

# **Briefing paper on the Tackling Loneliness Network – Older People's Task and Finish Group**

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## **1. Introduction from the co-chairs**

As the world faces the unprecedented challenges presented by the COVID-19 pandemic, nine months on people in later life are facing the compounded impact of loneliness and isolation. This prolonged situation is causing fear, anxiety, loss of hope and, more generally, a mental health crisis for people in later life.

As co-chairs of the Tackling Loneliness Older People's Task and Finish Group, we've been working alongside other organisations to actively listen to people in later life so we can learn more about the key challenges they are facing during COVID-19.

Coping with bereavement, loss of social contact, increasing anxiety and depression, a reduction in confidence and digital exclusion have all been raised as areas of concern for people in later life and the organisations that support them. We've also heard from many about the challenges facing third sector organisations and the volunteer workforce that support people in later life who feel lonely. They are dealing with unprecedented demand and situations they could never have predicted, often without the resources to cope.

Despite the introduction of COVID-19 vaccines, uncertain times lie ahead and many are deeply worried about what will happen over the coming months. The resilience of people in later life, and the volunteers and organisations who support them, is being tested like never before: more than three quarters of the latter have experienced an increase in need for their services.

## **2. The Tackling Loneliness Older People's Task and Finish Group**

The Department for Digital, Culture, Media and Sport (DCMS) established the Tackling Loneliness Network to build social connection and tackle loneliness, both during the immediate COVID-19 crisis and longer term. The wider network brings together experts from across the business, public, voluntary, community and social enterprise (VCSE) sector and key government departments to pool knowledge and take collective action on priority issues and challenges, building on the actions of individual member organisations.

### **2.1 Structure and purpose**

The Older People's Task and Finish Group which makes up part of the DCMS Tackling Loneliness Network is co-chaired by Independent Age and the Alzheimer's Society, with Zurich Community Trust acting as secretariat. The group is made up of representatives from the English Football League Trust, Historic England, British Red Cross, Age UK, Time to Talk Befriending, Chatty Cafe Scheme, Manchester Museum and the Scottish Older People's Association.

The purpose of the group has been to:

- bring together data and insight from members to get a clearer understanding of the cumulative effect of COVID-19 on loneliness in society and the issues it has brought to light, including specific communities, groups or the workforce
- provide a forum for organisations to assess and share best practice and learning to help other members take better-informed or new action to build social connection

- use the learning and insight to produce a report outlining recommendations and actions to take forward.

## **2.2 What we've done**

Since the formation of the group in July 2020, the Older People's Task and Finish Group has held virtual monthly meetings with representatives from member organisations. Each member of the group has been encouraged to share insights from their work, relevant evidence sources and data. In addition, the co-chairs and secretariat have met on a weekly basis to bring the learning, insight and evidence together, drive progress between meetings, liaise with the DCMS loneliness leads and give strategic oversight to this group to deliver the required outcomes. At the same time they have been ensuring the views and needs of older people vulnerable to loneliness and isolation have been represented.

To broaden our insight beyond group members and their beneficiaries, we:

- created and shared two surveys – online and by telephone
- organised focus groups where people in later life could share their experiences directly with the co-chairs and the Minister
- Reviewed research, reports and briefings created by charities and other organisations about older people, loneliness, isolation and volunteering during COVID-19.

We used this evidence to identify key themes and the challenges that have affected older people and their experience of loneliness and isolation during COVID-19.

On 18<sup>th</sup> November 2020 the co-chairs of the group sent an interim letter of recommendation to the minister with responsibility for loneliness. We highlighted the emerging recommendations and findings so they could be acted on to minimise the impact of loneliness and isolation during the winter months.

We now submit this briefing paper with our final recommendations for government, industry and VCSE sector and we look forward to discussing their implementation.

## **3. Gathering insight**

The Older People's Task and Finish Group quickly identified resilience as a key theme to focus on. We wanted to explore how the resilience of individuals, volunteers and organisations could be supported and improved during the pandemic.

The resilience of people in later life, and of the volunteers and organisations that support them continues to be tested as the COVID-19 pandemic moves forward. The situation is challenging and isolating, and people have significant concerns about what will happen over the coming months. In addition, the systems that individuals rely on for support have started demonstrating showing fatigue, for example, volunteers.

The pandemic has highlighted the importance of building resilience in people, organisations and systems to respond to the crisis. Yet the pandemic has itself reduced the ability of individuals and organisations to build their resilience for the future. Rebuilding this resilience should be a priority for national and local government, industry and the VCSE sector.

### **3.1 Insight from reports and briefings produced during the pandemic**

Multiple organisations in the Older People's Task and Finish Group warned that negative impacts of the pandemic, such as unemployment, de-conditioning, grief or mental health problems, could be drivers of loneliness further down the line.<sup>1</sup>

The research we analysed demonstrated that during COVID-19 some groups have experienced more extreme forms of isolation – including those in the 'shielding' group, those who are clinically vulnerable (including all over-70s), those who live alone, those who experience barriers to connecting remotely due to the digital divide, and people with disabilities, including sensory impairment and mobility issues.<sup>2</sup> It is clear that many of these contributing factors apply to people in later life.

British Red Cross research conducted during the pandemic also showed some additional communities at greater risk of loneliness, such as people from black, Asian and minority ethnic (BAME) communities and those living with long-term physical health problems.<sup>3</sup>

Other specific groups that were particularly affected by loneliness during the pandemic include people affected by bereavement and those with caring responsibilities.<sup>4</sup> These are two life events that largely impact older people.

#### Impact of social distancing, shielding and lockdown

The restrictions on social contact put in place to slow the spread of COVID-19 have significantly impacted people in later life. In March 2020 the government recommended that everyone aged over 70 should 'take particular care' when following social distancing measures because they were classified as clinically vulnerable. In addition, around two million people in later life were classified as Clinically Extremely Vulnerable and advised to shield. For many, these social distancing measures significantly affected their interaction with friends and family. When combined with the reduction, or cancellation, of services such as home care, many people were left without vital social interaction and support.

As restrictions have eased and changed, we know that many people in later life have felt unsafe to stop shielding or limiting their social contact. Alzheimer's Society insight shows this, despite restrictions easing over the summer. Many shared they did not feel comfortable leaving their homes, yet watching others resume their social lives has made these people feel 'left behind'.

Tackling Loneliness network member the British Red Cross found that before the COVID-19 crisis, 1 in 5 people reported being often or always lonely. Now 41% of UK adults report feeling lonelier since lockdown and 39% of people who say they are always or often lonely do not feel confident to cope with the impacts of the pandemic.

#### Serious long-term impact on mental and physical health

Many briefings and reports produced, including by those who made up the Older People's Task and Finish Group, are worried about the long-term health and wellbeing implications of

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<sup>1</sup> British Red Cross, 'Life after lockdown: Tackling Loneliness among those left behind', British Red Cross, June 2020, [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness).

<sup>2</sup> Campaign to End Loneliness, 'Promising Approaches Revisited: Effective action on loneliness in later life', Campaign to End Loneliness, October 2020, [campaigntoendloneliness.org/wp-content/uploads/Promising\\_Approaches\\_Revisited\\_FULL\\_REPORT.pdf](https://campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf).

<sup>3</sup> University College London, 'COVID-19 Social Study', University College London, November 2020, [covidsocialstudy.org](https://covidsocialstudy.org).

<sup>4</sup> Campaign to End Loneliness, 'Promising Approaches Revisited: Effective action on loneliness in later life', Campaign to End Loneliness, October 2020, [campaigntoendloneliness.org/wp-content/uploads/Promising\\_Approaches\\_Revisited\\_FULL\\_REPORT.pdf](https://campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf).

loneliness caused by the pandemic and 'although social distancing and lockdown measures will continue to be eased over time, a significant cohort of the population will remain lonely. This in turn will affect the health, wellbeing and productivity of our communities and society.<sup>5</sup> There's a genuine concern that there's a 'timebomb being set that will impact more broadly on mental and physical health services.'<sup>6</sup>

The Alzheimer's Society's survey on the effects of lockdown for people with dementia showed that the impact of loneliness on mental and physical health is severe.<sup>7</sup> Some 45% of respondents said that lockdown has had a negative impact on their mental health, and 82% of respondents reported a deterioration in the symptoms of people with dementia. From an additional survey published in June, they also discovered that 79% of care home managers reported that lack of social contact was causing a deterioration in the health and wellbeing of their residents with dementia. Care home staff reported that residents were 'isolated... and suffering depression', that 'those in the end stages of dementia are declining at a faster rate than normal' and that 'residents living with dementia particularly are losing weight because they are constantly in their rooms and not eating and drinking as before'.

The complexity of the rule changes, the media's portrayal of people not following the rules, general concern about catching COVID-19 and a reduction in normal activities has led to a drop in confidence. This lack of confidence can be a barrier to engaging with the wider community, accessing support and doing the things people enjoy.

Age UK's recent report found that the psychological impact of staying at home, and living with so much stress, uncertainty and isolation led to increased loneliness among older people. They shared that many 'face a double-edged sword where they are afraid of leaving the house but at the same time cannot cope with the loneliness and isolation at home'. They found that older people had also missed key milestones, such as birthdays or anniversaries, and were worried that their relationships with family members would suffer. Being separated from friends and family has been especially distressing for those who are reaching the end of their life and fear they will spend their last months away from their loved ones.<sup>8</sup>

This was a common theme through our research about the importance of balancing keeping older people safe from the virus and making sure that other negative impacts like loneliness and isolation don't have significant and long-term effects. Jeremy Bacon of the British Association for Counselling and Psychotherapy said older clients reported concern that the narrative of the pandemic lumps older people into a homogenous at-risk group whose shielding and risk status results in isolation being equated with safety and well-being.<sup>9</sup> Age

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<sup>5</sup> British Red Cross, 'Life after lockdown: Tackling Loneliness among those left behind', British Red Cross, June 2020, [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness](https://redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness).

<sup>6</sup> Campaign to End Loneliness, 'Promising Approaches Revisited: Effective action on Loneliness in later life', Campaign to End Loneliness, October 2020, [campaigntoendloneliness.org/press-release/campaigns-new-report-calls-for-urgent-action-to-tackle-critical-issue-of-loneliness/](https://campaigntoendloneliness.org/press-release/campaigns-new-report-calls-for-urgent-action-to-tackle-critical-issue-of-loneliness/).

<sup>7</sup> Alzheimer's Society, 'Worst hit: dementia during coronavirus', Alzheimer's Society, September 2020, [alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf](https://alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf).

<sup>8</sup> Age UK, 'The impact of COVID-19 to date on older people's mental and physical health', Age UK, October 2020, [ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people\\_age-uk.pdf](https://ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf).

<sup>9</sup> BACP, 'Coronavirus: Effective action on loneliness', BACP, 15 October 2020, [bacp.co.uk/news/news-from-bacp/2020/15-october-coronavirus-effective-action-on-loneliness/](https://bacp.co.uk/news/news-from-bacp/2020/15-october-coronavirus-effective-action-on-loneliness/).

UK and other charities echoed this, warning of 'COVID-19 anxiety' and the impact this has on older people's willingness to go outside, leading to increased loneliness.<sup>10</sup>

Isolation, financial insecurity and increased stress levels have accompanied the pandemic and are increasing feelings of loneliness. Too many people lack strong support networks and 39% of UK adults of all ages say they haven't had a meaningful conversation with someone in a fortnight and a third worry something will happen to them and no one will notice.<sup>11</sup>

### Coping with bereavement

Independent Age estimated that up to 98,000 older people were bereaved of a partner during the COVID-19 lockdown between 21 March and 4 July 2020.<sup>12</sup> Losing a partner is a significant life event and has been made much harder due to many of the common practices that help people grieve being unable to take place. For example, many people have likely been prevented from spending time with friends and family who would usually offer support, and some of the key conversations that take place with professionals like GPs, funeral directors and faith leaders are happening over the phone rather than face to face.

Independent Age's survey also highlighted people's feelings when they could not attend funerals because of the restrictions on attendance, and those who found a funeral even more distressing because it didn't offer the usual opportunity for families to come together and support one another.<sup>13</sup> In addition, a national survey by the Campaign to End Loneliness showed that 83% of people were worried about a bereaved older person being lonely.

*"No support before and after my husband died at home. Not allowed a funeral. Left completely alone as no one, even my children, was allowed to travel to help me. I have been traumatised by the experience and it has made my bereavement much harder to bear."*

*"My wife died in May with coronavirus and, although I was allowed to visit her in hospital just before she died, before that I could only speak to her via phone. The most distressing thing was the limitations for the funeral and not being able to celebrate her life."*

Independent Age predicts that approximately 7% of those bereaved during COVID-19 will go on to develop 'complicated grief' – a period of prolonged, acute grief that can result when the normal grieving process is interrupted. These people are likely to need professional support in a timely manner.

In addition to bereavement, loss has taken other forms during the pandemic, including the loss of relationships, the death of loved ones, the loss of everyday activities and pleasures, and the loss of the freedom people once had. With the situation potentially continuing indefinitely, people were concerned they would never get this back. They almost felt a sense of bereavement with services stopping, only being online, closing or winding down.

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<sup>10</sup> Age UK, 'The impact of COVID-19 to date on older people's mental and physical health', Age UK, October 2020, [ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people\\_age-uk.pdf](https://ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf).

<sup>11</sup> British Red Cross, 'Life after lockdown: Tackling Loneliness among those left behind', British Red Cross, June 2020, [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness](https://redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness).

<sup>12</sup> Independent Age estimate based on combining Office for National Statistics weekly death figures with data from the Family Resources survey. Note that dates do not match the lockdown period exactly because of when data sets are published. Figures have been calculated using the closest available data to the beginning and end of the first national lockdown in 2020.

<sup>13</sup> Independent Age, 'Home truths: Experience of people in later life during COVID-19', Independent Age, December 2020, [independentage.org/campaigns/covid-survey](https://independentage.org/campaigns/covid-survey).

### The limits of digital connectivity

Some aspects of digital connectivity have provided an alternative for connection and this should be made available to all who want, and are able, to access it. However, this form of contact cannot replace face to face in every instance. Some people can't access or afford technology, others have disabilities or cognitive impairment that make it challenging to use, and some choose not to use it. As technology has become a crucial way to connect and increase social interactions during the pandemic, many briefings and reports have been produced by organisations conveying their concern about the support in place for people who are not online, or do not have access to the right technology, or who don't know how to use it.

### People losing purpose

People's feelings of purpose have been impacted by COVID-19; they may have lost their job, not been able to provide care for a family member due to restrictions or bereavement, stopped volunteering and so on. Research suggests social isolation is less problematic if people feel they have a clear purpose. With loss of purpose there is a risk that isolation and loneliness can increase.

### Significant impact on volunteers

The volunteering workforce has been negatively impacted in a number of ways. A large proportion of the volunteer workforce is made up of older people offering their time and skills to support charities and organisations. Many people in later life have made significant contributions to their communities during lockdown, with 30% of people aged 50 to 70 volunteering informally and 87% saying they wanted to continue.<sup>14</sup> During the pandemic, while some people in later life were able to continue their roles, many were asked, or felt they needed to, step away due to the risk to their health. This had serious implications both for individuals and for the organisations they supported.

However, other people of all ages continued or started volunteering for the first time through a range of online and offline routes, but they have faced many challenging and complex conversations, as well as being on the receiving end of the low mood of the individuals they support. Their resilience has been tested and many could need therapeutic and emotional support services themselves.

## **3.2 Insights from ministerial listening session**

The co-chairs, with the support of the Alzheimer's Society Dementia Voice team, hosted a listening session on 26 October 2020, which the minister and her team attended. We heard from 11 older adults on Zoom about their personal experiences of loneliness during the pandemic and their recommendations of what could help people now and in the future. The people who took part in the sessions talked about the importance of identifying people who really need the most help in our communities.

*"We can locate hidden cities in South America more easily than we can locate people with loneliness. Lonely people are everywhere. I was a police community support officer and I knew all the lonely people in the area and could signpost them to support. There aren't many people in the community doing that anymore and I wonder if that's the best way of doing that. Until we can identify people, we can't begin to really help people. There is great help available to people once they are identified."*

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<sup>14</sup> Centre for Ageing Better, 'Helping out: Taking an inclusive approach to engaging older volunteers', Centre for Ageing Better, October 2020, [ageing-better.org.uk/sites/default/files/2020-10/Helping-out-taking-inclusive-age-friendly-approach-volunteering-A5.pdf](https://ageing-better.org.uk/sites/default/files/2020-10/Helping-out-taking-inclusive-age-friendly-approach-volunteering-A5.pdf).

The session brought to life some of the very real challenges people have been through in 2020 and how loneliness can be overwhelming.

*“It can be lonely if you are living with dementia and add COVID-19 into the mix and the loneliness and isolation can become unbearable. I’ve had very dark times, earlier in the year I tried to take my own life. Spending so much time on my own was overwhelming. It’s not always easy.”*

We also heard that even being surrounded by people doesn’t mean you aren’t lonely. People have experienced loneliness through a lack of connection to people experiencing the same challenges as them.

*“I’m very lucky in that I share a house with my family. But having people around doesn’t mean you’re not lonely. You are with people who don’t understand the problems I have.”*

The focus group also heard from older carers and older volunteers who had been struggling from the start of the pandemic.

*“For the first month of lockdown nothing happened. I was isolated, lonely and depressed. A lady from Alzheimer’s Society in Colwyn Bay rang me and asked how I was and asked if I’d like a companion call and I said yes. Tomorrow will be week 27 when I get a weekly call from a lady called Rachel. She has been my one and only person I could relate to in the outside world. I couldn’t see my partner. It was the beginning of August when I was able to visit my partner through a window where I had to shout to be heard. Because of the gap from March to August she had deteriorated significantly. I saw her yesterday and she didn’t recognise me. A member of staff roused her and after a few minutes she realised who I was, and it was wonderful to be recognised by her. She started to cry, and I went to pieces. I explained to her I had to leave and came home to an empty flat and all I do on some days is cry and cry and I find it incredibly difficult.”*

*“We set up a programme with a local pub to send meals and recruited volunteers and offered befriending. There’s a lot going on in the community. Charities have really shown their worth by working flexibly. The issues are to realise COVID isn’t going away and there’s people in real need. Charities should use local knowledge and react quickly through dynamic methods to get support to people. We need to realise the value of charities.”*

These testimonies demonstrated the importance of charities providing support for people to overcome challenges and provide that social connection many had been missing. However, the participants conveyed their concern about how charities would continue their work with increased demand for services and cuts to income streams.

### **3.3 Insights from our ‘experience of loneliness during COVID-19’ individuals survey**

The Older People’s Task and Finish Group created and shared a survey through the network’s communication channels to gather more evidence on people’s experiences of loneliness during COVID-19, how their resilience had been affected, and what they thought would help improve their resilience. The survey ran from October 2020 and closed towards the end of November 2020. We had responses from 595 individuals and an additional 121 responses representing the views of 95 different organisations.

#### Demographics

There was a good number of respondents from each geographical region across the UK, with higher representation in the South East, London, South West and North West. The

lowest numbers were in Northern Ireland. Some 75% of people who took part identified as female and 25% identified as male. When recording ethnicity, 96% of our survey respondents said they were white. People of any age could take part in our survey, but we only asked people over 50 about their personal experiences of loneliness during the pandemic. Other respondents were asked questions about volunteering during the pandemic. We found 91% of respondents were over the age of 50, including 12% of total respondents being aged 50-59, 32% aged 60-69, 37% aged 70-79 and 11% aged over 80.

### Feelings of isolation and loneliness

Respondents to our survey reported high feelings of isolation, loneliness, feeling left out and lack of companionship. The survey results were significantly higher than national Office for National Statistics (ONS) data on loneliness, but it is worth bearing in mind that our findings were from across a few months and were also often answered by people who use loneliness services, which might explain the very high levels reported here.

When we asked respondents about their feelings between March and August 2020:

- 74% said they lacked companionship and felt left out often or some of the time
- we found feeling isolated was also common, with 82% saying they felt isolated from others some of the time or often
- almost 3 in 4 (74%) said they felt lonely and 9% said they always felt lonely, which is higher than ONS data that shows that a third of older people aged 60-70+ report feeling lonely each week in Great Britain.

We then asked people how the pandemic had affected them:

- 73% said that the coronavirus pandemic has made them feel significantly or somewhat more lonely or isolated than they did before
- almost 1 in 4 (23%) said they felt the same as before, which, given the high numbers reporting feeling lonely and isolated, suggests that many were already feeling lonely and isolated before the pandemic began.

We've also seen that staying connected with friends, family and the community has been a challenge for people. Some 71% said their contact with friends and family decreased, 21% said it had stayed the same and 9% said it had increased. In addition, 72% of respondents said their contact with organisations that they used to interact with before the pandemic had decreased.

### Shielding and social isolation guidance

As the year progressed, we saw the easing of restrictions. However, for many of the people in later life we interact with, this did not mean an end to loneliness and isolation. Some 38% said experiences of loneliness, isolation or being left out increased when restrictions ended earlier in the summer. The conversations we've had with people suggest that they particularly struggled when the first national lockdown ended. They told us that after the restrictions eased, they felt 'forgotten' and that some of the services that had been there to support them stopped. One explanation for this could be because many organisations proactively reached out to people in the first three months, and there was a lot of volunteer interest at the start of the pandemic. It could also suggest that charities were struggling to cope with the levels of need when many of their income streams had been negatively impacted.

People also told us that just because restrictions were eased, they didn't feel any more comfortable going outside or meeting people due to health reasons and concerns around

catching the virus. This resulted in many missing out on meetups or feeling unable to travel anywhere on public transport.

*“Being in the higher danger group any easing of restrictions had little benefit for us.”*

*“I felt very isolated, the easing of restrictions didn’t make any difference to me, except that support stopped.”*

When asked if they felt personally better prepared to manage further restrictions if they came in, 74% of respondents to our survey said very or somewhat prepared and only 16% said they felt very or somewhat unprepared. Of those who said they felt prepared, the main reason was they knew what to expect. People said they felt used to the restrictions and rules – many didn’t feel positive about it, but they understood it more than the first time around and therefore thought they would be better prepared than last time. Lots of people said they had sorted out practical things this they had managed to arrange access to online supermarket delivery slots, banking or had found someone to help them get food and medicines. Some people mentioned they had learnt new skills or sorted out ways to cope, such as using Zoom or being better at planning activities to keep them occupied.

*“I’m not sure if prepared is the right word, more resigned.”*

Of those who said they felt unprepared, the most common explanations were that you can’t be prepared for such an unpleasant experience, and that there was a sense of hopelessness, with people unsure what they could do to be more prepared. There was also a general sense of ‘not knowing’ what might happen next and what future restrictions might be, and therefore being unable to prepare. This reflects Independent Age’s findings that many older people felt confused about the guidance at the beginning of the pandemic, what it meant for them and what they should be doing. Some people were worried about facing a lockdown in winter, it being colder and they being less able to go outside. Others were still struggling with practical difficulties and emotional or physical difficulties, which meant they felt unprepared for more restrictions.

*“I’m exhausted. I’m a lone carer, with no support from family or anyone else. The first lockdown was ok because the spring and summer meant we could get out. Now the longer, dark evenings and cold wet weather keep us indoors... I feel overwhelmed by responsibility.”*

*“In practical terms I am very prepared, but in mental health terms it is hard. It is always harder when the days are short, and the weather is dull and raining. Even taking my beloved dog for a walk is a trial in muddy fields.”*

#### Practical support

The pandemic restricted people’s access to practical support, such as food and care services, and 21% of people said they haven’t been able to access enough practical support during the pandemic. Of the people who said they hadn’t been able to access enough practical support, almost half said they received no practical support at all.

*“Frightened for the future, scared of not being about to get food/medicine and hopeful of easing restrictions.”*

#### Emotional support

There was also a lack of access to much needed-emotional support, such as having someone to talk to, or professional help to deal with anxiety. We found 38% of respondents didn’t feel they had been able to access enough emotional support during the pandemic. Of

the 38% who said they hadn't had enough, 32 people said they received the same emotional support as they did before the pandemic but that it was insufficient, 90 people said they received no support and 72 people said they received less emotional support than before the pandemic.

*"I have felt anxious, sad and lonely. I'm grateful for having a loving family but sorry we can't be able to socialise with them. Also, I'm grateful to have a garden which I enjoy working in. I try to remain positive but need human contact."*

When asked how people felt about the pandemic, lockdown and easing of restrictions it was clear that many people we surveyed felt distressed. People shared feeling worried, frightened, anxious, despondent or depressed. Many told us they felt very low and the pandemic had made them anxious and had negative effects on their mental health.

There was a real shared loss of confidence to take part in day-to-day activities like going to the shops or using public transport, because of the virus. People noted they felt neglected as others began returning slightly back to normal life, whereas they were still restricted because of their clinical vulnerability or other reasons. Our survey revealed an anxiety among people in later life specifically caused by the fear of being forgotten and losing confidence to go outside.

*"Frustrated, alone, lonely, worried for my future, if I would survive."*

Individuals shared with us that they feel that the mental health crisis, loneliness and isolation is the biggest risk to their health, rather than the virus itself.

#### Organisational support

When asked what more local and national organisations who provide services could do to support them to maintain their wellbeing throughout the pandemic, people offered some suggestions for proactive conversations and support with digital connectivity, as well as the need for continuing online mental health support and other services

*"Make contact with lonely, vulnerable people who are unable to use the internet. 'Real' contact is crucial to people living on their own. Too much emphasis is placed on digital contact."*

*"Faster access to services, real people at the end of a phone line and much less dependence on the internet because many older people do not have digital access or knowledge."*

### **3.4 Insights from our 'experience of loneliness during COVID-19' organisation survey**

Similarly to the individual survey, there was a general spread of responses from organisations across the UK, with a higher representation in the South East, London and the East Midlands. The lowest numbers were from Scotland and Wales. Some 63% of organisations surveyed primarily support people over the age of 50 and 15% of organisations are supporting people living with dementia and their families. The most listed services from the responding organisations were, befriending/telephone chats and other socialisation opportunities, leisure/entertainment and creative activities such as cinema trips, gardening, crafts and singing, and providing support with daily tasks like shopping and transport.

#### Flexibility of service provision

For all the challenges that presented themselves over the course of the year, we saw an incredible response to adapt and amend services and support to reach those most in need. Organisations shared several lessons learnt, including:

- the value of telephone befriending as a great way to connect people but understanding that human contact still matters for many
- the need for more assistance with technology for older people
- the need to prioritise mental health services
- the need for services to be flexible
- the need for additional funding to cope with increased demand
- the value of working with local authorities and forming community partnerships to reach some of the most vulnerable in our society
- that some people aren't used to asking for help and always assume there is someone worse off than them, which can prevent people from approaching support networks until they are at crisis point.

When responding about how their services or engagement had been affected by COVID-19 between March and September 20, 67% of organisations told us they had changed the types of support and services they provided, 57% saw an increased demand for services that have been met, and more than 65% stated they'd been unable to provide face-to-face services.

Most organisations mentioned that they thought the third sector had managed the continuation of service delivery during COVID-19 very well, noting their flexibility to get online as key to their performance.

Lots of organisations saw the value of a 'whole systems' approach for addressing loneliness, for both building back from the crisis, and for future loneliness policy. This included working with people who had experience of loneliness and making sure the community responses reached everyone.

#### Remote possibilities and drawbacks

Most organisations listed challenges with IT and staff as the most difficult aspects negatively affecting their resilience during the pandemic, specifically mentioning the ability to adapt to providing support via the internet or telephone, trying to be inclusive when many people have no access to IT equipment or connection, sourcing and learning new and safe activities and techniques, facing a lack of engagement through online and telephone methods, staff fatigue and stress, and lack of staff skills to work online. They also spoke about sadly not being able to say goodbye to dying members and struggling to deal with member language barriers when face-to-face contact wasn't permitted.

Despite these barriers, organisations told us how they had adapted their services during this time by using digital platforms to create different socialising opportunities – for example arts and crafts - and by training staff and volunteers online. Organisations had also been finding creative ways to use telephone services: for example Independent Age set up telephone coffee mornings for groups of four to six older people to chat with others, facilitated by a volunteer. Organisations mentioned that they were only able to introduce new classes due to people engaging online or by phone, because these options would not have been possible face to face.

That said, others mentioned that it was difficult to keep participants engaged with online only activities.

*"We have pivoted 44% of our activities online. The remaining activities have been cancelled or postponed."*

*“We will continue online but digital fatigue is increasing and participation dwindling.”*

Many organisations told us they had expanded their offline offer to increase engagement with those not digitally connected, for example, by delivering offline activity packs and organising socially distanced classes.

When asked if organisations could deliver their services to address loneliness if restrictions were reintroduced this winter, most said that they would continue, or return, to telephone and digital routes of engagement with members.

*“Our services will continue online, however our member organisations will struggle with continued distant delivery. There are always going to be pockets of people who cannot engage either by phone or online, for example, those with sensory impairment or dementia”*

While most organisations reported a significant increase in their members’ feelings of loneliness, and shared that most of their members preferred face-to-face contact, we did hear from numerous organisations that the use of online and telephone sessions with members had a positive impact and were a ‘life saver’ for many.

#### ‘Seldom heard groups’

Organisations who responded to our survey shared that the subgroups of people in later life who they believe are being severely impacted include the older old (aged 80+), those with mental health issues, unpaid carers, people living alone and those with disabilities or long-term conditions. They shared that ‘the hardest to engage have become harder to engage’, specifically in reference to those who lack digital skill or equipment. Organisations also reported that many members had shown a decline in physical and mental health and some had lost confidence, shown increased depression, fear, stress and anxiety.

*“(Loneliness has increased) tremendously. I have seen a far greater percentage of clients go into hospital and into care homes than in a typical six-month period, and many clients visibly deteriorated without contact.”*

*“Older people have definitely been forgotten. Someone mentioned to us on their feedback form that they felt abandoned.”*

#### Volunteer resilience

Difficulties faced by the volunteer workforce were also raised by multiple organisations. Problems included challenges of training volunteers to use digital technology, volunteers withdrawing from their position due to the pandemic, and the need to recruit more volunteers due to the increased demand for support. Many organisations surveyed said they’d had to provide additional unexpected support to their volunteers, including digital and telephone training, safeguarding training, and around bereavement and loss and mentoring. All of this took a considerable amount of time, money and resource, which affected the resilience of the organisations delivering the services.

In response to the question about what more national and local government could do to support organisations to deliver loneliness services for people in later life, the most prominent response was the need for funding to enable organisations to continue to provide services and activities for their members. Other aspects mentioned included a need to accelerate the roll of social prescribing, to recognise the significance of loneliness across all government departments, the need for support with digital skills training and equipment, to recognise and promote the value of volunteering, support with signposting and facilitating

dialogue and networking between the sector and local government. There was also a hope that government could give older people opportunities to come together as active citizens, to use their skills to contribute and be valued.

### 3.5 Reports and references

#### Age UK

- [The impact of COVID-19 on older people to date on older people's mental and physical health](#)

#### Alzheimer's Society

- [Worst hit: dementia during coronavirus](#)
- [The Fog of Support: An inquiry into the provision of respite care and carers assessments for people affected by dementia.](#)

#### British Association for Counselling and Psychotherapy

- [UNIDOP: Does the pandemic change how we address age and ageing?](#)

#### British Red Cross

- [Lonely and left behind](#)
- [Life after lockdown: tackling loneliness](#)

#### Campaign to End Loneliness

- [National polling](#)
- [Promising Approaches Revisited: Effective action on loneliness in later life](#)

#### Centre for Ageing Better

- [Helping out: Taking an inclusive approach to engaging older volunteers](#)

#### Independent Age

- [Home truths: experiences of people in later life during COVID-19](#)

#### Mind

- [The mental health emergency: How has the coronavirus impacted our mental health?](#)

#### What Works Wellbeing

- [How has COVID-19 and associated lockdown measures affected loneliness in the UK?](#)
- [Loneliness Conceptual Review](#)
- [Participatory arts, sport, physical activity & loneliness: the role of space and place](#)

### 4. Recommendations

We've summarised the key themes to come out of the evidence and insight, and we have worked with the Tackling Loneliness Older People's Task and Finish Group to develop these into recommendations that can be taken forward by government and organisations at every level.



#### 4.1 Urgent recommendations

No.	Summary	Cross-cutting?	Objectives	Timeline	Cost	Action
1.	<p><b>Continue the funding of mental health services during the pandemic and the recovery</b></p> <p>Department for Health and Social Care (DHSC) to ensure that the £500m announced in November is used to maintain critical mental health services</p>	Yes Relevant to young and older people	DHSC to ensure critical services are expanded, reach older people and are inclusive to protect the mental health of people in later life, their volunteers and key workers.	Immediately	Funding already announced by DHSC	DHSC
2.	<p><b>Continue the Loneliness COVID-19 Fund</b></p> <p>DCMS to reopen and extend emergency funding for the Loneliness COVID-19 Fund</p>	Yes Relevant to young and older people and to place-based and digital approaches	DCMS to extend funding into spring 2021 to ensure that during the winter and the recovery phase from COVID-19 critical connection services can continue to be delivered by the third sector and that voluntary services can create 'COVID-safe' places. Funding should be available to local and national organisations providing loneliness services.	DCMS should announce immediately that it is reopening and extending the fund to ensure continuity of funding	Funding should be provided at a similar level to the first tranche of funding reflecting demand and changing needs following the second lockdown	DCMS
3.	<p><b>Support local authorities</b></p> <p>Government to ensure local</p>	Yes Relevant to young and older people and	Government to work with local authorities across the country to provide further support packages in light of the lockdown that ensures they are able to meet the needs of isolated and lonely local older people during the pandemic.	The Ministry of Housing, Communities and Local Government	Any funding should be dependent on the aggregate	MHCLG; local authorities to deliver support,

	authorities have the support they require to tackle loneliness during the pandemic.	to place based and digital approaches	<p>Support local authorities to address loneliness and build resilience during COVID recovery through initiative to build confidence and enable reintegration.</p> <p>Funding should be targeted at finding those people who are not online and not linked into services to ensure that those most in need get access to support.</p> <p>Further funding should also be made available for areas under more severe local restrictions, if local restrictions are reintroduced, to help ensure that services and support can scale up in response to changing levels of social distancing.</p> <p>Enable the attachment of emotional support to practical support measures delivered by local authorities.</p> <p>Local authorities should restore respite care and clearly communicate this to all, including informal carers, to reduce those prematurely needing further specialist care, or not being able to live in the community.</p>	(MHCLG) should announce a support package as soon as possible. Local authorities should act as soon as possible to identify and target support at those who are in most need.	needs of local areas and on the use of local restrictions	including respite care for carers
4.	<b>Reinstate care home visiting</b>  DHSC to deliver on pledges to have testing available for carers to visit by Christmas.	No	DHSC to deliver on the commitments to ensure care home visitors are designated as key workers so they can access the same testing as care home staff and residents, to ensure they can continue to maintain vital contact and personal care with their loved one safely over the winter.	Immediately	Costs associated with the testing of care home visitors	DHSC
5.	<b>Review winter and recovery plans</b>  Departments across government to review their winter plans and assess their impact on loneliness.	Yes Relevant to young and older people and to place-based and digital approaches	Each department reviews and publishes their winter 2020-21 and COVID-19 recovery plans to assess the impact they have on loneliness and isolation.	Immediately	Unknown	All government departments
6.	<b>Connect communities</b>	Yes Relevant to young and older	Ofcom to write to all telecommunications and entertainment providers to encourage them to do the following during the first quarter of 2021: <ul style="list-style-type: none"> <li>do not disconnect or suspend any phone, TV, broadband, for any customers over 65</li> </ul>	Immediately	Costs for individual telecommunications and	Ofcom; delivery by telecommunication

	Ofcom to engage telecommunications and media providers to continue to support older people during the winter	people and digital approaches	<ul style="list-style-type: none"> <li>give extra data and minutes on mobile networks and landline phones to enable people in later life, volunteers and keyworkers who are financially vulnerable to be connected without fear of going over their limits and incurring additional costs</li> <li>TV and streaming organisations to provide free access to movies, TV shows and bolt-on packages to reduce feelings of isolation and encourage connection for all customers over 65.</li> </ul>		media organisations depending on their level of activity and relevant customer base	providers, broadcasters and digital media providers
7.	<b>Launch a winter loneliness awareness campaign</b>  National and local media companies should collectively deliver campaigns over the winter on loneliness and isolation and highlight the small actions people can take to support others or ask for help	Yes Relevant to young and older people and digital approaches	The radio, TV and media sector unite over the winter to focus on isolation and loneliness to help reduce the effect of loneliness on mental wellbeing during winter.  A winter campaign should include signposting to national and local helplines and befriending services, advice for actions the public can take, and other offline and online activities to empower and provide connection for those feeling isolated during the season.	Delivered during the winter months 2020-21	Costs for individual media organisations depending on their level of engagement and activity	TV and radio broadcasters, newspapers and content creators (liaising with VCSE service providers)
8.	<b>Ensure the availability of loneliness and befriending services</b>	Yes Relevant to young and older people and to place-based and digital approaches	VCSE organisations who deliver befriending and loneliness support services to continue to review their processes and services in light of COVID-19 and adapt where possible to ensure people still have social connection.	Immediately	Unknown	VCSE service providers

## 4.2 Medium and long-term recommendations

No.	Summary	Cross-cutting?	Objectives	Timeline	Cost	Action
9.	<p><b>Provide long-term programme funding</b></p> <p>DCMS to establish a new set of programme funds to provide a foundation for core funding of befriending and resilience services and to promote innovation and collaboration on tackling loneliness through its programmes</p>	Yes Relevant to young and older people and to place based and digital approaches	<p>DCMS to establish a pilot fund for innovative programmes using new approaches to tackle loneliness or target seldom heard groups to accelerate the use of new techniques and approaches.</p> <p>DCMS to establish a long-term funding programme to support services. The creation of a repeating triennial grants programme building on the £2m grants fund announced in October 2019. The funding model could be a mixture of direct grants as well as matched funding for programmes with other sources of funding. This new funding model could help create a sustainable model of evaluated and successful frontline services that can begin to invest further in new activities and target seldom heard groups.</p> <p>DCMS to add 'tackling loneliness' and 'working with partners who tackle loneliness' as criteria for major heritage, culture, sports and related grants programmes including funding for piloting joint projects between friendship and cultural projects.</p> <p>DCMS to work with the Treasury and MHCLG to develop a place-based approach to community funding that includes funding for local authorities to support local befriending and support services and ensure that local strategies for tackling loneliness can utilise local assets.</p>	To be established by mid-2021 (dependent on CSR and departmental budget reviews)	Unknown but estimates can be built using previous funding cycles.	DCMS
10.	<p><b>Expand the function and use of the Loneliness Hub</b></p> <p>DCMS to increase the functionality of the Loneliness Hub</p>	Yes Relevant to young and older people and to place-based and digital approaches	<p>DCMS to update and expand the functionality of the DCMS loneliness hub to enable befriending services, helplines and related services, and organisations interested in loneliness to better share information on best practice: for example, how to best support volunteers who are supporting people who are lonely. Potential functions could be:</p> <ol style="list-style-type: none"> <li>facilities for organisations to share internal research, evaluations and reports</li> <li>a 'wiki' function on best practices</li> <li>identification of points of contact for different organisations</li> <li>directory of resources, relevant local authority, regional and NHS contacts and services that may be useful for befriending services, helplines and related services</li> <li>best practice information for volunteers on how to support people who are bereaved or experiencing grief</li> </ol>	By end of 2021	Some costs associated with increasing the functionality of the DCMS Hub.	<p>DCMS (with input from the sectors below)</p> <p>VCSE sector, service providers</p> <p>Local authorities and NHS to utilise Hub and add content once</p>

			<p>f) best practice information for volunteers to deal with the challenges COVID-19 presents, including where they can access mental health support, and orgs they could link up with</p> <p>g) a toolkit and campaign resources to help local authorities, the NHS and service providers identify lonely people and those at high risk of being lonely to help plan and design services.</p>			functionality is added
11.	<p><b>Cooperation among the VCSE sector</b></p> <p>The VCSE sector continues to informally cooperate and maintain relationships established during the pandemic to serve the needs of different communities</p>	<p>Yes Relevant to young and older people and to place based and digital approaches</p>	<p>The VCSE has established closer ties with similar and like-minded partners across the sector during the pandemic. They should seek to maintain this cooperation, especially where it can improve the reach and delivery of services.</p>	Immediately	Unknown	VCSE sector
12.	<p><b>National Campaigns</b></p> <p>DCMS to run national mass media loneliness campaigns</p>	<p>Yes Relevant to young and older people and digital approaches</p>	<p>The Government to run regular annual mass media campaigns drawing attention to loneliness, addressing stigma, identifying signs and symptoms and signposting people to befriending services and helplines.</p> <p>DCMS with the input of VCSE and consumer organisations to develop information for vulnerable and older people on how to protect themselves from scammers masquerading as befrienders.</p> <p>The VCSE sector to increase the production of information, material and the provision of services in multiple languages and accessible formats.</p>	By end of 2021	<p>Mass media spend on national campaigns</p> <p>Cost associated with increasing accessible formats and translations</p>	<p>DHSC (with potential partnerships with the VCSE sector and corporate partners)</p> <p>VCSE sector on producing more accessible information</p>
13.	<p><b>Improve digital connectivity</b></p> <p>Government, the telecoms sector and local organisations to collaborate to</p>	<p>Yes Relevant to young and older people and digital</p>	<p>DCMS, the Department for Business, Energy and Industrial Strategy (BEIS), and Ofcom to accelerate the targeted rollout of digital connectivity in areas with no/low or poor connectivity.</p> <p>Telecommunication companies to send letters to older people who may be at risk of loneliness explaining practically what a broadband connection can mean in terms of connections with friends and family, and signposting local</p>	Over the next three years	Unknown	<p>DCMS, BEIS and Ofcom</p> <p>Telecommunications companies</p>

	increase digital access and digital skills among older people	approaches	<p>organisations that could help them get online and learn more. Companies should work with the VCSE sector to design and test the efficacy of these letters.</p> <p>Telecommunications companies and Ofcom should consider the creation of low cost broadband tariffs for older people on low incomes.</p> <p>DCMS should set up a fund for local organisations to support digital learning and peer-to-peer digital support.</p> <p>Local befriending and resilience organisations to increase the promotion and take-up of digital learning and peer-to-peer digital support.</p>			Local befriending and resilience services
14.	<p><b>Increase access and signposting to mental health services and social prescribing</b></p> <p>DHSC and NHS England &amp; Improvement (NHSE&amp;I) to deliver an action plan to increase access to mental health and social prescribing services for older people</p>	<p>Yes</p> <p>Relevant to young and older people and place-based approaches</p>	<p>GPs across the UK should be supported to consistently offer people in later life a range of mental health treatment and support options, including medication, talking therapy, and social or community activities. Unhelpful misconceptions about older people not benefiting from mental health support and talking therapies need to be challenged.</p> <p>DHSC, NHSEI and clinical commissioning groups (CCGs) should review the current barriers to accessing Improving Access to Psychological Therapies (IAPT) for people aged 65+ and develop innovative actions, including working with the voluntary sector on targeted communication plans, to increase the number of people in later life who receive this treatment.</p> <p>NHSE&amp;I review local areas where access to IAPT services is higher for people aged 65+ and proactively share best practice examples with CCGs.</p> <p>Talking therapy providers offer choice and flexibility to clients, for example, individual or group therapy, face-to-face or remote therapy, and therapy in people's homes if needed.</p> <p>Social prescribing link workers should continue to be embedded across our health and social care systems. To ensure social prescribing effectively tackles loneliness, healthcare professionals should routinely check in on people's psychosocial needs, including loneliness, and link workers should support people to establish the meaningful relationships of their choosing by providing tailored support and choice. They should also liaise with VCSE groups to ensure there is sufficient capacity for referrals to their services.</p> <p>Government and the NHS to support the building of confidence for those who have been isolated or deconditioned as a result of COVID-19 and the related</p>	Over the next two years	Unknown	<p>DHSC</p> <p>NHSEI</p> <p>CCGs</p> <p>VCSE sector</p>

			lockdowns and self-isolation. Provide guidance to GPs, and other community health providers to build confidence to leave their homes and reintegrate with society with a focus on rehabilitation services. This could involve a combination of physical, mental and social support.			
15.	<b>Increase support for those who are bereaved</b>  Government, NHS and service providers to improve the access and availability of bereavement support	Yes Relevant to young and older people	<p>Government, NHS and other service providers to ensure bereavement training is provided to those likely to come into contact with people who are bereaved, including people who are experiencing more complex grief as a result of a loved one dying during the COVID-19 pandemic.</p> <p>Government to promote the establishment of a professional body – for example, local authority / NHS – to take a proactive role in identifying bereaved older people and ensuring they are signposted to support.</p> <p>Ensure the clear promotion and communication of the online/phone bereavement support available to older people and the positive impact it can have.</p> <p>Charities and other VCSE organisations should create resources to support the resilience of their volunteers who may be interacting with older people who have been bereaved. Some of these resources could exist in the online portal.</p>	Over the next two years	Unknown	DHSC  NHSEI  Bereavement support and related service providers
16.	<b>Support volunteering</b>  DCMS to promote volunteering among employers and across existing programmes	Yes Relevant to young and older people and to place-based and digital approaches	<p>DCMS should establish a programme for promoting volunteering including working with BEIS to encourage more employers to give workers time off for volunteering and promoting it for those who are not in employment, education or training.</p> <p>DCMS should make loneliness a priority theme within the National Citizen Service and encourage young people who take part to direct their social action towards older people who are experiencing loneliness.</p> <p>NHSEI, DHSC and DCMS should signpost and promote other volunteering opportunities for NHS volunteers. They should explore how to share information on volunteers in different regions and localities with VCSE organisations to help address supply and demand issues. This should be done in partnership with VCSE organisations to factor in their capacity.</p>	Over the next two years	Low - no new additional spending	DCMS in discussions with BEIS  NHSEI  DHSC  VCSE sector to contribute
17.	<b>Conduct contingency planning</b>  The VCSE sector should effectively	Yes Relevant to young and older people and to	VCSE sector should develop and share plans among the sector on preparing for emergency situations. This could include liaising with local authorities and the Integrated Care Systems (ICSs) on how to prepare for local and national crises and challenges. This can enable the VCSE sector to have greater resilience against future crises.	Over the next two years	Unknown	VCSE sector (liaising with local authorities and the NHS)



	plan and prepare for emergencies and crisis situations	place-based and digital approaches				
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