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Life after lockdown:

Tackling Loneliness among those left behind

The power
of **kindness**

A photograph of a man with a beard and a dog looking out a window in a kitchen. The man is wearing a light blue t-shirt and is looking out the window with a thoughtful expression. The dog is sitting next to him, also looking out the window. The kitchen counter has a sink, a stove, and some items on it. The lighting is bright, suggesting daytime.

“I ain’t got nobody. I’ve just got me and my dog. It’s a blooming nightmare... I feel lost.”

(Connecting Communities service user)

For more information about British Red Cross tackling loneliness advocacy, or the APPG on Loneliness, please email LonelinessAction@redcross.org.uk

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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.”

Perlman, D. & Peplau, L. A. (1981) Toward a Social Psychology of Loneliness. In R. Gilmour & S. Duck (Eds.), *Personal Relationships: 3. Relationships in Disorder* (pp. 31-56). London: Academic Press

1. Foreword

The British Red Cross's 150 years' experience delivering frontline services tells us that connected communities are more resilient. Indeed, it is often the loneliest and most isolated people who are least able to cope and recover from crises. It is strong support networks and relationships that help protect people during and after an emergency.

Yet as this research shows, millions of people across the UK feel as though they have no one to turn to in a crisis and that no one would notice if something happened to them.

Even before the Covid-19 emergency, loneliness affected as many as one in five people across the UK.¹ Over the past few months, our lives and daily interactions with friends and loved ones have changed in unprecedented ways. We stopped seeing people in person, stopped hugging our loved ones, stopped going to school, and many stopped working. Hundreds of thousands became ill or anxious they might do. Others sadly lost loved ones to the virus.

We are faced with higher levels of poor mental health, grief and unemployment – all of which can trigger loneliness. Although social distancing and lockdown measures will continue to be eased in time, a significant cohort of the population will remain lonely. This in turn will affect the health, wellbeing and productivity of our communities and society.²

Many will find themselves left behind due to the longer-term impacts and permanent societal shifts of Covid-19. But certain communities have been affected more than others.

Death rates have been higher among people of Black, and Asian origin. People living in the most deprived areas have been particularly hard hit. People with long-term health condition's

medical appointments and operations have been cancelled, support groups have temporarily closed, and many people have simply been too anxious to visit healthcare settings.

Our operational insights and polling have identified a series of common challenges exacerbating loneliness; a lack of meaningful contact, a reduction of informal and formal support, and increased anxiety.

This report shines a spotlight on some of these experiences; from the person seeking asylum who has been shut off from the world with no internet access, to the young person now concerned about their future, through to the person from a minority ethnic background who feels like their neighbours are strangers.

This crisis has shown – in the most extreme circumstances – some of the ways in which important connections can be lost. But it has also demonstrated how people and communities can come together to support each other.

Like so many of our partners, the British Red Cross moved quickly to flex and adapt our social prescribing services at the beginning of the outbreak so we could continue to tackle loneliness in line with social distancing measures. The voluntary and community sector's ability to innovate, scale up and support people practically and emotionally despite financial pressures and severe restrictions is something to celebrate.

We have rightly focused on meeting people's immediate needs. But, to truly meet the challenge ahead, we must now consider recovery and refocus our efforts on supporting those most impacted by this crisis to minimise the impact of the inequalities that have been exacerbated by Covid-19.

¹ Kantar Public (2016). Trapped in a bubble: an investigation into triggers for loneliness in the UK. London: British Red Cross & Co-op. Available at: [redcross.org.uk/about-us/what-we-do/action-on-loneliness](https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness)

² HM Government (2018) A Connected Society: A Strategy for Tackling Loneliness available at: [http://gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness](https://gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness)

2. Our research

This report draws on findings from the following collection of polling, insights and evaluations recently gathered by the British Red Cross. These include:

- Commissioned polling on lived experiences of the Covid-19 pandemic, conducted by Opinium between 12-14 May 2020, with a UK representative sample of 2,000 UK adults and a sample of 203 respondents from Black, Asian and minority ethnic (BAME) backgrounds.
- Findings from research with people who have used our Connecting Communities scheme, conducted during April 2020. The research investigated how social distancing and shielding measures for Covid-19 are impacting people as well as how the British Red Cross can support people (aged 55 and over) to be more connected without face to face interaction.
- Insights from our evaluation team who conducted a telephone survey with 17 people using our refugee services in April 2020.
- Insights from an ongoing evaluation of our High Intensity User service, which supports people who frequently attend hospital, many of whom are lonely and isolated.



3. Our recommendations

To ensure no one is left behind and feels alone, we must:

1. Prioritise those most vulnerable to loneliness.

This should include ensuring access to ongoing emotional and practical support needed to cope and recover from the Covid-19 pandemic, as well as policy and practice change focused on removing the cultural and structural barriers to establishing and maintaining strong relationships. This should be supported by conducting further research where needed.

2. Secure sustained funding for tackling loneliness.

This should include ensuring the voluntary and community sector organisations committed to tackling loneliness, local authorities and NHS bodies are well equipped to reach and support those at risk of being left behind.

3. Continue to roll out social prescribing and ensure it delivers for loneliness.

Social prescribing link workers should continue to be embedded across our health and social care systems. To ensure social prescribing effectively tackles loneliness, healthcare professionals should routinely check in on people's psychosocial needs, including loneliness, and link workers should support people to establish the meaningful relationships of their choosing by providing tailored support and choice.

4. Work collaboratively across sectors and specialisms, and with people with lived experience of loneliness.

Together, we should continue to share learning, develop new solutions and drive forward a more holistic and coordinated approach to tackling loneliness, and its underlying causes.

For detailed policy recommendations, please see:

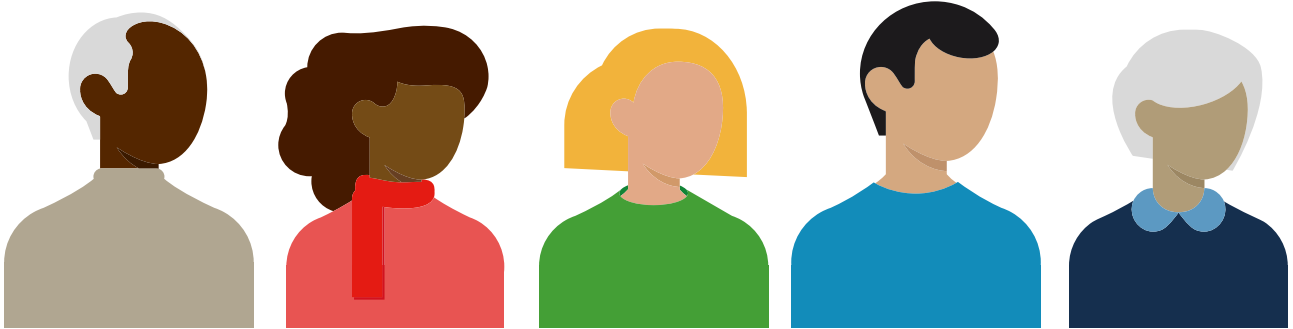
[redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness/recommendations](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/life-after-lockdown-tackling-loneliness/recommendations).

The British Red Cross is committed to continuing to work in partnership to take these recommendations forward, including with the APPG on Loneliness, the Loneliness Action Group, comprised of more than 100 organisations from the voluntary, private and public sector, with our Connection Coalition and government partners – and, most importantly, with affected communities themselves.



4. Key findings

Before the pandemic **one in five people** reported feeling often or always lonely.³



Over a quarter (28%) of UK adults agree that they worry something will happen to them and no one will notice



41%

of UK adults report feeling lonelier since lockdown.

31%

of UK adults often feel alone as though they have no one to turn to.

37%

of UK adults agree their neighbours are like strangers to them.

33%

of UK adults haven't had a meaningful conversation with someone within the last week.

One third of UK adults are concerned that their loneliness will get worse.

The things I miss most is not talking to people.
(Connecting Communities service user)




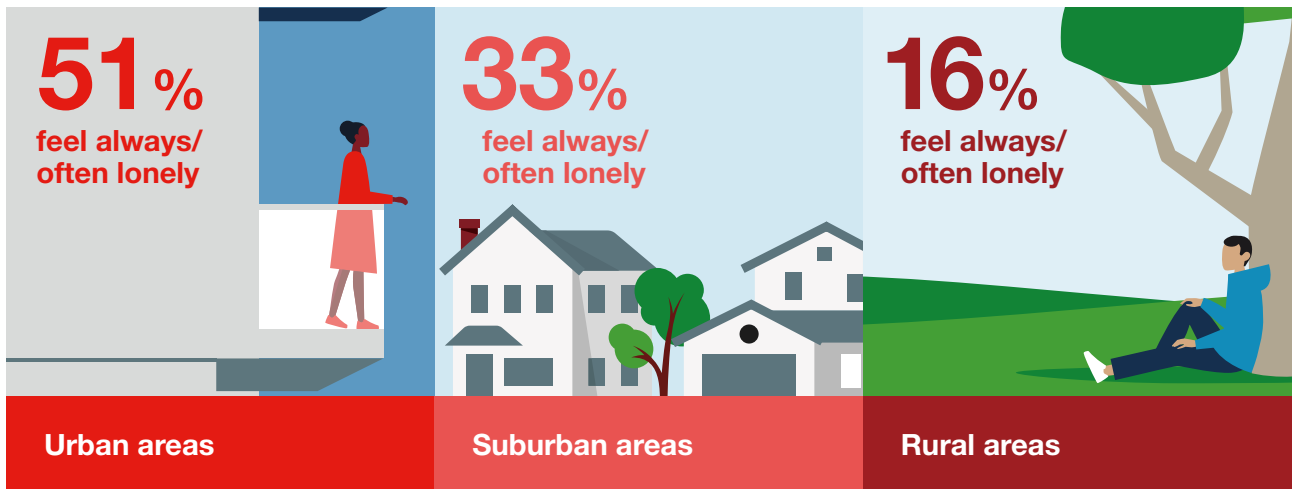
Covid-19 has meant a loss in social support for refugees and people seeking asylum

The loneliest people feel less able to cope.

60 per cent of those who report feeling always or often lonely agree that they are confident in feeling able to cope and recover from the pandemic, compared to 82 per cent of those who report being rarely or never lonely.



The majority of the loneliest people live in towns and cities. Of the people who are always or often lonely:




Regular phone calls, online activities and wellbeing packages with information and activities to do at home are helping people feel less alone.

Around three in five UK adults have found messages or support from friends a useful way to stay positive and connected.



A quarter of UK adults have felt more connected and positive after seeing stories of acts of kindness.



People we support through our High Intensity User scheme, who frequently attended hospital before the outbreak, are for the most part experiencing increased levels of loneliness and are concerned about being a burden

A greater risk of loneliness among people who:

- live alone
- self-isolated or shielded
- live with young children
- are from BAME backgrounds
- younger generations
- have a long-standing physical or mental impairment, health condition, illness, or disability



5. The challenges of tackling loneliness during Covid-19

The Covid-19 pandemic has affected our lives and daily interactions with friends and loved ones in unprecedented ways. Our data shows that over one in four people have been in self-isolation and 17 per cent have either shielded themselves or live with someone who has shielded due to an underlying health condition.⁴

Our operational insights and polling have identified a series of common challenges exacerbating loneliness. A lack of meaningful contact, a reduction of informal and formal support, and increased anxiety are all contributing to heightened levels of loneliness.

People who are shielding, have long-standing physical and mental health conditions, are digitally excluded or live alone as well as those living with young children are particularly at risk.

Younger generations and people from BAME backgrounds are more likely to report feeling always or often lonely and experience certain factors we know trigger loneliness, such as financial worries and feeling estranged from their neighbours.

A lack of meaningful contact

Our insights pinpoint the importance of meaningful conversations when tackling loneliness.

Our polling found that 39 per cent of people who engaged in a meaningful conversation within the last week felt lonely, whereas the figure more than doubled (83 per cent) for those whose last meaningful conversation was over a month ago.

We identified a strong correlation between engaging in meaningful conversations and people's confidence in their ability to cope with the crisis. Those who have had a meaningful conversation more recently are more likely to feel confident in their ability to cope. Fifty-one per cent of those who last had a meaningful conversation over a month ago agree that they are confident in coping whereas this increased to 81 per cent for those who have had a meaningful conversation within the last week.

What's meaningful to one person might not be to another. While some of the people using our services have spoken about missing everyday interactions, such as a conversation with the cashier in a supermarket, others miss seeing their friends and family.

“I feel lost without being able to talk to people, I feel like I'm on my own. If I'm in the garden and someone walks by, I'll say 'hello mate, how are you?', even if I've never seen them before.”

(Connecting Communities service user)

People using our Connecting Communities schemes have reported that although they value conversations over the phone, this type of contact is often less satisfying than in-person contact.

A greater need for mental health and wellbeing support

“Sometimes I just sit here and I’m thinking, it ain’t worth living. The more I’m isolated the worse it is.”

(Connecting Communities service user)

We are witnessing a significant impact on peoples’ mental health and wellbeing, particularly among those who are shielding and living alone, as well as people with long-standing physical and mental health problems. Our internal evaluations and staff feedback highlight the exacerbation of pre-existing mental health issues including depression, anxiety, panic attacks, agoraphobia or fear of a return of difficulties like depression.

“I’m feeling even more isolated than I did before, and just trying to hold everything together. I’m on quite a bit of medication anyway. Feeling totally lonely and totally vulnerable, and worried about how long I can cope. All the support I’ve had for anxiety, panic attacks and agoraphobia has been put on hold.”

(Connecting Communities service user)

While many services have adapted their operations in line with social distancing measures, many healthcare and wellbeing services have discontinued. Services highlighted as particularly difficult to access by our own staff and service users include: blood tests; rehabilitation and physiotherapy; mental health, drug and alcohol services; and rheumatology. They also include vital support groups typically provided by voluntary and community sector organisations, such as peer to peer support, social activities, clubs and gatherings.⁵

Our High Intensity User leads have reflected that not having face-to-face contact has made it difficult to get to the root of the issues a person

is facing. Support workers are unable to visit people’s homes, meet their families, and some people may not be digitally literate or even have access to a phone. At least 80 per cent of all those using this service have felt lonely at least some of the time. Yet, they are often reluctant to reach out to family and friends for support because they don’t want to be a burden.

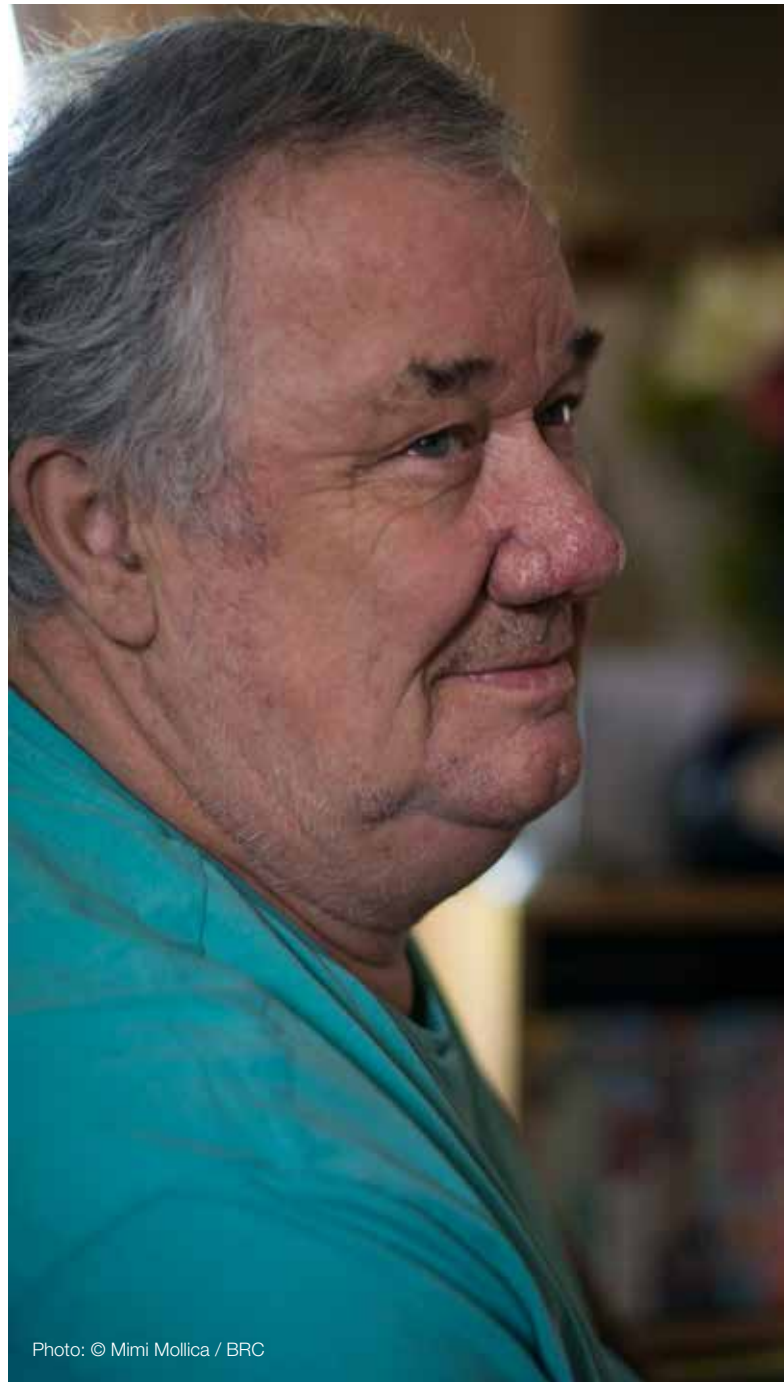


Photo: © Mimi Mollica / BRC

⁵ Insights from our own services and staff is based on a mix of internal evaluations, staff and service user feedback and presented in summary.

Digital exclusion

Many of us have found technology to be a useful tool to maintain relationships and connections while adhering to social distancing measures. However, while digital tools and innovations have been helpful for many, certain groups are at risk of being excluded.

This has proved particularly problematic for people using our refugee services, many of whom rely on the Wifi provided at voluntary and community service premises, which have had to close. This lack of access prevents people from connecting with their friends and family and accessing information. It also affects children's education.

“My children... are newcomers, so learning online is difficult as we don't have a laptop, they are doing school exercises on a mobile phone.”

(Refugee service user)

Through our services we have found that even those with digital devices may have varying degrees of digital literacy. Our Connecting Communities services have identified a series of barriers to connecting online, including dyslexia, or a limited mobility in their fingers to type. Many are simply not confident using digital communication channels and platforms.

Our service evaluation found a clear interest among some users in learning more about using different technologies to access information and stay in touch.

“I do think it would help me feel better to do more of those video calls. I felt uplifted and better.”

(Connecting Communities service user)



Black, Asian and minority ethnic (BAME) people*

Our polling indicated higher feelings of loneliness among people from BAME backgrounds. Thirty-eight per cent of BAME adults in the UK agree they often feel alone and like they have no one to turn to in comparison to 31 per cent of UK adults as a whole. Twenty-eight per cent of UK adults agree that they worry something will happen to them and no one will notice, whereas this is felt by more than one in three adults from BAME backgrounds (35 per cent).

This reiterates the findings of our 2019 report, *Barriers to Belonging*⁶, which identified that people from BAME backgrounds are at greater risk of experiencing certain factors that cause loneliness, like feelings of not belonging and discrimination.

While concerns about future levels of loneliness are high across the board with 33 per cent of UK adults being concerned their loneliness will get worse, this, again, is more of a concern for BAME adults (41 per cent).

Our data suggests that the impact of Covid-19 and lockdown on people's loneliness has been felt slightly more strongly by BAME communities. Forty-one per cent of UK adults, compared to 46 per cent of BAME individuals agree that they have been feeling lonelier since lockdown began. BAME adults were also less likely to have had a meaningful conversation with someone within the last week (60 per cent compared to 67 per cent of UK adults as a whole).

We know that neighbourliness also has a positive impact on people's feelings of connection. Our data suggests that people from BAME backgrounds are at greater risk of feeling estranged from their neighbours, with over half (52 per cent) reporting that their neighbours are like strangers to them, compared to 37 per cent of UK adults as a whole.

One in five (21 per cent) BAME adults reported wanting support to contact loved ones, which was almost twice as much of the UK population as a whole (12 per cent).

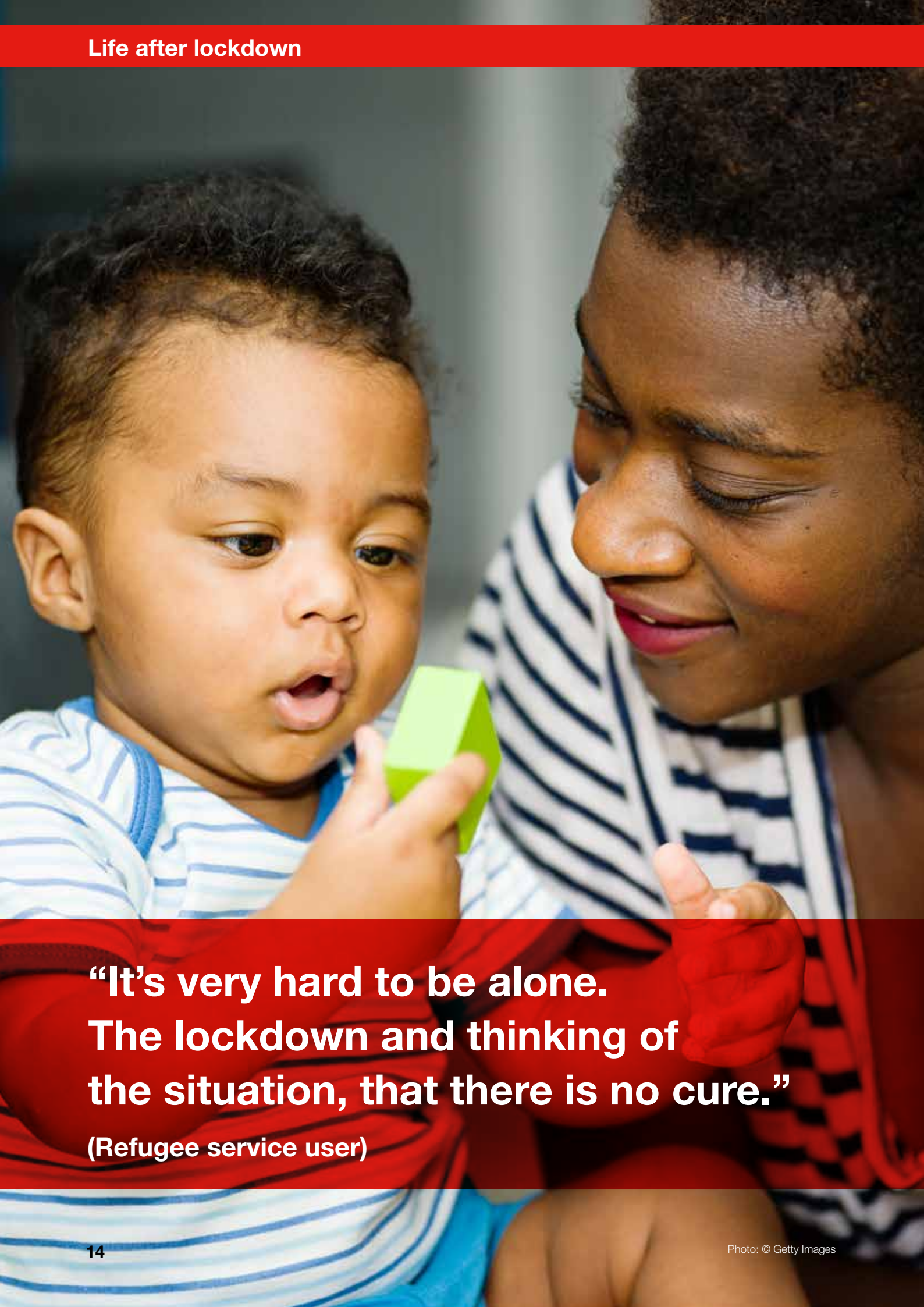
While UK adults who sought support as a whole were most likely to seek government or local authority information or support, BAME adults were most likely to seek support from their GP or other NHS services.



Photo: © Getty Images

* For the purposes of this report, BAME is classed as all respondents who identified as Mixed / Multiple ethnic groups, Asian / Asian British, Black / African / Caribbean / Black British and any other non-White ethnic group.

⁶ 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)



**“It’s very hard to be alone.
The lockdown and thinking of
the situation, that there is no cure.”**

(Refugee service user)

Younger people

As shown in previous studies, and despite common misconceptions, our latest figures show that younger generations are particularly struggling with loneliness.

Loneliness was most prevalent in the youngest age category, with 30 per cent of 18-24 year olds feeling often or always lonely.

The prevalence of loneliness shows a gradual decline as age decreases, with the exception of a small increase in the older age brackets. Twenty-four per cent of 25-34 year olds report feeling always or often lonely compared to eight per cent of 65-74 and ten per cent of 75+ year olds.

This is mirrored by feelings of resilience in coping with the crisis. Twenty-one per cent of young people (18-24) do not feel confident in their abilities to cope with the pandemic. This feeling of an inability to cope is considerably lower for those aged between 35-54 (8 per cent), and 55+ (5 per cent).

Like people from BAME backgrounds, younger people were also less likely to have had recent meaningful conversations. Younger people were the group with the lowest proportions (58 per cent of 18-24 and 52 per cent of 25-34s) who have had a meaningful conversation with someone within the last week.

The theme of neighbourliness becomes relevant in this context again with younger generations – up to age 35 – being the most likely to agree that their neighbours are like strangers to them. Three times the number of people aged 35 or younger agree with this statement in comparison to those aged 65 and over.

Younger people also seem to be more aware and concerned about their loneliness than any other age group. Fifty seven per cent of young people aged 18 – 24 and 52 per cent aged 25 – 34 are concerned their loneliness will get worse.

Around four in ten of these age groups (18 – 24 and 25-34) agree with the statement: “I worry something will happen to me and no one will notice”.

Households with younger children

Our polling found that individual living circumstances also have an influence on feelings of loneliness.

Of those living with younger children under five years old 22 per cent reported feeling lonely always or often. On the other hand, 17 per cent of those living with secondary age children (aged between 12-18) felt always or often lonely.

Forty-six per cent of adults with children under five agree that “I often feel alone, like I have no one to turn to”, compared to 31 per cent of the population overall, and 33 per cent of those with secondary age children at home.

The inability to fully engage in meaningful conversations with younger children may be at the crux of these trends. Forty-eight per cent of adults who have children under five reported having a meaningful conversation within the last week, compared to 67 per cent of the UK population as a whole. Those with secondary school-aged children were the most likely to have had a meaningful conversation within the last week 73 per cent.

Other contributing factors might include heightened stress and worries about their children’s wellbeing and education, as well as household finances.

“It is a problem, but not just for me. The children cannot go to school which makes them feel disconnected from other people. They need to meet other people because they have just arrived. Also my job, I was supposed to start a new job, but couldn’t because of the coronavirus.”

(Refugees service user)

6. Continuing to tackle loneliness despite social distancing measures

Like many of our voluntary and community sector partners tackling loneliness, the British Red Cross has adapted services so that we can continue to provide practical and emotional support in line with social distancing measures.

“Talking to [my support worker] has opened up a new world to me ... The people involved in these charities have saved my life, really”.

(Connected Community service user)

This includes two of our social prescribing schemes – our Connecting Communities services, which support people to establish the meaningful connections of their choosing by providing time-limited, person-centred support, and our High Intensity User schemes, which support people who frequently attend A&E, many of whom are chronically lonely and isolated.

In place of in-person visits, we have been calling people regularly, using online alternatives, and delivering essentials, such as food and medicine, as well as wellbeing packages. These packages of support have included everything from links to digital online social groups and contact numbers, health and safety information, and guides for at-home exercises. Despite being physically far apart, these interventions have helped many feel less alone.

The British Red Cross launched a free coronavirus support line for people who are feeling lonely, finding it hard to cope during these uncertain times and to connect people with additional support in their local area. The helpline is staffed by volunteers who are trained in psychosocial support. It may be used daily between 10am – 6pm and is a completely confidential service. The support line telephone number is 0808 196 3651.

“She sends a newsletter every week with a puzzle, which is great. She’s sent me a set of exercises which are brilliant. I’m doing them every morning.”

(Connected Community service user)

Having someone to talk to and look to for information and advice, and being given something to do to distract from coronavirus have all helped people feel more connected.⁷

We’ve also launched a **Kindness Will Keep us Together campaign**⁸, encouraging people to reach out to each other, and incorporated practical and emotional advice and education into our community education programmes.

Our polling found that around three in five UK adults have found messages or support from friends a useful way to stay positive and connected and a quarter of UK adults have felt more connected and positive after seeing stories of acts of kindness.

“It’s hearing somebody’s voice asking you how are you, is everything okay, if not can we help.”

(Refugee service user)



Anonymous case study from our refugee services in Darlington

Adam* [pseudonym] is seeking asylum. Originally from Niger, and a volunteer for the British Red Cross he, like many people in the UK, is helping his local community during the coronavirus outbreak.

“I am trying to create online groups, due to the social distancing rules, where once or twice a week over Zoom and WhatsApp group.... We can also have improv comedies, jokes or storytelling to lift people’s morale.

“If we don’t stick together what is going to be left? The worst part is that we have something really terrible and scary, I’m not going to emphasise it any other way. This is a bad disease but if we don’t come together we will not prevail. Let’s stick together, understand each other, let’s be tolerant, let’s help each other and we will get through all of this.”

Photo: © Richard Grange / UNP (United National Photographers) / BRC

⁷ These insights echo insights set out in two previous British Red Cross & Co-op reports, Fulfilling the promise: how social prescribing can most effectively tackle loneliness, Kaleidoscope (2019): [redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/fulfilling-the-promise-social-prescribing-and-loneliness.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/fulfilling-the-promise-social-prescribing-and-loneliness.pdf) and Tackling Loneliness and Isolation: Findings from the evaluation of our Connecting Communities service (2019): [redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/tackling-loneliness-and-isolation-connecting-communities.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-social-care-and-support/tackling-loneliness-and-isolation-connecting-communities.pdf)

⁸ British Red Cross [redcross.org.uk/get-involved/kindness-together](https://www.redcross.org.uk/get-involved/kindness-together)

7. Moving forward: the need for sustained action

Loneliness has been exacerbated by the Covid-19 crisis for many, with some people more affected than others. The social and economic effects of the crisis will also leave a lasting impact. Although social distancing and lockdown measures will continue to be eased in time, loneliness will remain – and for those most left behind, may continue to grow. Bereavement,

isolation, digital exclusion, unemployment and financial struggles all trigger loneliness.

This report provides a glimpse of what it can feel like to be lonely. It shows the devastating impact loneliness can have on people's resilience – 19 per cent of those who report being always or often lonely, compared to 4 per cent who report being rarely or never lonely, are not confident they can cope and recover from this crisis.

Understanding and identifying people's needs is not easy, especially when faced with an unprecedented emergency. We know from our work that throughout this crisis certain at-risk populations and vulnerabilities have gone under the radar.

Public authorities often limit their definition of vulnerability to clinical and demographic factors. However, as demonstrated throughout this report, other factors can play a part in shaping people's needs and experiences. To ensure people are identified as being at risk of loneliness and that no one falls through the gaps, social and economic factors as well as geographical isolation and health inequalities should be built into how people are supported now and in the coming weeks and months. **Information sharing and close collaboration within and between local health and care systems, national NHS and government, and the voluntary and community and private sectors, is more critical than ever to ensure no one is left behind.**⁹

To minimise the inequalities that have been worsened by Covid-19 and the knock-on effects this is having on loneliness, we must now focus our efforts on supporting those most impacted by this crisis. Sustained action to tackle loneliness will be needed throughout the next phases of our response, during recovery and in the aftermath.



⁹ To help guide this process please see the British Red Cross Covid-19 Vulnerability Index:

britishredcrossociety.github.io/covid-19-vulnerability

¹⁰ Loneliness Action Group (October 2019), A connected society? Assessing progress in tackling loneliness; British Red Cross & Co-op: redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/a-connected-society

APPG on Loneliness

As we begin to work towards recovery from the immediate crisis, longer-term, sustained investment and solutions to loneliness will be needed more than ever. Through our position as the co-secretariat for the All Party Parliamentary Group (APPG) on Loneliness we have made the conscious decision to continue its independent inquiry.

The APPG is exploring crucial but complex policy areas identified by the Loneliness Action Group as outlined within the **Shadow report**, A connected Society? Assessing progress in tackling loneliness.¹⁰

The four key policy areas being explored through the inquiry are:

- Designing and implementing ways to test the **implications of government policies on loneliness**
- Translating national policy into local action through **local authorities**
- **Community infrastructure** (including housing, transport and public spaces)
- How to adequately **fund the voluntary and community sector** upon which social prescribing depends

Recommendations will be presented to government at the end of the year. Learn more about the inquiry here: [redcross.org.uk/about-us/what-we-do/action-on-loneliness/all-party-parliamentary-group-on-loneliness-inquiry](https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness/all-party-parliamentary-group-on-loneliness-inquiry)



For more information, please contact
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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