

Campaign to
EndLoneliness

CONNECTIONS IN OLDER AGE

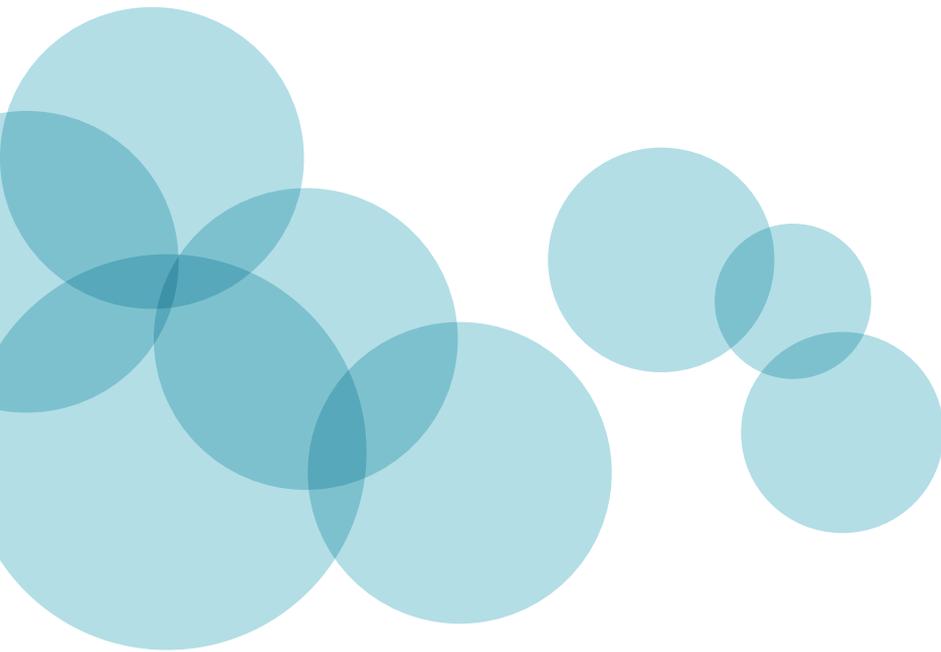
Lessons from lockdown

Loneliness in the
time of Covid-19

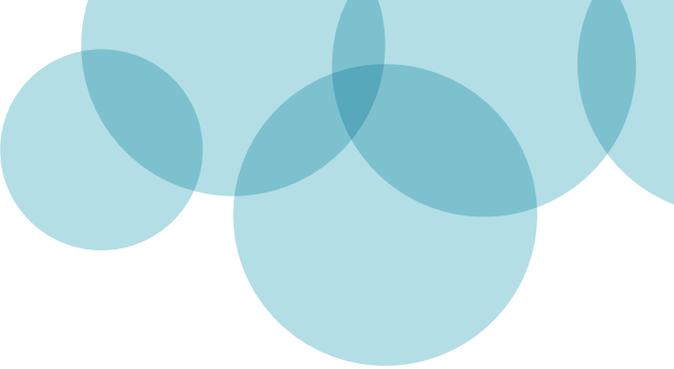


About us

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 and when loneliness becomes entrenched in later life 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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1. Introduction

The Covid-19 lockdown between March and June 2020 had a clear and immediate impact on everyone's ability to connect socially with people outside their households. Many recognised the risk that those who live alone, or who live apart from key people in their lives, would be severely affected by loneliness.

In response individuals, community groups and organisations stepped forward to offer support, and new community groups were formed to respond to the crisis. At the same time organisations with a history of working to address loneliness redoubled their efforts, drawing on their existing knowledge and insight into the nature of loneliness and how best to address it.

This report summarises what we've learned from a series of events convened by the Campaign to End Loneliness to bring together organisations with experience of working on loneliness and social isolation. During these five online discussions, held between May and September 2020, we engaged with hundreds of organisations up and down the UK and beyond.

We wanted to explore how they responded in the context of the pandemic, to draw out lessons for other organisations, especially those new to addressing loneliness and social isolation, and to consider the challenges that still lie ahead.

In this guide we share the practical hints and tips that emerged during those sessions and which we hope will be helpful for organisations working to address loneliness and isolation. We are grateful to all the individuals and organisations who took part and contributed their insights and experiences to this process.





2. Understanding loneliness

The organisations we heard from drew on a deep understanding of loneliness, grounded in practical experience as well as academic research. Key points which shaped their responses included:

The subjective nature of loneliness

Loneliness is defined as the subjective feeling we have when there is [a gap between the social connections we have, and those we want](#). Sometimes we feel a gap in the quality of our relationships, perhaps with those closest to us. At other times we don't have the quantity of relationships we need to sustain us across our wider circle of friendships.

Lockdown caused both kinds of loneliness – by cutting people off from friends and family, but also by causing strains on close relationships.

Organisations with a history of working to address loneliness recognised that the experience of loneliness during lockdown was not confined to those who were physically alone, but also affected those who felt isolated or separate from those they were living with.

The need to focus on chronic loneliness

As new data was gathered during lockdown it became clear that the experience of loneliness was not universal. While many experienced periods of loneliness, the experience of chronic loneliness – being often or always lonely – continued to be concentrated among those groups who were already at risk before lockdown.

According to the [Office for National Statistics](#) around 5% of people in Great Britain (2.6

million adults) reported that they 'often' or 'always' felt lonely between 3 April and 3 May 2020 – this was about the same proportion as before lockdown.

The groups most likely to experience chronic loneliness during lockdown were:

- Those who reported their health to be 'bad' or 'very bad'
- Disabled people
- People with an underlying health condition
- Single people
- People who were divorced, or separated from a civil partner
- Adults of working age living alone
- People living in rented accommodation

Loneliness is not just about isolation – some of us live quite happily with very limited social contact. But certain groups are likely to be at greater risk. These include:

- People who live alone
- Carers and those receiving care
- Those with sight and hearing loss
- People living in poverty
- People from minority groups (e.g., people from some Black, Asian and minority ethnic (BAME) groups or LGBT+ people)

(In the context of lockdown, it's important to note that many of these groups are also those who are least likely to have access to the internet.)

Not everyone was equally affected by loneliness

However, amid the stories of loneliness in lockdown, we also heard that some groups weathered the storm better than others.

Loneliness among older people did not increase as much as many expected. While some discussion participants attributed this to the effectiveness of the community response, older people's greater life experience in facing difficult times could be another protective factor. Some participants also speculated that having lower expectations for social contact protected older people against acute loneliness.

We also heard that for some groups the reduced sense of pressure to be socially active during lockdown, and the more universal experience of lack of social contact, made isolation more bearable and the sense of loneliness less acute.

The need to recognise the emotional and psychological aspects of loneliness

Loneliness provokes powerful emotions such as anxiety, fear, shame and helplessness. These feelings can create a downward spiral where loneliness causes us to withdraw further from family and friends and so become more lonely.

Many organisations have already considered the emotional and [psychological aspects of loneliness](#) in developing their existing services and ways of working. These participants told us that it was important to integrate these approaches into their Covid-19 response, and to ensure that they offered support to help people cope with the mental health impacts of lockdown.

The need for a personalised response

There is no single solution to loneliness. People need someone to listen as they describe their situation and to be supported while they think through what they need.

Organisations recognised the need to avoid a 'one-size-fits-all' response.

In our report [Promising Approaches Revisited: Effective action on loneliness in later life](#) we describe three types of activities that can help reduce loneliness:

- Those that seek to improve the quality of relationships – helping people connect more often and more meaningfully
- Those that increase the quantity of relationships – helping people to make new friends
- Those that help people to think differently about their relationships, so they feel less of a gap between what they have and what they want.

Appropriate solutions differ from person to person – and can include one-to-one services like befriending, or group-based activities like clubs.

But overall, the activities that help overcome loneliness tend to have certain things in common:

- They create connections that are **meaningful**: true relationships where we value one another, rather than contacts with a sense of being 'checked in on'.
- They **involve** people, rather than supporting them.
- Finally, they are focussed on things we care about and find **interesting**.

These activities are rarely set up for the sole purpose of addressing loneliness, nor are they explicitly talked about as loneliness solutions. The word still carries a stigma for many people, and few people would go to a 'loneliness club'.

3. Tackling loneliness in practice

We summarised the practical learning from our discussions in a series of simple hints and tips for any individuals or organisations that aim to address loneliness:

Who needs support? How do we find them?

- Seek people out and offer help
- Avoid assumptions about who's lonely and who isn't – ask people how they're feeling
- Focus on the groups at greatest risk of loneliness

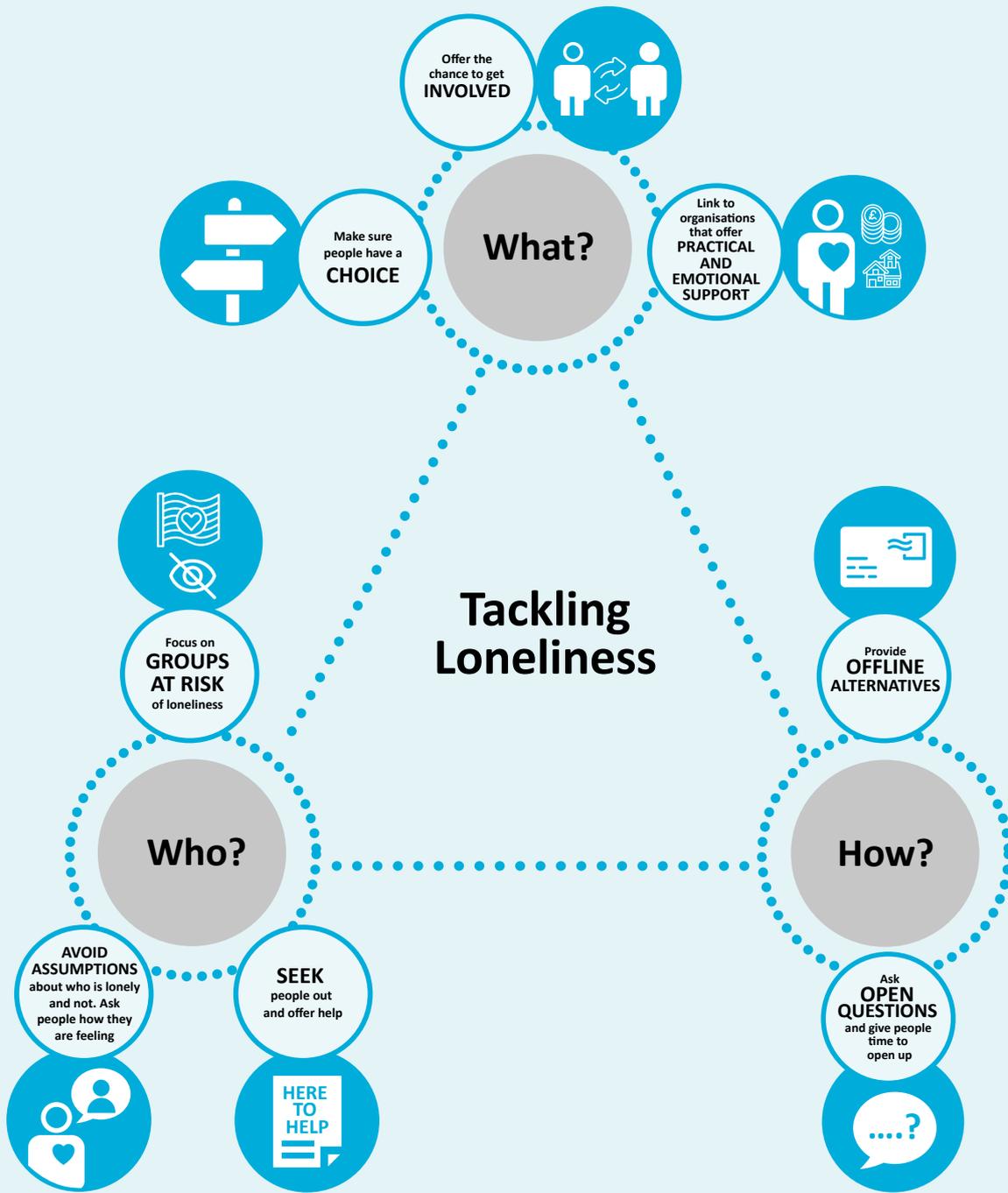
How can we help?

- Try to provide offline alternatives to online services so that people can stay connected
- Ask open questions and give people time to open up about the things that matter to them

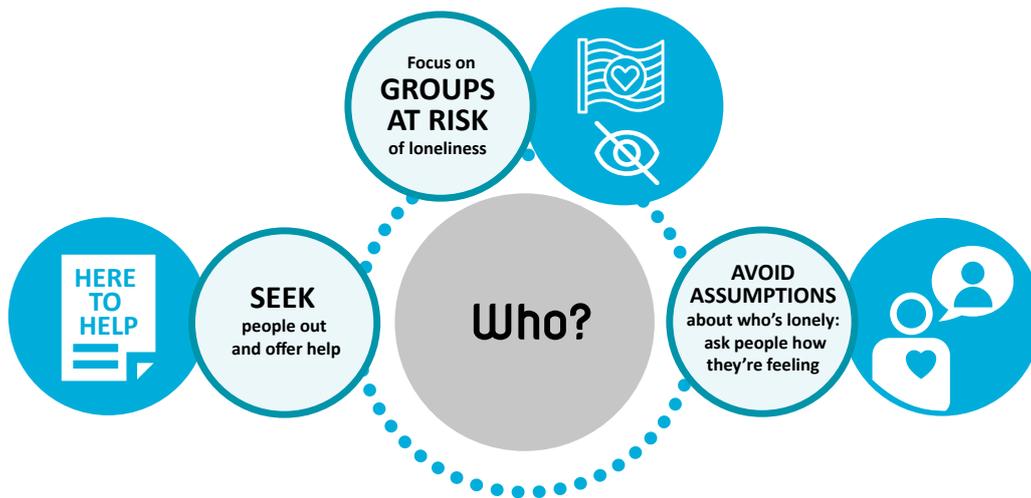
What can we do to help?

- Try to link people with others who share their interests, and offer ways to get involved: making things, doing things or learning things together
- Give people a choice of options for connecting to one another
- Build links with other organisations that can help people with wider practical, social, emotional and health issues

Tackling Loneliness



Who needs support? How can we find them?



- **Reach out:** The loneliest individuals are often those who are hardest to find, as they're not in touch with other services, and lack the knowledge and confidence to find their way to help.

To help the most lonely individuals we must **seek people out and offer help**.

- **Lonely but not alone – alone but not lonely:** Loneliness is not the same as isolation. Loneliness is a feeling we have when there's a gap between the relationships we want and those we have. We can be lonely even when we are not alone - because we might not have enough connection, or the quality of relationships that we need. Equally some of us enjoy solitude.

Avoid making assumptions about who's lonely and who isn't. Ask people how they're feeling.

- **Consider the risk factors:** While we can never assume someone is lonely, we know that some groups of people are at greater risk of loneliness. This

includes carers, people with dementia, people with disabilities and long-term conditions (especially those with sensory impairments), and people who feel marginalised from their wider communities – such as some BAME communities, refugees and asylum seekers, and some LGBT+ people. There are also links between loneliness and poverty.

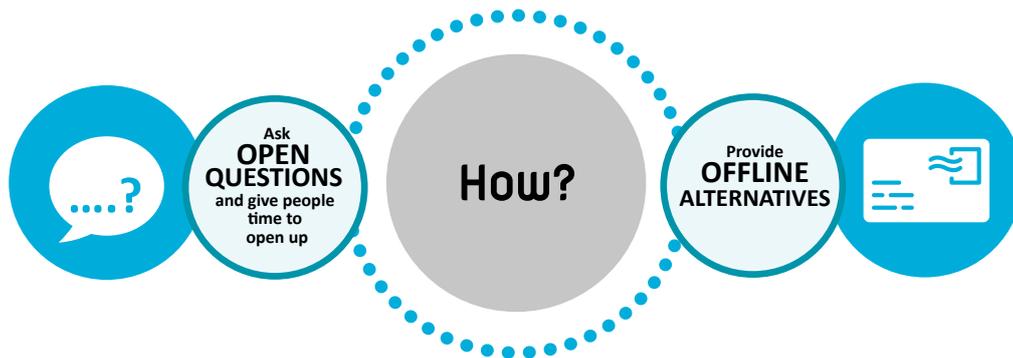
Focus on the groups at greatest risk of loneliness.

Further reading

Loneliness: Conceptual review <https://whatworkswellbeing.org/resources/loneliness-conceptual-review/>

A brief guide to measuring loneliness <https://whatworkswellbeing.org/resources/brief-guide-to-measuring-loneliness/>

How can we help?



- **Mind the gap:** During the pandemic, many organisations have worked hard to move services online and keep up contact with people using social media and online platforms. But we need to think about the people this won't work for. The digital divide is not just about a lack of familiarity with online communication. It can also be about lack of equipment and connectivity, or the cost of data. Sometimes making a phone call or even writing a letter can be a more effective way of staying connected.

Try to provide offline alternatives to online services so that people can stay connected. (See Section 6 for more suggestions on bridging the digital divide.)

- **Mentioning the 'L' word:** Some people struggle to say that they're lonely, as they feel a stigma around admitting this is something they experience. This stigma has been reduced to some extent, since lockdown began and more of us have been isolated, but the fact remains that

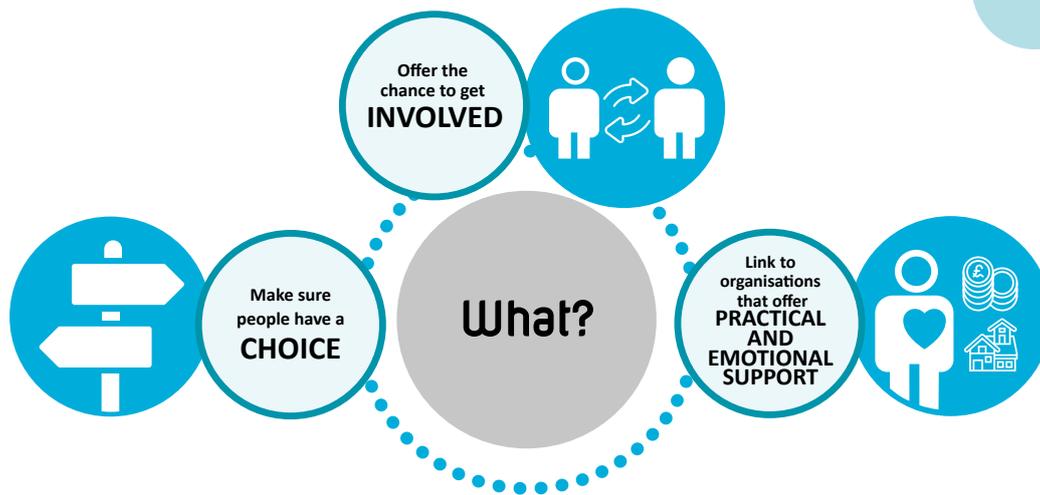
loneliness is a personal issue, and people need to feel comfortable to open up. Asking 'Are you lonely?' won't always elicit an honest response.

Ask open questions and give people time to open up about the things that matter to them.

Further reading

The Missing Million: A practical guide to identifying and talking about loneliness
https://www.campaigntoendloneliness.org/wp-content/uploads/CEL-Missing-Millions-Guide_final.pdf

What can we do to help?



- **Checking in isn't the same as connecting:** Relationships make the difference that decides whether we're lonely or not – not contacts. And quality matters just as much as quantity. Most of us feel most satisfied when we're in a relationship in which we feel needed and valued, and when we feel we have a purpose. 'Checking in' is kind, but it won't keep loneliness at bay for long.

Try to link people with others who share their interests, and offer ways to get involved: making things, doing things or learning things together.

- **Horses for courses:** Most of us get on better with people we share something in common with, and we're all more likely to find a sense of connection when we're doing something that's meaningful to all of us. While some will find real meaning in joining a choir or a hobby group, others feel most connected to those they work or volunteer with. That means the solutions to loneliness are as diverse as the people who suffer from it; a 'one size-fits-all' solution won't work.

Give people a choice of options for connecting to one another.

- **It's complicated:** Often when we experience loneliness it's not just because we haven't met the right people yet, but because our social connection is being hindered by other factors that make our lives difficult. These could be practical challenges, such as lack of

income, poor public transport or other difficulties getting around, a lack of digital skills, or other challenges, such as anxiety or lack of confidence and social skills, or mental or physical health problems. Organisations can rarely address loneliness if they don't also address these underlying factors. It's important to address what matters to people in the round. Local authorities and charities can often help with the wider issues that can get in the way of connection.

Build links with other organisations that can help with wider practical, social, emotional and health issues.

Further reading

Promising Approaches Revisited: Effective action on loneliness in later life https://www.campaigntoendloneliness.org/wp-content/uploads/Promising_Approaches_Revisited_FULL_REPORT.pdf

The Psychology of Loneliness: Why it matters and what we can do https://www.campaigntoendloneliness.org/wp-content/uploads/Psychology_of_Loneliness_FINAL_REPORT.pdf

Fulfilling the promise: How social prescribing can best treat loneliness <https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf>



4. The impact of lockdown on loneliness services

Lockdown had a profound impact on the services offered to those who were lonely and isolated – both on what organisations did, how they did it.

Most organisations had been working with individuals face-to-face up to the point of lockdown, so March and April saw a period of rapid adaptation to **remote delivery**, either online or by phone. They were forced to find new ways to deliver services, often trying things that they had not thought possible before.

In addition, many organisations took on new roles, providing **practical emergency support** to the most vulnerable individuals. Only a minority were able to continue their provision unaffected.

New partnerships sprang up in response. Our discussion participants told us that they were heartened by the new spirit of collaboration they'd seen between agencies. The crisis had enabled them to get in touch with people they'd not previously reached.

Demand for services rocketed. At our first discussion event nearly half of all participants told us they were providing services to new people, often with severe and complex needs. The pandemic meant that millions of older people whose situations were already difficult were stuck at home – a worrying number of whom had no access to the internet or digital devices.

In her blog for our series, Michelle Dawson from Ageing Better Middlesbrough described these individuals as being “*in the ‘too hard tray’ of lots of different services for many years. They may be housebound or living*

with mental health difficulties, physical health difficulties, sensory loss, caring responsibilities, no access to the internet, and living in poverty. Their loneliness is tied up in a complex mix of long-term difficulties and physical or environmental barriers that can't be changed or fixed. Stuff that is out of their control. ... The reality is that for some of the loneliest people Ageing Better Middlesbrough has supported over the last five years, the current crisis has been everyday life for them for many years. Transport has always been off limits, community centres impossible, services inaccessible. And when it comes to supporting people to cope with feelings of loneliness in these circumstances, it gets hard. Our learning suggests people need access to long term, therapeutic mental health intervention alongside practical help, to improve their wellbeing and feelings of loneliness when their lives are complex.”

Organisations were proud of how they'd responded but were clear that this came at **significant cost** in terms of additional pressure and demands on their staff and volunteers, as well as financially.

Many services moved to using the telephone to reach people, in recognition of the digital divide, but often this meant replacing group activities with one-to-one support. This changes the nature of the interaction and support that can be offered, and requires more staff time and many **more volunteers**. While some organisations were starting to transition individuals from telephone to online support, or from one-to-one to group-based support, many were still carrying significant telephone caseloads.

5. Challenges

Our first few discussions highlighted a number of major challenges for organisations seeking to address loneliness and isolation in the context of Covid-19.

- Bridging the digital divide (Section 6)
- Supporting those most at risk of loneliness (Section 7)
- Supporting volunteers (Section 8)
- Sustaining conversations and meaningful relationships (Section 9)

In later discussions, we explored these challenges in more detail and drew out the lessons and solutions that organisations are developing to tackle them.



6. Bridging the digital divide

One of the most striking things about lockdown was the rapid escalation in shifting work, services, activities and almost all aspects of daily life online. Organisations were already aware of this technology's potential to support connection, but lockdown accelerated the move.

During the early months of lockdown there was a [huge increase in digital interaction](#). With 7 out of 10 people making at least one video call a week, including growing numbers of older people, digital technology was a lifeline for many during lockdown.

The idea that older people aren't online is a myth, but there are still significant numbers of older people who are digitally excluded. In 2018, [Age UK reported](#) that 4.2 million people aged 65+ (36%) are offline: either lapsed from use or have never used the internet.

Digital inclusion is not just about 'being online'. The [ONS](#) has data to show that, before the pandemic, people over the age of 65 who were online, were still much less likely to shop online compared to the national average (48% vs 78%), look for health information (30% vs 54%) or access online banking (35% vs 69%). Lack of online access is not just a barrier to connection; it also creates challenges in accessing services, from banking to shopping, compounding the impact of lockdown on people's social relationships.

People who use the internet only shallowly or not at all are also more likely to have weaker networks in the real world. [Research by the Centre for Ageing Better and Good Things Foundation](#) found that digital exclusion is closely related to social exclusion and inequality. In other words, the people most at risk of loneliness are also most likely to be digitally excluded (and vice versa).

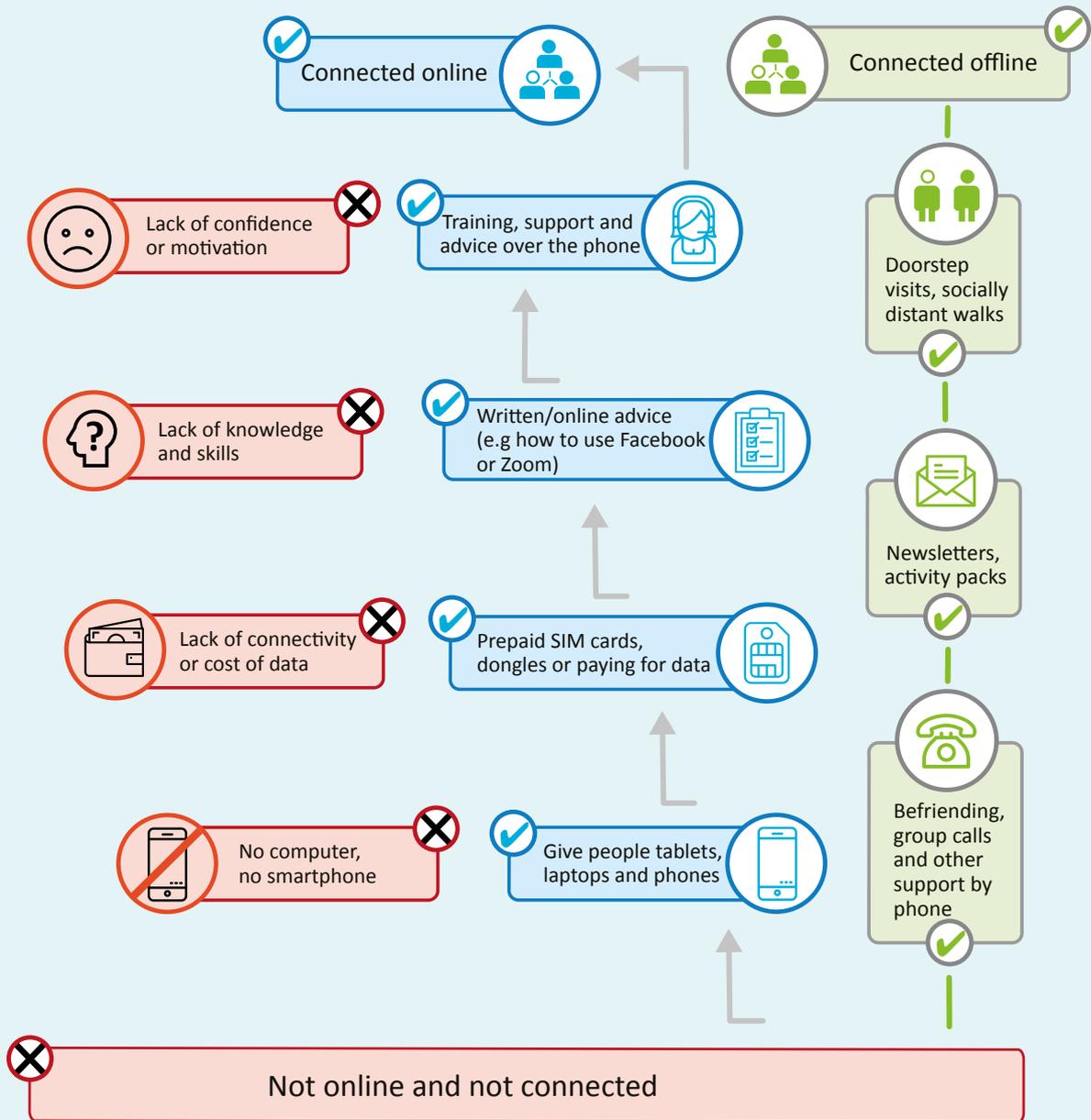
Organisations stepped in to try to close the digital divide – from large national initiatives, such as the [DevicesDotNow](#) campaign by the Good Things Foundation and the [Connecting Scotland](#) programme, to many more locally organised and led initiatives.

Responses to address digital exclusion

As organisations working to tackle loneliness moved many of their services online, they also found creative ways to help the people they work with get online. These initiatives targeted four major barriers to digital inclusion:

- A lack of connected devices, such as a phone, tablet or computer
- Lack of connectivity
- Lack of knowledge and skills
- Lack of confidence in going online

Addressing the digital divide during Covid-19





The most obvious barrier to getting online is the **lack of a device**. Organisations worked to provide donated or purchased laptops, tablets and smartphones. Some were

loaned to let people test out online access. However, while the equipment is important, it's just the first step. As one discussion participant said, *"...for those who've taken the tech onboard it's gone well – but that's the minority."*



Not everyone has access to broadband – especially in rural areas, where coverage can still be patchy, or in care homes, which rarely have wi-fi. For those on lower

incomes, the cost of data can be a barrier, and they may not have a home connection. Organisations have tackled this by paying for data or buying pre-paid SIMs or dongles, as well as devices.



People don't always **know how to make video calls or use other technology** used to deliver services online. For simpler tasks like logging on to a video call, providing

simple, step-by-step instructions have been effective. Organisations have distributed print copies or sent written or video instructions, sometimes using emails or messaging apps.



In our discussions we heard that **confidence** was the biggest barrier to getting online. Some older people, and particularly their family members, are concerned

about scams and online safety. However, the main issues were reluctance to try something that might go wrong, and reticence about asking for help.

One-off guidance rarely addresses this. People need ongoing help to get and stay online. While lots of organisations already ran 'IT buddy' schemes, this was much more challenging in lockdown. Some organisations offered remote support – often over the phone or even on people's doorstep or through the window.



One of the clearest messages was the importance of **offline alternatives** – non-digital means of communication such as phone or post – to help people stay connected when

they're not online. As well as one-to-one befriending phone calls, we heard about existing groups staying in touch via WhatsApp. One organisation produced a community newsletter, gathering items to include through phone calls and postcards, and distributed it with food parcels. Other postal alternatives included pen-pal schemes, activity packs and newsletters delivered door to door. Some organisations opted to focus on finding ways to provide distanced face-to-face support, such as doorstep visits and socially-distanced walks.

There was a strong feeling in our discussions that online support isn't a long-term substitute for face-to-face connection. Digital interactions miss out so much that can help build relationships and [reduce the sense of loneliness](#) – from non-verbal communication and touch to the chance of spontaneous, informal interaction over a cup of tea, or casual contact with neighbours.

This matters even more for those who already lacked social connections. While digital interaction can sustain existing relationships, it's much harder to build new relationships online.



7. People most at risk

Risk of loneliness was not evenly distributed during the pandemic.

The evidence at national level (from [ONS](#) and [others](#)) suggested that those at risk of loneliness before lockdown continued to be at greatest risk during the pandemic.

In our discussions we heard real concern about the uneven impact of the easing of lockdown restrictions and the potential for a growing divide between those able to restart their social connections and those left behind. Particular groups of concern included:

- People who are clinically vulnerable
- People caught in a downward spiral of negative emotions and loss of confidence
- People who face practical and physical barriers to reconnecting, such as mobility issues, sensory impairment, communication difficulties or language barriers

Over 90% of our discussion participants were concerned about loneliness among people who were shielding. Over two million people in England were shielding during lockdown, many of them on their own. The rapid shift to telephone and online delivery was a lifeline for many who were shielding or clinically vulnerable in the early phases of the pandemic. Many more benefitted from additional capacity for befriending, check-ins and chats made possible through mutual aid groups, the NHS Volunteer Responders scheme, and other Covid-19 volunteering schemes. Councils, charities and community groups made immense efforts to support

these individuals, with telephone calls and doorstep visits as well as practical help, like shopping.

However, people who were shielding were isolated for months – and it is important to remember that many haven't been able to emerge from lockdown since March 2020. Ensuring that they receive the practical, emotional and social support they need to stay safe and to reconnect, remains a key priority.



Over 70% of participants in our third discussion event were concerned that some of the people they work with may never reconnect. We heard about significant numbers still fearful of leaving their homes. Many who have been shielding are anxious about re-entering a world where so much has changed, and where maintaining social distance is challenging because others are becoming more relaxed. While schemes such as the [Please give me space](#) badge may help some, others will need more direct support, especially as food and medicine delivery services have already been withdrawn in some areas.

Long-term loneliness has damaging effects on both our mental and physical health; loneliness can also set off a downwards spiral of negative thinking and behaviour. Even when practical and legal barriers to connecting are removed, many people still face internal barriers and need support to overcome these.

A key theme in our discussions was the psychological impact of lockdown. As set out in the Campaign's recent report on the [Psychology of Loneliness](#), long-term loneliness has deep impacts on our wider thoughts and feelings and can set off a downward spiral that is hard to escape.

Our participants reported increasing levels of mental distress among people they support. They recognised the strain that working with people who are anxious and hopeless can place on volunteers. Training for befrienders around the psychological impacts of loneliness is, therefore, a priority.

Participants highlighted the challenges of reaching people with communication difficulties, whether due to hearing or sight loss, learning disabilities or cognitive

impairment. These conditions can make it much harder to interact online or over the phone. As people with these conditions are often more vulnerable to Covid-19, and potentially face long-term limitations on movement and social contact, it's clear that organisations will need to find new ways to include them.

Older people from BAME backgrounds may also face language barriers when seeking to access support. We also heard about a lack of culturally-appropriate support in some areas.



Key challenges and responses to include and support those most at risk



Some are not confident coming out of their homes and meeting people

Some people are still shielding, while others lack confidence to go back out and reconnect. In response, organisations have:

- Helped people download [please give me space](#) badges or [similar resources](#) to indicate to others that they must keep their distance
- Offered to accompany people on short walks around the block, to the local shops, or on trips on public transport, to help them rebuild their confidence
- Made check-in calls or visits to people after their first outing to talk about how it went and to provide reassurance and support

Recognising that **many still need to remain at home**, organisations have also:

- Continued to provide support online and over the phone (see Section 6)
- Increased their support to help people get online and develop digital skills, including in-person 'buddying' support where possible (see Section 6)
- Helped people to get continued deliveries of food or medicine



People are increasingly struggling with their mental health and the psychological impacts of prolonged lockdown

In response, organisations have:

- Offered online mindfulness courses and other mental health support
- Provided their volunteers with training in [mental health awareness](#) or mental health first aid, e.g. Ageing Better in Sheffield's [guide to talking to people with mental health issues](#)
- Offered service users specialist support or supervision from staff with mental health knowledge and expertise



Some still face barriers to engagement and access

In response, organisations have:

- Developed online provision of services in a range of languages
- Organised face-to-face meetings to help people with learning difficulties or cognitive impairments to become familiar with volunteers or staff members who then offer phone or online support
- Developed safe / socially distanced face-to-face alternatives to support full inclusion



8. Supporting Volunteers

Volunteers have been fundamental to supporting those experiencing loneliness and isolation during lockdown – just as they were before the pandemic. Many of the organisations who took part in our discussion events saw new volunteers joining them during the first weeks and months of the pandemic.

Whether in new forms, like NHS Volunteer Responders or mutual aid groups, or in more established befriending schemes and support groups, volunteers provide vital practical, emotional and social help to some of the most vulnerable and isolated people in our communities. Volunteering also offers those taking part a means of remaining connected themselves and gives them a sense of meaning and purpose.

However, providing this support month after month can take its toll. Organisations reported increased stress among their volunteers as a result of a range of factors:

- **Telephone support is more intense:** You can't see each other's expression or communicate through gesture or touch, there are no natural breaks and it's often more tiring than face-to-face
- **Commitments are harder to sustain:** Some volunteers need to return to work or study while others aren't ready or able to return to pre-lockdown volunteering activities
- **Mental health problems:** Volunteers are increasingly encountering individuals with more serious mental health issues (see Section 7)
- **Sustaining conversation has got harder:** There is little new to talk about and many people are feeling increasingly anxious and distressed (see Section 9)

Now more than ever, we need to ensure that opportunities to volunteer are as inclusive as possible, to sustain the goodwill of existing volunteers and to encourage new ones to support the work. We also need to support volunteers to continue in new ways, where the pandemic has rendered some kinds of volunteering impossible.

The Covid-19 pandemic has reminded us of the value of neighbourliness and helping each other through simple acts of kindness. Many older volunteers have had to limit their own social contact, however some have got involved with supporting people over the telephone, bringing mutual support to both befriender and the person they befriend.

Some organisations have encouraged service users to join mutual aid groups as another way of keeping in contact and getting involved. However organisations reminded us of the need to consider how to manage risk and safeguarding issues, as informal community groups often won't have the same procedures or protections in place.



1 Flexible and responsive



2 Enabled and supported



3 Sociable and connected



4 Valued and appreciated



5 Meaningful and purposeful



6 Makes good use of my strengths

Source: Centre for Ageing Better, 2018

Principles of age-friendly and inclusive volunteering

Organisations participating in our discussions recognised that the fundamentals of good volunteer management haven't changed but we need to adapt them to our new circumstances. The Centre for Ageing Better's [principles and guidance](#) for age-friendly and inclusive volunteering provides a helpful framework for organisations, when they consider widening and sustaining participation in volunteering across the life course.

Responses to support volunteers and sustain their engagement

In our discussions, we heard about a range of approaches used to support volunteers.



Remote volunteer management and support:

- Providing regular communication (e.g., through individual and group phone and video calls, newsletters or magazines) to help volunteers feel connected and involved
- Providing volunteer supervision and mentoring by phone
- Shifting volunteer training online, with training videos, courses via Zoom / Teams, and even enrolling volunteers in an online 'volunteer university'

- Deploying experienced volunteers to recruit and train new volunteers while staff are on furlough

Helpful resources:

- Befriending Networks free [online training toolkit for befriending volunteers](#)
- The [telephone befriending guide](#) from Time to Shine in Leeds
- The Ageing Better programme [learning report](#) on telephone befriending



Helping volunteers to manage stress:

- Helping volunteers to manage boundaries during calls, for example by having clear guidance and processes for referrals to professional support
- Arranging phone debriefs – after each call, volunteers can phone a supervisor to give an update and hand over any issues they are concerned about
- Moving volunteer buddying or mentoring schemes online or to a phone-based system
- Establishing peer support groups for volunteers over Facebook, WhatsApp or Zoom
- Offering new kinds of support, such as online mindfulness training

- Helping volunteers share stories: for example, sharing anonymous tips, ideas and feedback about the best (and worst) conversations people have had in their volunteer newsletter

Helpful resources:

- Free online [resources](#) from The Ella Baker School of Organising, including one on [self-care](#)
- [Training resources](#) from ActBuildChange



Enabling greater flexibility:

- Providing slots for volunteers to call individuals outside working hours, or moving from one longer call to two shorter calls
- Matching more than one volunteer to each individual using the service, to provide back-up and enable flexibility about who provides support
- Making clear it's fine to pause or stop volunteering without feeling guilty
- Helping volunteers to find alternative ways of helping – for example sharing their experiences and stories to help with recruiting or training others
- Valuing whatever volunteers can do, e.g., making sure that people who are happy volunteering from home, online or over the phone, don't feel pressure to change to face-to-face provision



Encouraging a culture of mutual benefit rather than a divide between helper and helped:

- Talking about the value and benefits of being involved
- Encouraging reciprocal approaches such as mutual befriending between people who are isolating

- Encouraging neighbourliness – giving everyone the tools and 'permission' to help out however they can

Helpful resources:

- Age UK's [neighbourly volunteering](#) scheme - simple online training to help people offer help and basic information to older neighbours.



Supporting inclusion:

- Linking to existing community groups and activities where people are already helping each other (e.g., places of worship) to engage more people from BAME backgrounds
- Addressing practical barriers with assistance such as English tuition or access to the internet
- Encouraging and supporting people with disabilities and long-term health conditions to help them volunteer remotely

Helpful resources:

- Overview of [equality and diversity](#) in volunteering from NCVO
- Community Matter's [guide](#) on inclusion in volunteering
- [Conversation](#) and links to resources on the experiences of BAME volunteers hosted by the Association of Volunteer Managers
- Paid-for training and resources on diversity for the voluntary sector, for example [Diverse Matters](#)

9. Sustaining conversations and meaningful relationships

Most organisations were concerned that new ways they have adopted for connecting through lockdown may not be sufficient to stave off loneliness in the longer term. Where connections already existed, moving contact online or to the telephone seems to work OK, but it's much harder for people to strike up new relationships based only on telephone calls or online contact.

Many participants stated that a key challenge is keeping up people's motivation to connect during a period in which their worlds are shrinking, and many have less news and experiences to share in discussions. Many volunteers struggled to sustain conversations as lockdown continued. In response, organisations were seeking to develop new focal points for connection – moving beyond 'just' chatting.

Another big concern was that in the rush to respond to the crisis, organisations risked disempowering people by using a narrative of 'vulnerability'. Organisations told us about the importance of asking individuals about their interests, wishes and needs – so that they can *"tell their stories rather than just let you know what's on their shopping list"*. We heard about how organisations were working with individuals to help them define their own solutions, even within the more limited range of options available. We heard from participants that meaningful relationships come from being involved in delivering an activity rather than just participating, and organisations told us that wherever possible they were working to enable mutual support, and real connection.

Finally, a recurring theme in our Loneliness in the time of Covid-19 discussions was the growing visibility of mental health issues, including depression and anxiety. Organisations supporting people with loneliness were recognising increasing levels of mental distress among those people, which created its own burden. Uncertainty about the rules and about the true risks of the virus are affecting individuals' mental wellbeing and exacerbating feelings of hopelessness around restarting connection.

While organisations were finding creative solutions to address this as far as possible within their own services (see Section 7), our discussions made it clear that there is a need for more investment and specialist support for mental health.

Responses to sustain conversations and support purposeful and meaningful connection



People are struggling to sustain conversations as lockdown continues

In response, organisations have:

- Developed art and craft packs (e.g., drawing or knitting) to send by post and do together over Zoom or group phone calls
- Shared other activities, such as crosswords, to work through together on a call
- Sent out letters, postcards or newsletters to stimulate conversation

- Created WhatsApp or Facebook groups to keep contact varied
- Engaged individuals in telling stories and reminiscing, and documenting local or personal histories
- Asked people to 'bring' something to their conversation – such as a favourite book or piece of music to discuss, or a news item that interests them
- Posted or delivered seeds or plants that people can plant and share pictures of their progress
- Provided volunteers with conversation guides with icebreakers, questions and ideas for topics to discuss
- Trained volunteers in having conversations, helping them to find the right tone of voice and think through how to navigate potentially difficult topics
- Provided volunteers with up-to-date information on local services (health, social care, food banks, helplines etc) so that they can signpost people to sources of support if they need them

Helpful resources:

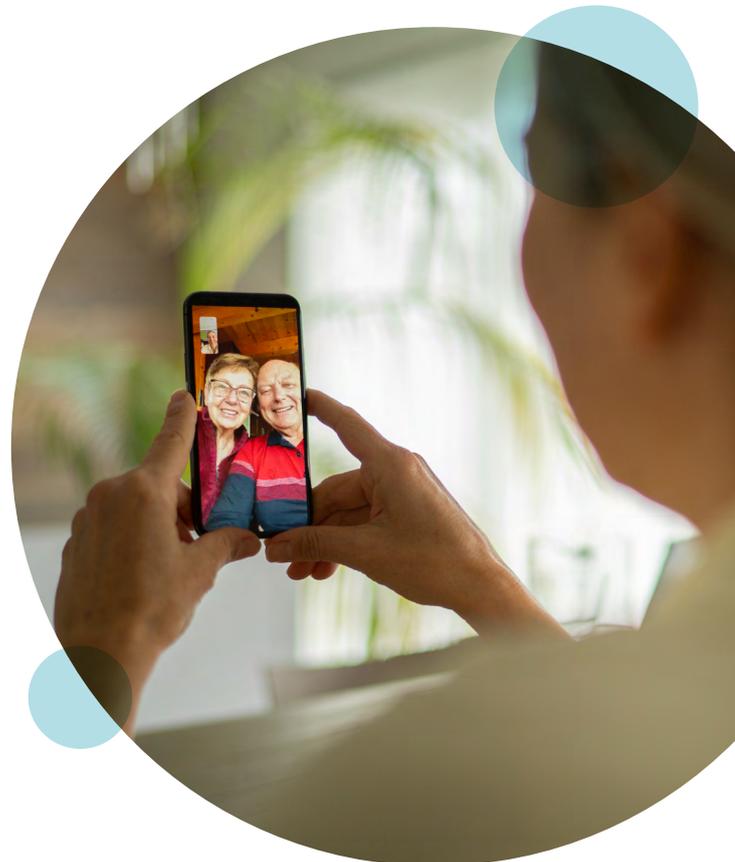
- [Questions](#) designed by academic psychologists to build closeness and establish reciprocal relationships in a structured way.
- Wellbeing and activity packs from branches of Age UK in [Bradford](#), [Sutton](#) and [Wakefield](#)
- [A creative activity pack from Ambition for Ageing in Greater Manchester](#)
- A [conversation guide](#) from Time to Shine in Leeds



People no longer want to 'just chat', especially not over the phone or online

In response, organisations have:

- Introduced group activities held over Zoom or WhatsApp chats / calls
- Developed socially-distanced services, such as doorstep visits or distanced walks
- Helped people return to face-to-face conversations if they wanted to, e.g., by conducting risk assessments or advice, or providing PPE





10. Adjusting to a new normal

As we came to the end of the first phase of our Loneliness in the time of Covid-19 discussion series (in September), England was on the verge of new national and local restrictions. As we write this report, we are in the middle of a second lockdown.

Many organisations saw the gaps between periods of more intense restriction, such as late summer 2020, as critical windows to provide more **intensive support** to help people reconnect, and address barriers to connection exacerbated by lockdown.

We heard about significant ‘deconditioning’ – i.e., loss of physical strength / muscle tone etc - during the lockdown period, and a risk that this may become irreversible if individuals are not reconnected. While online and telephone-based provision has provided temporary respite, we know there is no substitute for face-to-face interaction.

The social groups and activities provided by loneliness organisations can make all the difference for those closest to the margins of connection. The chair-based exercise classes that help individuals maintain ‘just enough’ mobility, or the faith groups that give people some remaining motivation to get out of the house, are often the last places of connection for those who may otherwise be lost.

Most of the organisations participating in our discussions have seen huge increases in demand and have extended and adapted services in response – commonly using a combination of postal, telephone and virtual support. While initially many had focused on providing practical help with food and

medicine, most were also helping with meaningful activity and connection.

They were clear that they will need to provide **blended support** over the longer term, combining:

- Adapted forms of face-to-face support for those who want it
- Ongoing remote provision for people who aren’t able or don’t feel safe to connect in person – in ways that that can be scaled up during periods of national or local lockdown

This leaves organisations weighing up the risks of bringing people together, many of whom are vulnerable, against the risks of leaving some without the contact they need. For many organisations, there is limited information to guide their decision making and navigate this complex situation.

In addition, face-to-face approaches have often had to be delivered in more resource-intensive ways – transporting smaller groups in larger vehicles, for example, or replacing large group activities with groups of two or three.

Alongside these new demands on their resources, organisations were concerned about a potential loss of volunteers as people return to work or study, while many older volunteers who previously provided face-to-face support still don’t feel safe to resume these roles. There was a clear need to sustain existing volunteer support, and make volunteering more inclusive to bring in new volunteers (see Section 8).

Organisations running community venues, transport schemes or other face-to-face services described significant issues in working out when, and how, to safely re-open, and in communicating new procedures to their clients.

This also has implications for those they support. As one participant put it: *“The need to communicate complex new rules makes it harder for people to feel confident about being involved.”*

It was recognised that many people, particularly those with cognitive impairments such as dementia, those who had been very isolated, and those who do not speak English as a first language, struggled to understand the new arrangements.

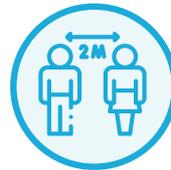
Key challenges and responses to the ‘new normal’



Anticipating further lockdowns, organisations want to make the most of the opportunity to support people to get out and about now

In response, organisations have:

- Increased support to help people get online and develop digital skills
- Provided people with support to get up and moving again, such as gentle exercise programmes
- Resumed in-person activities such as socially-distanced walks, accompanied trips to the shops, or small group meetings outdoors
- Helped people to access the welfare benefits to which they are entitled



Organisations are struggling to work out how to safely resume face-to-face support

In response, organisations have:

- Met outdoors, for example offering socially-distanced walks, rather than in buildings
- Borrowed or hired bigger vehicles to provide people with more space
- Asked the people they work with to help design simple signs or instructions, to make new procedures easier to understand
- Worked with trusted intermediaries, including faith leaders, who can share information about safety with individuals who may need to use their services



11. Conclusion

Finally, organisations talked about the future. They told us they were seeing growing anxiety and mental health issues, unaddressed loss, and divisions between those who had found ways to stay connected and those who were increasingly isolated. There was widespread concern about the psychological and emotional impact of long periods with little or no face-to-face contact. Individuals who already lacked a support network pre-lockdown are displaying increasingly complex needs.

While remote support was generally felt to be a substitute rather than a complete replacement, participants recognised that it is still vital for many who do not feel able or safe to reconnect in person. There were concerns about the ability to sustain this kind of support as organisations began to put resources back into face-to-face services, and as many people who volunteered during lockdown return to work or study.

Uncertainty about current and future Covid-19 restrictions is also having an impact, with some participants already coping with local lockdowns, and many trying to plan for future waves. The pandemic enabled new collaborations across the voluntary and statutory sectors – but the future of these networks, as well as individual organisations, is increasingly unsure.

All this is situated in a wider context of insecurity, with many charities facing major funding shortfalls as the initial crisis response ends.

As the Covid-19 crisis enters its next phase, organisations working to address loneliness face an increasingly complex landscape, managing growing demand and significant risks amid considerable uncertainty. The overall sense was that organisations will need to provide a wider range of support to many more people, in the context of dramatically reduced resources.

At the Campaign to End Loneliness, we hope to play our part in equipping organisations and individuals for this challenge by sharing learning and good practice from across the sector.

However, there is clearly a wider role for funders and Government to provide the resources, guidance and support that loneliness organisations and other charities need. In addition, our work has highlighted the need for a strategic response to the mental health challenges that the pandemic has laid bare.



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