also reported crowding and noise. Homes with enough space for residents to enjoy some quiet and private time away from others were appreciated. In a few instances, seniors reported they experienced tensions, financial stress, and harm from other household members due to declining mental health, drug abuse or family violence.

Many seniors told organisations that they wished to remain in their own familiar surroundings, maintaining their independence while staying in regular contact with family and friends through phone calls or online. Organisations observed that those who already maintained close connections with friends, family and neighbours tended to cope well, although even those seniors with frequent contacts during lockdown reported feeling

disconnected, as the nature of contact was very different, being constrained through physical distancing. Organisations noted that some seniors living alone experienced loneliness, especially those with few or no existing connections with family or neighbours. They also noticed depression and boredom emerging due to lack of contact.

There was a delicate balance between older people maintaining their own independence and accepting help. Some seniors were reluctant to have any contact with family members, as they were worried about being put at risk of infection. On the other hand, some families expected community organisations to take over all care and support of their elders.

Organisations remarked on homelessness affecting some seniors. Some organisations provided food packages to seniors already living in emergency or transitional housing prior to lockdown, or who moved into emergency housing during lockdown. Seniors' homeless circumstances differed, from arrangements for sharing accommodation breaking down, to difficulties in accessing a new tenancy when moving from one location to another.

> *We have to be really mindful not to disempower whānau to look after their own, we have to make sure that relationship stays intact.*

Housing environments

Organisations commented on specific aspects of the physical condition and design of housing that affected seniors' ability to cope with lockdown:

- Having enough space in the home enabled seniors to flexibly use and rearrange spaces so they could do different activities and structure their day. Having adequate space also helped seniors to enjoy privacy from others in the household.

> *People who were doing 'fine' seemed to be those with good home environments. E.g., deck, garden, space within the home, which meant they had things they could do to keep occupied.*

- Having enough private, sheltered space immediately outside the front door, such as a porch, became important so that drop-offs of food and other essential items could be made safely.

- Having a view of the garden, street or a green space helped seniors to feel connected to others.

- Having neighbours close by helped with maintaining connections and gave a sense of security.

> *Doing meals for them, we put a box outside their home to drop things off for them, [meals and care packages] left at the doorstep in boxes or on a table because some couldn't bend down.*

- Some organisations were alerted to on-going problems with seniors living in cold housing with inadequate heating. The lack of warmth reduced comfort and could increase risk of illness.

- Access to sun and natural light became very important for maintaining seniors' wellbeing.

- Living at a distance from services contributed to feelings of loneliness and isolation. Those who were close to services felt more connected to their communities.

> *We turned up and were very concerned about how cold the house was so we provided bedding and clothing.*
>
> *Sunlight is a huge issue, it affects mood. When you're confined at home there are greater impacts, if you don't have it.*

Provider innovation

Community organisations and housing providers were proactive in contacting seniors in lockdown to ensure they were managing and to refer them to services if required.

Community organisations found a few older people unconnected to services, or with unaddressed long-standing needs, such as living in cold housing or without adequate clothing and household items.

> *There are some really creative learnings over this period about support and resilience.*

Many examples of new or expanded processes emerged over lockdown to support seniors. These included community organisations:

- Increasing their contact with and the range of information provided to seniors and referring them to the services and supports they needed. New ways of communicating were developed and existing channels expanded. These included visiting (with appropriate distancing observed), regular phone calls, bulk texting, newsletters, hand-delivery of information and Facebook messaging.
- Delivering goods including medication, personal care products, groceries, masks and hand sanitiser, portable electric heaters and firewood.
- Delivering cooked and frozen meals.
- Making arrangements for seniors reliant on cash or cheques to pay for food and their bills.
- Helping seniors who needed 'top ups' to their mobile phone so that they could stay connected.
- Arranging transport to enable seniors to reach essential services such as health services.
- Providing information and advice to younger relatives seeking support for their seniors.
- Matching police-vetted volunteers to seniors as a key contact and support.

> *There was a greater need for delivery, and greater need for contact. A high percentage of elderly [here] have no family support, and a lot are living alone … People were looking for that contact. Sometimes they wanted to talk at a distance, but [we] weren't able to spend the time talking. But even that quick contact, we could see if people were up and about. If people didn't answer the door, then we knew we had to look a bit further.*

- Assistance with accessing services to do essential repairs.
- Setting up a volunteer network to continue connecting with seniors after lockdown.

Housing providers:

- Updated their emergency management plans and business continuity plans to include pandemic planning and protocols for keeping staff safe.
- Were key conduits of information to residents about the pandemic and accessing services. They provided information through phone calls, newsletters and other printed materials.
- Visited residents, while observing appropriate distancing and safety protocols.
- Provided bins outside seniors' front doors so that drop-offs of care packages and other items for residents could be safely made.
- Developed safe processes for new tenants to take-up rentals during Level 3 and after.
- Introduced processes for managing difficulties in paying rent.
- Supported tenants who were stressed.
- Managed essential repairs in Level 4 and Level 3.
- Suspended property inspections, which were deemed non-essential during lockdown and Level 3.
- Managed self-isolation of residents where it was required.
- Dealt with any resident's non-compliance with COVID-19 restrictions that threatened other residents' 'quiet enjoyment' of their home.
- Since lockdown have instituted a reminder to tenants to stock up their emergency kit.

> *It's actually nice phoning our older tenants and it's something I would like to continue, that communication … now we are looking at the ways we communicate with all our tenants.*

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National SCIENCE Challenges

Section 2: Seniors' experiences of housing and home in COVID-19

Through 48 in-depth interviews with 54 seniors, as well as one focus group conducted with 8 kaumātua, we explored with seniors their experiences of housing and home during Level 3 and Level 4. Participants lived in three areas with high proportions of those aged 65 and over. All participants were living independently, not in aged residential care. Most interviews were conducted in Level 1, while a few were conducted in Level 2. Participants had the option of being interviewed in their home, in a location chosen by themselves, or by phone. Ethics approval for the study was gained from the NZ Ethics Committee.[4] Interview topics covered: where and who seniors lived with during lockdown, what their housing was like, and the support they gave and received.

Participants were selected through purposive sampling to cover a range of ages, to reflect changing housing circumstances and needs in later life. Their ages ranged from 61 to 97 years. Most interview participants identified as NZ European (38) while three identified as Māori, and seven as other ethnicities. All focus group participants were Māori.

Most participants were owner-occupiers (33). Effort was made to include tenants, since some studies have found that rental insecurity has increased during the pandemic (Baker et al. 2020; Oswald et al. 2020). Eight participants were tenants. In addition a small number of participants lived with relatives who owned the dwelling (1), in license-to-occupy housing (4) or in a dwelling owned by a family trust (2).

Information gathering through interviews with providers (See Section 1), and the work of Māori colleagues (Cram et al. 2021) alerted us to considerable mobility immediately before and during lockdown. We therefore ensured that we included people who were not living in their usual homes during lockdown. There were four participants in this situation.

Where did participants live during lockdown?

During lockdown the home became the 'bubble', a concept that took on widespread resonance, used both in public health communications and everyday conversation. People were instructed to confine their bubble to one household, save for exceptional circumstances, and to keep their bubble exclusive.[5] Just over half of participants lived by themselves during Level 4, while twelve lived with their partners and eight lived with at least two others. Four households constructed a bubble with another household during Level 3 and Level 4.

There were some changes in household and bubble composition during Level 4 and Level 3, which are shown in Table 1.

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[4] Ethics approval NZEC20_17.
[5] https://covid19.govt.nz/alert-levels-and-updates/about-the-alert-system/

Table 1: Composition of Interview Participants' Bubbles (n=48)

Household Composition	Level 4	Level 3	At interview (L1 or L2)
Single person	25	24	28
Couple	12	11	11
2 person	3	3	1
3 person	2	3	3
4 person	1	1	0
5+ person	2	2	2
2 household bubble	3	4	3
TOTAL	*48*	*48*	*48*

The large majority of participants were living in their usual residence for Level 3 and Level 4. While some had considered moving to stay with family, others simply said they had not thought of moving. Among those who stayed in their usual homes, there was a strong view that it was the best option for them, because they felt secure, independent and in control of an environment where they could do what they liked and maintain their own routines. They said that being in familiar surroundings was important for their wellbeing during an uncertain time.

Only four people did not stay in their usual home during level 4. One person was away from home when lockdown was announced and decided not to return home until Level 3. Three people went to stay with relatives. Of those three, one person who was almost 80 moved to support an older relative in their home. Two others were persuaded by adult children to spend lockdown with them. Only one person regretted their move, citing a loss of independence and autonomy.

As well as four people living away from their usual homes during lockdown, the composition of two households changed as people moved in and out, and a few households expanded their bubble to include another household. Three households joined with another household for Level 4, and four households joined with another household for Level 3. In all instances, bubble flexibility allowed people to both give and receive care, while still considering

My son wanted me to go there but no. If the choice was between living with family and in my own home with everything, there's no consideration. I would have died of boredom living with my family. You're better at home with your own things, your own comfort, the garden, all my books.

Didn't think about going anywhere else, not even in the future, our house is set up for us … We had plenty of opportunities, the mokos wanted us to stay with them. But when it's your place, you feel safe.

We joined them in Level 3. They are like us, they don't have family here and they also understand my husband's health situation, they could relate to the situation I was in. We all stuck together.

We had our bubble, but we also had a bubble with one of my sisters … When we got to Level 2, we went to see another sister, she was too far away to make a bubble over lockdown.

they were 'doing their bit' to uphold the rules. One person commented that they would have liked to form a bubble for lockdown with another person living alone but was unaware that this was an option.

Essential worker households

Eight of the 48 households included essential workers. Six participants were essential workers, while two participants lived in a household with an essential worker. Six of the essential worker households contained at least one person aged over 70 years. In the essential worker households four workers were in public-facing jobs in aged-care or a supermarket. Therefore they, and potentially members of their households, were exposed to risk of infection. The remaining essential workers, in education or housing services, had limited contact with others outside of their household and mainly carried out their work from home.

> *Hand sanitizer and wet wipes became your best friend ... I still use them all the time.*
>
> *We used two separate bathrooms. He was on nights so I hardly saw him. We always washed our clothes separately and he is particularly fussy about that. Massively, washing hands, hand sanitiser, slosh that everywhere.*

Participants spoke about the extra precautions they took, including leaving shoes outside the dwelling entrance, washing work clothes separately from other household washing, practising strict hygiene and using a separate bathroom and toilet where possible.

Self-isolation

Four participants were living in a household where either they or another household member had to self-isolate for two weeks. Two participants were required to self-isolate. The first lived alone and the second lived with others. Both had sufficient space to self-isolate, received regular visits and had meals supplied. Two participants lived with others who had to self-isolate. These households allocated a separate toilet for the household member in self-isolation. In addition, one participant rigged up a make-shift cooking space for their self-isolating housemate, furnished with a jug, microwave and camping stove.

Key material aspects of the home

Participants considered that the most important material aspects of the home for their comfort and security during Level 4 and Level 3 were:

- **Dwelling size.** Participants appreciated having enough space to enable privacy from other household members, to do the things they wanted or needed to do and to enable a household member to self-isolate if necessary. Participants made use of spare bedrooms, garages, sleepouts, porches, patios and living room corners to accommodate a range of home-based activities and hobbies. A few needed to re-purpose a space as a workspace.

> *Our house is big enough for us to have our separate areas, we're not in each other's pockets, if you need space or whatever. And a garden where I could do things.*

- **Ability to grow and store food.** Most participants did not find it hard to access or to store food, at least after the first week of lockdown. They overcame initial problems in accessing food, which were exacerbated by the rapid shift to Level 3 restrictions that caught some households with little food on hand. One of the most searched for information topics among participants was how to obtain groceries. Most relied on others to shop for them, or started to shop for groceries online, a new experience for some that had mixed success. As the lockdown continued, sharing food with neighbours, family and friends was widespread. Having a vegetable garden was not only a major food source, but also a source of independence, which enabled participants to support others. Only a small number had on-going budget constraints or lacked sufficient storage that risked them running short of food.

> *Keep your pantry stocked, and your craft supplies in stock so you don't go mad, that kept me going too. You don't want to be going shopping every day.*
>
> *We gave away veges, we had a big vege garden and people know I will give them help if they need it.*

- **Access to a private outdoor space**. Thirty-seven participants lived in stand-alone housing with its own yard or garden during lockdown. Even the eleven participants living in multi-units or housing complexes had their own private outdoor space. Participants appreciated being able to sit outdoors and to do outdoor activities during lockdown. Outdoor space was used to communicate with neighbours, while keeping physical distance.

- **An outlook or view from inside the home.** Having a view of the street became a primary way of feeling connected to others. The outlook was not only important for connection, but also provided access to sun and natural light, which amplified feelings of wellbeing.

> *Weather was lovely. Could sit outside, in a nice sunny spot. Could see the road, in fact I put a chair deliberately so I could see people go past. The chair is still there, I can sit in the sun and look out.*
>
> *Our living area looks on to the street. It is a mixed aged cul-de-sac which is an advantage, we could hear children's voices, dogs, people talking. There were several teddy bears in windows. When we went walking it was very convivial, people would wave and say hello.*

- **Access to green space.** Walking became a critical way of exercising, maintaining independence and connecting with others, as well as providing structure to the day. Participants who could easily walk to a park or other green space felt able to manage their physical and mental wellbeing.

> *I was able to walk along the riverbank every day, it was back to nature really. Not doing any of the normal things I do. Having to do different things - quite good! Very much time out and because I was in such a good environment, I felt safe.*

- **Living close to essential services.** Many participants mentioned that living near a grocery store and health services was much appreciated during lockdown. While a minority of those over 70 shopped for themselves at a local

supermarket, those under 70 continued to shop, not only for themselves but often for neighbours or older relatives.

Social Connections

Many participants reported that ties with family and friends gained greater meaning and intensity during lockdown. When asked to describe a standout memory about that time, the most vivid memories were about changes in the nature of their connections with others. Twenty talked about positive recollections of enhanced connections, although these were distanced or virtual. Eighteen missed having face-to-face, personal connections with loved ones. This was the worst thing about lockdown for them.

No, there was nothing about the house that became more important. The most important was the loss of contact, missing mokopuna and family. Children did the shopping and dropped it off, but there was no physical contact. I missed the hugs.

The significance of affective ties was most comprehensively expressed among a group of eight kaumātua, who reflected on the most important things that make a house a home for them. In three sub-groups they created their lists of important things. Each sub-group put aroha, whānau and family at or near the top of their list. Next came whenua and papakāinga, ownership and spirituality. Further down the lists came material elements of the dwelling such as warmth and insulation, access to sun, access to the internet and a vegetable garden.

Stress points

The main stress points for participants during Level 3 and Level 4 were obtaining groceries (at least at the beginning of lockdown), paying bills, accessing GP services, hospital or specialist services and pharmacies, and accessing information digitally. Some who were digitally connected were stressed by exposure to misinformation through social media. A few with on-going mental health conditions found that they needed to be extra vigilant about maintaining their wellbeing by limiting social media.

A critical stressor was the disruption of home-based care routines. While this affected only a minority of participants, they considered that communication was poor concerning whether they would have continued access to care and changes in the circumstances of care. Participants expressed disquiet about caregivers' apparent lack of access to protective equipment, inadequate hygiene practices, and risk of infection due to workers moving between households. A few chose not to receive care because of their anxiety about infection.

He had no personal cares for several days … She wasn't wearing a mask, another one did wear a mask, … there were continual problems including last minute cancelling care … a different person every day.

Dealing with restrictions on movement and face-to-face contact with others outside of the household was very hard for some whose lives had been occupied with many social engagements. Nineteen participants, mainly living on their own, commented that they felt lonely or isolated at some point during Level 4. This was due to not being able to participate

in their usual social activities, use community facilities such as the pool, gym or library, see friends or relatives, or go to work. Several commented on how important their own personal outdoor space, their outlook or the location of their home was in helping them feel less isolated and more connected to others.

Tenants reported more anxiety around their housing than those in other tenures. Eight participants were tenants; four in private rentals, three in community provider rentals and one in a council rental. Tenants were less likely than others to feel in control during higher restriction levels. Two had a property inspection at Level 3, which they felt uncomfortable about, because of their age-related vulnerability. Six said they had received very little or no contact from their landlord during Level 4 or Level 3. The two who felt well supported by their landlord received support services as part of their tenancy, and those services intensified

I had an inspection in Level 3. I was frustrated because I didn't have clear instructions as to what was expected. The property manager didn't seem to know what to do. You wonder how appropriate it was to do an inspection at that time because we weren't supposed to be out of bubbles. I think it should have been deferred. I didn't feel comfortable, it's a small unit, not much space to distance.

during Level 3 and Level 4. Private sector tenants felt insecure in their tenancy. All tenants expected their rent to increase as usual, once the temporary rent increase freeze was lifted.[6]

Any deficiency in participants' housing worsened during the lockdown. Most owner-occupiers were already living in a home they considered to be right for them, although during Level 3 and Level 4 a few decided on a future move to a smaller, low maintenance home and section that better suited their needs. Private sector tenants felt less settled than those in other tenancies; this was not only due to concerns over tenure security and rental increases, but also because of the location or condition of their housing.

It's too isolated, it's surrounded by fences, it's kind of depressing … We both have health issues, it would be better for us to have people around us … This place is just not viable for us now. I want to be closer to our doctor.

Coping strategies

Participants talked about how they managed stress, uncertainty and on-going confinement during Level 3 and Level 4. Although there were challenges for most participants, and some contended with serious mental and physical health issues during that time, participants also talked about positive aspects of the pandemic restrictions. Their experiences reflected findings of a New Zealand survey, that two-thirds of respondents of all ages identified 'silver linings' in lockdown (Jenkins et al. 2021). Lockdown not only reinforced participants' knowledge that they could cope with adversity and look after their own and others' health

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[6] https://www.tenancy.govt.nz/about-tenancy-services/news/coronavirus-covid-19-what-landlords-and-tenants-need-to-know/#rent-increase-freeze-and-terminations

and wellbeing, but also for some it was a time of growth and reflection. Key coping strategies included:

- **Maintaining social connections**. Both actual and virtual connection gained heightened significance as regular social activities outside of the home were suspended. While face-to-face interactions were severely limited, virtual connections were boosted. Some seniors took the opportunity to acquire digital skills during Level 3 and Level 4 so that they could be connected. However, others struggled with their digital devices and digital exclusion was an issue. Some seniors decided to shop for themselves, despite official encouragement to stay home. For them, shopping was about maintaining social connection, as well as meeting their nutritional needs.

> *There were times I felt lonely, but there were groups on messenger. It took me time to catch up with all the messages in the morning. That's what I did, that was good.*

- **Continuing to care and be cared for.** The impulse to both give and receive care intensified. Care was essential for security and comfort, as well as conferring a feeling in control in a very unpredictable environment. A few who relied on home-based care from an agency struggled as services were suspended, reduced or their usual carers were unavailable. Despite that, many positive experiences were related, such as receiving care packages from community organisations and help from family, friends and neighbours. Participants also recollected how they supported others, e.g., through regular phone calls, grocery shopping and providing food. Several participants extended their usual community roles by operating phone networks, producing newsletters and delivering food and support parcels.

> *Our neighbours, they all came to my door and asked 'can we do your shopping for you?' … If my blinds hadn't of gone up by 10am they would come over to check … we kept in touch with one another, as did the church, ringing up. In fact it got to the stage there was too much! The phone was vital though, my family, I think they had a system where someone rang granny everyday - I was very spoilt really.*

- **Creating a routine.** Establishing regular, meaningful activities to give structure to the day was a key coping mechanism. Participants engaged in exercise, hobbies and pastimes, cooking, preserving and gardening, as well attending to deferred tasks.

> *For the first couple of weeks actually we set ourselves a couple of really tough tasks and went into that with a lot of energy, big jobs we needed to do for a long time, it was good to have that focus.*

- **Pets.** Participants regarded their pets as very much part of the family. One person, who had been contemplating getting a pet, hurriedly acquired one before lockdown, and another person welcomed a pet in Level 3. Pets provided companionship, as well as a sense of purpose and responsibility. Looking after a pet gave structure to the day and even enabled interactions with others.

- **Reflecting on life and planning for the future**. Many participants emphasised that staying at home was a time of reflection, appreciation and thanks-giving. It was also a time when some reconsidered life priorities and planned to make changes in their work, their personal lives or in their housing.

I was allowed to take my dog for a walk. Otherwise I would have gone mad. Having a dog is very good, they can't talk but they are good companions. I would have been depressed completely, but because of the dog I could get out, I saw other people walking their dogs, we would talk at a distance, very important.

Section 3: Learning for Seniors' COVID-19 experiences

As we continue to manage the effects of the COVID-19 pandemic, increasing our knowledge of how housing works or doesn't work for seniors helps to future-proof our housing. It provides an opportunity to find ways to maximise comfort and wellbeing in our houses in the context of an ageing population.

Our findings suggest that affective ties associated with the home gain importance during a pandemic. A critical component of wellbeing during Level 3 and Level 4 was the ability to maintain social connections with friends, family and whānau, without breaching restrictions. Participants managed the uncertainty of the pandemic through making decisions about whether to stay or leave their usual home, and about bubble composition. These decisions helped them maintain independence while enabling them to both give and receive care and support.

Both seniors and organisations noted that lockdown was a time of reflection and assessment. For seniors, the meaning of home did not fundamentally change, despite the pandemic. Home continues to be a place where they expect to be safe, independent and where they can express their relationships with others. Overall, organisations noted that the lockdown gave them a better understanding of seniors in their communities, the range of supports needed, and the strengths, gaps and limitations in services available to provide support. In response to the pandemic, community organisations developed new ways of communicating with seniors, expanded existing communication channels and adapted their services. Housing providers developed new management and tenancy support practices, or re-designed existing practices as a response to residents' needs during lockdown. Many of those ways of operating have continued.

It is well established that the physical features and characteristics of the home, such as house condition, performance and dwelling size can significantly affect mental and physical health (Howden-Chapman et al. 2017). During a pandemic those "materialities" become even more critical in shaping the extent to which the dwelling protects its residents, what they can do in the dwelling, and how they feel about their home (Power and Mee 2020).

Physical dwelling features, as well as the dwelling's location in relation to the neighbourhood and community facilities, affect personal safety, wellbeing, security, independence, and ability to care for oneself or to receive care during a pandemic such as COVID-19. Certain physical elements are critical to people's ability to avoid infection, such as adequate ventilation and easy access to an outdoor area for fresh air, since the virus can be transmitted through airborne particles (Mass Design Group 2020).

Dwelling size and layout determine whether individuals can safely limit their close contact with others in the household. The ability to live safely in a household with essential workers during a pandemic depends on having the space and amenities to practice appropriate

hygiene, and to enable a household member to self-isolate if necessary. Sharing facilities such as a kitchen or bathroom has been found to increase exposure to the virus (Power and Mee 2020; Raynor et al. 2020; Rogers and Power 2020). Having adequate storage becomes critical, since it enables the household to store food in bulk, preventing multiple shopping trips that expose individuals to infection (Bowlby and Jupp 2020). Even the design of the dwelling's threshold, the transition between public and private space, becomes critical to managing COVID-19 risk, since it is the point at which hygiene is practised and food and other supplies can be safely left (Mass Design Group 2020).

As well as key to avoiding infection, many physical and design elements are important for maintaining wellbeing. These include access to sun and natural light, digital connection, good dwelling condition and functional appliances that enable cooking, washing and adequate heating. The ability to maintain acoustic and visual privacy takes on heightened resonance during a pandemic, particularly for those sharing housing, or living very close to other dwellings. Floorplate flexibility, where domestic space can be adapted to changing circumstances, can also enhance wellbeing (Bowlby and Jupp 2020; Horne et al. 2020; Oswald et al. 2020; Power and Mee 2020).

Overseas studies, and our research presented in this report, show how the sheltering role of the home and its surroundings takes on heightened significance during a pandemic. Both seniors and organisations participating in this research broadly agree about important aspects of the living environment that enhance seniors' comfort and wellbeing during a pandemic. These are:

- Dwelling layout where spaces can be flexibility used to enhance privacy and allow for different activities.
- Adequate storage.
- Access to a private outdoor space.
- Having an outlook or view.
- Digital access as part of the dwelling's amenities.
- A home linked to green spaces, support services and community infrastructure.

Most participants had at least some of those physical elements. On-going provision of home-based care and support was also crucial for health and wellbeing during Level 3 and Level 4. Although access to home-based care is fundamental to helping seniors to age in place, there were failures in home-based care provision during Level 3 and Level 4.

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