

Agenda – Equality, Local Government and Communities Committee

Meeting Venue:

Committee Room 5 – Tŷ Hywel

Meeting date: 16 November 2020

Meeting time: 14.40

For further information contact:

Naomi Stocks

Committee Clerk

0300 200 6565

SeneddCommunities@senedd.wales

Pre-meeting (14.40 – 15.00)

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

- 1 Introductions, apologies, substitutions and declarations of interest

- 2 Inquiry into COVID-19 and its impact on the voluntary sector – evidence session 7
(15.00 – 16.15) (Pages 1 – 15)
Jane Hutt MS, Deputy Minister and Chief Whip
Chris Buchan, Head of Community & Third Sector Policy, Welsh Government

- 3 Paper(s) to note (Page 16)
 - 3.1 Correspondence from the Equality and Human Rights Commission in relation to treatment of ethnic minority workers during the Coronavirus pandemic (Pages 17 – 23)



- 3.2 Additional information from the British Red Cross in relation to the impact of COVID-19**
(Pages 24 – 78)
- 3.3 Letter from the Deputy Minister and Chief Whip in relation to the impact of COVID-19**
(Pages 79 – 81)
- 3.4 Additional information from Helpforce Cymru and the WCVA in relation to the impact of COVID-19**
(Pages 82 – 91)
- 3.5 Consultation response from the British Heart Foundation Cymru in relation to the impact of COVID-19**
(Pages 92 – 94)
- 4 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for the following business:**
- 5 Inquiry into COVID-19 and its impact on the voluntary sector – consideration of the evidence received**
(16.15 – 16.30)

Document is Restricted

Agenda Item 3

Equality, Local Government and Communities Committee

16 November 2020 – papers to note cover sheet

Paper no.	Issue	From	Action point
ELGC(5)-30-20 Paper 1	Inquiry into the impact of COVID-19	Equality and Human Rights Commission	To note
ELGC(5)-30-20 Paper 2	Inquiry into the impact of COVID-19	British Red Cross	To note
ELGC(5)-30-20 Paper 3	Inquiry into the impact of COVID-19	Deputy Minister and Chief Whip	To note
ELGC(5)-30-20 Paper 4	Inquiry into the impact of COVID-19	Helpforce Cymru and the WCVA	To note
ELGC(5)-30-20 Paper 5	Inquiry into the impact of COVID-19	British Heart Foundation	To note



John Griffiths MS
Chair of the Local Equalities,
Government and Communities
Committee

John.Griffiths@senedd.wales

Thursday 05 November 2020

Dear Chair,

**Subject: Inquiry into the treatment of ethnic minority workers during the
Coronavirus pandemic**

The Equality and Human Rights Commission works to uphold human rights and reduce inequalities in all aspects of life, including by helping ensure equal access to the labour market and fair treatment at work for all.

Earlier this year, following evidence that certain ethnic minorities were at a higher risk of mortality, we announced plans to undertake an inquiry into the impact of Coronavirus and race inequality, in line with our powers under Section 16 of the Equality Act 2006. I am writing to share with you the Terms of Reference for this inquiry, which we have published today.

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

Bloc 1, Cainc D, Adeiladau Llywodraeth, Heol Santes Agnes,
Caerdydd, CF14 4YJ

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Cardiff, CF14 4YJ

equalityhumanrights.com

The inquiry will consider a range of factors including how employment status, workplace policies and practice, rights to redress, and commissioning and service planning practices may contribute to unequal treatment and outcomes for lower paid ethnic minority workers in the health and social care sector across England, Scotland and Wales. We will aim to produce recommendations that are transferable and relevant to other sectors.

In the coming weeks, we will undertake research, and launch a call for evidence on the experiences of ethnic minority workers. We intend to publish our findings alongside clear, evidence-based recommendations to tackle race discrimination in employment next year.

We acknowledge that whilst employment policy is not devolved in Wales, the application of policy in Wales is different and therefore, this will be reflected in our findings and recommendations. We hope that these recommendations could help inform the ongoing actions within the Race Equality Action Plan.

We will of course share relevant information with you in due course, including our findings and recommendations. If you would like to discuss the inquiry further, then please do not hesitate to contact me.

Yours sincerely,



Rev Ruth Coombs, Head of Wales

0292044720 | ruth.coombs@equalityhumanrights.com

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

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Inquiry into the treatment and experience of ethnic minority workers in lower paid roles in the health and social care sectors.

Race inequalities have been exposed by COVID-19. The inquiry will look at the experiences and treatment of ethnic minority workers in lower paid roles in the health and social care sectors and seek to document wider work issues highlighted by the pandemic.

In accordance with paragraph 2 of Schedule 2 to the Equality Act 2006. Statutory inquiry under Section 16 and Schedule 2 of the Equality Act 2006.

Terms of reference

1. The inquiry will focus on the lowest paid roles in the health and adult social care sectors (those that are directly employed as well as those that are outsourced) across England, Scotland and Wales. Examples include but are not limited to: care assistants and care workers; personal assistants; porters and cleaners. We may examine similar roles in other sectors.
2. This inquiry will seek to understand how certain ethnic groups working in lower paid roles have been more impacted by COVID-19 and what work related factors contributed to this. We want to

hear about a broad range of experiences, to identify specific issues for particular ethnic groups, and, where applicable, to understand the impact of immigration status.

3. The inquiry will look at the experiences of ethnic minority workers starting from the 1 January 2019 to date.

Scope

4. The inquiry will look at the working conditions of ethnic minority workers in lower paid roles in the health and social care sectors and examine these alongside their employment status (including whether they are in insecure or precarious roles). We will look at a range of factors including:
 - a. Hours of work and breaks
 - b. access to essential information and equipment
 - c. workplace policies and practices, including grievance and sickness policies as well as informal policies and practices that impact on the work culture
 - d. statutory employment rights, including but not limited to eligibility for sick pay
 - e. workplace experience, including but not limited to allocation of tasks and whether an individual feels that they can speak up at work to raise concerns and whether those concerns are heard and actioned
 - f. opportunities for training and progression
 - g. knowledge of workplace rights and access to support and redress including but not limited to: managers or direct reports; occupational health; staff groups; complaints processes; and trade union support.

5. The inquiry will consider whether race, including any structural factors, contributed to any difference in treatment and experience of ethnic minority workers.
6. The inquiry will consider whether immigration status contributed to any difference in treatment and experience of ethnic minority workers.
7. The inquiry will look at any difference in treatment and experience within the same ethnic group due to other protected characteristics.

Sources of information

8. The Commission will gather evidence from health and social care workers, employers, providers, commissioners and other key stakeholders including academics and experts, unions, advice and support organisations.
9. The Commission may decide to use its powers under the 2006 Act to obtain the required evidence if necessary¹. During the course of an inquiry the Commission may give notice under this paragraph to compel any person to provide information or produce documents in his possession, or to give oral evidence.

¹ Sch 2, Paragraphs 9-14, Equality Act 2006

10. The inquiry will consider existing reports that are deemed relevant to the scope of the inquiry, and may include consideration of the reasons why recommendations have not been implemented and the impact of this.
11. The Commission will publish a report of its findings and may make recommendations in accordance with Schedule 2 paragraph 16 of the 2006 Act.

Interpretation:

12. For the purposes of these terms of reference the following definitions apply:
 - a. **'The 2006 Act'** means the Equality Act 2006
 - b. **'The 2010 Act'** means the Equality Act 2010
 - c. **'ethnic minority'** means: Mixed / Multiple ethnic groups, Asian / Asian British groups, Black / African / Caribbean / Black British groups, White ethnic groups including Polish, Gypsy, Scottish Gypsy Travellers and Irish Travellers, and Other ethnic groups. For the purposes of this inquiry ethnic minority does not include the following White ethnic groups:
English/Welsh/Scottish/Northern Irish/ Irish/British.
 - d. **'social care'** means any formal residential, nursing, domiciliary and day care adult social care, be that long-term or short-term, irrespective of who provides it (public, third sector, private) or how it is funded (including care funded by direct payments). It does not include informal/unpaid care.
 - e. **'lower paid'** In this inquiry our focus is on roles paying up to about £10 per hour. This includes: NHS pay bands 1 and 2. This is just above the UK Real Living Wage, which is £9.30 per hour and allows a comparison across lower paid health and social care jobs.
 - f. **'precarious employment/work'** is work with no guaranteed hours (zero hours contracts) or no certainty of hours, that is also low-paid.

- g. **insecure employment/work** is temporary employment or agency/bank work

Methodology

To include a review of existing relevant evidence, a further collection of qualitative evidence on ethnic minority workers' lived experiences, an open call for evidence, and interviews with key stakeholders.

Communications concerning this inquiry

Any communication concerning this inquiry may be sent to:



SeneddCommunities@senedd.wales

John.Griffiths@senedd.wales

10th November 2020

Dear John Griffiths MS,

Please see our latest report, '*Lonely and Left Behind: Tackling Loneliness at a Time of Crisis*'.

I am writing to you in your capacity as chair of the Equality, Local Government and Communities Committee to share our latest report '*Lonely and Left Behind: Tackling Loneliness at a Time of Crisis*'.

Last week the committee kindly asked me to give evidence about the impact of Covid-19 on the voluntary sector and this report expands the answers I provided and will give the committee a greater understand of the significant impact of loneliness.

This report provides rich insight into how some of the people most affected by the pandemic are coping, and how they're not. Its findings make the case for more action to tackle loneliness as we head into an inevitably difficult winter.

Key findings:

- **The pandemic is making loneliness worse:** isolation, financial insecurity and increased stress are making more people feel lonely. People living alone, living with a disability and younger people are particularly at risk.
- **Too many people lack strong support networks:** Thirty-nine per cent of UK adults say they haven't had a meaningful conversation with someone in a fortnight and a third worry something will happen to them and no one will notice.
- **Some people have never stopped shielding or isolating:** Despite restrictions easing over the summer, some people have not felt comfortable leaving their homes. Watching others resume their social lives has made these people feel 'left behind'.
- **People who are lonely feel less able to cope:** There's been a sharp rise in the number of people who say they are too lonely to cope with the COVID-19 crisis since May, and two in five people say loneliness is having a negative impact on their mental health.
- **People often don't know how to help themselves and others:** the pandemic and lockdown restrictions have had a significant impact on people's strategies for managing loneliness and many find it too difficult to talk to others about their feelings.
- **Further lockdowns and winter risk entrenching feelings of loneliness:** People are concerned that more lockdowns will bring them back to 'square one' and are worried about their ability to cope.

In Wales:

- A quarter of people (26%) worry something will happen to them and no one will notice.
- 27% say often feel alone and have no one to turn to.
- 26% of adults say their neighbours are like strangers to them.
- 29% say they haven't had a meaningful conversation with someone in a fortnight.
- 37% say loneliness is having a negative impact on their mental health.
- 31% of adults are concerned that their loneliness will get worse.

To ensure no one is left behind and feels alone:

- Civil society organisations should continue to tackle loneliness, share learning and prioritise those most at risk.
- Government should launch a plan to tackle loneliness during the winter; engaging people with lived experience in developing this.
- Government should ensure those most at risk of loneliness are able to access the mental health and emotional support they need to cope and recover from COVID-19.
- In the medium to longer term, tackling loneliness should be built into local and national COVID-19 recovery plans.

Our operational insights and research have repeatedly shown us that there is a need for long-term sustainable funding for social prescribing schemes across Wales to help prevent loneliness and support those most vulnerable to its affects.

If you have any questions about the report then please do not hesitate to contact me.

Yours sincerely,

Kate Griffiths

Wales Director for Independent Living and Crisis Response



Share this report using
#TacklingLoneliness

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Lonely and left behind: Tackling loneliness at a time of crisis

What is loneliness?

“ **Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.***

The British Red Cross offers a range of support for people experiencing loneliness and anyone looking to reach out can do so on the coronavirus support line on **0808 196 3651**.

From traditional **one-to-one support**, to **self-help tools and digital classrooms online**, the Red Cross can help people develop new coping skills and find new ways of connecting with others. We can also help people get online through our Tackling Loneliness Digitally programme.

For more information about British Red Cross tackling loneliness advocacy, please email LonelinessAction@redcross.org.uk



“

I want to get out, and then when I'm out I feel anxious. It makes me feel lonelier because I can see people out with other people enjoying themselves.

Female, 65+, Manchester

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1. Foreword

It was only a few months ago that people started venturing out again. While physical intimacy was still mostly off limits, people across the country began seeing their friends, families and colleagues in person. After an unprecedented period of lockdown and isolation, many felt anxious but ultimately relieved to be able to do this again. However, for others, socialising in person still didn't feel like an option – and, for some, shielding never really ended.

Earlier this year, just as the initial lockdown began to ease, the British Red Cross warned the COVID-19 crisis had made loneliness worse, with 41 per cent of UK adults saying they felt lonelier than before the pandemic. 'Life After Lockdown: Tackling loneliness among those left behind'¹ identified a series of factors making loneliness worse during the initial lockdown period, from a lack of meaningful contact to increased anxiety. While everyone experienced this to an extent, it was clear the crisis was affecting some communities more than others and ultimately exacerbating inequalities.

This research explores what happened next through an in-depth exploration of the experiences of 16 people who had recently been, or were continuing to shield and isolate, as well as through nationally representative polling. These stories provide rich insight into how some of the people most affected by the pandemic are coping – and how they're not. Most importantly, these findings offer a glimpse of what might work to tackle loneliness as we head into new COVID-19 lockdowns, and an inevitably difficult winter.

It found that the temporary easing of lockdown in parts of the country this summer brought new challenges, which exacerbated loneliness. Some people had to confront the reality of losing their jobs. Those still isolating felt particularly alone - two fifths of UK adults told us that avoiding socialising has made them feel left behind. And people who had been shielding or isolating felt uncomfortable and conflicted about being out of the house again. In some cases, they also felt resentment watching others return to a normality they didn't yet feel comfortable with. As the rules became complicated, so did our relationships.

But this research also presents a worrying picture of what's to come, particularly as COVID-19 restrictions are being tightened again. Thirty-five per cent of UK adults are concerned their loneliness will continue to get worse – with some communities, such as disabled and younger people, feeling particularly despondent. Some of the people we're supporting at the British Red Cross have not left their house or had visitors since the start of the pandemic. Some of these people might continue to live this way for another seven months. While isolation doesn't always lead to loneliness, and indeed is not always a bad thing, prolonged and unwanted isolation isn't good for us, and increases our risk of early mortality.

Even for those who have started to venture out, indoor activities have often felt out of bounds. With winter fast approaching, outdoor activities are already feeling less attainable, and with cases of COVID-19 increasing again, feelings of uncertainty, fear and hopelessness are starting to increase.

¹ British Red Cross, Life after lockdown: Tackling loneliness among those left behind:

[redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness/recommendations](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness/recommendations)

Lonely and left behind: Tackling loneliness at a time of crisis

Previous British Red Cross research has found people in the UK generally don't know what to do when they feel lonely, and often lack the confidence needed to reach out for support.² Yet, the limited coping mechanisms people once had, such as seeing friends or going to work, have felt largely unavailable since lockdown began in March. The people interviewed in this research spoke about trying to distract themselves by reading or watching television but reflected that after such a long period of isolation and uncertainty, these are now mostly ineffective. Others tried to latch onto events or occasions they were excited about, only to be left disappointed and even lonelier when COVID-19 restrictions meant that these didn't materialise.

The British Red Cross knows all too well that the impacts of loneliness can be devastating – for people, their networks and our public services. From worsened physical and mental health outcomes to reduced resilience, its effects can run deep and be long-lasting. People who are always or often lonely are now three times more likely to feel they can't cope with the impacts of the pandemic compared to the general public. A figure that has significantly increased since the last time we carried out polling³ just a few months ago.⁴ But, as this research unpicks, we also know the solutions to loneliness are often surprisingly simple – feeling able to talk about it, knowing how to reach out for support, being kind to your neighbour. Doing everything we can to implement these solutions is essential - not just in getting us through the next phases of the COVID-19 response, but in building back better and leaving no one behind.

² British Red Cross and Co-op, Barriers to Belonging: An exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds (2019) [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/barriers-to-belonging](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/barriers-to-belonging)

³ British Red Cross, Life after lockdown: Tackling loneliness among those left behind [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness)



⁴ In our May 2020 polling, 19 per cent of those who said they were always or often lonely disagreed that they would be able to cope with changes to their life that may be caused by the COVID-19 crisis, and that they would be able to recover afterwards. In October 2020, this figure has increased to 39 per cent.

2. Recommendations

1. Civil society organisations should continue to tackle loneliness, share learning and prioritise those most at risk.

This should include heightened efforts to:

- Work directly with people with lived experience to adapt services so that they are both effective and safe.
- Raise awareness of service offers, particularly among those most vulnerable to loneliness.
- Evaluate services (using the standard approach to measuring loneliness, where possible, and as advised locally), share insights openly with the wider sector and commit to learning from others.

2. Governments should ensure those most at risk of loneliness are able to access the mental health and emotional support they need to cope and recover from COVID-19.

To enable this:

- Local systems should have the capacity, resources and skills to meet increased demand.
- Social prescribing link workers should be rolled out and trained in psychosocial support.
- Psychosocial support should be attached to other public service offers likely to encounter those most in need (such as mainstream benefits and bereavement services).
- Advice and information about how to support friends and families struggling with their emotional needs, including loneliness, should be published and promoted.

3. Governments across the four nations should launch a plan to tackle loneliness this winter.

This should build on the best practice identified through the UK Government's first plan to tackle loneliness during lockdown, while also recognising the additional challenges of winter. It should include:

- A campaign focussed on promoting alternative ways to connect this winter, co-produced with people with lived experience of loneliness.
- Wrap-around support, including with loneliness, for anyone being advised to shield or self-isolate, or in receipt of other government COVID-19 support, such as food.
- Support for organisations tackling loneliness to adapt their services to be effective and in line with social distancing measures.
- A financial package of support for tackling loneliness, building on the best practice identified through the UK Government's first round of investment, due to end in December.
- Support for local authorities and health systems to identify and address those most at risk of loneliness through a dedicated fund and guidance.
- A strategic investment in tackling digital isolation so that people can stay connected under lockdown.

4. In the medium to longer term, tackling loneliness should be built into COVID-19 recovery plans.

Governments should support local places to create and deliver multi-disciplinary recovery plans to tackle loneliness, which include a plan to:

- Tackle loneliness among those most at risk in their areas.
- Tackle the underlying causes of loneliness unpicked in this research, including financial hardship.
- Invest in reintegration and confidence building support.
- Ensure shared spaces and transport foster connections while remaining COVID-19 safe.

3. Loneliness in the UK – an overview of the stats

To contextualise the findings in this research, the British Red Cross commissioned polling on lived experiences of the COVID-19 pandemic, conducted by Opinium between 29 September and 14 October, with a UK representative sample of 2,002 adults and a boost to 52 respondents from Black backgrounds.

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53%

Over half of UK adults agree that a reduction in social contact during lockdown has made their life harder



65%

Two thirds of people say concerns about the coronavirus are making them minimise all interaction with others, even where the rules allow it.



32%

of UK adults agree that they worry something will happen to them and no one will notice



36%

of UK adults agree their neighbours are like strangers to them



39%

of UK adults report that they haven't had a meaningful conversation with someone in the last fortnight



42%

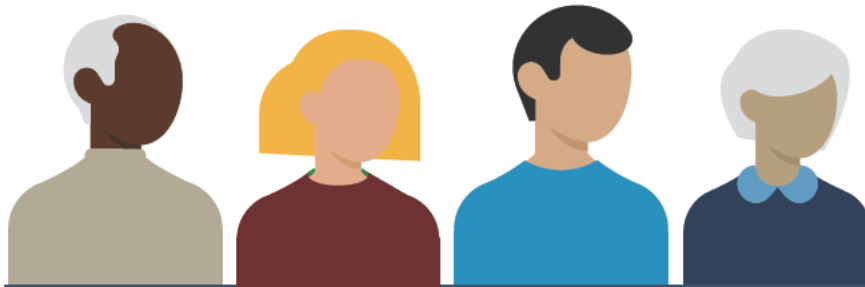
say they are avoiding socialising with others, which leaves them feeling left behind



38%

say loneliness is having a negative impact on their mental health





39%

of people who feel always or often lonely disagree that they are confident in being able to cope and recover from the impacts of the pandemic. Compared to 12 per cent of the UK population as a whole.

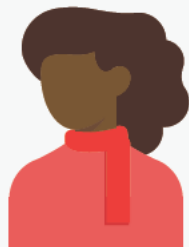
35%

of UK adults are concerned that their loneliness will get worse



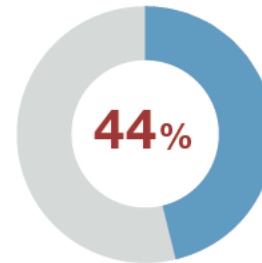
38%

of people whose ethnicity is Black, Asian, or minority ethnic (BAME) backgrounds agree that they often feel alone, like they have no one to turn to, compared to 28% of people from white backgrounds.*

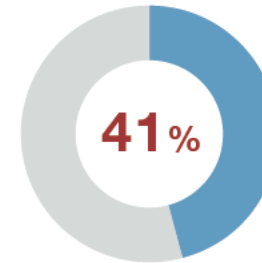


What would help people who are already lonely?

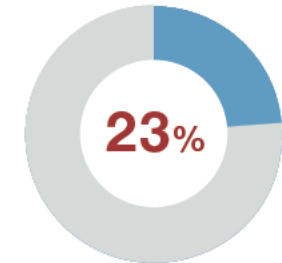
of those who are always or often lonely:



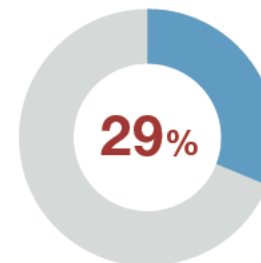
say they would know how to access support related to loneliness or mental health. This is less likely than the general population, at 58%.



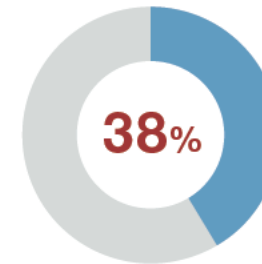
say they would feel comfortable speaking to others about how they felt. This is less likely than the general population, at 61 per cent.



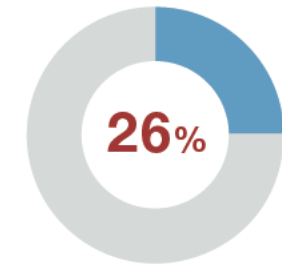
say that talking to a neutral and trained individual about what might help, including in the community or online, would help them with feelings of loneliness.



say accessing mental health support through the NHS or a charity would help them if they felt lonely



say that speaking to friends or family members on the phone online, e.g. via Zoom



say that taking part in locally organised, socially distanced physical activities, such as group walks, gardening etc. would help.

*The British Red Cross is committed to inclusion and diversity in everything we do. In our research, we seek to represent the views and experiences of as wide a range of participants as is possible. While this survey was conducted with a nationally representative sample of 2,002 UK residents, we also included an additional boost to reach more Black respondents via the survey panel, particularly recognising that this group, as well as those from other minority ethnic groups, are disproportionately affected by key issues explored in this report, including Covid-19 and loneliness. Due to sample limitations, however, the findings do not allow us to draw robust conclusions for individual ethnic groups, which is why we have used the Black, Asian and Minority Ethnic (BAME) classification.



% of UK adults who felt uncomfortable doing the following activities:



65%

per cent felt uncomfortable taking transport

58%

felt uncomfortable socialising in public indoor spaces with people not from their household

42%

felt uncomfortable having friends or family inside their home

26%

felt uncomfortable socialising in their own or other people's gardens

29%

felt uncomfortable shopping for essential items

36%

felt uncomfortable socialising in public outdoor spaces with people not from their household



27% of people who have a disability that limits them...



26% of people aged 16-24 years old....



22% of people who live alone...



say they feel lonely always or often.

4. Executive Summary

The research

Earlier this year in June, the British Red Cross published research, 'Life After Lockdown: Tackling loneliness among those left behind',⁵ which found that the COVID-19 crisis has exacerbated inequalities and made loneliness worse, with some communities more affected than others. Those particularly at risk included people who lived alone and were shielding, younger people, people from Black, Asian and minority ethnic (BAME) backgrounds, people with long-term physical and mental health conditions and people who were financially insecure. The report warned that despite social distancing and lockdown measures starting to ease at the time, loneliness would remain, and for those most left behind, might continue to grow.

To build on these insights, the British Red Cross commissioned BritainThinks⁶ to conduct in-depth qualitative research, exploring the experience of loneliness among people who had been isolating or shielding as a result of the pandemic. We wanted to better understand these experiences so we could identify solutions and prevent people from falling into crisis in the months and years ahead. As we move into increased restrictions, and more people start to isolate and shield again, finding solutions fast is more important than ever.

We took a longitudinal, case study approach, engaging 16 participants from a range of backgrounds through a series of in-depth telephone interviews and written diary tasks between 22nd July 2020 and Tuesday 1st September 2020. Each of the participants had been, at the time of the research, isolating or shielding, with some starting to reintegrate throughout the period. Their stories provide rich insights into loneliness, and reveal the complexities of coming in and out of lockdown, shielding or isolating, and coping with the direct and indirect implications of living with a new and uncertain pandemic.

“It’s not nice to come home to an empty home. I think because I’ve experienced coming home to my wife and child in the past and now I’m by myself it affects me more. I would always try to fill that time [before the pandemic] with exercise or seeing friends. When those options are taken away from you it’s harder. I’m not one to wallow but it does play on your mind. When you are alone and don’t have anyone to talk to, you do struggle a bit more – and now I can’t just see a mate, play football, or go to the pub.

Male, 25-44, Liverpool

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

⁶ [britainthinks.com](https://www.britainthinks.com)

Summary of key findings

1. **Many participants in this research were feeling lonely or isolated before the pandemic, often due to experiencing a degree of turbulence in their lives, and this has been compounded by the impacts of the pandemic and being less able to utilise previous coping strategies during lockdown.**
Not having as much contact with other people, particularly face-to-face contact, in comparison to before the pandemic was very front of mind. Some participants described the combination of circumstances as 'pushing them over the edge'.
2. **All participants reported experiencing loneliness more often as a result of the pandemic and lockdown, and reasons participants pointed to for this can be split into two themes: a lack of face-to-face contact with others and struggling to keep busy.** The majority of participants said they experienced loneliness at some point every day, in contrast to sometimes or rarely feeling lonely prior to the pandemic. Within this, experiences of loneliness also vary by factors including living situation and level of social contact prior to the pandemic.
3. **As lockdown restrictions eased and government guidance on shielding was relaxed, over the summer in most parts of the country several participants chose to continue to shield completely or for the most part. Their feelings of loneliness either stayed the same or worsened as they watched others resume their social lives, and they reported feeling 'left behind'.**
A third of participants fell into this group, and by contrast around two thirds had begun trying to resume parts of their 'normal' lives, including social contact.

4. **The COVID-19 pandemic and lockdown restrictions have had a significant impact on participants' strategies for managing loneliness. Participants pointed to the heightened importance of technology and entertainment to try to cope with loneliness, rather than the physical social interactions that they would have been able to turn to prior to the pandemic.** All participants also described finding it difficult to talk to others about loneliness and isolation. This was largely the result of not wanting to 'worry' or 'burden' friends and family or feeling too embarrassed to talk about experiencing loneliness.
5. **Of the policy and practice solutions tested with participants, the most popular solution was investing in remote mental health and emotional support. It was felt any type of support would need to be delivered remotely, due to fear of COVID-19 and reluctance to access options that would require physical travel or mixing with others in person.** There was a strong sense of many people's mental health having worsened during the period and there being a demand for this support. By contrast, participants felt, for the moment, improving local transport, improving public spaces, activities in the community and support from the voluntary and community sector would have limited effectiveness in the context of the pandemic when most people are avoiding public transport and group gatherings.

Conclusions

The findings from the research also point to some broader conclusions:

1. **Despite the shielding period being over and lockdown measures easing in most parts of the country at the time of fieldwork, not all felt able to take advantage of this.** Several research participants were continuing to shield or isolate despite no longer being advised to. These participants felt at risk of being left behind and of their feelings of loneliness and isolation deepening further.
2. **There is significant discomfort over talking about loneliness with friends and family – despite a perception that everyone has been negatively affected by the lockdown measures and a lack of face-to-face contact during this period.** This discomfort was increasing for those being left behind, as they witnessed others around them resuming their normal lives and felt that these friends and family members now had less time to spend on keeping in touch with them.
3. **Solutions to loneliness and isolation need to feel applicable to the current context.** Participants struggled to get beyond the need to socially distance when they considered many of the potential solutions and were often of the view that the pandemic is likely to continue for a significant period of time, so felt any solutions must be ‘COVID proof’. By contrast, several spontaneously talked about how valuable they had found the process of participating in the research – including having an extended telephone conversation with someone outside of their network of family and friends, and keeping a diary of their emotions each day. Many participants felt having access to mental health and emotional support would benefit them for similar reasons.
4. **Changes to someone’s employment status can impact on their routine, sense of purpose, social interactions and their ability to afford to socialise and access services that will help them cope.** Participants in this sample who had been made redundant due to the pandemic reported real struggles in these areas, which in turn impacted their feelings of loneliness and isolation. A significant proportion of the UK population’s employment status has been, or will be, altered as a result of the pandemic.
5. **Further lockdowns could have a significant role in worsening and entrenching feelings of loneliness and isolation.** For participants who had recently started leaving their homes more, going to work or seeing friends and family, there was real concern that a second lockdown in their area would bring them back to ‘square one’ and they were worried about their ability to cope with the impacts of this. One participant in this sample from Manchester who had experienced local lockdown measures during the time of fieldwork had found this an extremely upsetting experience.

5. Introduction

Objectives

For this piece of research, the central objective was to understand and provide a wider and deeper picture of experiences of loneliness and isolation among individuals who were, at the time of the research started isolating or shielding as a result of the COVID-19 pandemic.

It is important to note that during the time period in which the research was conducted, lockdown restrictions were fluctuating (i.e. were generally easing across the UK but also tightening in certain areas), and the research aimed to explore different experiences in light of this. More specifically, this included understanding the following in relation to individuals isolating or shielding:

- Experiences of the pandemic and lockdown and the impacts this has had on them.
- Experiences of loneliness and isolation during the lockdown, and how this compares to participants' lives pre-pandemic.
- Ways of interacting with others and how this compares to pre-pandemic.
- Strategies for coping with loneliness and isolation.
- Responses to potential solutions for loneliness and isolation.
- Expectations for the future.

Another objective of the research was to tell rich stories of a range of experiences of loneliness and isolation among individuals isolating or shielding and to build on the momentum the issue of loneliness and isolation has gained in policy discourse as a result of the pandemic.

Methodology and sampling

The research took a longitudinal, case study approach, and the final report is based on findings from all three stages of fieldwork:



All participants were individuals who at the time of the first fieldwork stage (which began 22nd July), were or had until very recently been isolating or shielding due to the pandemic. In addition, all participants described themselves as experiencing loneliness on a regular or semi-regular basis.

*One participant was unable to take part in a follow-up interview due to difficult personal circumstances at the time of fieldwork.

Fieldwork was conducted with participants living across six locations (as shown in Figure 1). Participants were recruited from a mix of urban and rural surrounding areas to ensure good coverage across the UK.

Figure 1: Table outlining fieldwork locations

Research Area	Purpose
England	3 x participants living in Birmingham and surrounding areas (1 x urban and 2 x suburban) 2 x participants living in Liverpool and surrounding areas (1 x urban and 1 x rural) 1 x participant living in Greater Manchester (1 x suburban)
Northern Ireland	3 x participants living in County Armagh, Greater Belfast, or County Down (1 x urban, 1 x suburban and 1 x rural)
Scotland	4 x participants living in Glasgow and surrounding areas (2 x urban, 1 x suburban and 1 x rural)
Wales	3 x participants living in Rhyl and surrounding areas (2 x suburban and 1 x rural)

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It was important to hear from a wide range of people in this research. An overview of the participant sample is provided in Figure 2.

Figure 2: Table summarising participant sample

Criteria	Participant sample
Age	5 x participants aged 18-24 5 x participants aged 25-44 3 x participants aged 45-64 3 x participants aged 65+
Gender	10 x female participants 6 x male participants
Socio-economic grade	10 x participants from socioeconomic grade B, C1 or C2 6 x participants from socioeconomic grade D or E
Ethnicity	5 x BAME participants (2 x Pakistani, 1 x Indian, 1 x Black British and 1 x Black African)
Living situation	8 x participants living alone 8 x participants co-habiting
Caring responsibilities	5 x participants with young children aged 0-12 living with them

6. Experiences of the COVID-19 pandemic

Participants' lives prior to the pandemic

Many participants in this research, who all self-identified as feeling lonely on a regular or semi-regular basis, had experienced a degree of change in their lives prior to the pandemic.⁷ Examples of this include experiencing one or more of the following:

- **Social or emotional changes:** including bereavement, the breakdown of a serious relationship, and adjusting to looking after young children or pregnancy.
- **Financial changes:** including unemployment or redundancy and financial vulnerability more widely.
- **Health changes:** including physical or mental health issues.

These changes had already been something that several participants described themselves as struggling to cope with prior to the pandemic and had led to them experiencing loneliness. The impacts of the pandemic and lockdown restrictions in the UK appear to have exacerbated this, with a number of participants feeling that their few coping strategies had become harder to access, and that they had been 'pushed over the edge' as a result.



I had my little one in September [2019], I was knackered and didn't have any time to get out, then coronavirus came along and made it so much worse having to completely stay in.

Female, 25-44, Glasgow

⁷Previous British Red Cross 'Trapped in a Bubble' also found that life transitions and changes are key triggers of loneliness [redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/co-op-trapped-in-a-bubble-report.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/co-op-trapped-in-a-bubble-report.pdf)

Impacts of the pandemic on participants' lives

Participants spontaneously reflected that one of the biggest negative impacts of the pandemic was on their social contact with others. All reported experiencing a reduction in both the amount and quality of social interaction they were having with other people, and this was very front of mind.

All participants described this as having had a negative impact on their overall wellbeing during the pandemic. Many described their experience of shielding as akin to being 'trapped' or 'imprisoned' in their homes, away from the outside world and lacking any face-to-face interactions with other people. While most had regularly kept in contact with close family and friends through calls and messaging, the quality of this social interaction was felt to be reduced compared to spending time with others in person.

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It's not nice to come home to an empty home. I think because I've experienced coming home to my wife and child in the past and now I'm by myself it affects me more. I would always try to fill that time [before the pandemic] with exercise or seeing friends. When those options are taken away from you it's harder. I'm not one to wallow but it does play on your mind. When you are alone and don't have anyone to talk to, you do struggle a bit more – and now I can't just see a mate, play football, or go to the pub.

Male, 25-44, Liverpool

Some also mentioned significant practical difficulties with these more virtual forms of contact, such as poor connectivity.

Experiences varied by how much social contact participants were having prior to the pandemic:

- Those already experiencing limited face-to-face social contact before the pandemic described the pandemic as having exacerbated this. This included participants who were experiencing illness, being a new parent or those who had recently moved to a new area.
- Those who had a higher amount of face-to-face social contact prior to the pandemic described finding it hard to adjust to such a drastic reduction in social contact.

I'd be working five or six days a week seeing colleagues, and then in the evening, I'd be meeting up with a friend or going to an activity like the cinema. Back then it was nice to have a day alone in the flat. Now I've barely seen anyone since March.

Male, 45-64, Birmingham

I used to be out with people all the time, meeting someone for a coffee and catch up or going to the shops, now it's completely different seeing basically no one.

Female, 18-24, Greater Belfast

Lonely and left behind: Tackling loneliness at a time of crisis

The majority of participants also felt that their mental wellbeing had been affected by changes to their working situation and/or finances being impacted as a result of the pandemic. This includes:

- **Working from home:** Participants who have been working from home (such as office workers) reported missing social contact with colleagues, especially if they had relied on this as one of their main forms of social contact prior to the pandemic.
- **Furlough or redundancy:** Participants who had recently been made redundant or who had been furloughed recently struggled with a lack of routine and sense of 'purpose' in their lives as a result. These participants described a sense of loss for their 'old' lives which had been changed completely since the start of the pandemic.
 - These participants were already feeling the impact of loss of income and were also worried about finding income in the future. Two participants under the age of 30 had moved in with their parents during the pandemic to try to reduce expenses. Some also felt having less income was further limiting their ability to take up any opportunities to socialise (e.g. going for socially distanced meals with friends).
- **Enhancing existing financial vulnerability:** Participants who were financially vulnerable before the pandemic described shielding as having made accessing the informal forms of financial support that they rely on (e.g. friends and family) more difficult. For example, one participant previously relied on taking her children to eat an evening meal at her parents' house at least one day a week, and for them to drop off food and essentials from the supermarket to cover

some of her household expenses. As a result of both her and her parents shielding during the pandemic, this source of support had been lost.



Mainly working from home, I don't think it's good, I miss the commute, seeing people at work, even going out and getting stuck in a traffic jam, mentally and physically it's just not good for me working from home.

Male, 45-64, Birmingham



Not working is really affecting me, not having money. I'm so worried about the future. I'm ashamed to say I can't afford it when pals invite me out, they of course say they'll cover it, but I don't like people paying for me and I'm making other excuses like 'it's not safe enough'.

Male, 25-44, Glasgow

A small number of participants also described experiencing negative impacts on their physical health as a result of the lockdown restrictions, having picked up unhealthy habits such as eating more junk food, drinking more alcohol and doing less exercise while shielding. They felt this was contributing to a lower sense of wellbeing overall, and negatively impacting their mood.



Case study: Rob⁸, 45, Birmingham

Rob lives alone in a tower block and has been shielding during the pandemic due to having severe asthma. Prior to the pandemic, he would socialise most nights after work with colleagues from his office, usually going to the cinema or out for drinks. Whereas he used to feel 'lucky to have a day alone in the flat' by himself, during this time he has really struggled with working from home due to the lack of face-to-face contact with his colleagues and opportunities for socialising after work. This has resulted in regular feelings of loneliness which he feels he rarely experienced before. He says his situation is making him feel depressed, and that he knows his current routine of staying at home alone all day is bad for his wellbeing. He says he has 'always been a worrier' and the extra time alone to ruminate has worsened his feelings of anxiety. He doesn't know when he will be able to go back to his office, and has found even as restrictions have eased, his colleagues are not keen on things like going to the pub with him due to fears of the virus.



I've stopped eating healthy and been drinking every week, every day I feel heavy. Before I was going to the gym and not drinking a lot. I think it's nice to sit in the garden and have a drink, but it's turned into 2 or 3 times a week and I was never a sit in the house drinker, I'm very much not that guy.

Male, 45-64, Birmingham



I eat chocolate and crisps. I have put on about a stone in lockdown through binge eating and cooking a lot. I still cook large portions like I used to when all my family and friends came round, even though now it's just me. I feel horrendous physically because I had been going to the gym and I had been toning up prior to lockdown, and I had just lost all my baby weight, so all that effort has been ruined. But my mental health would have suffered if I was not able to eat to comfort myself.

Female, 25-44, Glasgow

Lonely and left behind: Tackling loneliness at a time of crisis

More generally, most participants struggled to identify any positive impacts that they had experienced as a result of the pandemic. However, a few mentioned:

- **Spending more time with their children:** This was particularly the case for parents with young children who described this as something of a 'saving grace' in otherwise difficult circumstances.
- **Saving some money:** For some participants, not socialising had led them to be able to save some money at the end of each month - although all participants to whom this applied felt that any savings were outweighed by their desire to socialise more.
- **Taking time for personal development:** For example, studying or developing new professional skills. For example, one participant who had been made redundant was hoping to get a new job in construction and had been using the extra time at home to complete health and safety courses, and another had become a qualified life coach.



My daughter said the word 'amazing' for the first time the other day. She's learning new words, so it makes every day with her special at the moment.

Female, 18-24, Glasgow



I've been able to study a wee bit more, trying to do some health and safety courses. That's been it really, more time to study.

Male, 25-44, Glasgow



I've really enjoyed spending time with my daughter, simple things like seeing her independence increase, it's been so lovely.

Female, 25-44, Glasgow

Experiences of loneliness and isolation during the pandemic

All participants reported experiencing loneliness more often as a result of the pandemic and lockdown period. The majority said they experienced this at some point every day. By contrast, many told us they only sometimes or rarely felt lonely prior to the pandemic.

The exercise of doing the diary task led some to realise they were actually feeling negative emotions including loneliness more than they had reported at the time of their initial interviews.

The length of time for which participants reported feeling lonely at any one time varied. For some it was as little as a few minutes, whereas for others this feeling could last several hours. Participants did not find it easy to pinpoint how long they were feeling lonely for at a time, as this often varied for them in a given week or month. Many described loneliness as coming in 'waves', which were often unpredictable. However, participants were able to point to key situations that are more likely to lead them to feel lonely:

- When they are physically alone or isolated from others, especially if they sometimes had others in their home (i.e. shielding alongside them or visiting) and were less used to being alone.
- Last thing at night and first thing in the morning, before the day gets going and they are able to distract themselves.
- During periods of 'downtime' from work or other activities that normally keep them busy.
- When they are doing activities that they would normally do with friends and family but are now having to do alone or with people in their household, such as going for walks, exercising, eating meals, indoor games and celebrating birthdays and other occasions.



The diary task did make me think about the day, some of the questions were highlights and I couldn't think of any as most days were non-eventful. It made me realise most of the days when I'm sat on my own, I do tend to get myself worked up and sometimes lonely; when I've got something on, those thoughts go out my head but it's worse when I'm sat here with my own thoughts.

Male, 65+, Liverpool



There's a point every day where I feel like that. Not all day every day, and some days are better than others.

Female, 18-24, Rhyl



Last week it was difficult, it was hard. I had a lot of downtime without work and it gave me time to do a lot of thinking about myself. I was really feeling I needed some kind of contact with someone.

Male, 65+, Liverpool



Case study, Maria, 26, Birmingham

Maria lives with her mum, brother and husband and is pregnant with her first child. She recently lost her father to COVID-19 and has struggled to cope with her grief as well as feeling like she is going through her pregnancy alone. Her husband has been unable to join her scans in hospital because of the virus, which has made her feel like she has no one who can empathise with her situation or feel what she is going through. She wishes she could socialise with other mothers in person or join a support group, but that hasn't been possible. She describes her family as 'close-knit' and manages to feel ok when she is around them, however any time she is alone, particularly last thing at night, she usually feels very lonely.

"When I'm around family, I don't think about it much, but when I'm alone like before going to bed, I can really feel it then."

Experiences of loneliness and isolation during lockdown

Participants all described experiencing loneliness more frequently during the initial lockdown and shielding period than they had previously (although all identified as having experienced loneliness regularly or semi-regularly prior to the pandemic). Reasons participants pointed to for experiencing loneliness to a greater extent during the pandemic can be split into two main themes:

- **Lack of physical contact with other people.** Most had at least one other method of keeping in contact with (close) friends or relatives such as phone or instant messaging, but ultimately felt these weren't as fulfilling as 'real life', face-to-face interactions. This lack of physical contact in turn led to feelings of increased loneliness.
- **Not having 'things to do' to keep busy.** This was particularly difficult for recently unemployed participants who were adjusting to a sudden lack of routine and purpose. However, many participants' social lives had also revolved around leisure activities they were then unable to do, such as playing sport or going to the gym, going to the pub or eating out, visiting a cinema or theatre, and taking children to a play area. A few participants also mentioned that not having things to do meant they had little news or updates to report when communicating with friends and family, meaning their conversations were fairly short or light-touch. These factors (having a lack of purpose, a reduced social life and shorter and less in-depth conversations with friends and family) were all described as having a negative impact on feelings of loneliness.

Participants also frequently described experiencing a sense of 'loss' for their old lives specifically in relation to these two areas.

Lonely and left behind: Tackling loneliness at a time of crisis

Participants also spontaneously noted cancelled plans as having a particularly negative impact. With a significant reduction in physical contact with others, any planned social events were things that participants really looked forward to. As a result, if these were cancelled, it tended to have a significant impact on them and further enhanced feelings of loneliness. Participants recalled a range of cancelled plans, including:

- **Significant occasions they would normally mark with friends and family, including religious festivals and loved ones' birthdays.** This was a poignant reminder of things they had lost, especially for those who had lost family members during the pandemic, and was particularly likely to be mentioned by BAME participants for whom large religious festivals, celebrations and gatherings were frequent and important parts of life before lockdown.
- **Plans they had scheduled more recently as part of trying to resume their social life.** For example, one participant in Greater Manchester had had to cancel a barbecue and stop going to her church shortly after the relaxing of rules because of the local lockdown in her area coming into effect, while another participant had had an art exhibition they were hoping to go to be cancelled.

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My low point was that I missed a big [Sikh] festival where brothers and sisters get together to celebrate. I wasn't able to celebrate it because my brother, who is only 11, is with my parents and they are shielding as well. It was hard to cope with it, I felt really low. I stayed at home and tried to keep myself entertained with films and TV.

Female, 25-44, Birmingham



I felt lonely first thing in the morning. Having to try and celebrate Eid without my dad's presence [with him passing away] as well as moving forward to dad's birthday week.

Female, 25-44, Birmingham

Alongside these overarching themes, experiences of loneliness and isolation during lockdown varied between participants according to a number of factors:

- **Living situation:** Participants who were living alone spoke about feeling physically isolated from other people most of the time as a cause of feeling lonely. This group tended to emphasise how spending very long periods of time without having any face-to-face contact with others had a very negative impact on their feelings of loneliness. Some also felt that having the extra time alone had allowed them to 'brood' over their negative feelings. By contrast, participants living with others (provided they had good relationships with them) often drew on those people as a source of support.
 - One participant in the sample was struggling to get along with her teenage daughters at home, and often isolated herself in her bedroom to avoid spending time with them, which she in turn felt very guilty about. This had a negative impact on her feelings of loneliness, and mental health more widely.
- **Social contact prior to the pandemic:** Participants consulted as part of this research broadly fell into three categories:
 - Those with at least a few close friends or family members (usually living nearby), with whom they managed to keep in contact during this time for support.

Lonely and left behind: Tackling loneliness at a time of crisis

- Those who previously had a broader circle of more superficial relationships or acquaintances (e.g. work colleagues), with whom they have struggled to keep in contact during this time.
 - Those who were already relatively isolated before the pandemic, lacking in positive, healthy and/or good-quality relationships with people with whom they felt they could keep in touch.
- **Other changes in life:** Several participants were struggling with mental health or difficult life events like bereavement or illness either during or prior to the pandemic (or both). Participants who had more turbulence in their lives already were typically struggling more with negative emotions during the pandemic, including loneliness.
- **Working status and/or financial situation:** Recently unemployed participants were finding it hard to adapt to having far more downtime and feeling without a 'purpose'. Those who were struggling to cope with loss of income or informal forms of financial support also described this as having a negative impact on wellbeing or causing stress, which tended to have a knock-on impact on feelings of loneliness and made it harder to cope with those feelings.
- In addition, this group felt a deep sense of uncertainty about their working and financial future, for example when they would be able to find employment or earn enough income to build up their savings.
 - They also mentioned the extra mental effort of having to think about their budget and finances generally was draining, and added to the overall negative impact on their wellbeing.



Having no income coming in, normally it's like we'll go do this thing as I finally have enough money coming in, but now it is really hard having to budget and think about it all the time.

Female, 25-44, Birmingham

- **Caring responsibilities:** Most parents reported spending more time with their young children as the main 'saving grace' of this period and said this had helped their feelings of loneliness. This was typically described as due to spending more quality time with their children and connecting with them, therefore reducing feelings of loneliness, or using time with them as a distraction from their feelings of loneliness. By contrast, one participant was informally caring for her husband and described sometimes being 'overwhelmed' by this, due to not being able to recharge by seeing other people, which in turn made her feel lonely. For parents, spending more time with their children was also often a complex and 'bittersweet' experience:
 - They often felt lonely when their children were not around, such as late in the evening. Some also felt lonely not being able to share moments of their children growing and achieving new things with other family members and friends.
 - Two mothers who had given birth just before the pandemic reported struggling to adjust to having less time for themselves, and fewer interactions with other adults than they had expected through not being able to go out at all during the pandemic (for example to see friends or to meet other new mums). Another explicitly described missing 'grown-up' conversations during the pandemic and felt lonely as a result.

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- **Location:** Participants in rural areas tended to live in isolated housing and described physically seeing fewer people out and about (e.g. in the shops or park), and people generally being less willing to stop and chat than they would have done before the pandemic. For some, this contributed to their feelings of loneliness and isolation. Additionally, there were some slight differences between the devolved nations in terms of how restrictions were implemented, which impacted feelings of loneliness:
 - Two participants in Glasgow noted that the restrictions felt stricter in Scotland compared to England in particular. These participants felt this meant they were conscious of having to continue shielding quite strictly as restrictions began to be eased in England, and one participant noted this added to their sense of isolation.
 - One participant in Wales noted that having a five-mile travel limit during the initial stages of lockdown added to their feeling of isolation, particularly as they were already in a physically isolated area.
- **Ethnicity:** One BAME participant in the sample described feeling more anxious as a result of being aware of a higher proportion of BAME people being impacted by the virus. Two participants of South Asian backgrounds also noted the importance of large extended family gatherings in their culture and had found it hard to adjust to only seeing a much smaller group of relatives. One of these participants noted the cultural importance of large weddings in particular and was feeling disappointed at the thought of having to exclude some people from her own due to limited guest numbers.



The main thing was the virus was affecting a lot of people of my colour, my community, I was wearing a mask and gloves very early on as I was quite anxious about that, when I go out, I'm very cautious. I'm not normally like that, normally I'm freewheeling and I'm now afraid to go on public transport, just that fear factor...it's made me more homebound.

Female, 25-44, Birmingham



Case study: Thomas, 25-44, Liverpool

Thomas lives on his own but has a daughter from a previous marriage, and during the pandemic he has been forming a 'bubble' with his daughter and his ex-partner. Before the pandemic, he would sometimes feel lonely when his daughter was not staying with him but was able to fill the time with exercise and seeing friends. During the pandemic, he has been unable to do those things and so has found himself feeling lonelier on the days he does not have his daughter over to stay. However, he has loved spending more time with her overall during the lockdown and is already missing this quality time after recently returning to working in his office.



Case study: Jack, 65+, Rhyl

Jack separated from his wife at the start of the year and was finding himself adjusting to living alone when the pandemic started. He is semi-retired and, prior to the pandemic, worked two night shifts a week in his local supermarket. However, when the advice to shield was issued, his employer put him on paid leave because he is aged over 70. Even though he had only been working for two nights a week, Jack has missed the routine and the social contact with colleagues he had on his shifts. He doesn't feel he is close enough to them to contact them outside of work. He also lives in a very rural area, and so feels very isolated from any neighbours who he might be able to stop and chat to.

Experiences of loneliness and isolation after the initial lockdown started to ease

After the initial lockdown started to ease and Government guidance on shielding was relaxed, around two thirds of participants described having begun to try to resume parts of their 'normal' lives, including social contact. By contrast, around a third of participants consulted in this research have thus far chosen to continue shielding completely or for the most part. This has had a further impact on experiences of loneliness and isolation.

Of those who started to leave the house for non-essential reasons, this was mainly for face-to-face contact with friends and family including gatherings in other households or outside, meals out or other leisure activities. A small number had returned to a physical workplace.

- All reported that resuming this face-to-face contact had a positive impact on their wellbeing and reduced feelings of loneliness and isolation. However, the positive effects of this contact were often temporary, with feelings of loneliness and isolation often returning once participants were alone again. This was particularly striking for those who live alone.
- Most of these participants actively reported feeling anxious about leaving the house for non-essential reasons, due to a perception the virus remains a live threat to them or someone in their household. However, the benefits they received from face-to-face contact in particular were felt to outweigh this.
 - Only two participants did not actively report being conscious of the threat when leaving the house due to the risk of the virus, although many well have been concerned about this.



I managed to get out a few times, had a friend's birthday and went to see him, seen my mum and brother. I can't tempt my friends into doing anything much at the moment, but when I went to see my friend for their birthday, we had a chat and a takeaway at their place and I felt a bit normal for a few hours.

Male, 45-64, Birmingham



I've got a job now, I'm starting on Monday as a delivery driver, and I've definitely been going out more which has been good, out with my girlfriend and friends. The shielding finished just after 31st July, so after that I was starting to introduce myself to going out, it's more golfing, the odd day out, a pal's birthday.

Male, 25-44, Glasgow



It's [local lockdown] a worry...it would be frustrating because it's been nice being able to get back to work and it would bring back my anxiety about changing routine and having to get used to seeing less people again.

Male, 25-44, Liverpool

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Participants who were continuing to shield were doing so due to feeling they or someone in their household are still personally very vulnerable to the risk of the virus:

- These participants reported their feelings of loneliness as having either stayed the same or worsened as they watched others resuming their social lives.
- They also described feeling particularly angry and scared that others seem to be disregarding the rules, potentially putting them at risk.
- Two participants who had been in and out of hospital during this time and strictly shielding described finding this a particularly isolating time, as they have been unable to receive any visitors at all.

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I'm very concerned about going out, when I have been its worrying for me. The virus and the amount of people about and being selfish, they're not social distancing at all, I even saw [people] going into shops without masks on.

Female, 65+, County Down

I feel lonelier now as it doesn't seem safe to go out, and yet other people can get out.

Female, 65+, County Down



Case study: Beca, 18-24, Rhyl

Beca lives with her parents, sister and fiancée, and has experienced various health problems over the last few years, meaning she has often been in and out of hospital. During the pandemic her hospital appointments have continued, and she has found that the combination of being isolated while in hospital and having to shield while at home has had a huge impact on her emotionally. While completing the diary task, she had just started to resume some elements of her social life (as guidance on shielding was relaxed) including visiting her nan and having a makeover session with a friend. Shortly after this, she fell unwell again and had to return to hospital, where she was advised she had to continue shielding. She describes this as completely devastating as it feels like she has taken a big step back.

7. Interactions with others

Social interaction during the pandemic

As outlined in Chapter 3 of this report, the COVID-19 pandemic and lockdown restrictions have had a massive impact on the amount and quality of participants' social interactions with others. In particular, the significant reduction in face-to-face contact was viewed very negatively

It's nice just being able to speak face to face with someone, you can't get too much of someone's emotion over a text message or over the phone. I used to love going for a coffee, just to talk about what's been going on.

Female, 18-24, Greater Belfast

Overall, participants reported finding their social circles reduced during the lockdown as they struggled to maintain contact with less close or more superficial relationships remotely. This change was experienced and felt most deeply by those who had previously relied heavily on two forms of interaction/relationships, which prior to the pandemic had satisfied their need for social contact:

- **Face-to-face social interaction with work colleagues, both at work and after work (e.g. going out for drinks or other activities).** Participants who had relied on this typically had struggled to keep in touch with colleagues when these relationships tended to be less close, and they had struggled to replace this interaction during the pandemic.



It used to be nice talking to colleagues on my shift, I've not spoken to them since I stopped going...I wouldn't be comfortable reaching out to them outside that.

Male, 65+, Rhyl


- **Face-to-face socialising in large friendship groups, rather than in small groups or one-on-one settings.** Several participants who had previously relied on socialising in large groups of friends had also found it harder to maintain these relationships, which tended to be less close. They also often relied on doing activities that were less available to them during the pandemic e.g. sports or meals out.

By contrast, those who had relied more on a smaller number of close relationships had generally found it easier to maintain contact with these people and were able to draw on them for emotional support during this period.

I'd normally be out in larger groups, groups of at least 4 or 5 pals on days out, golf or a meal maybe, and maybe with my girlfriend, but that stuff has been impossible to do. I've only really seen my girlfriend since March.

Male, 25-44, Glasgow

As a result of the pandemic, participants reported leaning more heavily on at least one method of non-face-to-face contact to keep in touch with others – most notably with close friends and family. Participants used a range of alternative methods of contact during the pandemic. However, these were not felt to be adequate substitutes for regular face-to-face contact:

-  **Phone calls.** Many said they had long phone calls with close family members and friends, particularly during the first stages of the pandemic. This was often the preferred method of contact following face-to-face, due to being able to hear someone's voice and have a relatively long and detailed conversation.



Video calls via online platforms such as Zoom or FaceTime. A few participants mentioned they had kept in contact with others via video calls (e.g. Zoom quizzes) at the start of lockdown but found this has since 'fizzled out'. Those who used FaceTime reported it being nice to see someone's face, but that these calls do not tend to last long, especially in comparison to phone calls, and some had experienced technical issues.



Instant messaging/texting. Participants felt conversations via this medium could only be very 'brief' and superficial. Prior to the pandemic, they reported mostly using these forms of communication to arrange face-to-face contact, so they did not feel like an adequate alternative now.



Social media e.g. commenting on posts. Most also felt this medium to be superficial and pointed out there was not always a guaranteed response from someone. A minority also highlighted social media as having a negative impact on their mental wellbeing, for example due to seeing lots of negative pandemic-related stories, or exacerbating feelings of being left behind by seeing photos of others who were not shielding out enjoying themselves.



Letters. One participant in the sample had received a letter from a friend and said the act of someone else taking the time and effort to write him a letter made him feel cared about by this friend, having a positive impact on his feelings of loneliness.

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I do phone calls with my family but it's difficult in these times, I don't want to put my problems on them. Lockdown has been difficult for everyone and they are lonely too. The problem is you're calling the same people day in day out, and no one is doing anything, so there is nothing to say, nothing to report, and it all gets a bit much.

Female, 18-24, Birmingham

Within this sample of participants, preferences for interaction also varied slightly by gender and age:

- **Women** in the sample were much more likely to report using long phone calls than men.
- **Men** were more likely to rely mainly on using texting or instant messaging and so were finding their social contact had been significantly reduced as these interactions were typically briefer than phone calls would be.
- **Younger participants** tended to report heavier use of texting or instant messaging and social media to maintain contact with others, whereas older participants relied more on phone calls or video calls to keep in contact.

Before, it was mainly face to face or over the phone. Now I've been talking more by phone during the lockdown, but recently that has stopped...it's like if someone is calling them to have a conversation, why would they do that when they can have a conversation in person with someone else.

Female, 65+, County Down

As lockdown has eased, some reported using alternative methods of communication less, especially those that are more time-intensive such as telephone and video calls.

- Some of those who were shielding felt others are now less willing to have long phone calls as they resume 'busy' lives. They also worried about continuing to 'burden' others if they do not have any positive news to report.
- Those resuming more face-to-face contact themselves said they had started to rely on phone calls less.

I tried to look at social media to feel connected to people, but I had exhausted them all, Facebook, Instagram, Snapchat, everything. People aren't going out and they aren't posting so much, so there's not much to look at on social media anymore.

Female, 18-24, Birmingham

My friends, we've never been ones for long phone conversations, it's always been either face to face or WhatsApp messaging.

Male, 45-64, Birmingham

Sense of community and belonging

Most participants reported having noticed a sense of community improving in their area as a result of the pandemic and lockdown restrictions. The symbols of this varied, but included other people in the area:

- Being more aware of others and the risk they may pose to them, such as moving out of their way in shops and wearing masks.
- Offering practical help to others through checking in on neighbours, offering to do shopping on an informal basis, or setting up more formalised mutual aid groups. Four participants in the sample mentioned having personally received offers of shopping or general check-ins from others outside their family and friends, e.g. neighbours.⁹
- Being friendlier, smiling and saying hello / stopping for a chat in the street.

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I can only speak about my area, which is a metropolitan area with different ethnic communities. I think it's brought us closer together in a way, it's made us more aware of [each] other, giving each other more support than normal. I would say it is now getting better too, especially as restrictions were lifted people have become more aware of the risk, like in the supermarket you'll see people with masks on.

Male, 65+, Liverpool



People are asking me how I am now, asking if I need anything when at one time, they wouldn't have given me the time of day. Because they know I'm here on my own, if they see me, they ask if I need anything if they're going to the shop. Even my friends around the corner feel that things have changed – people are more considerate and caring.

Female, 65+, Manchester



I chatted to my neighbour over the fence when we were both in the garden. We had a big distance, maybe a three metre gap, because she is also isolating. We had a good chat and it turned out she is having all of the same feelings as me. It was the first time we had ever spoken as before she hasn't been very friendly and has kept herself to herself, and it made me feel better to know I am not the only one feeling this way.

Female, 18-24, Glasgow

⁹ We did not explicitly ask about experiences of informal forms of support (e.g. food shopping, picking up medication) during the interviews, but given their shielding status it seems likely that more participants in the sample than mentioned here received this kind of support from others.

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A minority, however, felt a sense of community had either not improved in their area or had even become worse.

- Participants living in isolated homes in rural areas were particularly likely to say there had been no change, attributing this impression to not having seen or interacted with many people for the duration of the pandemic.
 - Some of these participants noted a real contrast to before the pandemic, when people in their area had been very familiar and friendly with one another (versus now going out of their way to avoid one another).
- A small minority felt the sense of community in their area had deteriorated more recently, due to people becoming impatient with restrictions and wanting to return to normality. For example, some described people no longer bothering to adhere to social distancing or check in on elderly neighbours as they become busier.
- A few participants in the sample who had recently moved to a new area felt the pandemic had disrupted the process of them integrating into their local community, and they were keen to resume this as soon as possible (e.g. by getting to know neighbours and things going on in their area).

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Some of the neighbours I've spoken to that I've never really spoken to before. Sometimes a 'hi' is all you need.

Male, 25-44, Liverpool



With the neighbours, that's slowly sliding away now and people getting back to their own lives. In fact, I'm finding people more irritable, snapping at each other in supermarkets about masks, getting too close, hostile, getting angry on public transport, I keep hearing about arguments in shops, it seems to have gone the other way. I think, as a whole, people are exhausted and at their wit's end.

Male, 45-64, Birmingham



8. Coping with loneliness

Methods for coping with loneliness

Participants described the steps that they would usually take to cope with feeling lonely or isolated as largely not having been available to them during the pandemic, especially during the initial lockdown. For many, the most effective ways of coping with loneliness previously involved leaving their homes to exercise (e.g. going to the gym or going swimming), going to the shops, or meeting up with friends and family. These methods were felt to be a way of keeping busy and of interacting with other people.

During lockdown, leaving the home when experiencing loneliness was not an option for these participants. In the absence of these coping mechanisms, participants have relied to a greater extent on the following:



Temporary 'distraction' methods: through turning to available forms of entertainment in the home such as watching TV or films, reading a book, listening to the radio, scrolling through social media or playing online games.



Speaking to a friend or family member: either by phone or through messaging services as a result of face-to-face conversations not being an option.



Trying to think positively: in order to put feelings of loneliness to the back of their consciousness as far as possible. For one participant this involved clearing the thoughts in their mind, for another this meant not letting their worries build up and instead trying to 'figure out' their feelings as they arose.



I just try and distract myself as once I'm in it it's hard to get out the spiral. Either on the phone or watching Netflix, little things like that.

Female, 25-44, Birmingham

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However, for most, these coping strategies are felt to have limited effectiveness, either because they are not enough of a distraction to allow them to forget about feeling lonely or because they only have a temporary, short-lasting impact on their mood.



There's not really [anything that helps]. I think you try to feel positive and that helps to an extent, but the loneliness doesn't go away completely.

Female, 25-44, Birmingham



Normally I just stick on the telly, play a game, distracting yourself. There's times when I can't do it though because my little one is there and needs something, that sometimes helps.

Female, 18-24, Glasgow

As lockdown restrictions eased across the UK, temporarily over the summer participants found that their former methods for coping with loneliness were becoming more available to them (e.g. going to the gym or meeting up with family or friends). However, while this has been a positive change for some, this has not been the case for all. As highlighted earlier in this report, some participants have continued to feel very fearful of the risk of catching the virus, have never started to feel comfortable meeting others face to face and so have continued to avoid leaving their homes. These individuals found the easing of lockdown restrictions made it more difficult to manage their loneliness – as they were reminded of what they've been missing out on through seeing others meeting each other and enjoying themselves.



I want to get out, and then when I'm out I feel anxious. It makes me feel lonelier because I can see people out with other people enjoying themselves.

Female, 65+, Manchester

Talking about loneliness and stigma

All participants consulted in this research described finding it difficult to talk to others about loneliness and isolation. This was largely the result of not wanting to 'worry' or 'burden' friends and family or for some, feeling too embarrassed to talk about experiencing loneliness (due to feelings of loneliness being seen as a sign of weakness or more generally finding it embarrassing and uncomfortable to talk about their feelings with others). These reactions are not new. Participants described not feeling comfortable talking about experiencing loneliness before the pandemic. However, this research points to the reluctance to talk about experiencing loneliness as having been heightened as a result of the COVID-19 pandemic. This is due to:

- **A perception that most people are struggling and, therefore, not wanting to be a burden.** Participants described a sense that everyone is suffering from the pandemic in some way, including their family and friends, and therefore not wanting to burden others further with their own challenges.
- **Not being able to spend time with others face to face.** It was felt that it is easier to broach the topic of emotional health and confide in others about experiencing this when spending an extended period of time with them and speaking face to face. By contrast, it was felt to be very hard to broach and discuss these topics when communicating online or over the phone.

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Reluctance to talk about experiences of loneliness varied across the sample. In particular, male participants and those from BAME communities identified heightened levels of discomfort talking about feelings of loneliness with family or friends when compared to others in the sample. Men referenced feeling it was harder for them to speak about their emotions and feelings with others compared to women, and those from BAME communities attributed their discomfort to their cultural background e.g. it being less typical or 'normal' to speak about negative feelings including loneliness in their culture. Further, older participants reported not wanting to talk about experiencing loneliness and isolation with their children specifically, due to a perception that they have their own lives and pressures to focus on.

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I do find it quite hard to talk to people about [feeling lonely], I don't like to sound like I'm being sorry for myself or silly talking to others about it. People would think I shouldn't feel that way, or everyone is in the same position and [it's] something we just have to go along with.

Male, 45-64, Birmingham

Everyone has it difficult at the moment, you can't sit around feeling sorry for yourself or expect others to.

Female, 65+, County Down



For a guy I would say it's more difficult [to talk about feeling lonely]. I have got good friends and I'm sure they would all listen but it's probably not something that I am comfortable speaking about. I've spoken to my sister a couple of times about it, and my parents but I don't want to worry them. My best mate James is going through his own stuff now with his dad passing away, so I don't want to bother him. I sometimes bottle it up, I'd say.

Male, 25-44, Liverpool





It is really hard for me to say to someone or tell them I need company, I've always been like that, I deal with it in myself, some people tell me I shouldn't do it myself, that's an issue I have. I don't normally do it; the culture I'm from, the African culture, we're not taught to speak about things like that.

Male, 65+, Liverpool



Case study: Janet, 65+, Manchester

Janet lives alone since her husband passed away 18 months ago and has a daughter she is close to but who lives 10 miles away. She sees herself as a naturally chatty and highly sociable person, and before the local lockdown in Manchester was relishing being able to start enjoying social activities like attending socially distanced church services and going for walks with friends. While the local lockdown was in place, she was no longer able to do these things and has felt 'deflated' and lonely having to go back to spending so much time alone. She now feels as though she cannot talk to anyone close to her about how she is feeling as she does not want to worry them, particularly her daughter who has a very busy work life. "I try to keep these things to myself and not worry other people. My daughter has her own life, she's busy and I don't want her to worry about about me."

9. Solutions for loneliness and isolation

Spontaneous views on solutions

Most participants could not spontaneously identify any formal solutions for addressing feelings of loneliness and isolation in either themselves or others. This was for two main reasons:

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- Many felt that the only solution to loneliness and isolation would be face-to-face contact, which is largely unavailable at present. Participants often became 'stuck' on this as a barrier to addressing loneliness and isolation at this time.
 - There was low awareness of many of the non-face-to-face formal support options for addressing loneliness. When probed on things that Government, charities or other organisations might do to help, participants struggled to identify any ideas for how support might be offered.



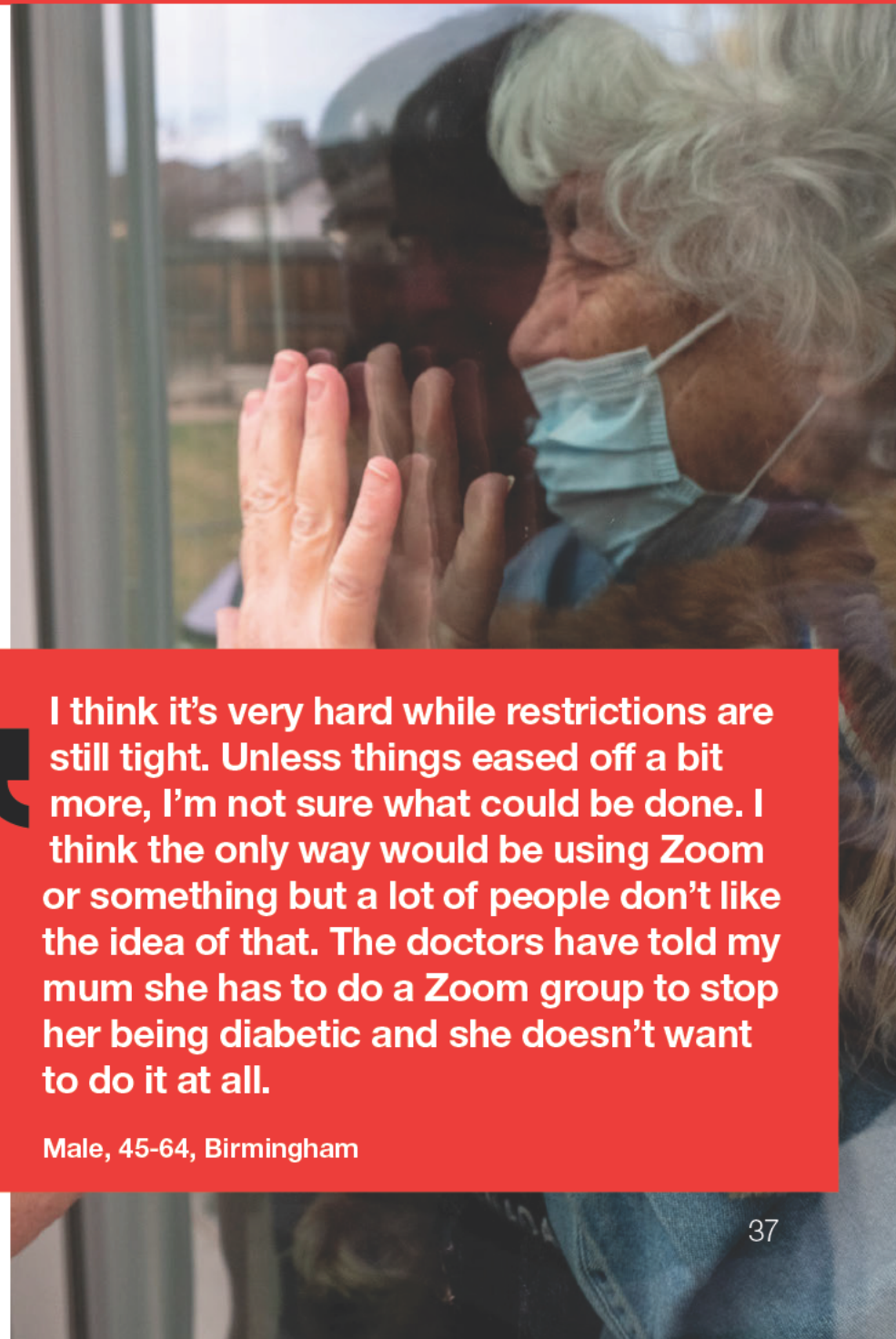
The only way you can make people feel less lonely and isolated is to call them and talk to them. They could call in on people but especially with older people you can't do that at this point.

Male, 65+, Liverpool



I think it's very hard while restrictions are still tight. Unless things eased off a bit more, I'm not sure what could be done. I think the only way would be using Zoom or something but a lot of people don't like the idea of that. The doctors have told my mum she has to do a Zoom group to stop her being diabetic and she doesn't want to do it at all.

Male, 45-64, Birmingham



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A small minority suggested some solutions, although these tended to be at a general level rather than specific ideas that would support people like them struggling with loneliness:

- Formal organisations, volunteers or community groups checking in on people who might be lonely, for example via phone or through arranging a video call.
- A campaign aimed at running and promoting activities and events for single-person households to bring them together with others, for example run by local councils.
- More community events to bring people together, with the caveat that these would have to be socially distanced or not take place until the pandemic is over.
- Investment in community spaces such as youth clubs, with some participants explicitly pointing to these having disappeared in recent decades.
- More employment-related or financial support for those who have been made redundant as a result of the pandemic. For participants who had lost their job and income, they saw this as key in helping them cope with their situation which would in turn help feelings of loneliness.

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Maybe more events in the local community that everyone could get involved with. That would be good. Village fayres, that sort of thing, to bring everyone together. Street parties or something like that when all this is over.

Male, 25-44, Liverpool



If you're social distancing, no one can do anything if they can't come to your house. The best thing for me is to stay away from people. Give me some money. I haven't had any money for four months coming into the house, I am using my savings and I'm always thinking about that.

Male, 45-64, County Armagh

Response to proposed solutions

We tested a total of six potential solutions for addressing loneliness and isolation now and in the longer term across the sample of participants:

- Improving local transport.
- Improving public spaces.
- Improving skills and access to digital technology.
- Being supported into group activities by healthcare professionals through social prescribing.
- Investing in mental health and emotional support.
- Ensuring the voluntary and community sector is adequately funded and there is support from the sector.

Participants felt, at the moment, improving local transport, improving public spaces, being supported into group activities by healthcare professionals, and support from the voluntary and community sector would have limited effectiveness in the context of the pandemic when most people are avoiding public transport and group gatherings. For this reason, most said that

they would not feel comfortable taking advantage of these should they be implemented at this time or even in the near future. However, participants did not consider that these might be provided digitally, over the phone or in other ways which would adhere to social distancing measures.

- **Improving public transport:** Participants felt this would have been an effective solution for addressing loneliness prior to the pandemic. Those in rural areas were particularly likely to feel there was a strong need to improve public transport in their area, to allow better, more reliable and affordable travel into nearby areas and town centres. However, the majority felt they (and other vulnerable groups, such as older people) were likely to avoid public transport for the foreseeable future due to concerns over safety as a result of the virus. It was felt better enforcement of social distancing and mask-wearing would help make public transport feel safer, but most thought they would still feel unsafe due to the difficulty of controlling other users' behaviour.
- **Improving public spaces:** This was also seen as a good solution but with limited applications currently due to the need to avoid busy public places. Most said that going to these places had in the past made them feel less lonely as they allowed them to socialise with others and meet new people. They emphasised that while the virus remains a threat, it would be most helpful to have access to spaces that are set up for social distancing (for example, events in parks and green spaces, drive-through events), rather than indoor events. Participants who were still strictly shielding felt this solution would be less relevant to them as they would not be comfortable visiting any public places, regardless of whether they were indoors or outdoors. While most were not thinking about this solution in a post-COVID-19 context, one participant did stress that in future it would be important for events hosted in public spaces such as libraries to be better promoted to encourage people to use them. He felt that going to events like this would help address his personal feelings of loneliness.



This is a nice idea. Loneliness tends to reduce when you are busy and getting to know people. I like the idea of outdoor space because there is more space, it's safer to interact with people, it's less crowded than other public spaces.

Female, 25-44, Glasgow

- **Being supported into group activities by healthcare professionals through social prescribing:** There were mixed views on this solution, and when responding to it participants largely focussed on group activities (one of many potential outcomes of being supported through social prescribing). Some felt it would be a good 'soft' alternative to more formalised forms of support such as mental health support, but others focused on the fact that the types of activities prescribed would be limited in light of the need to social distance.
 - Only a small number felt this kind of support would be helpful for them personally; most felt they would not attend group activities due to either shielding at present, not wanting to do group activities (e.g. preferring to socialise in more intimate settings), or feeling too busy with childcare responsibilities to take time out (particularly young mothers).
 - Some also felt it would take up GPs' valuable and already very limited time during the pandemic (though no participants were aware of the role of social prescribing link workers who in many parts of the country are attached to GPs and dedicated to supporting people with non-clinical needs such as loneliness).

- **Support for the voluntary and community sector:** While participants felt it was important for the voluntary and community sector to receive funding and support people, they focused on the sector being unable to offer face-to-face support during this time and therefore having limited effectiveness.
 - Some did feel the sector could play a role in checking in and providing emotional support to people virtually (i.e. by phone or video call), but that this would not be as effective as face-to-face support.
 - Only a small minority said they would ever consider reaching out to a group or charity for support. However many mentioned it was good to know support existed if they needed it.
 - No participants in this sample mentioned having been offered support from a group or charity during the pandemic, although one who was on Universal Credit had received help from his local council in the form of a phone call checking in with him and delivering food parcels. However, he felt this support was limited and not caring, and therefore felt that support from communities was even more important for this very reason.⁹



I like the idea of using that [funding] for support groups for people struggling during lockdown. If possible, it would be better to do it face to face because it's better to see and meet someone in real life, to see how they're actually feeling, to build a personal connection with them. You can do that more easily in person than via video.

Female, 18-24, Birmingham

- **Improving digital skills and access to technology:** Ensuring digital access (e.g. a good internet connection and access to at least one device) was felt to be key in enabling people to maintain social contact during this time, and participants felt improving digital skills among groups in need of this would help address loneliness and isolation. Participants saw the need to improve digital skills as mostly relating to older people, and strongly felt it was key to allowing this group to keep in contact with others during the pandemic. However, there were doubts as to the practicalities of improving digital skills remotely, with some suggesting training and support would have to be offered over the phone.



I'm a big advocate of helping families, I think there should be a charity for people living alone, to help them, or a government scheme

Male, 25-44, Glasgow



I just don't know how people could get through lockdown without the internet, it's kept them going. I do think a lot of older people have no idea how to use the internet, they're horrified like my mum, the whole thing scares her as she's not technically minded.

Male, 45-64, Birmingham

⁹ For further insight into food insecurity during the coronavirus pandemic in the UK, as well as the policy, practice and guidance seeking to address it, see the British Red Cross Report 'Access to food in emergencies' [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/access-to-food-in-emergencies)



I think that would be helpful for a lot of people, like older people, but there's younger people who don't have access to the internet too and what about them.

Female, 18-24, Rhyl



I think personally that's one of the major things that both local and national government should be doing, it's the major problem for teenagers and the old, especially during this pandemic there's been reports of suicide increasing in all age groups. I think it's imperative.

Male, 65+, Liverpool



The more avenues the better for folk being able to speak to people about what's going on in your head. Some days I'm alright but others, yeah, I would want to be involved in that support. Just speaking to someone who you're not tied to.

Male, 25-44, Liverpool

- **Investing in mental health and emotional support:** This was the most popular solution among participants in this sample, who had a strong sense that there is a high demand for this in light of many people's mental health (including feelings of loneliness) worsening during the pandemic. Many felt that some kind of talking therapy (as one form of mental health and emotional support) would be the most effective solution for them personally, saying that speaking to someone neutral (i.e. not family or friends who they might burden) about how they were feeling would be one of the most effective solutions for addressing their feelings of loneliness. One participant also mentioned having someone to 'check in' on him and his mental wellbeing occasionally or even as a one-off would be useful, for example enquiring how well he was coping and whether they could do anything to help.
 - Some commented that they had found the diary task useful in this way, as it helped them reflect on and work through their feelings without fear of judgement or burdening others.
 - Participants commented that this support would ideally be face to face, but in the context of the pandemic felt receiving this over the phone or by video call would also be effective.

10. Looking to the future

Hopes and fears for the next few months

When thinking about the next few months, participants felt very uncertain. While they expected that COVID-19 would still be a problem, they were unclear as to how this would continue to affect the country and their daily realities.

As a result of this wider uncertainty, most focused on specific moments or events that they could look forward to in the immediate term such as meeting family or friends face to face, going to the shops or getting a haircut. For those who were continuing to shield or still reluctant to leave their homes, pinpointing specific moments in the near future to look forward to was more difficult. For these participants, hopes for the next few months tended to be vague and more hypothetical.

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There's a big thing on Saturday. My best friend in London is supposed to be coming to Manchester and I haven't seen him for six or seven months, so I'm going to go and see him. I'm really looking forward to that.

Male, 45-64, Liverpool

Within this uncertainty, the majority of participants felt that a 'second wave' of the virus and increase in infection rates in the UK was both likely to happen and a real cause for concern. Participants referenced rising infection rates in the UK and across Europe at the time of fieldwork as evidence that a second wave could happen in the UK, leading to concerns



The parks have opened and I can take my daughter and hopefully she can go and have a play and feed the ducks. Obviously only if there's not loads of people there as I wouldn't want us to be at risk having shielded for so long.

Female, 18-25, Greater Belfast

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about what this would mean in terms of their risk of catching the virus and the likelihood of the UK returning to a second lockdown, or a lockdown in their local area.



I'm going to try and get back to normal as much as possible, getting out to the shops, having some kind of social life again, if I can plan something or encourage people to do things again, just see if there's anything I can do to get back to normal.

Male, 45-64, Birmingham

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During the course of the research, a number of local lockdown and local restriction measures were introduced across England and Scotland, which heightened participants' concerns. For those who had recently started leaving their homes more, going to work or seeing friends and family, there was real concern that a second lockdown would bring them back to 'square one' and they worried about their ability to cope with this.

One participant living in Greater Manchester was impacted by the local lockdown introduced in this area on 30th July. This had a profound impact on her. It meant that she had to cancel a BBQ with her family at a day's notice, an event that she had been planning for weeks in advance to coincide with the end of the shielding period. Doing so, and the uncertainty about when she might be able to reschedule really impacted her emotionally. She felt very upset, demotivated and lonely – cancelling her daily walks with a neighbour for several days afterwards because she felt really down.



Having to cancel my BBQ [was the low point of the week]. My family were looking forward to it as well. It was horrible. I just can't understand the motive that you can't come in the garden. It's really weird.

Female, 65+, Manchester



At the moment, I don't feel as down now as I did last week [when local lockdown was introduced] because I know there's going to be an update later on today so I'm keeping my fingers crossed that we can have a little get together. So after today's announcement, if it's not what I'm wanting I imagine I'll feel deflated.

Female, 65+, Manchester



I just really fear that cases will go up, lockdown will be reinforced, and my family will no longer be able to visit me in my garden like they have been doing.

Female, 26-44, Glasgow

Returning to work

A small number of participants had recently gone back to work and others were due to do so soon. For example, one participant had started going to work in an office one day a week rather than working from home every day, another had re-started working night shifts at a supermarket, and one was shortly due to start a new job as a delivery driver.

Of these participants, some had concerns about going back to work initially. These included concerns about safety but also about drastically changing their routine again, having spent so long in some form of lockdown. However, once back at work, they had tended to find this to have had a positive impact on them for a number of reasons:

- **Gaining a greater sense of purpose:** for those who had been either made redundant or not able to work during the pandemic (for example, if shielding and not able to work from home), returning to work had a profound impact on their self-worth and sense of purpose.
- **Gaining more structure and variety to their routine:** this helped participants to feel busy and reduced the amount of moments that they felt lonely on any given day when they were out of their home at work.
- **Regular face-to-face social interactions:** all participants who had returned to work felt that they had benefitted greatly from having increased opportunities for face-to-face contact. As highlighted earlier in this report, participants had not tended to maintain close contact with work colleagues during the lockdown so being able to do so again was really valued.



It's been good in some ways – I've been seeing the guys that I'm working with and have a lot more interaction with those guys. It's taken a bit of adjustment getting back into a routine but going back to work hasn't been as bad as expected from a safety point of view. It's been well done by my work in terms of social distancing. There's no communal area anymore, we're not allowed in the kitchen.

Male, 25-44, Liverpool



I'm absolutely buzzing [about starting work], really excited to get a bit of purpose. It's a delivery job, you're in your van by yourself all day, the facility is really strict on safety for the warehouse, you're not swapping parcels, you're dropping, taking a picture and walking away so I'm not too worried about safety.

Male, 25-44, Glasgow



It's going to be really difficult [studying remotely in future]: no one is going to socialise, you'll be behind a screen all the time. I just want to get back to normal, get my life back, go back to uni as normal, go shopping, go to the town centre, restaurants, start socialising again.

Female, 18-24, Glasgow

Lonely and left behind: Tackling loneliness at a time of crisis

Two participants in the sample were students with one year of university remaining. They were both anticipating receiving teaching mostly online next year, visiting their university building now and again. They predicted the majority of socialising would continue to be 'behind a screen', which both were disappointed about as they wanted to resume the face-to-face social life they had at university before the pandemic. One of these participants was also particularly worried about the impact of the pandemic on the job market and being able to find employment on graduating.

Expectations for the longer term

Participants struggled to imagine the longer term or a point at which life would return to something resembling 'normal'.

They felt that the risk of catching the virus and the need to social distance were likely to stay until a vaccine is available, which most anticipated would not be ready for another 9-12 months. Further, many expected that the economic impacts of the pandemic would last for years to come. This was a particular concern for participants who were self-employed, unemployed, students and those who have been furloughed or made redundant as a result of the pandemic.

This meant that participants struggled to think ahead or to plan anything further than a few months, and in some cases weeks, ahead. For some this led to them having very little to focus on or look forward to in the longer term, which was particularly challenging for participants with more dispersed social networks, for example participants with family members living across the country or in other countries, who felt very unsure when they would be able to see them again.



I don't know if there will be a vaccine this time next year even. If this year has shown anything it's if you plan a year ahead it's going to go tits up so, right now, I'm looking 2 to 3 months ahead at a time and can't think any further than that.

Male, 25-44, Glasgow



There's nothing to look forward to. I've booked a holiday for next summer, but I'm not holding my breath. I've only booked it to give myself something to look forward to for now, I'm trying to remain positive but it's difficult.

Female, 65+, Manchester



11. Conclusions

The findings from the research point to some broader conclusions:

1. **Despite the shielding period being over and lockdown measures easing in most parts of the country at the time of fieldwork, not all felt able to take advantage of this.**

There is the risk that some people will be left behind and that their feelings of loneliness and isolation will deepen further. A third of participants in our sample fell into this category, suggesting that a significant proportion of the wider shielding or isolating population could be affected. This was also reflected in our national polling.

2. **There is significant discomfort over talking about loneliness with friends and family – despite a perception that everyone has been negatively affected by the lockdown measures and a lack of face-to-face contact during this period.**

This discomfort had started to increase for those being left behind. As they witnessed others around them resuming their normal lives over the summer they felt that their friends and family members had less time to spend keeping in touch with them.

3. **Solutions to loneliness and isolation need to feel applicable to the current context.**

Participants struggled to get beyond the need to socially distance when they considered many of the potential solutions, and were often of the view that the pandemic is likely to continue for a significant period of time, so felt any solutions must be 'COVID proof'. By contrast, several spontaneously talked about how valuable

they had found the process of participating in the research – including having an extended telephone conversation with someone outside of their network of family and friends, and keeping a diary of their emotions each day. Many participants felt having access to mental health and emotional support would benefit them for similar reasons.

4. **The significant proportion of the population whose employment status has been, or will be, altered as a result of the pandemic are likely to experience significant impacts on their routine, sense of purpose, social interactions and their ability to afford to socialise and access services that will help them cope.**

Participants in this sample who had been made redundant due to the pandemic reported real struggles in these areas, which in turn impacted their feelings of loneliness and isolation.

5. **Future local lockdowns could have a significant role in worsening and entrenching feelings of loneliness and isolation that many have experienced during this time.**

For participants who had recently started leaving their homes more, going to work or seeing friends and family, there was real concern that a second lockdown in their area would bring them back to 'square one' and they were worried about their ability to cope with the impacts of this. One participant in this sample from Manchester who had experienced local lockdown measures during the time of fieldwork had found this an extremely upsetting experience.

12. Appendix - stories of loneliness



Case study: Fiona, 65+, County Down

Fiona lives in a small rural town outside Belfast with her husband, who was diagnosed with cancer just before the onset of the pandemic.

Before the pandemic, she rarely felt lonely as she and her husband often had relatives or friends calling round at their house, including their grandchildren who they loved spending time with. She was also often out, being a 'naturally busy' person, meeting up with friends at the shops or theatre or going for countryside walks with her husband.

However, for the duration of the pandemic, Fiona and her husband have been very strictly shielding, meaning most days she has not seen anyone other than him. She has enjoyed spending the extra time with her husband, but says she has experienced moments of being overwhelmed by having to care for him without doing any activities to recharge from this, e.g. getting out the house and spending time with other friends and family.

During the first few months of lockdown, Fiona relied heavily on long phone calls from friends and family to keep in contact which helped during moments of loneliness she was regularly experiencing. However, as restrictions have eased, she feels family and friends are starting to have less time for her and are less willing to speak for long periods of time as they resume their normal lives. She also feels conscious of her conversations seeming repetitive, as she feels she does not have any interesting or exciting updates to report. Fiona worries herself and her husband are being 'left behind' and that their ways of having social contact with others have remained extremely limited.

She does think having more socially distanced and outdoor activities (e.g. a drive-through theatre) in her area might help her to feel busier again and distract from her feelings of loneliness. However, she is very fearful about such activities being even more limited in the winter months with the colder weather.



Case study: Sophie, 18-24, Greater Belfast

Sophie lives in a semi-rural area with her parents and young daughter. They have all been shielding together due to both her parents being considered clinically vulnerable.

Sophie recalls that before the pandemic, she had a large group of friends that she would regularly go out for meals and to the cinema with. She also enjoyed her busy job as a sales assistant in the local shop, as she knew all the customers and would regularly chat to them. She very rarely felt lonely as she was always surrounded by people.

Whilst shielding, Sophie has been spending the majority of her time at home with her daughter, which she has really valued and enjoyed. However, she has been unable to have face-to-face contact with other family and friends that she used to see regularly. She has stayed in touch with many of them via messaging and phone calls, but finds she can't 'get at people's emotions' very much through these methods.

Sophie has also been unable to see her partner face-to-face, other than a few times from a distance in their garden. More recently Sophie has started to venture out to do her own food shopping, but finds neighbours

she used to speak to are much less willing to stop and chat to her which she understands, but still finds upsetting. Sophie says she feels very isolated and lonely for at least a couple of hours a day, despite having other people in her home.

Sophie has been unable to work in the shop during the lockdown period due to shielding, and is finding not having any income stressful. She has always tried to save money for her daughter so they can do nice things together, and not being able to is making her feel worse, as she can't plan anything for them to look forward to. She intends to go back to work in the future when the threat of the virus is lower, but is very nervous about customers not adhering to the guidelines and putting her family at risk.

Sophie is extremely worried about the prospect of further national or local lockdown restrictions and having to go back to 'square one' when she just has started to venture out the house more and interact with people. She feels having to shield herself fully again would exacerbate the feelings of loneliness and isolation she has experienced.



Case study: Kwame, 46-65, Liverpool

Kwame has lived alone in Liverpool for the last 10 years, describing his local community as busy, metropolitan and multi-cultural. He was originally isolating after being in contact with someone who had symptoms, and then decided to shield due to an underlying health condition.

Kwame is self-employed as a photographer and has always mainly worked from home. He has also always enjoyed his own company, and before the pandemic had just a few close friends who he would see every few weeks either at his home or going out to a bar. Every month, he would also meet up with a group of self-employed people to share experiences, something he always looked forward to.

While shielding, he has had almost no face-to-face interaction with anyone else. He has tried to stay in touch with his close friends by text as he doesn't like phone calls, but just wishes he could have a friend over 'to get some in-person contact'. During periods where his work is difficult or things are quiet, he feels particularly isolated and depressed. These feelings can last up to several hours and he tries to cope by listening to music and 'thinking positive', but this does not always work for him.

He also heard stories about people from BAME communities being more impacted by the virus, which has made him reluctant to stop and chat to people in his community he would normally speak to when he does venture outside e.g. to the shops.

Kwame has also found it hard not being able to plan events to look forward to. He did have a gallery opening coming up which was cancelled due to the virus - he felt very down about this as he had been hoping it would still go ahead right up until the last minute.

He feels unable to confide in his close friends about how he is feeling, due to not wanting to burden them. He also thinks there is a stigma around talking about emotions like loneliness as a result of society viewing it as a weakness. On a personal level, he feels his own background has made it even harder for him to talk about feeling lonely due to this largely not being acceptable in the culture he comes from.

Kwame believes the voluntary and community sector should have more funding so that there can be more group activities available for single people like him, even if these need to be done virtually. He also feels that more mental health support should be available for people, believing mental health has gotten worse for many people during this



Case study: Amara, 18-24, Birmingham

Amara lives alone in a flat in Walsall, where she has been shielding for the duration of lockdown while recovering from injuries she gained in a road accident prior to the pandemic.

Before the pandemic, she spent lots of time with her parents who she is very close to, as well as extended family who would often come and visit her at home. She is also a student and used to enjoy a busy social life, often going shopping with friends and attending university events.

During the shielding period she has spent much of her time watching TV in bed, with very little face-to-face interaction with anyone. She has found herself looking forward to receiving deliveries and having someone cut the grass every week, just so she can have a brief chat with a stranger.

She has tried to stay in contact with family by phone but feels like she doesn't have much to say on these calls as her day-to-day routine never changes. She has also tried to look at social media to feel connected to people, but finds people aren't going out as often so aren't really posting on there as much.

Amara felt particularly lonely when an important Sikh religious festival passed, and she was unable to celebrate with her little brother who is currently shielding with her parents. She felt very low and tried to distract herself with films at home the entire day,

At other times when she is feeling lonely, she has tried to cope by keeping busy with things like cleaning and streaming new programmes, but finds she is running out of things to do.

Amara's university classes this year are likely to be mostly online with occasional teaching in person. Amara is worried about what this means for her social life and that her feelings of loneliness will get worse as she won't have the chance to socialise with the other students in person as often.

Amara feels her mental health has really suffered during the lockdown, and that it would be helpful to have someone 'neutral' to talk to about how she is feeling without the fear of burdening them. She also feels like it would be good for community groups who might be able to offer people support remotely to receive more funding, and that she would also benefit from this kind of support.

**Case study: Callum, 25-44, Glasgow**

Callum lives in a small town outside Glasgow with his mum and dad. He moved back in with them after losing his job in construction due to the pandemic, and they have all been shielding together.

Prior to the pandemic Callum had finally started enjoying his new job and spent most of his free time with his large group of friends and new girlfriend. Much of his socialising revolved around drinking in the pub, playing or watching sports like football or going to the gym with his friends. He was very rarely lonely.

Since losing his job, Callum has really struggled with the complete change in his routine and having so much spare time on his hands. His feels his self-esteem has suffered due to not being able to earn income or save money, and not having a 'purpose'. As restrictions have eased, he has found himself declining invitations to meals out with his friends due to not being able to afford it. This has made him feel embarrassed and lonely.

Despite being close to his parents, he has found it very isolating being apart from his girlfriend and friends. Callum often finds his loneliness is worse at night and first thing in the morning. He has briefly mentioned his feelings of loneliness to his girlfriend but doesn't want to dwell too much on them, as he doesn't want to put more pressure on her when she is dealing with her own problems. Callum feels like he needs to continue being a 'strong person' for those around him and that there are many people in a worse situation than he is.

He has been trying to re-gain a sense of purpose by helping his girlfriend's mum with her garden but is very anxious about how he will fill his time and earn money moving forward if he is unable to find proper work.

Callum feels it might be helpful for him to be able to talk to someone independent about his feelings over the phone, just to get things off his chest - even though he thinks he would find it very difficult to open up at first. He also thinks there should be some kind of government scheme or charity who are focused on checking up on people like him at this time.

**Case study: Kat, 25-44, Rhyl**

Kat lives in Rhyl with her two teenage daughters, aged 14 and 15. She has been shielding with them for the duration of the pandemic, as her eldest daughter has severe asthma and feels she is at high risk if she catches the virus.

Just before the pandemic happened, Kat was going through a particularly difficult time. She was working until September last year, but then had to leave her job due to experiencing depression. The loss of income then made her fall into debt. At the same time, she also went through a breakup with her long-term partner. However, with the onset of the pandemic and having to shield at home with her daughters, she feels this has 'pushed her over the edge'.

She has struggled with being 'cooped up' with her daughters at home all day; before the pandemic they would spend part of the week with her own parents meaning she had some time just for herself. She is arguing with them more often and has found herself feeling very lonely and

isolated as a result. Kat never had any very close friends but has always relied on her parents for emotional support. Not being able to see them face-to-face has made her feel really upset.

When she is feeling lonely, she often scrolls through her phone or watches Netflix to try and distract herself, but neither of these really make her feel better.

Her financial situation has also worsened due to not being able to work, not having her parents provide her daughters with at least one of their evening meals during the week, and taking taxis to the shops due to fear of catching the virus from others. Worrying about money has made her feel alone and scared, as she doesn't know who to turn to.

Kat is deeply anxious about the next few months, and the possibility of having to continue to shield if cases don't go down. She is worried about her finances, but also how she will cope emotionally.

She is really hoping to be able to spend time with her parents again soon, and to start working again.

Acknowledgments:

The British Red Cross project group: Olivia Field, Head of Health and Resilience Policy, Huda Ali, Policy and Advocacy Officer (Loneliness and Isolation), Lucy Fisher, Policy Research Manager and Gemma Mehmed, Senior Policy Research Officer.

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The research team at BritainThinks who carried out the research with sensitivity and thoroughness and wrote the majority of this report: Katharine Allen, Lucy Morrell and Cordelia Hay.

For more information, please contact
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October 2020

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The British Red Cross Society, incorporated by Royal Charter 1908, is a charity registered in England and Wales (220949), Scotland (SC037738) and Isle of Man (0752). BRC20-108

**The power
of kindness**

Jane Hutt AS/MS
Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

John Griffiths MS
Chair, Equality, Local Government and
Communities Committee

11 November 2020

Dear John and committee colleagues,

Thank you for your letter of 21 October in response to evidence I presented to the Committee on 12 October.

You have asked for clarity on three points:

1. COVID-19 reconstruction: Challenges and priorities report

Your letter notes concern that the **COVID-19 reconstruction: Challenges and priorities** report does not appear to cover the role older people can play in the recovery. You ask whether this was an oversight by the Government, or whether the remit of the report did not cover this.

The Welsh Government has a clear commitment to upholding and protecting the rights of all older people in Wales. Throughout the pandemic, we have worked with the Older People's Commissioner, EHRC Cymru and Age Cymru to monitor its impact on older people's rights and take appropriate action.

The Older People's Commissioner continues to hold weekly meetings with the Deputy Minister for Health and Social Services. Recent conversations have focused on the rights of older people in care homes. The Director General for Health and Social Services has also met with the Older People's Commissioner and EHRC Cymru to discuss Welsh Government's approach to protecting the rights of older people living in care homes so that lessons can be learned and older people's rights strengthened further.

We are taking steps to embed a rights based approach across the Welsh public service and will shortly be publishing our practical guidance on how local authorities can have due regard to the UN Principles for Older Persons.

We plan to publish a public consultation on our Strategy for Ageing Society this autumn. The Strategy will set out our vision for an age friendly Wales that upholds the rights of older people, challenges ageist stereotypes and promotes inter-generational solidarity.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Members of the Ministerial Advisory Forum on Ageing recently took part in a discussion with Professor Simon Hoffman who is currently leading on important research focused on options to strengthen and advance equality and human rights in Wales. I am confident this forum, whose membership includes older people, leading academics, and representatives from a range of sectors, will play an active role in both monitoring and promoting older people's rights.

Jeremy Miles MS, Counsel General and Minister for European Transition has also written to the Chair of Age Alliance Wales, Victoria Lloyd, in response to the concerns she raised regarding the lack of a specific reference to older people in the ***Covid-19 Reconstruction: Issues and Challenges*** report.

He confirmed that the Welsh Government wholeheartedly acknowledges the immense contribution older people make to life in Wales. We are very aware of the impact of Coronavirus on older people and we have acted from the first to mitigate those impacts and to keep older people safe, as well as to recognise the positive contribution many older people have made to the response to Coronavirus, and that, as a government, we intend to continue doing so.

While it is noted that the difficulties older people have faced as a result of Coronavirus are not explicitly mentioned in the document, there are other groups in society which have not been explicitly referenced in the document. We remain clear that the significance is not the naming of a group, but rather, in the substantive action we are taking to support older people.

This support includes;

- support for older workers,
- those older people furthest from the workforce,
- our commitments on lifelong learning,
- the planned support for public transport (including on-demand transport),
- action to improve housing and to tackle fuel poverty,
- support for the NHS for non-coronavirus conditions,
- support for other public services and the third sector,
- initiatives to tackle digital exclusion, and
- the revitalisation of town centre including plans for town centre health and social care facilities.

Each of these, and indeed a range of other interventions, will have an important impact in the lives of our older citizens.

Our approach to reconstruction reflects all that we have heard from the range of voices who have participated in our engagement processes, including, importantly, older people. Our approach includes a focus on the values of economic justice, social justice, and environmental justice, which guides all of our work as a government, and which enhances the lives of all of the citizens of Wales.

2. Public Sector Equality Duties (PSED)

You have asked how the Welsh Government will promote compliance with the Public Sector Equality Duty in Wales. As you acknowledge, regulatory responsibility falls within the remit of the Equality and Human Rights Commission, however I maintain close contact with the EHRC about this and other relevant matters, as do officials in the Equality Branch.

The review of the Welsh Public Sector Equality Duties was started in January 2020 but temporarily halted during the initial months of the Covid pandemic as resources had to be reallocated to other equality and human rights work. PSED reporting obligations were suspended for six months from March 2020 by the EHRC to acknowledge the burden placed on public bodies during the initial response to the pandemic.

Consideration is now being given to how the PSED review work can be progressed over the coming year, building upon work already begun within the Welsh Government to improve the gathering and publication of employment and other equalities data. The findings of the ongoing research into strengthening and advancing equalities and human rights in Wales will be an important source of evidence for the PSED review work over the next few months. It is anticipated the extensive stakeholder engagement which is taking place will shed light on how best to strengthen the Welsh Specific Equality Duties and improve compliance with the PSED as a whole. The report will be concluded by the end of February 2021.

3. Sustainable funding for the violence against women, domestic abuse and sexual violence (VAWDASV) sector

Further to my commitment to give an update on the timetable for the completion of the sustainable funding model for VAWDASV sector, I have confirmed with Yasmin Khan, the Chair of the Sustainable Funding Group, that the deadline for the finalisation of the VAWDASV Sustainable Funding Model is 31 March 2021. This will be dependent on agreement by members of Sustainable Funding Group.

A handwritten signature in black ink that reads "Jane Hutt". The signature is written in a cursive style with a long horizontal stroke above the first few letters.

Jane Hutt AS/MS

Y Dirprwy Weinidog a'r Prif Chwip
Deputy Minister and Chief Whip

Agenda Item 3.4

Paper 4

helplu
helpforce



Additional evidence for the Senedd's Equality, local government and communities committee inquiry into Covid 19 and the voluntary sector

Case studies to illustrate cross sector and collaborative working during the pandemic

Denbighshire Voluntary Services Council (DVSC)

DVSC, one of the smallest of a network of County Voluntary Councils in Wales, responded quickly to Covid 19 by creating a #Covid19 Volunteer Community Response opportunity for local people to get involved and promoting this via the all Wales volunteering database www.Volunteering-Wales.net.

Discussion ensued with the County Council about what support volunteers could offer. DVSC set up and ran a referral system (using a call centre approach), to enable individuals to obtain help with shopping, prescription collection and other tasks.

Working jointly with the County Council, DVSC telephoned all registered volunteers to enlist their support. As a result of the website and telephone campaign, more than 440 people signed up as #Covid19 Volunteer community responders and 247 actively volunteered in their communities- either through DVSC's community support service or having been placed into roles within the council or local voluntary organisations.

Individual requests for support were received by the County Council and referred to DVSC. They were either matched with volunteers or referred on to local groups, including identified 'anchor organisations' who were already providing specialist or place based services for the wellbeing of the community.

Between April and June 2020, 738 referrals were received and responded to- 570 from Denbighshire County Council and 168 direct from the local community.

Warm Wales is one of DVSC's anchor partners. It received 217 referrals from DVSC and supported 235 residents through prescription collection, food delivery, befriending, dog

walking and gardening. In this 3 month period, it enabled a total of 733 volunteer interventions, including also advice on energy efficiency, utility bills and tariff switching.

DVSC stepped up its ongoing support to local voluntary organisations by assisting with volunteer recruitment, providing information, emergency grants and free, digital sessions on a range of legal, employment, and HR topics, which are all available on YouTube. Trainings session on the use of health and wellbeing apps, good governance, managing change and fundraising were also on offer, as well as a suite of more than 60 low cost e-learning courses, available to individuals and groups.

With an eye to the future, DVSC has developed partnerships with a range of organisations to enable the ongoing delivery of activities beyond the pandemic.

‘These are organisations who can work with us to strengthen the eco-system of voluntary action and social enterprise, supporting recovery and developing community resilience through the Covid 19 pandemic and beyond’ said DVSC Chief Officer, Helen Wilkinson. ‘By working together, we can address community needs in a collaborative manner, ensuring that our collective impact is measurable, achievable and builds a legacy that goes beyond the immediate challenges’.

Key points;

- CVC role in local coordination – linking with local authority and community based organisations
- Pre-conditions: an all Wales database and third sector support infrastructure
- Building a legacy from the current crisis

Blood Bikes Wales

Blood bikers transport blood, x-rays, medication, breastmilk or equipment as required by the NHS, providing an efficient and free service for local delivery or further afield. Longer journeys involve a relay of volunteers from different Blood Biker groups.

Chairman , Nigel Ward describes the impact of Covid 19:

‘In March we had conversations with health boards about how we could best help in the forthcoming crisis. New protocols were introduced to reduce contact and cross-contamination.

‘April saw a doubling of the number of volunteer riders scheduled on the duty rota in most areas.

‘Our fleet has covered more than 44,000 miles in total but thanks to a generous donation of 2200 litres of fuel from BP, our fuel bill was half what it could have been’

‘May and June were record breaking months with 813 jobs completed in June. It just goes to show the additional demand the current situation is placing on the NHS and by extension to ourselves’

A [fuller version](#) of this case study is available

Key Points

- well established relationship between a volunteer led organisation and Health Boards
- Flexibility /adaptability of volunteer service adding resilience to cope with unexpected demands
- Funding and sustainability challenges

Flintshire Social Services

Flintshire County Council worked with Flintshire Local Voluntary Council (FLVC) to recruit a group of volunteers to provide supplementary support. FLVC recruited 200 volunteers to support community activities during the Covid crisis; 64 of these were allocated to the Council's Social Services team.

The volunteers have provided vital support to the continued delivery of core social care services as well as undertaking activities specifically in response to the Covid 19 crisis. For example:

PPE delivery to Older People's care homes and domiciliary care providers to support care provision; PPE, sanitising and cleaning packs to all schools in the County to support the reopening programme;

Grounds maintenance and decorating to support the opening of a new Older People's Care home;

Support to Extra Care residents and to people in assisted living locations;
Supporting third sector group to provide shopping deliveries;

Support to the vulnerable children's Shoebox Appeal distribution;
Telephone support to older and/or vulnerable residents to reduce loneliness and isolation

The partnership enabled an effective recruitment process, with FLVC having closer engagement with citizens, as well as a strong reputation and trust. Social Services were able to allocate a small, temporary team to oversee administrative processes and allocate volunteers to activities, and links with their Workforce Development Teams and HR teams were established to support these processes.

The Council's Strategic Policy Advisor performed a key support role, providing a Council - wide view of volunteering and making links with other authorities to share best practice.

A strategy is being developed to transition to a more long term arrangement This will support future volunteering opportunities as well as any repeated health crisis.

Volunteers have developed new skills, achieved personal satisfaction and have recognised, with pride, their contribution in helping to support people in a time of crisis.

A care home staff member said 'The volunteer has been absolutely amazing thank you. She has given the residents and the staff a little boost, something to look forward to a few times a week. It helps the staff undertake some of those tasks that aren't getting done as regularly as normal. This has been a real positive thing to come out of this awful time.'

Key Points

- Close collaboration between council and CVC
- Seeking to embed volunteering within the local authority in the future

Prescriptions delivery in Swansea

Under normal circumstances pharmacies throughout Swansea offer a prescription delivery service for those unable to collect these for themselves. With so many people shielding during the lockdown, pharmacies became overwhelmed and unable to meet the demand for home deliveries of their prescriptions.

Swansea Council for Voluntary Services (SCVS) agreed to help by involving volunteers who had previously registered on the www.volunteering-wales.net website and were known to SCVS, and new volunteers who had some experience in health and care.

Swansea University volunteering organisation, Discovery, helped by processing DBS checks, as they already had experience of doing this remotely. New systems were developed for interviewing, checking and safeguarding volunteers so that large numbers could be processed quickly.

Volunteers were supplied with a name badge, hand sanitiser, gloves, face covering and instructions on keeping safe and observing social distancing.

Delivery requests were made using a pre-existing referral system based on GP cluster areas. SCVS staff received the requests and allocated them to individual volunteers.

About 900 deliveries have been made, with 45 volunteers active or in the process of becoming so.

Volunteers are in close contact with SCVS staff so that any issues can be quickly attended to. There were issues with prescriptions not being available, for example, or with items missing and communication with the patient and the pharmacy was needed until this could be rectified. Sometimes safeguarding concerns were reported and further support could then be put in place, such as linking with a volunteer to provide telephone befriending, support to access food and essentials or signposting to other local authority or third sector provision.

Charlotte, from SCVS says 'the doorstep contact has been crucial in keeping households safe when other agencies have either ceased or reduced their input'.

A volunteer said 'Already being a volunteer for SCVS for two years and being furloughed from work during this period, I wanted to try and do something to help my community. Not only to keep myself busy and give myself a break from the monotony of staying at home, but for my mental health and to help others... It has been rewarding to pick up prescriptions for others, saving them putting themselves at risk or queuing for long periods of time. Then to drop them off, knowing that they now have the medication that is vital for them and to see how grateful they are for the service I have provided. One lady even said I was an angel, which really moved me, I even cried when I went home and told my children, who are very proud of me.'

Key points

- Existing relationship with Discovery and a referral system for GPs already in place
- Availability of existing volunteers, with DBS checking already done
- Flexible and experienced staff team coordinate and support volunteers and liaison with pharmacies

Telephone support in Carmarthenshire

Just before lockdown, the local authority commissioning officer approached Carmarthenshire Association of Voluntary Services (CAVS) about setting up a telephone befriending service, as it did not have the capacity to do this. It was recognised that there would be many people shielding or self isolating for a considerable period with no or little contact with the outside world.

CAVS is the administrative partner for Carmarthenshire United Support Project (CUSP) 'Home from hospital, home not hospital', a partnership of 9 voluntary organisations committed to assisting people to live independently.

It was felt that a new telephone service would be a valuable addition to the existing activities of this project (transport, domiciliary care, crisis support, inter-generational arts project) and it was quickly set up.

Volunteers, and volunteer co-ordinators were recruited on www.Volunteering-Wales.net and by word of mouth through CUSP partners. Over 100 volunteers were quickly recruited, including nine coordinators. 'We were inundated with offers of interest; we had to take down the opportunity from the website after just 2 days' said Jackie Dorrian, Health and Social Care Co-ordinator at CAVS 'and the people who stepped forward are unbelievable, with such experience as well as commitment and time to offer. There was a broad spectrum, including nurses and other professional people. Even people who are themselves shielding have been willing to volunteer'.

'We were a little surprised that there was not an influx of people requiring this service' said Jackie 'but many organisations had set up their own systems for keeping in touch with people. We have had many more volunteers than people requiring the service (63 to

date). However, most of the volunteers are still with us, despite some of them not have yet been asked to call anyone.

‘Once the shielding requirement ends, we may find people becoming anxious about stepping outside the door and wanting to talk with someone.’

The service is for any age, not just for older people. It has helped younger people with anxiety or other mental health issues and has worked with homeless people and with those with issues relating to alcohol and substance misuse. Referrals are made by the local authority, Delta Wellbeing (local authority owned provider of technology related care and support) and by local voluntary organisations such as Age Cymru Dyfed, and Carers Trust.

Volunteers are allocated by CAVS staff on the basis of clients’ requirements. Some volunteers have recognised counselling skills, for example. Some clients just want someone to chat to, others have more complex needs. CAVS provides the necessary back up support for volunteers and through its contacts with CUSP partners and with the local Community Connector Plus, can access whatever support or information is required.

‘The project is here to stay, at least for a while’ said Jackie. What would happen if we stopped now?’

Key Points

- Local authority seeking support from third sector for what it did not have capacity to delivery
- A partnership of organisations already existed and enabled speedy development and delivery

Neath Port Talbot

Neath Port Talbot County Borough Council put out a call out for volunteers to support their Safe and Well Service – a service for individuals who were shielding from the coronavirus and had no other means of support. Volunteer roles included shopping, prescription collection, daily errand runs and telephone social support.

Involvement from Neath Port Talbot CVS was sought at the very start. They developed a coordination plan and helped to put the necessary volunteering good practice in place to ensure volunteers were kept safe and supported in their volunteering roles. This included developing a volunteering policy, recruitment procedure, volunteer role descriptions, volunteer training and guidance handouts along with training for the staff members who would be managing the volunteers during this time.

Just over 500 volunteers expressed an interest in volunteering with the Safe and Well Service with approximately 35% taking up active volunteering roles.

Key points

- Council campaign and involvement of volunteers

- Support from CVC in developing volunteer scheme

Briton Ferry Covid-19 Volunteer Response

Instigated by the conductor of Llansawel bowls choir, a meeting in March brought together representatives of local voluntary groups, elected members, local businesses, social services and Neath Port Talbot County Voluntary Services. The purpose of meeting was to consider 'putting systems in place to help the most vulnerable members of our community. We can help take the strain off the NHS and make sure we stick together if the situation gets worse'.

Within 10 days a Briton Ferry Covid 10 support group was formed and every household received a flier outlining the support available: prescription collection, shopping, emergency food parcels, essential errands etc.

The Community Hub became a distribution hub where volunteers sorted and packed essential supplies, ready for contactless doorstep deliveries.

The foodbank is still operating from the Hub and provision has expanded to include a weekly fresh produce delivery service The Hub has joined the Fareshare Cymru scheme which enables the purchase and distribution of surplus food in the community.

The local elected member set up an online fundraising page which raised over £3,000. One voluntary organisation 'Me, myself and I', offered a telephone support service 'Let's keep talking' and another (Grow Cymru) is developing services and activities to support women's emotional and mental wellbeing during lockdown.

The local Boys and Girls Club have developed and distributed fun and educational activities for children and their families on a weekly basis

Regular live entertainment through social media 'Fix @Six', including singing, bingo, quizzes. These are an opportunity also to raise funds for the group.

At its peak almost 70 volunteers were supporting the most vulnerable in the community on a daily basis. Membership of the facebook groups stands at 4,160.

'The renewed sense of community spirit has cemented long lasting partnerships and indeed friendships between both individuals and community groups which aids in building a strong, safe and resilient community.'

Key points

- Local leaders bringing together the whole community, including elected representatives
- Pre existing activities and networks aligned to the common cause, as well as new support

Llandegla Community Shop

Llandegla Community Shop and café were established in 2017 due to the need in the area, and is run day to day by 35 volunteers and 2 part time paid staff. The nearest shopping town is Ruthin and it's a round trip of 18miles.

Due to the pandemic the café needed to shut straight away. The shop reduced opening hours and adapted in accordance with government guidelines, with a one in, one out policy, use of hand sanitiser for customers hands and shop baskets. With the resulting loss of income was the possibility of having to use financial reserves to keep going.

A grant of £4,815, from the Clocaenog Forest Wind Farm Covid19 Fund, administered by Conwy Voluntary Services Council (CVSC), enabled them to continue to run the shop during the pandemic, providing essential supplies to the village and outlying areas, including home delivery to vulnerable and isolated individuals and a community prescription collection service.

Esyllt, from CVSC said 'It is an excellent example of how the community came together during hard times and gained more volunteers so that essential services could continue and new services could be established in response to need. The group is now looking to the future and how that can progress, adapt and sustain their services for the future.

Key points

- Small emergency grant enabled continuity of an essential rural voluntary service and development of new ways of working

Nanny biscuit

Nanny biscuit was created to bring together a series of local initiatives in Flintshire and create positive outcomes in mental health, isolation disability, ex-forces support, local ecology and age concern.

It is organised and run by volunteers and following an appeal for Covid 19 volunteers, has had huge numbers join up.

Even before lockdown they were supporting people to get food and essentials, by shopping. The demand grew so quickly within two weeks, that they decided to open a food distribution centre. This meant that large amounts of good value food could be sourced and distributed to large numbers of people throughout the county, without volunteers having to make multiple trips to the supermarket.

Free and subsidised food packs are now offered to vulnerable, shielding and self-isolating individuals (in addition to the standard paid-for packs for shielding individuals).

The project coordinates 'good deeds' such as pen pals letters to care homes, birthday presents for care home residents and is also organising socially distant music performances for care homes. It works with many local groups and organisations including Round Table, CREW, Volunteering Matters, Warm Wales and others.

Flintshire Local Voluntary Services (FLVC) has supported the project with governance and funding advice, safeguarding procedures, risk assessments, volunteer management systems and training.

‘FLVC helped us to manage the fast establishing of such a large infrastructure of food distribution and volunteer management. They have provided a sounding board, kept us up to date with new issues and provided advice on shaping our offer as well as links to other groups and organisations’

Key points

- Volunteer initiative with essential support from CVC infrastructure
- Achieved large scale operation and impact quickly
- Preconditions - existing networks, committed individuals and common purpose were in place

Clwb Rygbi Nant Conwy

With approval from Welsh Rugby Union and the Board of Directors the paid staff rugby development officer (RDO) role was redefined in order to develop effective operational procedures for a rapid response multi-faceted service.

Volunteer club members were galvanised to provide a community support network across rural Conwy.

The RDO acted as programme coordinator and was the single point of contact. A publicity information campaign was undertaken using social media, posters and national radio on ‘how to access support’ and a spreadsheet developed for tracking tasks. Local authority town and community councils, Boots the chemist and GPs were informed of the service, its scope and availability

Volunteer club members were recruited as shoppers, delivery drivers, prescription collectors and befrienders as required.

Glesni Jones, Chair of Clwb Rygbi Nant Conwy says ‘The club succeeded in mobilising help within 48 hours of the pandemic and so plugged a gap in services during early lockdown. It has relieved pressure on statutory services and lessened the stress faced by many individuals and families at a time of real need.

‘The Club has co-ordinated its efforts by linking in with the Local Authority Covid community assistance project, which provided a central support point for people in need of help during the lockdown. The Local Authority project enabled vulnerable individuals and families to access a central contact number and made referrals to volunteer support groups across the county.

'Our club has facilities and a venue which could be a valuable asset as a base for coordinating emergency provision, as has been the case for a number of other community rugby clubs in Wales. We remain at the heart of the community and will continue to ensure we have a valuable and proactive role in assisting public services and the wider community in the face of any future crisis' added Glesni.

Key issues

- local initiative coordinating with local authority provision and referral system

Agenda Item 3.5

British Heart Foundation Cymru

Response to the Equality, Local Government and Communities Committee Inquiry into the Impact of the Covid-19 Pandemic on the Voluntary Sector

BHF Cymru welcomes the opportunity to provide written evidence to the Equality, Local Government and Communities Committee to support its inquiry into the impact of Covid-19 on the voluntary Sector. For further information about anything contained within this response please contact Gemma Roberts, Policy and Public Affairs Manager for BHF Cymru at [REDACTED]

Introduction

Like others in the third sector, in March 2020 the BHF decided to close all our shops to protect our staff, volunteers and customers. We began a phased reopening on 16th June, with the intention to reopen all our shops by the end of July. However, we have seen significant disruption, due to localised restrictions and closures, and the practical challenges of opening in accordance with social distancing and hygiene guidelines. These closures have had a huge impact on local communities and dramatically reduced the BHF's income and ability to fund life saving research.

The importance of Charity Shops to our Local Communities

Across the UK, there are 11,200 charity shops operated by around 850 different charity retailers. These charity shops provide enormous benefits to local communities, the economy and the environment:

- The charity retail sector directly benefits local economies by employing 26,000 people.
- The BHF provides training and development for the 10,000 volunteers who join our retail team each year, helping to increase life skills, boost confidence, improve mental health and, in many cases, supporting our volunteers to successfully re-enter the job market.
- Charity shops benefit local economies by making rental payments to local landlords.

Beat heartbreak forever.

Patron: HRH The Prince Philip KG KT
Chief Executive: Dr. Charmaine Griffiths

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A company limited by guarantee. Registered in England and Wales 699547. Head and Registered Office at 180 Hampstead Road, London NW1 7AW. Telephone 020 7554 0000. The British Heart Foundation is a registered charity in England and Wales (225971) and in Scotland (SC039426).

- Charity shops keep town centres alive which benefits other local businesses by drawing trade to high streets and filling empty retail units.
- The BHF receives 75-80 million items per year from local communities that are processed, checked, cleaned, resold or sold on for re-use. This results in 78,000 tonnes of used goods per annum being diverted from the waste stream. Collectively, charity retailers support sustainability by diverting 339,000 tonnes of textiles from landfill, saving local authorities over £30 million in Landfill Tax alone in 2018/19.¹
- The BHF's shops are also used as a resource centre for people in the UK affected by heart and circulatory disease. They provide access to CPR training sessions and kit loans to the local community and promote awareness of healthy lifestyles and risk factors for heart and circulatory diseases.

The Impact of Charity Shop Closures on the Third Sector

In 2018/19, charity shops contributed £330 million to their parent charities, playing a vital role in supporting their respective charitable causes. But, this year many BHF shops will make an operating loss. Without this income, the BHF simply cannot continue to provide the same level of funding for life saving research or community projects.

We welcome the measures available for charity retailers, such as 100% retail relief until 2021 and temporary measures to protect high street shops from aggressive rent collection. But there are gaps in the support that is available. For example, owing to the application of State Aid rules to business support mechanisms, such as the Economic Resilience Fund (ERF) in Wales, and other schemes elsewhere in the UK such as the Retail, Hospitality and Leisure Grant Fund (RHLGF), large charity retailers have been unable to maximise support. The RHLGF, for example, allowed retailers to claim up to £25,000 per eligible retail outlet, which could be a significant factor in protecting the future of charity retail networks. However, the application of State Aid rules in relation to charity retail means this support was capped at €800,000 (just over £700,000).

Based on the lockdowns and restrictions implemented to date across the UK this year, BHF shops have lost approximately 62% of sales between April and the end of October, which is an average of £96,000 per shop. On the recent 16-day Welsh firebreak we

¹ Calculated using Landfill Tax of £88.95 per tonne for 2018/19. This figure will likely be higher for 2019/20 given Landfill Tax was increased to £91.35 per tonne.

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estimate lost sales of £320k from our 35 Welsh shops. As it stands, the BHF can only claim for around 30 grants from the Retail, Hospitality and Leisure Grant Fund (RHLFG) on an estate of 550 qualifying shops, which on average equates to around £1,300 per shop – far less than our projected trading losses. Owing to State Aid caps, the RHLGF claim precludes us from making claims against any other business support funds. Without the full support available from business support schemes, many of our shops will make an operating loss in the full year, despite the support from extended rates relief, furlough support and the limited grant aid currently available. The case for being able to access this support has never been more critical.

Recommendation: Welsh Government should write to UK Government to appeal for an exception to be made to the State Aid rule for charity retailers. An exception to the cap would allow charities to access more government funding to alleviate the burden of the pandemic. The increased funding would support charities to continue to fund their charitable works across Wales, including life saving medical research.