Insights from the COVID-19 Online Consultation: Experiences of Older Adults in Ireland

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Introduction

This document synthesises findings from an online consultation session reflecting the lived experiences of older adults in Ireland during the COVID-19 pandemic. Drawing on personal narratives, the consultation aimed to uncover how older adults navigated challenges related to ten topics: relationships, social connection and community; mental health and well-being; physycal health; digital engagement; work and time use; civil liberties, human rights and trust; housing and local enviroment; education and development; financial/job security; and important life milestones. The reflections are not only testimonies of resilience and adaptation but also provide a roadmap for inclusive policymaking and future crisis preparedness and response.

1. Relationships, Social Connection and Community

Disconnection and social loss

- Hospitalisation without visitors was described as one of the most distressing experiences, traumatic and isolating. Although phone calls and laptops provided some contact, the absence of physical presence caused despair.
- Care home restrictions caused profound grief; many died without family present. One participant described a close friend's mother in a care home who could not understand why no one visited her. The emotional damage was twofold: the dying felt abandoned, and the families were haunted by the feeling that they had failed to be there when it mattered most.

Neighbourhood support and adaptation

- Informal support networks emerged (e.g., neighbours delivering groceries or sitting distanced outdoors). These small gestures provided immense comfort.
- Street-side clapping for funeral processions was a poignant symbol of solidarity for grief and collective mourning.
- Reconnection with local communities fostered new friendships and a deeper appreciation of social ties. For many, walking the neighbourhood was also a way to see others without breaking rules, and it helped maintain a sense of community presence.

Digital vs. real connection

- Online platforms (Zoom, Whatsapp) helped maintain contact but were often seen as emotionally limited. Many participants stressed that it could not replace real human presence.

2. Mental Health and Well-being

Emotional impact

- Common emotions included fear, loneliness, anxiety, grief, and guilt.
- Living alone presented both challenges, while many single participants experienced loneliness, others found peace in their routines and relief from family-related stress.

Coping strategies

- Participants found comfort in routines (walking, mindfulness, online classes).
- Many took up new hobbies or rediscovered old ones (e.g., knitting, music). Also, online engagement and establishing new routines (such as diet and sleep) helped some people manage their mental health.
- Informal support systems emerged, e.g. knocking on windows to check if neighbours were okay.

Long-term effects

- Some reflected on lasting behavioural changes (e.g., continued mask-wearing, hand sanitiser use, reduced physical contact).
- There are some lasting impacts; some have not regained pre-pandemic confidence and remain hesitant to reengage socially.
- There is widespread awareness that mental health must be central in any future response.

3. Physical Health

Movement and exercise

- Many participants engaged in activities such as walking, gardening, and even walking in circles in their gardens. Some joined online exercise classes (e.g. Age & Opportunity sessions).
- The 2km/5km limits for the restrictions affected mobility, as some people were unable to leave their homes due to health or police-enforced restrictions.

Health services access and delays

- There were disruptions in healthcare access, as well as delays in diagnosis and treatment. Some reporting missed early diagnoses. A participant's daughter experienced neurological symptoms possibly linked to COVID.

Health-conscious behaviour changes

- Some individuals adopted healthier lifestyles, cutting back on alcohol, improving their diets, and enhancing sleep routines, as coping strategies.

4. Digital Engagement

New skills and tools

- Many participants learned to use Zoom and engaged with digital communities (e.g., book clubs, film discussions, ARC support groups).
- Tools like the Acorn tablet, designed with older users in mind and supported by Fingal County Council, were praised as a helpful tool for digital inclusion.

Digital fatigue and barriers to inclusion

- Challenges included broadband issues, limited access to devices, and a lack of digital literacy.
- Some participants expressed growing frustration with digital-only services, particularly when accessing healthcare or public services. There was a call for alternatives (e.g., postal or in-person services) and less reliance on chatbots.

5. Work and Time Use

Remote Work and Adaptation

- Many adapted to remote work, particularly in education, though it brought stress due to technical challenges and a lack of preparation.

Family routines and daily life

- For some, lockdown increased family presence at home and intergenerational bonding.
- Others experienced time as stagnant or overwhelming, particularly when isolated.
- The slower pace prompted reflection and a reevaluation of life routines and values.

6. Civil Liberties, Human Rights and Trust

Restrictive measures and autonomy

- Many felt their autonomy was unnecessarily limited, especially in hospitals and care homes.
- There was widespread frustration over not being consulted or offered choices. The sense of voicelessness in decisions affecting personal contact was perceived as a loss of agency.

Trust in Institutions

- Most felt well-informed by daily briefings, HSE updates, and communication from the government. Although others some found it repetitive or slow to adapt (e.g. late mask mandates).
- Some participants found global news overwhelming or feared misinformation. While some avoided international media altogether, citing anxiety and confusion, others highlighted how conflicting information from different governments sowed doubt and fear, especially regarding vaccines.

Calls for Inclusion in Governance

- Participants expressed an interest in shaping the services and opportunities that affect them. This includes policy consultations, local planning, and programme design. However, inclusion is more than access; it involves voice, respect, and agency.

7. Housing and Local Environment

Accessibility and infrastructure

- The poor quality of footpaths and overcrowded pathways were a repeated concern, limiting safe outdoor activities.
- Concerns about nursing home conditions, the lack of personal protective equipment (PPE), and the consequences of reopening during key periods, such as Cheltenham/Christmas, were highlighted.

Local support networks

- Ad hoc community responses were observed, such as neighbours bringing chairs to green spaces to talk at a distance.

8. Education and Development

Informal learning and barriers

- Participants actively sought out online learning opportunities during the lockdown. One described Zoom sessions as part of their personal continuous professional development (CPD).
- Those teaching online faced a steep learning curve. There were calls for training in how to deliver quality online education.
- Many described the pandemic as a "space for reflection" and reported picking up new technical and social skills.

9. Financial and Job Security

Changing financial behaviour

- Participants reported saving money due to the closure of entertainment and travel services, and daily expenses naturally declined.
- Spending priorities shifted toward essential goods.

Systemic and local concerns

- The fear regarding finances seemed to be less about their own financial stability but more about the greater national instability and how it may negatively impact business and, in turn, prevent them from accessing things that they need.

- A participant expressed concern for others in terms of stability, especially those who live in more isolated areas or have struggled financially to begin with, as the pandemic may have a more severe impact on them.

10. Important life milestones (e.g., deaths and births)

Disrupted rituals and mourning

- Participants described the pain of attending limited funerals or being barred from visiting dying relatives.
- Missed farewells and restricted funerals left lasting emotional scars. Funeral limits (as low as 6 attendees at one point) stripped away communal grieving rituals. Others watched funerals online, which, while appreciated, lacked the emotional closure of physical presence.
- The absence of traditional send-offs caused unresolved grief.

Conclusion

This consultation highlights the deeply interconnected nature of the experiences of older adults during the COVID-19 pandemic in Ireland. For example, poor housing can negatively impact physical and mental health; limited digital access can contribute to social isolation and limit access to education or services. Moreover, addressing one area (e.g. digital skills) can have positive ripple effects on others (e.g. mental well-being, confidence, social connection). The overarching message is clear: these issues do not exist in isolation.

Structural barriers, such as under-resourced services, complex systems, and transport inequalities, compound disadvantage, particularly for those already marginalised. These suggest systemic challenges rather than individual shortcomings. However, participants often emphasised that "what works" is local: solutions must be grounded in local knowledge and place-based networks.

In health, housing, and care, participants highlighted the emotional and administrative labour in navigating systems, making appointments, applying for grants, and handling forms or digital barriers. This often invisible burden depletes energy for engagement and learning. Additionally, cultural attitudes and ageism emerged both internally (e.g., reluctance to try new technologies) and externally (e.g., being overlooked for services or training). Yet, participants showed remarkable resilience, adaptability, and a strong desire for autonomy and dignity, rejecting being viewed as passive or dependent.

Ultimately, a lack of institutional trust may limit engagement. Across all themes, there was a call for inclusion not just in services, but in decision-making: to be seen, heard, and respected. Older adults wish to shape the policies that affect them and make meaningful contributions to their communities. Peer support, local initiatives, and co-designed programmes emerged as key to sustainable impact, a shift from top-down responses to ones grounded in dignity, voice, and lived experience.

About the Age-Friendly University Initiative at Dublin City University

Dublin City University (DCU) is internationally recognised as the founding institution of the Age-Friendly University (AFU) initiative, which is guided by Ten Principles designed to make higher education more inclusive for older adults. It is the world's first Age-Friendly university. These principles promote access to learning opportunities throughout the life course, intergenerational engagement, and the active participation of older people in research, education, and higher education. DCU's AFU work has informed national and international policy on ageing, lifelong learning, and social inclusion, serving as a model for institutional transformation. With its emphasis on co-creation, cross-sector collaboration, and evidence-based practice, the AFU initiative has had a significant impact on higher education by embedding age inclusivity into teaching, research, community engagement, and strategic planning. The Ten Principles have been endorsed by over 120 universities representing Europe, North and South America, East and Southeast Asia, and Australia, leading to the development of a vibrant Age-Friendly Global Network.

For more information on the AFU, visit www.dcu/ie/agefriendly

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