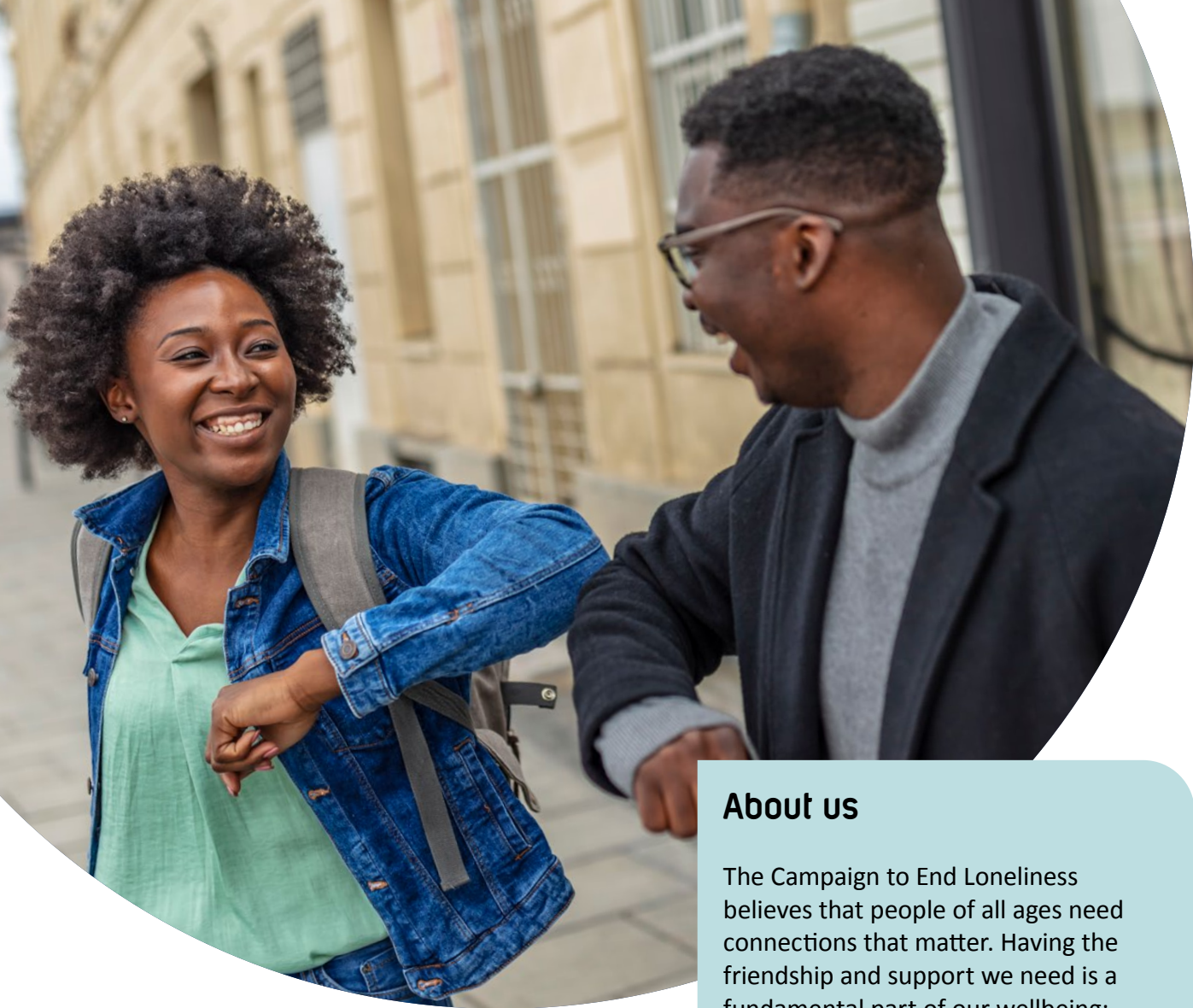


Loneliness beyond Covid-19

Learning the lessons of
the pandemic for a
less lonely future





About us

The Campaign to End Loneliness believes that people of all ages need connections that matter. Having the friendship and support we need is a fundamental part of our wellbeing; when loneliness becomes entrenched it can be hardest to overcome.

We work to support evidence-based campaigning, facilitate learning on the front line and connect different parts of the loneliness community such as academics, front-line practitioners, decision makers and businesses.

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Executive summary

The restrictions on social contact during 2020 as a result of the Covid-19 pandemic led to widespread concern about loneliness. The pandemic also highlighted the importance of social connections and relationships for our wellbeing and ability to cope in challenging times. This report explores the impact of Covid-19 on loneliness. It sums up what we've learned from our responses, what we can expect in the future, and the opportunity this insight gives us to create a more connected recovery.

With many of us unable to see friends or family, take part in social activities or interact with others, we've seen a significant increase in loneliness. Office for National Statistics (ONS) data shows that up to a million more people became chronically lonely (defined as "often" or "always" feeling lonely) as lockdown continued – increasing the total to 3.7 million adults by the beginning of 2021.

The unequal effects of the pandemic

Although the restrictions were universal, their impact on loneliness was highly unequal. People who were already lonely were likely to get lonelier, as were those at greater risk of loneliness because of factors such as health, income, ethnicity, sexuality or gender identity. In contrast, those with strong social connections were likely to feel less lonely, as they spent more time with family and in their local community. This reflects the pictures we've seen for health and employment during the pandemic. It exacerbated existing inequalities, rather than creating new ones.

Looking to the future, we anticipate that many who were lonely during the pandemic will recover spontaneously, as they return to work and leisure activities and reconnect with friends and family. However, there are grounds for concern about those who face more barriers to reconnection, such as mental or physical health issues, or unemployment.

Again, these pressures will bear down hardest on those already at risk of exclusion.

The fallout from Covid-19 could further embed economic and health inequalities, with more disadvantaged people more likely to be out of work and in ill health, increasing their risk of chronic loneliness.

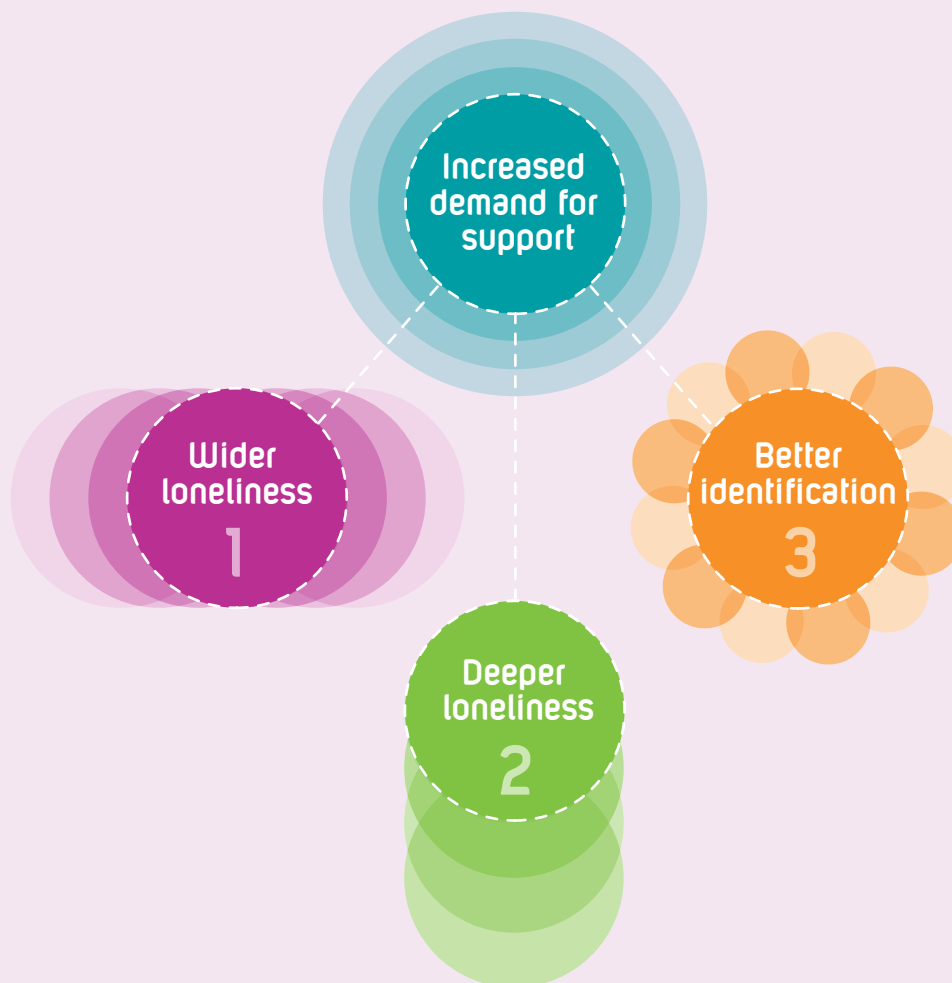
A structural change in demand

We're particularly concerned about people who were already experiencing chronic loneliness before the pandemic. Organisations addressing loneliness told us that they're seeing significant mental and physical health impacts, with high levels of fear and anxiety alongside reduced mobility.

The coordinated response to loneliness during the pandemic identified many who were already lonely, but not previously known to services. These people often face particularly complex situations that have prevented services from identifying or engaging them in the past.

We believe that this combination – more people at risk of chronic loneliness, deteriorating situations for those who were already lonely, and the identification of previously undetected lonely people – represents a structural shift in demand. As restrictions ease, services to address loneliness, such as social prescribing, will need a sustained increase in resources to meet this ongoing increase in demand for loneliness support. **(Figure 1)**

Figure 1 The structural shift in demand for loneliness support



New ways of working

The principles that informed the response to loneliness before the pandemic have largely held true, but services have also adopted new approaches and ways of working that can inform future practice.

In particular, services have found that remote support – especially over the phone – can play an important role in helping people who can't take part in group or face-to-face activities. It has allowed services to reach more people over a wider geography. However, it's not suitable for everyone.

Most organisations therefore expect to pursue a blended model, with both remote and face-to-face delivery, for the foreseeable future. However, this essentially means running two services in parallel. Funders and commissioners need to recognise and meet the additional costs of this approach if we are to meet the increased demand for loneliness services.

Working together

The pandemic has seen increased collaboration, with more open and flexible funding, and sharing of data and other resources. This has been key to identifying those experiencing loneliness, especially those who weren't previously known to services. However statutory services and funders will need to take conscious action to avoid falling back into old habits and siloes.

At the same time, it hasn't always been possible to provide the range of services available before the pandemic, or to involve and engage people meaningfully as participants. Services need to re-establish these ways of working as restrictions ease.

A psychologically informed response

People with a diagnosed mental health condition are more likely to be lonely, and lonely people are more likely to develop mental health conditions. During lockdown, we've seen lonely people experiencing a range of mental and emotional impacts, with many becoming increasingly anxious and losing confidence to reconnect. It is vital that future responses to loneliness are informed by an understanding of these psychological aspects.

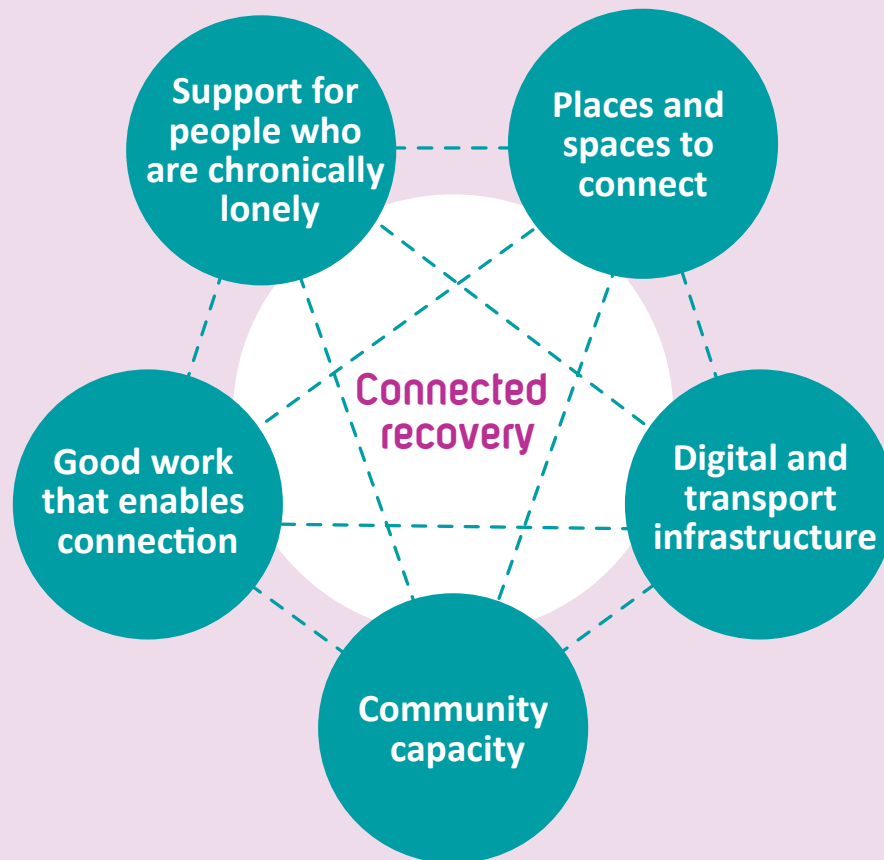
Structural drivers

Loneliness is not simply an individual issue. People's ability to get and stay connected depends on their wider environment. For example, as the pandemic accelerates a shift towards remote working, it will be important to consider how changes in our working patterns affect our social connections. Employers should ensure that people still have opportunities to interact, and that everyone is included, wherever they are.

A connected recovery

The pandemic creates an opportunity to create more connected communities for the future. But we face the threat of an unequal recovery in different places, with the poorest communities more likely to see boarded-up high streets and the loss of remaining assets: from parks and libraries to local charities and community groups.

Figure 2 Creating a connected recovery



Alongside the ongoing need for direct loneliness support, there's an opportunity to build up infrastructure to facilitate connection. **We're calling for action and investment into strengthening community capacity, green spaces, high streets and meeting places, as well as transport and digital connectivity, to ensure a connected recovery. (Figure 2)**

To mitigate the unequal impacts and risks of the pandemic, support should prioritise the most disadvantaged communities. The government has a clear opportunity to realise its 'levelling up' agenda in ways which foster connection and community.

Tackling health inequalities and other drivers of exclusion will support more focussed work to reduce loneliness. Important parts of our social recovery can come from additional support for employment and financial inclusion.

Covid-19 has opened everyone's eyes to loneliness. While not everyone has been affected equally, it has still created opportunities. If we pay deliberate attention to loneliness as we build back, we can both support those who are lonely and pursue a truly connected recovery.

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The experience of loneliness during the Covid-19 pandemic

Loneliness during lockdown

Lockdowns and social distancing measures severely reduced face-to-face contact for almost everyone. They have also highlighted the importance of social relationships, showing us all that we need these relationships to prosper and thrive.

Loneliness had been recognised as a public health concern well before the pandemic. The impact of chronic loneliness – defined as often or always feeling lonely – on mental and physical health and mortality is well evidenced.¹ As a result, loneliness is costly both for individuals and society.²

Loneliness is a subjective experience that happens when there's a mismatch between the quality and quantity of relationships that we have, and those that we want. It's linked to, but not the same as, social isolation, which is an objective situation where we have no or very few social contacts. Being alone isn't always a painful experience for everyone, but social isolation, and prolonged periods of time alone, are risk factors for loneliness.³

The pandemic had a complex impact on loneliness. We all experienced new restrictions on contact with people outside our homes; in most cases, this also meant a significant fall in the **quantity** of social connections. But it affected each individual's expectations of, and needs for, social contact, and the **quality** of their relationships, in very different ways. Some experienced better relationships within their households as they spent more time together. Other relationships were strained as people were 'trapped' together juggling home schooling, increased caring responsibilities and other pressures.

Some were deeply affected by dashed expectations for social contact, while others were relieved to feel less pressure to connect socially. Some people's sense of identity was injured by loss of employment and changes in health status, potentially placing further strains on their closest relationships. And while some felt a new connection to their local area, others felt alienated.

Distinguishing between 'social' and 'emotional' loneliness offers a way of understanding this uneven impact.

Social loneliness refers to the lack of a social network that provides a sense of belonging, companionship and membership of a community. **Emotional loneliness** refers to the absence of attachment figures and someone to turn to in our lives.⁴ Covid-19 restrictions reduced opportunities for contact with our wider circle of friends and acquaintances, leading directly to increased risk of social loneliness. However, they didn't necessarily have the same impact on emotional loneliness.

How much did loneliness increase?

Comparing data from existing population surveys and new studies from the pandemic we can see **a significant increase in loneliness**.

Comparing data from *Understanding Society* (wave 9, collected January 2017 – June 2019) and the *UCL Covid-19 Social Study* (21 March - 10 May 2020), we can see an overall increase in reported loneliness, from just over a third of adults to around half.

Loneliness had a real impact on many people's wellbeing. An ONS study of what it terms 'lockdown loneliness' in April 2020 found that 30.9% of people whose wellbeing was negatively affected said that loneliness was a factor.⁶

The proportion of people who were chronically lonely also changed. Among the UK adult population in April 2020, the ONS found that 5% (2.6 million adults) were often or always lonely, similar to pre-lockdown levels. But between October 2020 and February 2021 this had increased to 7.2% (about 3.7 million).⁷

A million more people became chronically lonely.

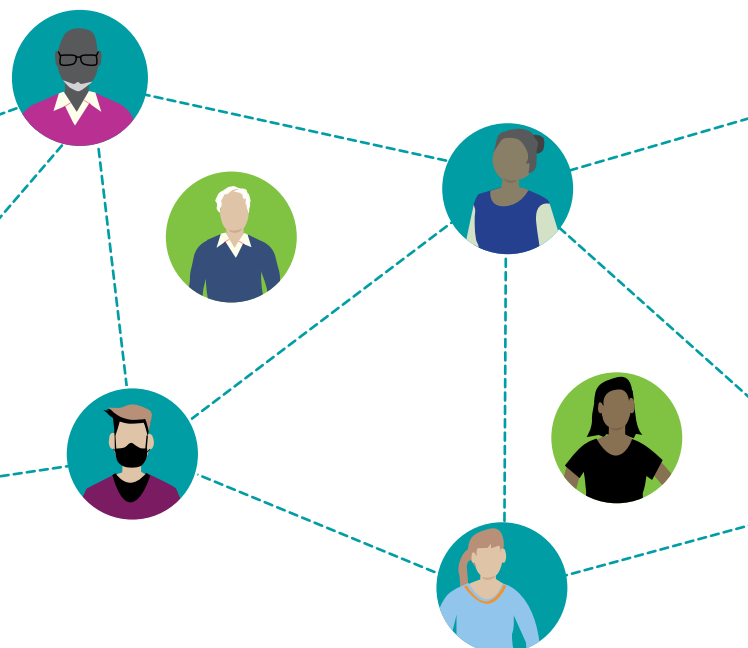
While these are significant increases, we didn't see the epidemic of loneliness that some had feared. Overall, the *UCL Covid-19 Social Study* found that loneliness levels remained relatively constant during the pandemic.⁸ In particular "often or always" feeling lonely, which is when loneliness starts to damage our health and become hard to escape, remains less common.

18.3%

reported feeling lonely "often" in early 2020 compared to 8.5% pre-pandemic

32.5%

reported feeling lonely "sometimes" compared to 28.6% pre-pandemic



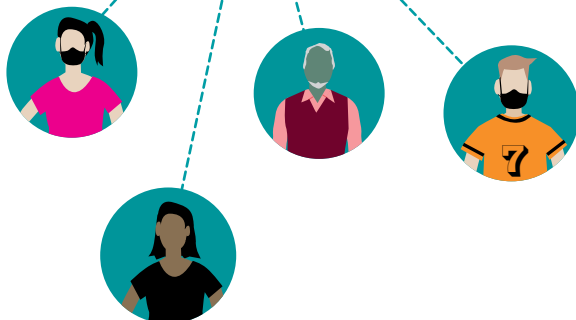
Unequal impacts

There was significant variation in loneliness between different groups and individuals. People who were already lonely, or at risk of loneliness, saw the worst impacts. The pandemic appeared to amplify the severity of loneliness that existed already rather than creating new loneliness.

The *UCL COVID -19 Social Study* found that loneliness levels during the early strict lockdown (March-May 2020) depended on the existing severity of loneliness. Those who were already most lonely became lonelier, those who were least affected became less lonely, and those in the middle stayed relatively constant.⁹

The groups reporting the highest levels were:

- **Young people (aged 18-30)**
- **Those living alone**
- **People who are on low incomes or unemployed**
- **People with a mental health condition**



Other groups reporting increased levels of loneliness included people from ethnic minority groups and those with low educational attainment.¹⁰ These were already known to be **risk factors** for loneliness.

In this way, the pandemic's loneliness story reflects the wider picture: Covid-19 exacerbated existing inequalities, rather than creating new ones.¹¹

Surveys don't necessarily tell the full story. Some groups known to be at higher risk of loneliness are less well represented in UCL's sample, including those identifying as LGBTQ+, disabled people, carers, and those living in care homes.

Also less well captured are life events that are known **triggers** for loneliness, such as bereavement, new parenthood, unemployment or becoming a carer. Experiencing these transitions will have been particularly difficult during the pandemic due to the lack of both formal support and informal social networks, or rituals such as funerals.

The pandemic may therefore have put more people at greater risk of future loneliness.

We discuss this further in chapter 2.

Loneliness among different groups

Loneliness and age

The emerging data reignited discussions about the dynamics of age and loneliness. Before the pandemic, the highest levels of loneliness were reported in the youngest and oldest adult age groups, with a U-shaped distribution across the life course (highest in those under 25 and over 65 years).¹² But the pandemic saw a greater increase among people aged 18-30, especially students, compared to older people.¹³

Those aged 16-24 were four times more likely to report 'lockdown loneliness' than those aged 65+.¹⁴ Older people's life experiences may have made them more resilient, or their expectations of social contact may be lower, making the restrictions less of a shock.

But the challenges and negative emotions attached to loss of social contact and missing friends and family have been described across generations. Younger people have reported stress, anxiety, anger, boredom and frustration, along with a sense of loss about cancelled plans and missed rites of passage.¹⁵ At the same time older people have reported missing time with friends and family that couldn't be re-captured. This has been especially distressing for those reaching the end of their lives, who fear they will spend their last months without their family and friends.¹⁶

Loneliness and exclusion

More illuminating than looking at loneliness by age, is understanding the transitions and life experiences that put us at risk of loneliness, which can occur throughout our lives. These can create both practical barriers to connection and emotional ones that are linked to our sense of identity and belonging, and to our expectations of our relationships.

In particular, there are strong links between loneliness and other drivers of exclusion including poverty, unemployment, poor mental or physical health, disability, and being part of a marginalised community.

The pandemic has tended to compound disadvantages among these groups. For example, people on low incomes and in poorer communities were more likely to become ill with Covid-19.

Existing risk factors have been exacerbated by the pandemic, creating a disproportionate risk of deeper and more severe loneliness.

The more risk factors people face, the more likely it is that their loneliness will become entrenched and hard to escape, increasing their need for support to overcome it.

We believe that the pandemic's impact on those already at risk, in combination with more effective identification of those experiencing chronic loneliness (discussed in chapter 3), has led to a **structural shift in demand for support to address loneliness**, which is likely to persist into the future.

Loneliness among people from ethnic minorities

The experience of people from ethnic minorities speaks powerfully to the ways in which loneliness interacts with other forms of exclusion.

It's important to note that the experiences of different ethnic minority groups and individuals have been different, and the available data often lacks the granularity to draw out this variation. However, overall, the *UCL Covid-19 Social Study* found that 23% of people from ethnic minorities reported often feeling lonely, compared to 17% of white people.¹⁷ Research for the British Red Cross found that 38% of people from ethnic minorities often felt “alone”, “like they have no one to turn to”, compared to 28% of white people.¹⁸



A range of factors underlie this divergence. Even before the pandemic, people from ethnic minorities, particularly Black people, were more likely to be on lower incomes and finding it difficult to manage financially, which are key risk factors for loneliness. Black people and people of Bangladeshi or Pakistani heritage were also more likely to report that their financial situation had worsened during the pandemic.¹⁹ Covid-19 mortality rates have been much higher among people of Black and South Asian heritage, with all the loss and anxiety this entails, as well as leading to more bereaved people newly living alone.²⁰ Researchers also pointed to the underlying structural factors that create and sustain these inequalities. According to the *UCL Covid-19 Social Study*, 42% of people from ethnic minorities experienced discrimination during the pandemic, compared to 24% of white people.²¹

Looking at the experiences of people from ethnic minorities we can see that the drivers of loneliness are a combination of practical limitations on social connections (such as ill-health and lack of income), the quality of our relationships (negative effects may be caused by external stress and changes, such as increased caring responsibilities) and the quality of our sense of self and identity (which can be affected by changes in status and role, as well as external factors such as alienation and discrimination). All of these have been exacerbated by the pandemic. These factors aren't unique to people from ethnic minorities, but they are much more prevalent among groups facing exclusion, whether on the grounds of ethnicity, sexuality, disability or some other factor.

Who experienced less loneliness?

A mix of personal and structural factors enabled some people to cope better than others with the social restrictions and wider impacts of the pandemic.

Data collected during the pandemic found that the following personal characteristics were associated with a lower likelihood of experiencing loneliness:

- **Being married or cohabiting**
- **Being a homeowner²²**
- **Having more close friends or greater social support²³**

These personal sources of resilience were reinforced by the wider resources we could draw on from within our communities.

Coping was easier for those with others around them, who were financially secure, and who lived in a community with access to local services and support, where they felt safe and supported. Levels of loneliness were lower in places with the following characteristics:

- **Rural areas**
- **Strong local businesses or adult education**
- **Low crime rates²⁴**

People from disadvantaged communities and excluded groups are less likely to own their homes or be financially secure, and to live in places with strong local economies and services.

The pandemic has exacerbated existing inequalities, exposing people already at risk of loneliness to greater risk.

In chapter 2, we explore how the pandemic has increased structural risk factors, and what to expect in the future.

The lessons we've learnt for loneliness strategies

Service delivery organisations, policy makers and funders need to plan to support more people experiencing chronic loneliness, who will need help to reconnect even after restrictions lift.

The existing evidence around risk factors and trigger events for loneliness will be a good guide to identifying those who are most likely to need support with loneliness.

2

What can we expect in the future?

Will loneliness become chronic?

While many felt more lonely during the pandemic, this was not generally so severe or constant as to pose a significant long-term issue. In general, we don't expect these experiences of loneliness to outlast the pandemic.

Most people's social networks remain in place, with social contact and connection already being re-established as restrictions ease. Even among those who did experience greater loneliness, many will still have the connections, confidence and opportunities to reconnect. However, this may take some time – for example, data from the *UCL Covid-19 Social Study* up to June 2021 shows that although levels of life satisfaction have been steadily increasing since the start of the year, with depression and anxiety decreasing at a similar rate, levels of loneliness are reducing much more slowly.²⁵

As chapter 1 explains, those who were already lonely, or at greater risk, felt the greatest increase in loneliness during the pandemic. The key question for the future is whether these effects will also prove

transient, or whether they will lead to higher levels of chronic loneliness and/or to deeper, more intractable loneliness.

We've seen that a million more people found themselves chronically lonely in lockdown. We know that people who are always lonely are the most affected by it and find it hardest to reconnect. With the situation continuing to evolve, and new impacts emerging all the time, we can't say for sure how many will find themselves trapped in long-term loneliness.²⁶ However, what we already know about the individual and structural impacts of the pandemic gives us cause for significant concern. Many people may have suffered what the Relationships Project describes as "deep tissue damage" to their relationships, rather than the bruises we have all sustained.²⁷

For example, **student loneliness** represents a significant component of the overall growth in loneliness among young people. During the period 19 February to 1 March 2021, 26% of students reported feeling lonely often or always, compared with 8% of the adult population in Great Britain. While this decreased to 22% by April 2021 it was still greater than the 6% reported by adults in Great Britain.²⁸

We don't believe that these very high levels will necessarily persist, even in the medium term, as students return to in-person education and more typical levels of social interaction. However, there are grounds for concern about the worst affected. For example, people aged 18-29 continue to report higher rates of anxiety and depression than those aged 30 and above.²⁹ Although these rates are falling, they remain well above pre-pandemic levels. We don't yet know how the mental health effects will play out in terms of their ability to establish new connections and relationships, especially for those such as students or recent graduates who may be far from family and childhood friends.

People who were already more disadvantaged or excluded, or who face additional barriers to social connection such as disabilities or mental health conditions, are likely to find it particularly challenging to recover from loneliness. As we've seen in chapter 1, this is the situation for many people from ethnic minority backgrounds and LGBTQ+ people. The latter groups are more likely to develop long-term health conditions, to live alone and to have limited family support, especially as they age.³⁰

People who were already chronically lonely may have been severely affected by the disruption of their few remaining social ties. Our work with organisations addressing loneliness has highlighted significant mental and physical health impacts. As well as bereavement and loss, the fear and uncertainty associated with lockdown led to marked increases in anxiety and depression. 65% of organisations who took part in our *Loneliness in the time of Covid-19* event series reported seeing an increase in issues such as anxiety, bereavement, depression and even suicidal ideation.³¹

They also reported widespread fear and anxiety about going out or meeting people. For some who were already lonely, these feelings have become overwhelming during pandemic restrictions. This may have particularly affected those who were shielding or who were most concerned about the risk of the virus. These people will need significant psychological and emotional support if they are ever to re-engage with others.

Without significant ongoing support over an extended transition period, there's clearly a risk that more severe loneliness will become chronic for a larger number of people.

What trends will shape the experience of loneliness in future?

The pandemic has affected underlying risk factors for loneliness and this may have a significant impact on levels of loneliness in future. At the moment it's hard to see how the structural changes caused by the pandemic will unfold. Many of them pull in different directions when it comes to loneliness and social connection. But some key issues stand out, especially in relation to work, health, place and community.

Out of work, out of the office, out of touch?

Unemployment and low income are significant risk factors for loneliness.³²

We may see increasing levels of **worklessness, insecure work and low pay**, especially among younger (18-25) and older (55+) people with fewer qualifications.

These groups have been among the worst hit economically during the pandemic; experience of previous recessions tells us they're likely to face long-term consequences.

Even as the economy recovers, young workers will face more competition from both experienced job applicants and recent school leavers. Especially for those in the earliest years of their working lives, we can expect to see a long-term effect on both employment and earnings.³³ The current focus of policy attention is rightly on supporting people aged 16-24 into work and avoiding the lifelong impact of early unemployment, with a raft of new initiatives such as Kickstart and the Youth Employment Programme.³⁴

The economic impacts of Covid-19 have most effect on people of all ages who face disadvantages in the labour market. For example, before the pandemic, young people from disadvantaged backgrounds were twice as likely to be not in employment, education or training (NEET) as wealthier peers with similar GCSE results.³⁵

Other disproportionately affected groups include people with long-term physical or mental health conditions, and those working part-time because of caring responsibilities, especially women.³⁶ People from some ethnic minority backgrounds already faced significant discrimination in the labour market.³⁷ Recent research suggests that older workers are also at greater risk, not least because they're less likely to be highly qualified and more likely to have long-term health conditions. There is an interplay between different kinds of disadvantage: for example, older people are even more likely to have long-term health conditions, and even less likely to be in work if they're from ethnic minority backgrounds.³⁸

Not all these groups are being prioritised for employment support in the same way as young people.³⁹

There is a risk that an uneven recovery will entrench our widening inequalities, with the most disadvantaged left even further behind.

The majority of adults will return to work; we would expect to see many re-establish their social connections and return more or less to pre-pandemic life. However, new work environments may be very different, with unpredictable impacts on our relationships and connections. The pandemic has accelerated the shift towards **remote working** for jobs and occupations where this is an option.

For some, home working is a route to improved connection as it offers more time with family and friends, but for others, especially those living alone, it can lead to further loss of contact.

Remote working also reduces opportunities for interaction, networking and shared activities in the workplace, all of which can be important sources of social connection.⁴⁰

This trend is generally less likely to affect people at the bottom end of the labour market, as frontline entry-level jobs in care, retail, hospitality and leisure tend not to allow for remote working. Overall, it may even make it easier for people with health conditions to find work. However, the associated growth in digital monitoring may limit opportunities for interaction in workplaces such as call centres or warehouses. Overall, we would expect that younger workers in office jobs living away from family will be most affected by this shift.



Increased health inequalities

Long-term physical or mental health conditions are major risk factors for loneliness, as is caring for someone with a health condition. Difficulties leaving the house, staying in work or taking part in social or leisure activities can all lead people to lose social contact and connection.

We have found a double impact which could profoundly deepen **health inequalities**, with potentially huge implications for loneliness. Many have seen their existing long-term physical or mental health conditions deteriorate, meaning that they need more support, at the same time that a wave of unmet demand has built up. These twin pressures will mean that many people's health and care needs aren't met – especially those from more disadvantaged and excluded groups.

Without structural action to tackle these health inequalities, we face huge increases in the numbers of people whose lives are significantly affected by mental or physical health conditions, leading to large increases in loneliness.

This two way relationship between health and loneliness, means that loneliness needs to continue to be understood as a core public health challenge, and a priority for the new Office for Health Promotion within the Department for Health and Social Care.

Physical health

The ONS estimates that around 200,000 people in the UK have lasting Covid-19 symptoms that limit their ability to undertake everyday activities ('long Covid').

While this is obviously a serious issue for those individuals, it's a relatively small number relative to the 15 million people in the UK already living with long-term conditions.⁴¹

Those with existing conditions are likely to be more affected by the pandemic. People with long-term health conditions, especially those classed as ‘clinically extremely vulnerable’ to Covid-19, have faced limitations on their physical activity, social interaction and access to health and care services. In many cases, this has led to significant ‘deconditioning’: loss of strength or muscle function, worsening pain, and other physical deterioration. This compounds increased anxiety and reduced motivation or confidence to reconnect.

At the same time, we’re seeing an increased number of people at risk of developing long-term conditions. The limitations on routine NHS services during 2020 has led to 4.6 million people being on the waiting list for specialist treatment. More than 1.5 million have been waiting more than 18 weeks (an increase of 250% since 2019).⁴² These long delays before treatment mean a greater risk that people will develop lasting conditions.

People on low incomes, members of some ethnic minority groups (Black Caribbean, South Asian, mixed White/Black) and LGBTQ+ people were already more likely to develop long-term health conditions earlier in life; these are more likely to affect their ability to take part in everyday life.⁴³ They’re also least likely to have access to the services, care and support they need (the ‘inverse care’ law).⁴⁴

Mental health

People who are lonely are more likely to experience mental ill health, and people with mental health conditions are more likely to be lonely.⁴⁵ The *UCL Covid-19 Social Study* has recorded a significant increase in reported symptoms of depression and anxiety during the pandemic.⁴⁶

While levels of anxiety and depression have been falling steadily since early 2021, they remain well above pre-pandemic averages.

Analysis from the *UK Household Longitudinal Study* shows that between April and October 2020, around 11% of UK adults experienced deteriorating or consistently poor mental health. Similarly, the ONS reported in early 2021 that rates of depression (21% of adults) were double those seen before the pandemic (10%).⁴⁸ The ONS also found that infection with Covid-19 is associated with a subsequent deterioration in mental health.

As with physical health, these impacts were not evenly distributed. Younger people, especially women, people from ethnic minorities, people on low incomes and people with long-term physical health conditions have all been more likely to experience poor mental health during the pandemic.

While we anticipate that mental health will continue to improve as the situation eases, we don’t yet know whether everyone will recover to the same extent. People with pre-existing mental health problems are probably least likely to recover. Average responses in the *UCL Covid-19 Social Study* for people with an existing mental health diagnosis have been consistently above the clinical threshold for major depression throughout the pandemic.⁴⁹

At the same time, people have been unable to access many of the sources of support that they might have relied on before the pandemic, from clinical services to informal family, peer or social networks. Just as with physical health conditions, there is a clear risk of deterioration and increased need for help to recover.

Places: high streets and public spaces

With the closure of non-essential shops, the creation of physical social distancing measures and low traffic neighbourhoods, as well as increased use of ‘permitted’ public spaces such as parks, the pandemic has had dramatic negative and positive impacts on our physical environment and how we interact with it. Again, these have been far from evenly distributed, and we can expect them to persist.

In more affluent areas, the rise in homeworking and the closure of leisure and hospitality businesses has generated significant financial savings for individuals, eliminating spending on travel and slashing spending on leisure.⁵⁰ These savings are likely to fuel rapid local economic recoveries as lockdown eases and people have spare

cash to spend on local services, including restaurants, cafes, pubs, bars, theatres, cinemas and gyms. This has been called the ‘champagne bottle’ effect of pent-up demand. If there’s a more permanent shift to homeworking, these are the high streets which will benefit, with white collar workers eating and drinking nearer home, rather than in city centres.

However, the picture is reversed in poorer neighbourhoods, where people spend a much lower proportion of their income on non-essentials, and unemployment and loss of earnings was much more likely during the pandemic. Many have continued to work in frontline and/or low-paid jobs, while others have lost jobs or income. Far from building up savings, levels of debt have increased dramatically. We can therefore anticipate very different local trajectories as high streets reopen.



Local shops and services

Local shops and services matter for loneliness in a variety of ways. They are ‘bumping into’ spaces, providing opportunities for casual but repeated social interactions. They’re also easy destinations, motivating people to leave their home for short everyday trips.

On the negative side, boarded-up shops reduce people’s sense of safety and security in their local area, which makes them less likely to go out and more likely to feel lonely.

Pubs are important for social connection and interaction, as well as acting as community hubs in many places.

They were hit hard during the pandemic – it’s been estimated that nearly one in ten UK pubs went out of business during 2020, with further closures forecast this year.

In wealthier areas, we can expect that pubs will reopen and see increased custom. In poorer communities they’re more likely to remain shuttered.

The pandemic has also accelerated the trend for **online shopping**: 35.2% of all retail sales in January 2021 were made online, a huge increase from 19.5% in January 2020.⁵⁴ In some sectors, such as clothing, there are more sales online than in physical stores. We can expect to see **high streets changing**, with a higher proportion of businesses that can only operate in person (e.g., bars, cafes, hairdressers). Many of these services are clearly non-essential, which means that in communities with less spare money, they’re more likely to struggle, deepening the divide between thriving and failing high streets.

Social infrastructure

From post office queues to parks, easily accessible public spaces are an important element of **‘social infrastructure’**, which helps people stay connected and avoid becoming lonely. **Green space** is particularly important – access to nature is associated with greater wellbeing, higher levels of physical activity and reduced likelihood of loneliness.⁵⁵ As with high streets, some neighbourhoods have far more of this infrastructure than others. Mapping by Friends of the Earth has shown that disadvantaged communities are much less likely to have access to public green space.⁵⁶

Travel and transport

During the pandemic, local authorities across the country took the opportunity of reduced commuter traffic to introduce **road restrictions, low traffic neighbourhoods and other measures to encourage walking and cycling**. In some places, they’ve used planters or benches to create ‘parklets’ and other small pedestrian areas. These offer new bumping into spaces, and make streets feel safer and more social. We don’t know how these initiatives are distributed across the country, but they’re relatively low cost and were pioneered in inner city areas such as Hackney and Newham.

As a low-cost transport option, **buses** are an important way for people to travel to places and activities where they can connect with others, both for work and leisure.

In every part of England outside London and the greater South East, buses are the most popular form of public transport for commuting.⁵⁷ Buses can also act as another ‘third space’, especially during the daytime, with regular passengers greeting each other and providing the sense of recognition that’s a critical part of not feeling lonely.



During the pandemic, bus journeys fell by 63% in Great Britain.⁵⁸ Although there was a rapid increase when restrictions were eased, journey numbers remained well below pre-pandemic levels. By contrast, car journeys, which in aggregate reduce other road users' feeling of safety and offer no opportunities for interaction, have been quicker to bounce back. Those most at risk, especially people whose anxiety has increased during the last year, will likely take some time to return to the bus.

Public and community spaces

Public and community spaces, such as libraries, youth clubs, day care centres, church halls or volunteer centres, are another important element of social infrastructure. As well as free or low-cost places for people to meet and interact, they provide a base for community and voluntary action, acting as community hubs to sustain existing work and foster new initiatives. Even before the pandemic, there was significant concern about the future of these local assets.

For example, research by Locality in 2018 found that more than 4,000 publicly owned buildings are sold into private ownership every year, with most councils expecting to accelerate the pace of sale.⁵⁹ Similarly, the YMCA found that between 2010 and 2019, local authority funding for youth services had been cut by more than 70%, or nearly £1 billion each year, resulting in the closure of more than 750 youth centres.⁶⁰

More public spaces are likely to be sold off or mothballed due to the pandemic, as local authority budgets come under further pressure, especially in the poorest places. Voluntary and community spaces face a particularly uncertain future. Organisations which operate community spaces also face rising rents, with payments deferred during the pandemic now coming due. Particularly in the most disadvantaged areas, there are significant threats to public and community spaces that support social connection and community resilience.

Community

The pandemic has seen an outpouring of support for those around us, from individuals, communities, voluntary groups and charities, and the public sector. While we expect this to fall off to some extent, it's worth considering what we might want to protect and build on.

Charities, voluntary organisations, and the public sector

Chapter 3 discusses the creative and flexible ways charities and statutory organisations responded to loneliness in lockdown. However, as we lose the sense of urgency that drove this response, it's not clear what can be retained. Sustaining even pre-pandemic levels of activity may prove challenging.

This is a critical concern: as outlined above, we believe there's been a structural increase in demand for loneliness support. Organisations working to address loneliness are under no illusion about the scale of demand uncovered, and the challenges this poses.

Local authorities face a double threat of increased demand and reduced funding. The pandemic is driving dramatic growth in the volume and complexity of need, from family breakdown sending more children into care, through increasing numbers of young people not in employment, education or training, to increasing health and social care needs. Meanwhile, income from business rates and council tax will be reduced in the places hit hardest by the pandemic's economic impact. Many local authorities will have no choice but to balance their books by further reducing spending on preventive interventions, such as those supporting connection, and by cutting funding for the Voluntary, Community, Faith & Social Enterprise (VCFSE) sector.

In addition, some non-statutory funders are already moving away from the emergency response approach characterised by generous injections of core funding. And many foundations have less money to spend, as their investments have been devalued by the pandemic, and many spent more generously during the crisis.

While some VCFSE organisations increased their delivery, others have had to scale back or pause, and some have closed altogether. Although they're cautiously becoming more optimistic, 19% of respondents to the most recent *NCVO Barometer* survey expected their financial position to continue to deteriorate, and 6% reported it likely that they would close. Meanwhile, two thirds were projecting an increase in demand.⁶¹

Before the pandemic, both public expenditure and charitable/philanthropic funding were unevenly distributed, with some of the poorest places in the country receiving the least from all sources.⁶² These communities tend to have fewer registered charities and community organisations, as well as the most overstretched public services.⁶³

During the pandemic the most disadvantaged communities also received less Covid-19-related funding per head than other places.⁶⁴

This also affects what communities can do for themselves. As discussed in chapter 3, collaboration is easier where relationships are already strong. Where local government, or VCFSE infrastructure bodies such as voluntary sector councils, were well resourced and engaged with communities, we saw stronger, more coordinated community responses.⁶⁵ By contrast, more deprived communities tended to have limited institutional support, with weaker (if any) VCFSE infrastructure and fewer links to statutory services.

Volunteering and community action

From street WhatsApp groups and mutual aid schemes to the NHS Volunteer Responder register, millions of people helped their communities during the pandemic. However, many others had to pause their volunteering activity in lockdown.

Not all communities had the same assets or capacity to respond, with fewer mutual aid groups in more deprived areas.⁶⁶

Volunteering and helping out is linked to wellbeing and can help participants strengthen both the quantity and quality of their social connections.⁶⁷ Volunteers are at the heart of local responses to loneliness and community building; they were a lifeline for some of the loneliest people during the pandemic. How can we sustain these efforts, build on them, and ensure that more disadvantaged communities aren't left further behind?

Organisations who took part in our *Loneliness in the time of Covid-19* events reported that many new volunteers came forward specifically for their loneliness services, especially in the early months of lockdown. This is borne out by the *Community Life Re-Contact Survey*, which found that 9% of adults aged 16+ volunteered for the first time in 2020.⁶⁸ However, many established volunteers, especially older people, couldn't continue: 20% lapsed or paused their existing volunteering activity. Overall, regular formal volunteering rates were slightly lower in 2020 than in 2019.

Organisations told us that while they'd seen a drop off in engagement among the initial wave of volunteers, they were more confident that those still volunteering would continue, including those recruited later in lockdown.

In the *Community Life Re-Contact Survey*, 86% of formal volunteers said they were interested in continuing, compared with 42% of those not currently volunteering.

However, there are reasons for concern. With the furlough scheme winding down, a return to commuting, and the resumption of other social and leisure activities, many volunteers will face other demands on their time. 70% of participants in our *Loneliness in the time of Covid-19* events said that they were worried about volunteer burnout.

There was a significant increase in informal unpaid help to friends or neighbours, such as helping with shopping or prescriptions, and keeping in touch with the self-isolating – the *Community Life Recontact Survey* saw an increase from 26% of adults to 47% in early lockdown. Again, top line figures aren't the whole story: while 21% of people started helping out during lockdown, with 18% doing more, another 17% had to stop.

These kinds of everyday help rely on individual motivation – there's no organisation for support and encouragement. As restrictions ease, we can expect a significant falling off. While people on lower incomes and from ethnic minority backgrounds were less likely to formally volunteer before the pandemic, they were just as likely to offer informal help.⁶⁹ We don't know if this was fully borne out during the pandemic, as they were also more likely to either continue working or self-isolate, leaving fewer to volunteer. On balance, though, if informal helping out does drop off more sharply, we'd expect the impact to be felt most in poorer communities.

Semi-formal, self-organised schemes such as mutual aid groups have played an important role in some communities, supporting people experiencing loneliness and operating with a strong focus on relationships.

While some of these groups may come to a natural end as the crisis eases, others may take on new roles or new forms to respond to new challenges in their communities. With the right support, they could form part of local networks of connection and longer-term resilience.⁷⁰ However, these groups were less common in the most disadvantaged neighbourhoods, and care will be needed not to exacerbate existing social and community inequalities.⁷¹

What of the people who stopped volunteering during lockdown – in particular, those aged 50+ who were more vulnerable and subject to more restrictions? They were more likely to volunteer regularly than younger people pre-pandemic, and gave more of their time when they did.⁷² And as we've seen, the huge increase in new volunteers was not enough to compensate for their withdrawal. It's not clear that all will come back to volunteering.

Participants at our *Loneliness in the time of Covid-19* events reported very high levels of anxiety among older people who had previously volunteered with them, and a sense of uncertainty about resuming. For some, losing their volunteering role may even have contributed to a wider loss of identity and confidence, making it harder for them to return. We also heard that many had been less keen to move to remote volunteering, especially involving digital technology. With most organisations planning for blended models of remote and face-to-face delivery, it's possible that there will be fewer opportunities that suit older volunteers for a while.

So, we can anticipate that overall levels of formal volunteering may not change dramatically, although there will be some churn: some of the new volunteers will stop, while some of those who stopped will resume.

It also seems likely that the very high levels of neighbourliness and helping out that we saw during lockdown will fall back. To some extent this is a natural response as the crisis recedes. However, there are opportunities to build on the pandemic's community spirit, especially in more disadvantaged communities (as we discuss in chapter 4).

The lessons we've learnt for loneliness strategies

Policymakers and research organisations should continue to monitor how the pandemic affects the key trends likely to affect the extent of loneliness in future including:

- The impact of changing working patterns – employers can also play a key role in monitoring levels of loneliness among their staff members
- Health inequalities
- Changes to how we use places and spaces to live, work and connect, and in our physical infrastructure
- The capacity of community organisations and the strength of our social fabric

3

How will we address loneliness in the future?

Core principles, new practices

The pandemic saw a renewed focus on addressing loneliness, with dedicated funds and organisations coming together across sectors. Lockdown and ongoing restrictions drove a wave of creativity and innovation, with organisations adapting their services to keep people connected at a distance, and developing new ways to reach people experiencing loneliness.

Through our *Loneliness in the time of Covid-19* events we brought together hundreds of these organisations to share their experiences and learning about what they had found effective in this new context.⁷³

We found that the principles which had previously informed our response to loneliness remained central, although organisations also adopted new approaches and ways of working that can help shape our practice in future.

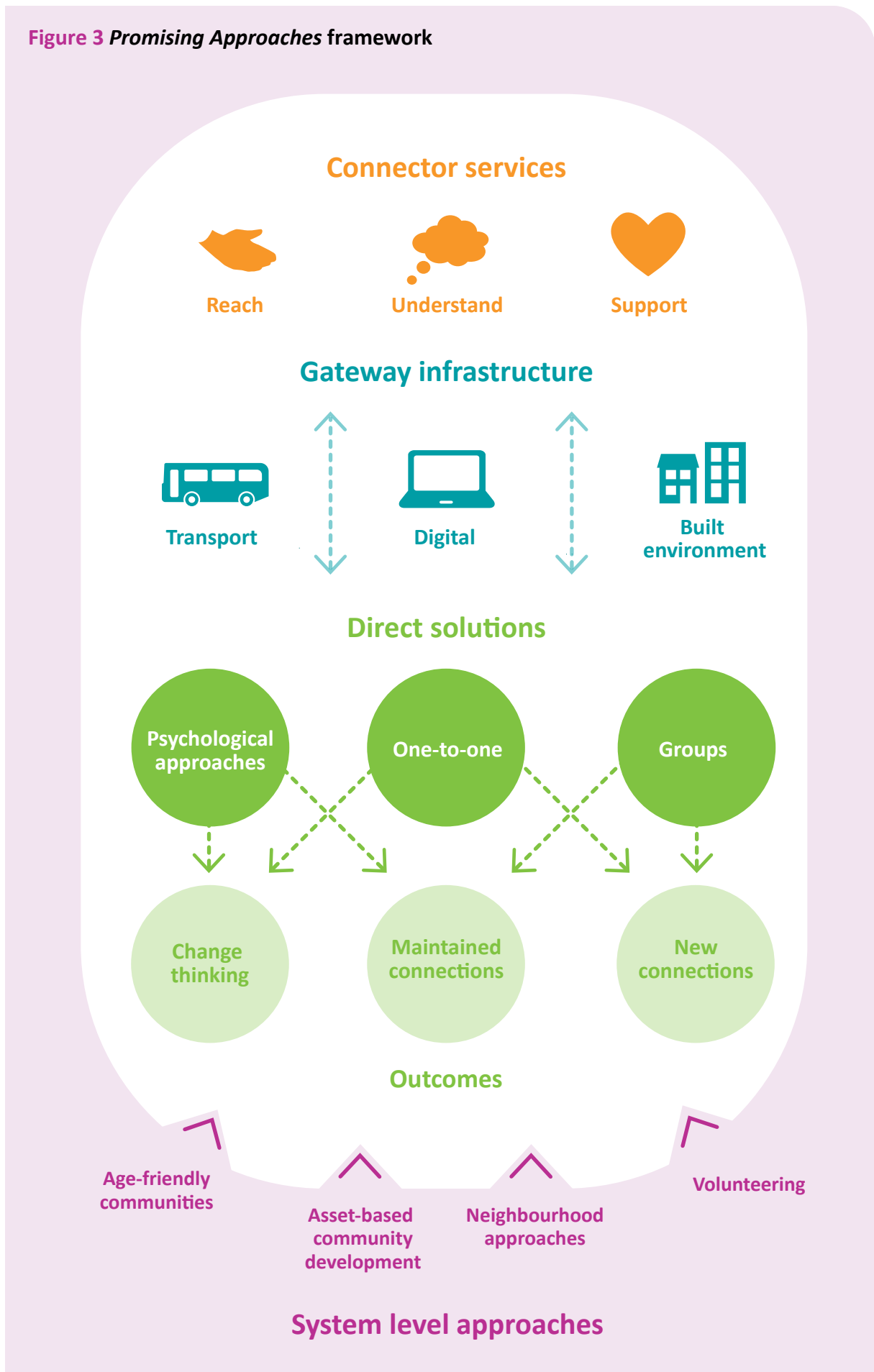
Our *Promising Approaches* framework (developed in partnership with Age UK in 2015 and refreshed in 2020) sets out the range of responses needed within a community to address loneliness effectively.⁷⁴ (See Figure 3 on page 26)

The core message is that individual responses to loneliness work most effectively in the context of a multi-agency whole-community approach that's responsive to the reality of the experience of loneliness and the diversity of barriers and motivations for connection.

The framework highlights the need for **connector services** that “reach, understand and support” lonely individuals to access services and activities in the community with the potential to address their loneliness. These **direct solutions** operate through one or more key mechanisms:

- **Increasing connections**
- **Improving relationships**
- **Changing thinking about relationships**

Figure 3 Promising Approaches framework



Interventions can only be delivered effectively to individuals if they're supported by the right **infrastructure to enable connection** in the community, and delivered as part of a **strategic response to loneliness**.

The fundamental nature of loneliness didn't change during the pandemic – nor did the need for a coordinated response. In fact, it reinforced the need for individually-tailored responses to loneliness, addressing practical barriers to connection (such as poor health or mobility, poor housing or lack of money) as well as psychosocial needs. We saw how proactive outreach identified the most isolated and lonely people. The experience of the pandemic also demonstrated the vital importance of the right strategic approach to enable work on loneliness, and the right infrastructure to deliver it.

However, delivery methods have changed. In this chapter we explore the learning and insights from our experience during the pandemic, and how we can apply these in future.

Reaching more people

The pandemic saw a wholesale shift to a more **proactive approach to identifying and engaging people at risk of loneliness**. This outreach uncovered very significant additional needs for support.

For example, many **social prescribing link workers** shifted from working on the basis of referrals to contacting everyone on GP lists of clinically extremely vulnerable individuals. Organisations offering one-to-one befriending saw a huge increase in demand, with many doubling their caseloads during the pandemic.⁷⁵

This proactive outreach was underpinned by new uses of **data**. Under emergency measures, statutory authorities and Voluntary, Community, Faith & Social Enterprise (VCFSE) groups were able to share data – including lists of those considered clinically extremely vulnerable to Covid-19, people aged 70+, and people in receipt of other forms of support (such as assisted bin collection).



This data was used to identify and target those most at risk.

We also heard that more people came forward to request support. The heightened awareness and concern around loneliness may have made people more willing to ask for help. The stigma attached to loneliness also seems to have reduced during lockdown, perhaps because the experience of losing social contact was so widely shared, giving people ‘permission’ to be lonely.

During the pandemic, we noticed people who were lonely in a way that we hadn’t always done before. Organisations and community groups uncovered people who hadn’t previously received support, and rediscovered people they had lost contact with.

These people often had complex situations, requiring multiple interventions to address practical barriers around income, housing or mental health, as well as companionship and social connection. While some needs were a direct result of the pandemic, many had experienced loneliness long before, but were simply unknown to services. Having found these people in the pandemic, we can’t just abandon them now.

So as well as increased numbers, we’re seeing increased complexity. On top of deep-seated, pre-existing barriers to connection, many have experienced a deterioration in their situation that makes it harder for them to reconnect. These new, pandemic-driven barriers include:

- **Increased anxiety linked to the risk of disease**
- **Broader anxiety in social situations triggered by long-term loneliness and isolation**
- **Declining mobility**

A few will be able to join group-based activities once restrictions lift. However, many will continue to need one-to-one support in their homes (remotely or face-to-face) well into the future. Meeting this demand will pose ongoing challenges in terms of capacity and resources.

Lessons for the future

We’ve seen a structural shift in the demand for loneliness support – both in terms of the numbers needing support, and the complexity of their situations.

To remain effective in future, we will need to continue:

- **To carry out proactive outreach and use of a range of data and warning signs to identify those in need of support, including through social prescribing**
- **To provide sufficient resources to meet the demand identified during the pandemic**
- **To support staff and volunteers who are working with more complex situations – not only with additional skills and resources but also mental health support**

To support this work, we will need to find proportionate approaches that protect people’s data while also allowing organisations to reach them with the right support at the right time.

Remote (mostly) works

The pandemic has demonstrated the potential of **remote and online support** for people experiencing loneliness. Organisations told us that online support – such as Zoom groups and activities – has been very effective for those who can access it. Overall, though, **telephone support** has proved most important and most widely accessible. Many organisations have also made creative use of postal and doorstep deliveries to offer a sense of connection.

A key lesson is that **remote delivery has widened access to support**. It allowed services to reach people unable to leave their homes. It also offered a new way to participate for those who find face-to-face socialising more challenging.

Finally, it provided flexible opportunities to people living in more remote parts of the country. As a result, people who had previously missed out could access groups and activities which were meaningful to them.⁷⁶

Even as lockdown restrictions ease, remote support will continue to be important for people with mobility issues, caring responsibilities, anxiety or other mental health issues, and for those living far from services.

Remote support has also proven more efficient to deliver, with the potential to deliver across geographical boundaries; it also makes it easier for organisations to offer flexible volunteering opportunities.⁷⁷

Two's Company Befriending (Linking Lives UK)

CASE STUDY

Linking Lives UK is a national Christian charity which has been working with churches to establish befriending projects to address social isolation since 2012. Prior to the pandemic it primarily focussed on establishing home visiting schemes: it had more than 32 projects operating across the country that offered service users experiencing, or at risk of, loneliness a weekly visit for an hour or two.

The pandemic accelerated plans to develop an alternative to the home visiting scheme and Two's Company – a telephone befriending model – was born.

Linking Lives now operates more than 40 telephone befriending projects across the country in addition to the existing home visiting schemes. Telephone befriending has proved extremely popular. It has attracted new volunteers who prefer the reduced regular time or travel commitment while still seeing the benefits of regular contact.

The activity and efforts of these and existing befriending schemes led to more than 1,000 referrals to local Linking Lives services across the UK, with a similar number receiving regular telephone calls as of the end of March 2021. While the public was showing increased awareness of issues relating to loneliness before the pandemic, this has heightened in the past 12 months, enabling the charity to raise the profile of its work.

Linking Lives plans to enable all projects to operate either a home visiting or telephone model, or to offer a combination of both.

linkinglives.uk



However, delivering remote support has placed some new strains on staff and volunteers – for example, making it harder to sustain conversations, to deal with difficult topics, or assess the gravity of concerns in the absence of visual or physical cues.

Remote support can't meet our need for face-to-face connection. The overriding message in our discussions was that this was a significant gap, with services keen to return to face-to-face provision as soon as possible.

Most organisations expect to offer a **blended model** of face-to-face and remote provision for some time. Even after pandemic restrictions lift, not all staff, volunteers or service users will be comfortable meeting face to face. As we saw in chapter 2, deconditioning means that many more people now have restricted mobility or increased anxiety and will be less able to participate in face-to-face services. And many organisations have extended their footprint beyond the area where they can provide face-to-face services.

Organisations also anticipate a long period of transition: reassessing service users, retraining staff and volunteers, and tailoring responses to the new needs that have emerged. However, blended delivery frequently amounts to 'double running', with both face-to-face and remote delivery requiring staff and volunteer input. It's not yet clear whether there will be additional funding from statutory or voluntary sources to meet these additional costs on an ongoing basis.

The digital divide

The pandemic also demonstrated the depth of the **digital divide**. While online connection offered a lifeline for some, **the digitally excluded undeniably missed out**. ONS figures from before the pandemic showed 5.3 million "internet non users" across all age groups.⁷⁸ While internet use among older adults was on the increase – with 80% of older adults (65+) having the internet at home and 65% having shopped online⁷⁹ – there were still significant numbers of older adults unfamiliar with the internet.

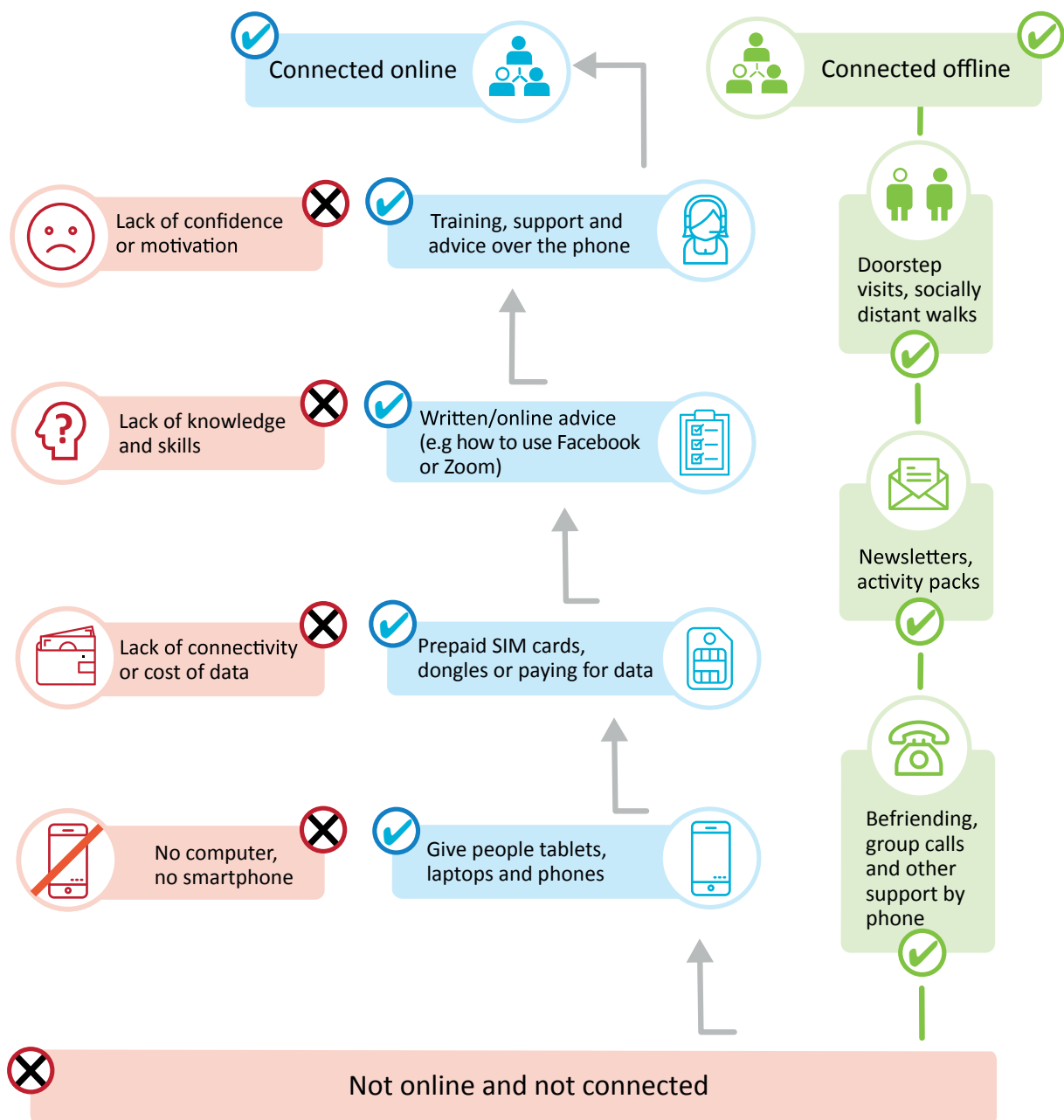
The digital divide is deeper than physical internet access. It's also about people's skills and confidence in using technology: pre-pandemic research showed that 22% of people in the UK lacked basic digital skills.⁸⁰

Digital exclusion tends to coincide with wider exclusion and poverty: only 51% of households earning between £6,000 and 10,000 had home internet access compared with 99% of households with an income of £40,001+.⁸¹ This makes it likely that people who were already lonely also had higher levels of digital exclusion. When the internet became our primary way to connect and to access essential services, this compounded the challenges for addressing loneliness. 74% of the organisations at our *Loneliness in the time of Covid-19* digital events reported that the shift to digital and remote support was exacerbating older people's loneliness and isolation.

Despite support from family, friends and voluntary organisations, significant gaps in support remain. For example, during our *Loneliness in the time of Covid-19* events, practitioners told us that being unable to pay for data continued to be a real issue for many, particularly young people.

While some who couldn't make the leap online were able to access analogue alternatives, they were more likely to miss out.

Figure 4 Addressing the digital divide during Covid-19



Taken from Jones, D, Jopling, K (2021) *Lessons from Lockdown: Loneliness in the time of Covid-19*, Campaign to End Loneliness

The Cares Family

CASE STUDY

In March 2020 the Cares Family, a group of local community networks of young professionals and older neighbours in different UK cities, took the difficult decision to suspend all face-to-face activity. This forced the organisation to rapidly rethink what its mission to bring people together across generations would mean in a time of enforced separation.

Determined to continue to offer people opportunities to connect, the organisation started to adapt its offering, quickly moving activities online and developing new ideas.

Social clubs, which in normal times included dance parties and technology workshops, became virtual (via Zoom) with everything from quizzes to yoga to history and discussion groups on offer.

However, knowing that only about 40% of the older people it works with have a smartphone and/or home broadband, the digital divide was going to be an issue. The Cares Family ensured that there was the option to dial in from a landline, and regular phone-in-only clubs to give offline neighbours the chance to join in. The organisation also created a 'Phone a friend' programme which offered regular phone calls to check in and catch up each week.

For those neighbours who wanted to get online, the organisation created a 'What the tech' programme, where younger neighbours offered support to their older counterparts in taking their first steps online. Through one-on-one training sessions, younger and older people connected across the digital divide, and older neighbours learnt how to use Zoom and better navigate the changing world.

From March 2020, these services helped nearly 4,000 older and younger people to share time together. 903 friends took part in 859 social clubs – not just on Zoom but through group calls and in the organisation's Cosy Clubs (smaller virtual clubs for those still building social confidence).

The Cares Family has also shared more than 100,000 #AloneTogether activity packs, which were delivered every day, using combination of old and new technology – from WhatsApp groups to doorstep drops – to help people stay connected through sharing poems, games, jokes recipes and creative arts.

As it looks to the future, The Cares Family sees remote delivery remaining part of the organisations' offering, even as face-to-face activity slowly returns, as it has helped widen access to new people.

thecaresfamily.org.uk



Everyone Connected

CASE STUDY

Everyone Connected (formerly DevicesDotNow) began as an emergency response campaign, that called on industry, government and the VCFSE for donations of cash or equipment to provide devices to people without them during the pandemic. Donations are matched to people in need via its network of Online Centres independent organisations that deliver digital inclusion support, and offer support in using devices.

The scheme has now donated 20,454 devices and data packages to digitally excluded households across the UK. An interim impact report found that 82% of people say they have used their new device to keep in touch with family and friends.

goodthingsfoundation.org/what-we-do/our-partnerships/data-poverty-devices/everyone-connected/



How did organisations support people who were offline during the pandemic?

Organisations worked extremely hard to find creative ways to engage people who struggled with remote support (including the phone), but they recognised gaps in their reach. People who proved harder to support remotely included:

- People with hearing loss
- People with dementia
- People who lacked confidence with remote connection
- Care home residents, due to tight restrictions on access
- People living where community infrastructure was weak
- People with poor or intermittent access to the internet

We also heard that some organisations were finding it harder to support people with limited English language skills, because of the additional challenges of using text-based apps and the inability to use gestures or facial expression to support verbal communication.

In many areas this gap was filled by community-based organisations and volunteers with relevant language skills.

Lessons for the future

The pandemic has demonstrated the potential for remote support, especially by phone. Offering lower levels of support to those with online access may allow services to focus more intensive, face-to-face support on those in the greatest need.

To realise these opportunities we will need:

- To ensure Voluntary, Community, Faith & Social Enterprise (VCFSE) organisations have the resources to manage the transition back to face-to-face provision as well as the ongoing costs of blended delivery
- To take proactive steps to reengage those who couldn't connect remotely, recognising the likely need for additional support to overcome the impact of long-term isolation

Collaboration and local partnerships

Organisations have reported much greater collaboration during the pandemic.

Charities, local authorities and NHS bodies have shared caseloads and responsibilities, opened up their data and operated in a spirit of flexible and generous partnership

to ensure that they can reach as many as possible. Breaking down organisational silos made it easier to play to each organisation's strengths and coordinate the community response across different actors.

People who face chronic loneliness often need a range of practical, social and emotional support best delivered across agencies. Effective collaboration is critical to address these kinds of complex issues, with services understanding what others offer, and working together to ensure that each person receives the responsive support they need.

Where organisations had strong existing relationships, collaboration came naturally. With responsibilities spanning a range of issues and sectors, local authorities which were already well networked and trusted could play a key convening role. The pandemic was also instrumental in forging new links, particularly between health professionals and VCFSE organisations, allowing health professionals to take advantage of the VCFSE sector's reach and trust within groups at particular risk for Covid-19.

For example, social prescribing link workers (whether employed by the NHS or the VCFSE) reoriented their work to coordinate deliveries of food and medicine between community groups, NHS volunteer responders and local charities.



These collaborations played out most visibly and effectively at **grassroots and local level**. Local organisations were more likely to have trusting relationships and networks with other services, as well as insight and connections into communities. From local authorities to voluntary sector infrastructure organisations, faith groups to community centres, their local roots and relationships underpinned effective outreach through sharing of caseloads, data and intelligence, as well as the coordination of different groups to provide timely, tailored support.

Funders provided emergency grants and relaxed restrictions and accountability requirements to allow organisations to respond to the changing situation. In many areas, **funders came together** to provide easier access to emergency funds and many relaxed their ways of working, allowing organisations to try new things.⁸²

Together Co

CASE STUDY

Together Co is a loneliness charity working in Brighton, Hove and beyond to create connections. Prior to the pandemic it offered a range of services including befriending and social prescribing.

When the pandemic hit, the charity rapidly adapted its work to deliver remotely; it became involved in the Brighton and Hove City Council's Community Hub as part of a cross-agency team.

Strong relationships were at the heart of the organisation's response to the pandemic. Relationships with local businesses led to the offer of *pro bono* support in creating video training for befrienders. Relationships across the statutory and voluntary sector supported the sharing of resources – for example Together Co shared training on Guided Conversations, for its social prescribing service, with wider partners involved in emergency response.

The Hub's cross-agency team adopted common ways of working to meet community needs. Together Co helped to broker relationships between the Hub and the Clinical Commissioning Group, which it had worked with on social prescribing. This meant that Together Co was able to offer Social Prescribing staff's skills in supporting people in difficult situations to residents accessing help through the Hub.

As the pandemic evolved, the spirit of collaborative working made it easier to develop new services to meet needs as they arose. This included a new food service, case management systems to support people being referred via the Hub, and a bilingual support service. Long-established partnership working was a vital bedrock for this work, but the pandemic has further levelled the playing field between statutory and non-statutory partners.

togetherco.org.uk



Local collaborations engendered by the pandemic enabled a more effective response to loneliness in communities. This had long been called for, but proven hard to deliver.

The pandemic has demonstrated that effective local collaboration is underpinned by more flexible funding and the relaxation of organisational boundaries, and by recognising the different strengths of different actors.

We will need courage as well as deliberate intent to avoid reverting to old ways of working that could reduce the ability to identify and support those most at risk of loneliness.

Lessons for the future

Collaboration will continue to be vital to effective action on loneliness.

To enable this, we will need:

- **To seize the opportunity of the wider shifts towards integration and collaboration, driven by initiatives such as the Integrated Care Systems⁸³ in England, to support new ways of working across sectors. This could include moving away from competitive tendering and short-term funding towards collaborative commissioning models**
- **To ensure established local actors, such as local authorities or voluntary sector councils, can play a key role in new structures for collaboration**
- **Non-statutory funders to continue to offer more flexible funding and to operate on a basis of trust and relationships, beyond the pandemic**

Processes

The pandemic forced organisations to reassess their internal processes and ways of working. For many, this was positive, leading them to streamline back-office functions and making long-delayed shifts to digital tools and processes.

They also recognised a need for additional training and support for staff and volunteers, as many faced new strains and challenges in supporting people remotely.⁸⁴

Fortunately, online tools made it easier to create volunteer peer support networks. Many also developed or accessed online training modules on issues such as dementia awareness and mental health first aid.

Lessons for the future

Many organisations have identified more efficient ways of working. To be most effective in future we need:

- **To help more organisations use digital tools, including sharing solutions between organisations**

Opportunities for meaningful involvement

Our *Promising Approaches* framework recognises that there's no single solution to loneliness. Every individual needs to find something that's meaningful to them, and which gives them the motivation and opportunity to meet with, and connect to, others. To enable this, we need thriving communities that offer a range of different activities and options:

- **Social activities such as community cafes, play groups or social clubs**
- **Exercise and sports groups**
- **Arts and cultural activities, from visiting the theatre together to community choirs**
- **Opportunities to learn new skills together**
- **Chances to volunteer**
- **Peer support groups**

People need opportunities to **join in, to belong and to contribute**. They need a warm welcome, encouragement to stay, and an opportunity to build relationships over time.⁸⁵

Group activities were significantly curtailed during the pandemic: groups could only meet in very limited circumstances, during certain phases of the pandemic, and in certain places and parts of the country. While some organisations moved activities online (typically to Zoom), we also saw a significant shift towards one-to-one support, usually over the telephone.⁸⁶

While the tools of engagement were significantly more limited than those available previously, the need for a personalised response remained. Our *Loneliness in the time of Covid-19* events demonstrated how hard organisations worked to offer a broad range of options.



Brereton Million Big Local Covid-19 Support Group

CASE STUDY

Brereton Million is a group of local people in Brereton, Staffordshire, funded by £1 million from Big Local: an initiative funded by The National Lottery Community Fund and managed by Local Trust. Brereton Million brings together local talent, ambitions, skills and energy from individuals, groups and organisations who want to make their area a better place to live.

Before the pandemic the group ran a range of projects across the local area, with support from a single support worker employed by the group and a core group of volunteers. When the pandemic hit the group decided to work street by street to identify people who needed support.

Brereton Million set up a Covid-19 support group with a volunteer coordinator; over time they developed a number of sub-groups working on food, crafts, mental health support, phone buddies and gardening – each with its own volunteer co-ordinator.

The group's work during the pandemic has helped to bring the community together, strengthening Brereton Million and increasing its network of support and activities. This will help people stay connected even after restrictions lift.

breretonmillion.co.uk



However, holding to the values of coproduction and involvement was more challenging due to the pressures on time, capacity and the inability to meet face to face. We heard concern that opportunities for meaningful participation were reduced, and were being replaced by more 'paternalistic' services with sharp delineations between beneficiaries and providers.

The pandemic did offer some people permission to come together and generate solutions for themselves in new ways. But not all neighbourhoods saw the same outpouring of community support, and not all groups were inclusive to everyone in their communities.

People who were lonely or faced more barriers to connection were less likely to take part. Securing inclusive opportunities for participation remains an ongoing challenge.

Organisations worked hard to find creative ways to engage people meaningfully, and took steps to ensure opportunities were inclusive of those who were shielding or faced other barriers. It will be vitally important to continue to root responses in an understanding of the universal and mutual need for connection and companionship, and in the evidence that the most effective interventions are those which actively involve participants.⁸⁷

Shine Magazine - Time to Shine

CASE STUDY

As lockdown began, organisations in Leeds came together in partnerships to provide essential goods for older people and those who were shielding. As one of the National Lottery Community Fund's Ageing Better partnerships, working to address loneliness and isolation among people aged 50 and over, Time to Shine began to work hard to keep people socially connected, creating digital activities and providing telephone support.

However, Time to Shine's ethos has always been to work alongside older people, rather than to offer support to them. Since its inception in 2015 older people have contributed thousands of hours to the programme. But government advice to older people to stay at home left them feeling that they were seen as vulnerable rather than valued. Developing "Shine" magazine offered them an opportunity to be involved even while staying at home.

Over the first lockdown, Time to Shine created six magazines fortnightly, bringing older people's stories together in a high-quality publication. The magazine is now produced monthly.

The magazine has provided an opportunity for older people to share their experiences; it includes call outs for content on different themes such as 'view from my window' or 'did you work in the textile industry?'. Older people without internet connections can tell their stories over the phone; others write their submissions and send them in by post.

Working on Shine magazine has enabled conversations that involve older people rather than just supporting them.

timetoshineleeds.org/projects/shine-magazine



Lessons for the future

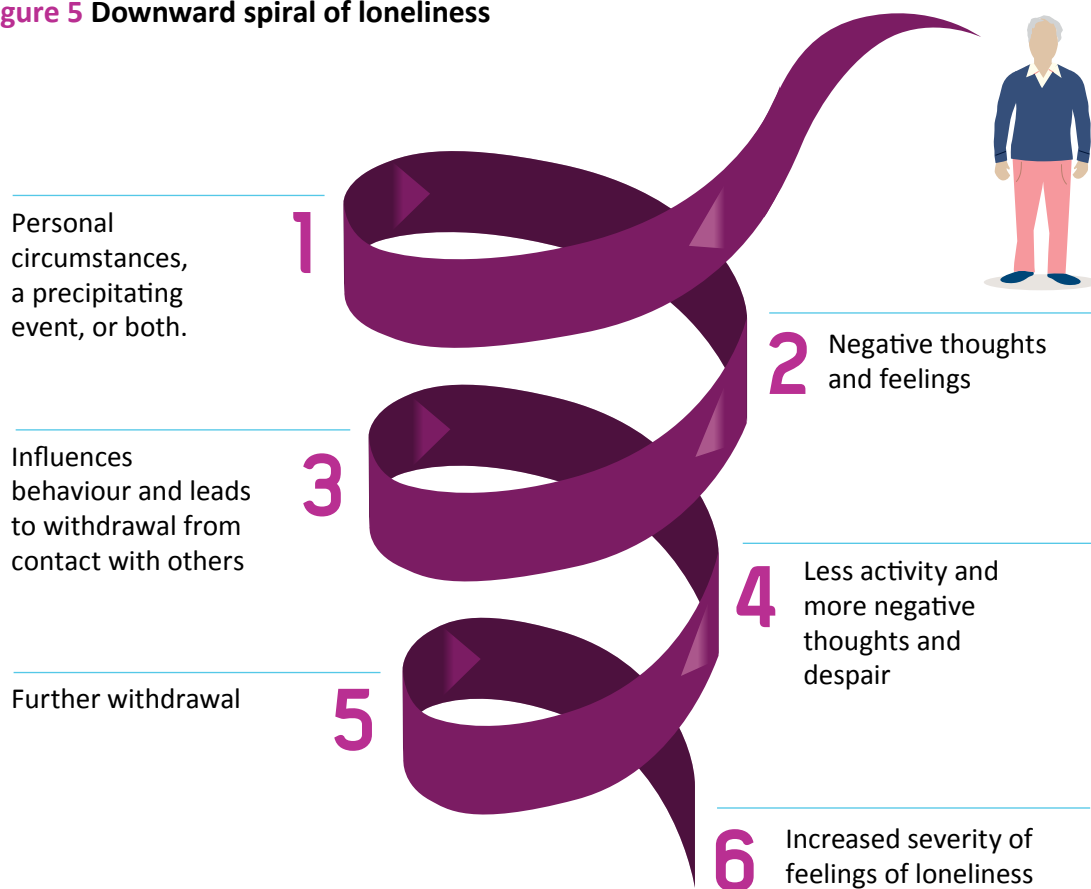
- We must all make a conscious effort to ensure that people can be involved in developing their own solutions to loneliness

A psychologically informed response

Lockdown restrictions have brought the psychological aspects of connection to the fore. We know from our previous work on the psychology of loneliness that people describe feelings of loneliness with words like “emptiness”, “fear”, “anxiety” and “helplessness”.⁸⁸ These negative emotions can, over time, affect confidence and make us perceive social situations with greater caution. This can lead to a **downward spiral** of withdrawal from others and into ourselves, making loneliness more severe and harder to shift.

The pandemic made the link between mental health and loneliness clear. Some struggled with difficult emotions – in our *Loneliness in the time of Covid-19* conversations, volunteers and staff described significant levels of anxiety triggered by uncertainty, separation and fear of the disease itself. Many went through difficult experiences, including job losses or changes, ill-health and bereavement, without access to the usual sources of support. People often have complex emotions associated with loneliness, such as grief or loss, that they have yet to fully process. This is especially important given the length of lockdown. Those who are lonely or at risk, and have spent more unwanted time alone, have had to manage these negative feelings on their own.

Figure 5 Downward spiral of loneliness



Source: Campaign to End Loneliness (The Psychology of Loneliness)

All this means that to engage the most lonely individuals, a thriving community isn't enough. People who've had the worst experiences of loneliness in lockdown will need psychologically informed support: both to recover and reconnect, and to deal with the practical and emotional barriers they face. Some will need specialist clinical support to address the accumulating psychological impact of loneliness.

In our *Loneliness in the time of Covid-19* conversations we heard that offering support became more challenging over the course of the pandemic, as more people struggled with anxiety and low mood, and feelings of despair and hopelessness. In response many organisations provided additional training to enable staff and volunteers to offer emotional support, but also to know when to make onward referrals.

Some developed new support services focussed on psychological wellbeing, ranging from formal counselling services to online sessions for mindfulness and wellbeing.⁸⁹

Lessons for the future

To be most effective in future we need to ensure that:

- The response is psychologically informed
- Specialist psychological support is available for those who need it

The importance of infrastructure

The pandemic confirmed the reality that loneliness isn't simply about individuals and their relationships, but that it's heavily impacted by structural factors. The *Promising Approaches* framework highlights how community infrastructure, such as transport, digital connectivity and the built environment, can enable or hinder connection (as discussed in chapter 2).

We know that building connections is easier in neighbourhoods which offer a range of different **places and spaces** for different types of interaction – from opportunities for casually bumping into one another, building a sense of familiarity, to places where people can meet collectively.⁹⁰ These can be public or community spaces, from parks to village halls, commercial venues such as cafes, pubs or sports grounds, or 'third spaces' such as post-office queues and buses.

During the pandemic, many of these spaces have been closed to us. But our sense of community was still affected by our physical environment: from access to green spaces for exercise and an opportunity to see (if not speak to) others, to local shops and services that enabled us to stay well and access essentials.

As the pandemic progressed many communities developed their own informal ways of creating a sense of low-level connection. Nurturing the weak ties between neighbours became more important when many of us were separated from those with whom we had stronger bonds. Neighbourhood trails and treasure hunts sprang up, informal "bring and swap" libraries emerged, and street WhatsApp groups were created. However, creating these opportunities for connection was far easier in communities which already benefited from a strong sense of community and trust among neighbours.



Similarly, the pandemic brought into focus the importance of **social infrastructure** – the network of community groups and organisations that support, encourage and enable people to collectively identify and address issues. While we saw new community groups emerge, the gaps in our infrastructure also told, with some areas struggling to coordinate responses, leaving those on the margins particularly at risk.

The pandemic also brought shifts in our understanding of how transport infrastructure supports connection – shining a spotlight on the importance of infrastructure for walking and cycling as an alternative to public transport.

Individual and community responses to loneliness are most effective when basic infrastructure is in place. As we discussed in chapter 2, the pandemic is likely to have a lasting impact on our social and physical infrastructure, as a result of both its direct

effects on how we live, work and spend our leisure time, and the investment being committed in its wake.

Lessons for the future

The unequal distribution of social infrastructure and the uncertainties around future community capacity are cause for concern. If we want our response to loneliness to be effective, we must:

- **Ensure everyone’s infrastructure is fit to support connection, particularly within communities and among groups at most risk of loneliness**

In the next chapter, we discuss the opportunities for ‘building back better’ in terms of connection.

The lessons we've learnt for service delivery

The pandemic has created a **structural shift in demand for loneliness support** – both in terms of the numbers needing support, and the complexity of their situations. We've also learnt a lot about how to deliver effective support, using new approaches to respond to this demand.

Organisations working to address loneliness should:

- Continue to offer people a range of opportunities and ways to engage, including both remote and face-to-face options
- Continue proactive outreach to those most at risk of loneliness, using data and warning signs to identify those in need of support, including through social prescribing
- Support staff and volunteers who are working with more complex situations – not only with additional skills and resources but also mental health support
- Take proactive steps to reengage those who couldn't connect remotely, recognising the likely need for additional support to overcome the impact of long-term isolation
- Make better use of digital tools, including sharing solutions between organisations
- Make a conscious effort to ensure that people can be involved in developing their own solutions to loneliness
- Ensure the response to loneliness is psychologically informed, and that specialist psychological support is available for those who need it

Policy makers should:

- Support work to identify proportionate approaches that protect people's data while also allowing organisations to reach them with the right support at the right time
- 'Loneliness-proof' the development and delivery of social, and physical infrastructure, particularly in more deprived communities

Commissioners and funders should:

- Provide sufficient resources to meet the demand for loneliness support identified during the pandemic on an ongoing basis
- Ensure Voluntary, Community, Faith & Social Enterprise organisations have the resources to manage the transition back to face-to-face provision as well as the ongoing costs of blended delivery
- Continue to develop flexible funding models that support local collaboration to address loneliness
- Seize the opportunity of the wider shifts towards integration and collaboration, driven by initiatives such as the Integrated Care Systems in England, as well as building on the positive experiences of local authorities and health services, to support new ways of working across sectors

4

How can we ‘build back better’ for connection?

As restrictions ease, we anticipate that some people will move out of loneliness by themselves. However, many are likely to need more support, as the pandemic has torn holes in their social networks, exposed them to new risks such as unemployment or mental ill health, or cut away the factors that protected them. People who were already lonely may find themselves even less well equipped. We have also found many more lonely people who will continue to need support. There is an ongoing need for targeted services to address chronic loneliness, at a significant scale – this should include ‘connector services’ such as social prescribing as well as group-based and one-to-one social interventions.

We also have an opportunity to ensure that fewer people are exposed to the risk of loneliness in the first place, by creating communities which make building connection easy. Better connected communities are not only better for our individual and collective wellbeing, they are also more resilient to future shocks,⁹¹ while people who are lonely often feel less able to cope.⁹² As we rethink our approach to our physical and social infrastructure after the pandemic, we should capitalise on the increased attention to loneliness to create a connected recovery.

As we’ve seen in chapters 1 and 2, the most disadvantaged communities have experienced the worst impacts on every front – including health, unemployment, high streets and public spaces, as well as loneliness – while having fewest resources to respond. These communities will need to be the priority within a wider effort at both national and local level to build a loneliness-proof recovery.

Building community capacity

From good neighbours to places of worship, as well as charities and other organisations, the Voluntary, Community, Faith & Social Enterprise (VCFSE) sector was at the heart of support for lonely and isolated individuals during the pandemic, working alongside the NHS and local government. It will be even more vital as we recover.

There’s increasing recognition that statutory services must work with VCFSE organisations including grassroots community organisations to tackle the inequalities which compounded the impacts of the pandemic in the most deprived communities.



This is at the heart of new thinking on health inequalities within the NHS, from social prescribing to place-based health.

We will need action to build community capacity, targeted particularly on more deprived areas.

VCFSE sector bodies, including NCVO, have called for the levelling up agenda to address social as well as physical infrastructure.

As outlined in chapter 2, the sector faces an uncertain future: its foundations were already shaky in the poorest parts of the country. Before the pandemic, a coalition of charities, funders and others set out the case for a £5 billion Community Wealth Fund to build social capital in the most disadvantaged communities.⁹³ This is the scale of action and investment that will be needed to build the community capacity needed both to support the most lonely individuals, and to build cohesion and connection across communities.

Leeds Neighbourhood Networks

CASE STUDY

Recent evaluation of the Leeds Neighbourhood Networks by the Centre for Ageing Better has demonstrated the value of community infrastructure in enabling a community response to loneliness in times of crisis.

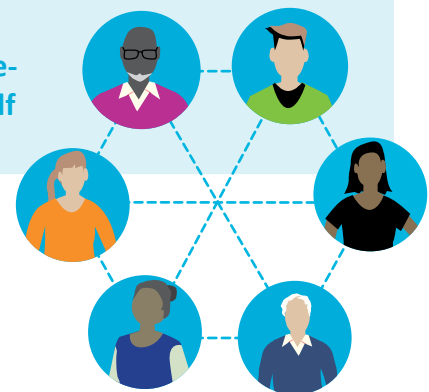
The 37 Neighbourhood Networks in communities across the city of Leeds are the product of 30 years of work to develop neighbourhood level infrastructure that can support older adults to live independently and participate in their communities as they age. The Networks all operate differently but they all work with older people to: reduce isolation and loneliness; increase participation in the local neighbourhood; enable choice and control over their lives; and encourage healthier life choices. Many do this by offering health and wellbeing activities involving exercise and food, to offer support with complex mental health issues or support to people living with frailty.

During the pandemic the Networks came into their own, forming a vital plank of community support, with some networks becoming formal Community Care Hubs for the wider community, and all playing a vital role in supporting older adults and the wider community in their local areas.

The Centre for Ageing Better's evaluation found that long-term investment by Leeds City Council in Neighbourhood Networks over many years gave the Networks a secure basis and sufficient flexibility from which to respond to the crisis when it emerged. Many were also able to capitalise on long-standing collaborative relationships to ensure that needs were met wherever they arose. The Networks' embeddedness in local communities was also an important strength, as it lent a bedrock of trust and existing relationships which could be drawn upon to speed the response.

See the evaluation here:

ageing-better.org.uk/sites/default/files/2020-12/Ever-more-needed-the-role-of-the-leeds-neighbourhood-networks.pdf



In response to the Black Lives Matter movement, there have been welcome initiatives to invest in community leadership and organisations with deeper roots in communities, especially those facing particular disadvantage on the grounds of ethnicity or identity. This is another area for philanthropic funders and public commissioners to build on.

We need a coordinated response which sees connection as a vital tool in building our resilience to future shock.

Physical and digital infrastructure for connection

As explained in chapters 2 and 3, physical space, transport and the built environment are vitally important in allowing people to get and stay connected. We've also seen digital solutions playing a much greater role – but this has underlined how some are locked out of connection by the digital divide.

The government has announced very significant capital funding to support recovery. This includes specific funds for local areas, such as the Shared Prosperity Fund, the Towns Fund and the Levelling Up Fund, alongside nearly £20 billion for new transport and digital infrastructure. There's a clear opportunity to direct some of this funding towards the physical infrastructure we need for connection.

This could include measures to boost active travel (by public transport as well as walking and cycling), and increase green and pedestrian space, especially for communities that are currently missing out. It could also include protection of community and public spaces and other assets such as pubs, pools or post offices, and encouraging more creative use of empty shops and ways to protect high streets. In their recommendations to Neil O'Brien MP for the forthcoming White Paper on Levelling Up, NAVCA described the ideal ingredients of a high street as “a brew, a loo and something to do”.⁹⁴

While the work of Everyone Connected, and other initiatives across Scotland, Wales and Northern Ireland, to distribute connected devices has been a welcome start on help for the digitally excluded, the evidence suggests that we also need to work on access to broadband, support with data costs, and ongoing support to build confidence and motivation.⁹⁵ This should be a core part of future government spending on digital infrastructure.

Elephant Says Hi!

CASE STUDY

The “Elephant Says Hi!” initiative was a programme that came out of the Loneliness Lab – a partnership between social enterprise Collectively, and international property and infrastructure group Lendlease, which brought people and organisations together to explore how to design loneliness out of the urban environment.

The initiative derived from work focussing on how high streets and community infrastructure around the Elephant and Castle area in Southwark could support those feeling lonely. Elephant Says Hi! brought together local community members – both individuals and organisations – to think about how to make their local area more welcoming and give it a greater sense of identity (rather than as a place to pass through or commute from). The initiative has led to a wide range of outcomes, including a growing network of welcoming organisations, a digital platform for the area, community events and promotion of local activity.

elephantsays-hi.com

Whether physical or digital, all infrastructure investment should be designed to promote connectivity – enabling people to connect to other people, and to activities, information or resources that can help them get and stay engaged in their communities. This means building in affordability and accessibility from the outset, along with funding for ongoing support to help people who may face barriers to connection, from physical mobility to digital exclusion.

Connecting through work

Many people spend more time at work than they do with their families, making workplace interactions and connections a major element of our social networks. What happens at work can also affect relationships outside the workplace, and vice versa.

We expect to see a permanent shift towards more remote working, which tends to reduce opportunities for interaction and connection. Employers need to recognise and mitigate the potential impact of this shift on loneliness.

This could include providing shared spaces, times and activities for interaction, and ensuring that workers are included and communicated with equitably, regardless of their work location.

Good quality work can have an instrumental role in protecting us from loneliness, by providing both an income and a sense of meaning and identity. But poor work environments can contribute to loneliness: as a result of stress or long hours, or workplace bullying and discrimination.⁹⁶



Supporting shielding staff at the National Grid

CASE STUDY

During the Covid-19 pandemic the National Grid recognised that members of staff who were designated clinically extremely vulnerable and shielding (or those living with someone asked to shield) might be at particular risk of loneliness. In response they helped staff facing these unique circumstances to identify themselves and come together.

Staff used the National Grid's internal communications channels to advertise a group for those who'd received a 'shielding' letter or who were living with someone who had. They then established a Yammer group to share information and encouragement and put people in touch with each other. The groups were able to secure funding for remote sessions on coping techniques and heightened anxieties facilitated by a professional health care worker, and then continued to run informal lunchtime drop in sessions every three weeks as a 'drop in' for shielders and shielders by proxy.

Helping staff to come together has helped reduce their isolation and anxiety and created a new network among people united by a shared experience. The group have shared tips on how to cope, on exercise, dealing with medical issues, and other practical issues connected to reintegrating into society.

[gov.uk/government/publications/employers-and-loneliness/employers-and-loneliness](https://www.gov.uk/government/publications/employers-and-loneliness/employers-and-loneliness)

Employers should ensure that workplaces are inclusive and welcoming, that people are paid fairly and treated with dignity, and that their contribution is valued and celebrated.

Action to promote physical and mental health in the workplace is also important, supporting people to stay engaged, and even remain in work in more serious cases, and helping to create a positive culture that encourages connection.

The recent DCMS publication *Employers and Loneliness* suggests some ways in which employers can build an awareness of the importance of connection into their ways of working.⁹⁷ As we move out of restrictions, it will be important for employers to monitor how changing working patterns affect employee wellbeing and loneliness, and take steps to help employees make meaningful connections.

Poverty and exclusion

Throughout this report, we have consistently highlighted the disproportionate impact of the pandemic on individuals and communities who were already disadvantaged. From unemployment, health inequalities and overt discrimination, to a lack of places and spaces to connect, people at the bottom of the socioeconomic spectrum face a range of additional challenges and barriers to connection. These disadvantages mean that they were both more likely to be lonely before the pandemic, and more vulnerable when it happened. Loss of work, family breakdown, evictions and problematic debt can all be triggers for loss of social contact.

Ageless Thanet “Planning for Later Life”

CASE STUDY

The “Planning for Later Life” project is run by Citizens Advice in Thanet, as part of the National Lottery Community Fund’s Ageing Better programme.

It gives intensive support on a one-to-one basis to people facing difficult or challenging circumstances to help them avoid spiralling into loneliness. Life Planners take a holistic approach, looking at all aspects of a person’s life to identify what support they most need. Crucially, the programme includes help with budgeting, finances, work and accessing benefits. Life planners’ experience shows that if you don’t address people’s financial concerns, they can’t move forward to address issues such as social isolation.

Over five years the team have identified £1.8m of additional income for service users by supporting them to access their entitlements. As a result of the service, 59% of people saw a reduction in loneliness; 77% reported an increase in quality of life; and 74% reported an improvement in their mental health and wellbeing. After going through life planning, 89% went on to join a new group to help overcome social isolation. These changes are largely due to having more money and more choice.

sekgroup.org.uk/wp-content/uploads/2020/08/Life-Planning-Report-_standard.pdf

This means that social and economic recovery are inseparable. Enabling financially stable futures is just as important for a connected recovery as developing social groups and activities.

There’s a clear need for public, philanthropic and VCSFE investment and action to target more disadvantaged groups and communities and promote a more equitable and connected recovery. Both charities and funders have historically been least active in some of the poorest places in the country; the recovery should be seen as an opportunity to reset.

Services for individuals also need to take account of both financial and social exclusion. For loneliness services, this could mean providing advice or support on employment, debt and benefits, or making links with specialist organisations. Equally, services focused on financial inclusion and advice should be aware that their clients face an

increased risk of loneliness, and help them access additional support if they need it.

In economic terms, these are the people and places hit hardest by loss of jobs and earnings, reduced consumer expenditure and relatively lower levels of additional funding during the pandemic.⁹⁸ The levelling up investment described above needs to go hand in hand with additional support to promote employment and tackle poverty.

The lessons we’ve learnt for ‘building back better’

Policymakers need to take deliberate steps to create a connected recovery, by investing in the infrastructure communities need to connect and addressing the wider structural factors that drive loneliness.

5

Conclusions

The Covid-19 pandemic has brought renewed focus to the issue of loneliness. We've learned a lot about loneliness, both as individuals, and as a society, and developed new responses to address it. This provides real opportunities for change.

The pandemic has affected us all, but as it progressed we increasingly recognised that far from being a leveller, its impact was extremely unequal. Lockdown exacerbated existing risk factors and inequalities – including for those experiencing loneliness. While many people did experience loneliness during the pandemic, we expect that the majority will recover from this experience by themselves as restrictions ease.

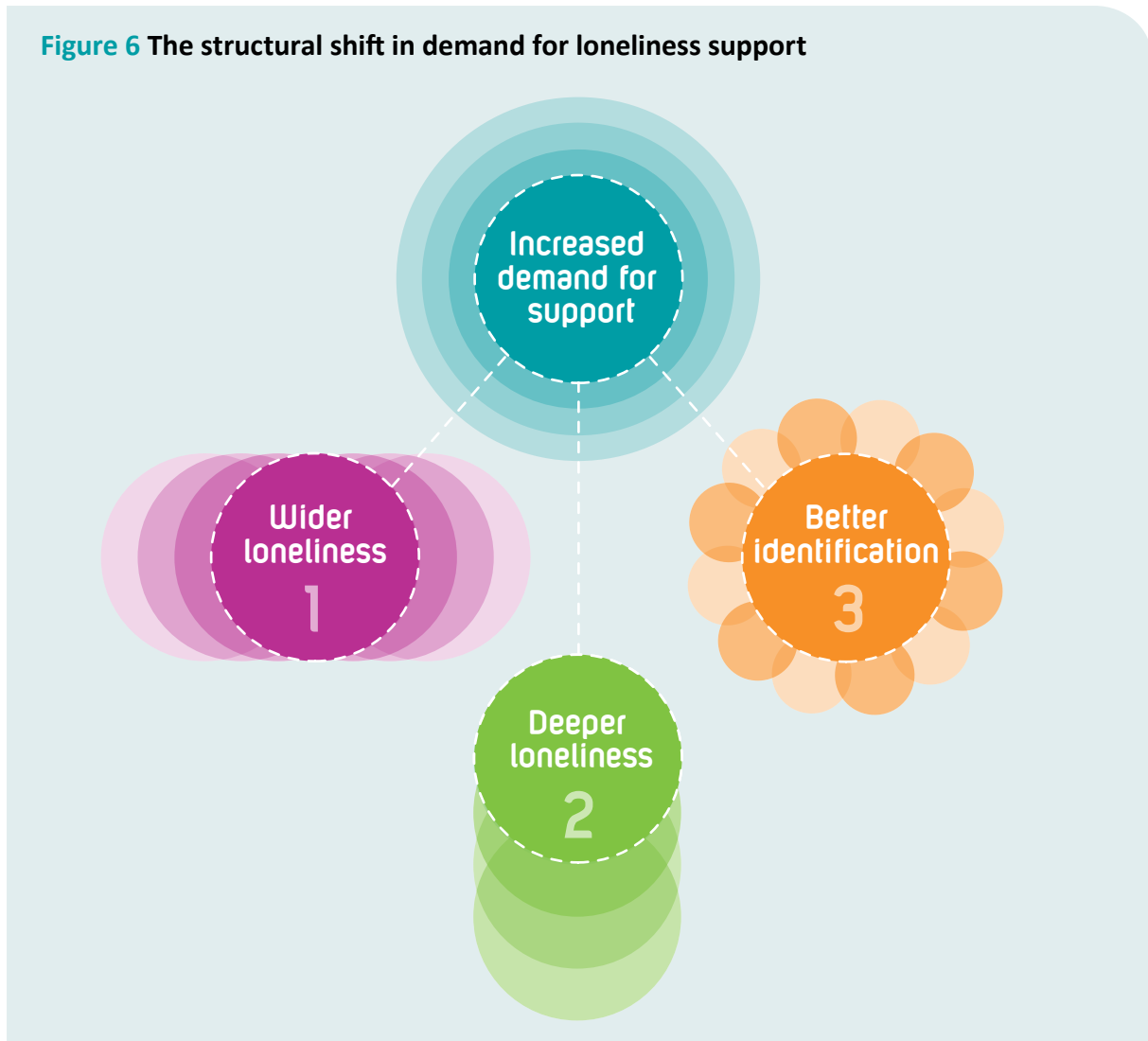
However, up to a million more people have become chronically lonely (feeling lonely often or always). We know that it will be much harder for these people to recover without help. We will need to provide them with targeted support long after pandemic restrictions lift.

The best way to identify those individuals will be by paying attention to the life events and characteristics which put us at risk of entrenched loneliness.

There has been a structural shift in demand for support to address loneliness, driven by a combination of three interlocking factors:

- 1 Wider loneliness:**
the pandemic has caused more people to experience more risk factors for loneliness
- 2 Deeper loneliness:**
the pandemic has also caused many people who were already lonely to experience a deterioration
- 3 Better identification:**
smarter, more coordinated efforts during the pandemic have identified more people in need of support

Figure 6 The structural shift in demand for loneliness support



Loneliness didn't begin with lockdown; nor will it end as restrictions ease. We must plan now to meet the long-term need for loneliness support, drawing on the pandemic's lessons about delivering effective support, and planning for the kinds of support that those who continue to live with loneliness will need to reconnect.

However, our ambition should go further. This experience has brought fresh attention to the risk of loneliness. It has demonstrated the importance of our relationships and the power of connections to sustain us, particularly in difficult times. It has forced many of us to rethink our perspectives on where and how we live, work and spend our leisure time. It will have lasting implications for public and private spaces and places.

We have an opportunity to build a more connected recovery. This will need commitment and action across all the UK's nations, at central and local levels. We must deliberately consider how we can support connection as we reshape our public and social spaces and workplaces.

The pandemic has exposed deep inequalities in our society – in access to services, financial security, access to green space, and mental and physical health. These have exacerbated the risk of chronic loneliness for groups already at risk. As we build back from the pandemic, addressing these structural inequalities will be critical.

Recommendations

We recommend action at national and local level to ensure that we meet the structural shift in demand for loneliness support uncovered by the pandemic, and take the opportunities we've found to reduce the risks of future loneliness.

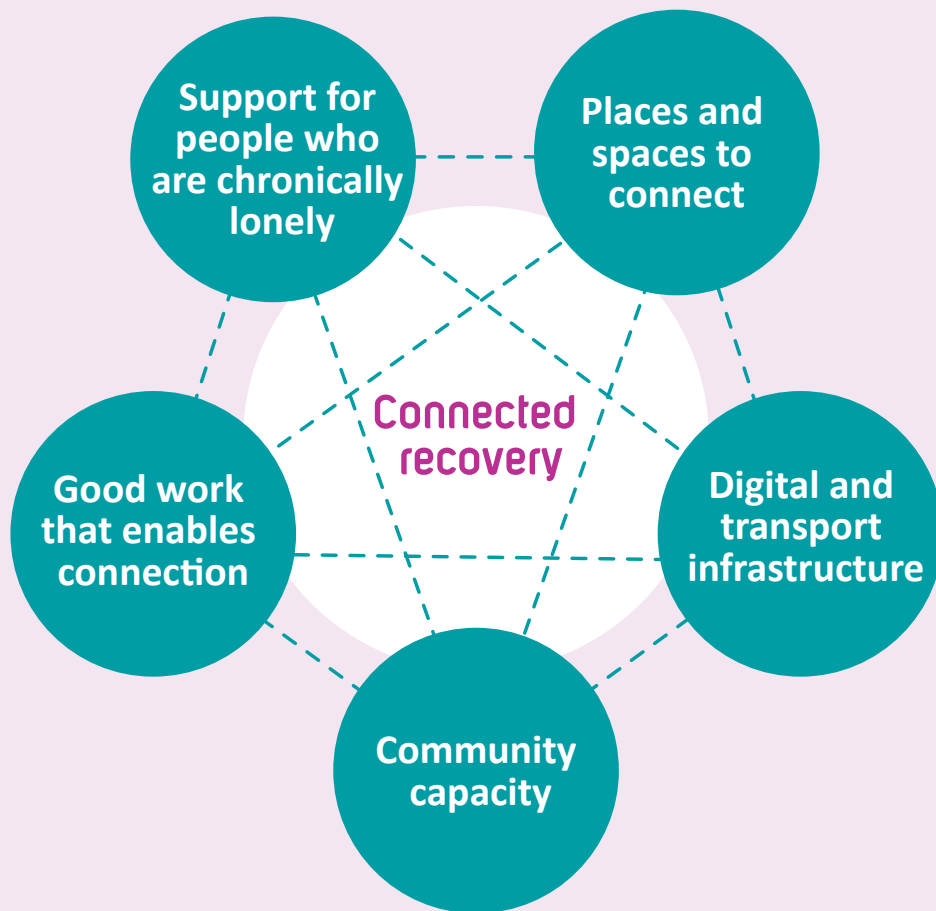
It will be vital to maintain services and support for people experiencing chronic loneliness in the wake of the pandemic:

- The government should ensure sufficient funding to meet the increased demand for support from 'connector services' such as social prescribing and other targeted loneliness support, as well as wider work to tackle health inequalities and improve population health – led by the Department for Health and Social Care, working with departments, funders and commissioners at national and local authority level around the country.
- The government should prioritise places and groups at particular risk of loneliness in funding allocations and when investing in social prescribing and other support for loneliness.
- Local authorities and health bodies should continue to lead place-based efforts to address loneliness, developing local loneliness strategies and approaches in collaboration with the Voluntary, Community, Faith & Social Enterprise (VCFSE) sector, local funders and businesses, with support and encouragement from the Ministry for Housing, Communities and Local Government, and the Department for Health and Social Care.

Loneliness services should apply the lessons of the pandemic (see box on page 43) to develop more effective responses to loneliness, building on the framework set out in *Promising Approaches*:

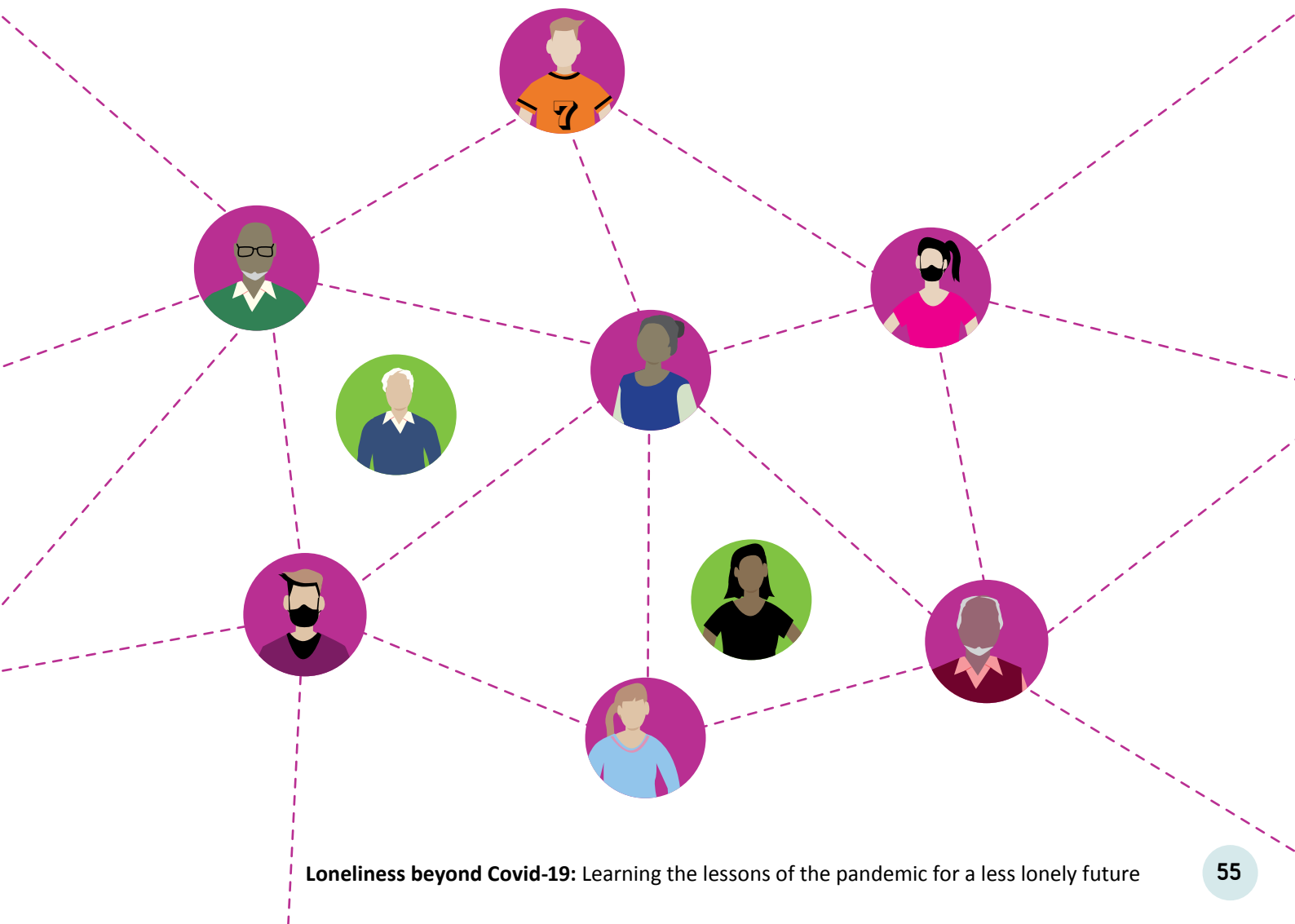
- Services should build on the proactive approaches to identification and engagement taken during the pandemic, drawing on data about risk factors and trigger events.
- Services should pursue blended models of remote and face-to-face delivery, using digital technology to increase reach and efficiency, while ensuring that the digitally excluded are helped to engage or provided with alternatives.
- Organisations providing or funding loneliness services should sustain the generous and flexible approaches to collaboration that characterised the pandemic response.

Figure 7 Creating a connected recovery



A coordinated, strategic approach, driven from the centre of government, will be needed to make the most of the opportunities to reduce the risk of future loneliness:

- The prime minister should task the cross-departmental ministerial group on loneliness with identifying opportunities to build a connected recovery, that incorporates measures to support connection into strategies for post-Covid recovery across government.
- The forthcoming Levelling Up White Paper, and future policy and funding commitments, should include a commitment to increasing the capacity of the VCFSE sector in deprived communities as a core success measure. Funding should be allocated to enable this, potentially through a vehicle such as the proposed Community Wealth Fund.
- The government should explicitly prioritise connection as part of its wider investments in the recovery – for example, Levelling Up funds, physical / transport infrastructure and digital infrastructure. This might include, investment in green space, active travel and protection of community assets, and ensuring high streets have “a brew, a loo and something to do”, with a particular focus on accessibility and affordability.



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