

## Loneliness, social isolation and COVID-19

May 2020

## Introduction

The Local Government Association (LGA) and Association of Directors of Public Health (ADPH) have jointly produced this practical advice for Directors of Public Health and others leading the response to the loneliness and social isolation issues arising from the COVID-19 outbreak. It follows-on from our [guidance](#) about the public mental health impacts across the life course.

Intervening early to tackle loneliness and social isolation during the COVID-19 outbreak and beyond will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery. This can only be done at the local level through partnerships between the council, voluntary and community sector, councillors, Primary Care Networks and relevant others. Councils have a key role to play in this, because they own most of the assets where community action could or should take place, such as parks, libraries and schools, with councillors creating the localised neighbourhood partnerships to deal with a range of mental and physical health issues. There is also an opportunity to harness and develop the positive changes that we are seeing, such as greater awareness about the impact of personal behaviours on mental wellbeing.

## Loneliness and social isolation impacts and risks

We can expect more people of all ages to experience loneliness and social isolation due to the impact of social distancing measures and the reduction in face-to-face opportunities to socialise, connect with family, neighbours and friends, and to take part in physical activity and everyday cultural and faith experiences.

There is an extensive evidence base about the impact of loneliness and social isolation on people's lives, their relationships and their wellbeing. It is also a serious public health concern. It leads to higher rates of premature mortality comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population<sup>i</sup>. and is a risk factor in developing depression<sup>ii</sup>. Public health teams in councils are already working closely with partners, especially the voluntary and community sector (VCS), to tackle loneliness and social isolation.

Whilst loneliness is often associated with social isolation, these two concepts, though linked, are distinct and will require different responses during the outbreak. For people who are already socially isolated i.e. they already lack the social contacts to reach out for support, being asked to socially isolate due to COVID-19, especially if they are in a clinically high-risk group and are shielding, can be difficult.

Digital exclusion is a key driver of social isolation and it is important to ensure that people without internet access, or who do not use the internet, still receive information in an appropriate format about how to access support and are helped to get online if they wish to do so. The LGA's supporting vulnerable people [briefing](#) sets out how councils are identifying and helping people who do not have access to support networks during COVID-19.

Even if someone is not completely socially isolated in terms of having people who are important to them and who can help them to navigate their day to day lives, social distancing rules mean that many people are missing out on emotionally fulfilling social contact and may feel lonely. Councils are working hard with the VCS and faith groups to ensure that people feel as connected as possible. Communities are self-organising and there are many imaginative responses, such as virtual pubs, choirs and concerts, that are helping to keep people connected. There is also a positive opportunity to build upon increased neighbourliness and volunteering to help strengthen community capacity and resilience.

The loneliness and social isolation impacts from COVID-19 will be experienced by people across the life course, but some will be more at risk than others and will need targeted approaches that are also sensitive to the stigma that can be associated with loneliness and social isolation. The table below summarises the main risk factors of loneliness and social isolation, many of which overlap, including those specific to COVID-19:

Risks	Implications for local responses	
<b>Existing risk factors not directly affected by COVID-19</b>	<ul style="list-style-type: none"> <li>• Age – young people are the most likely to report feeling lonely but the largest number of people experiencing loneliness are older people</li> <li>• Where you live – people who feel they belong less strongly to their neighbourhood report feeling lonely</li> <li>• more often, as do those who have little trust of others in their local area</li> <li>• Living alone – this is a key indicator of social isolation and potential loneliness and especially affects older people</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to take into account these factors when planning local actions to address loneliness and social isolation during and beyond the outbreak</li> <li>• Information to draw upon includes insight from the VCS and ward councillors, ONS data and heat maps such as <a href="#">Age UK's</a></li> </ul>
<b>Existing risk factors that might be exacerbated by COVID-19</b>	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Experience of bereavement</li> <li>• Poor physical and mental health</li> <li>• Household income</li> <li>• Pregnancy and new parents</li> <li>• Digital exclusion</li> <li>• Transport connectivity</li> <li>• Relationship breakdowns both of couples and within families</li> </ul>	<ul style="list-style-type: none"> <li>• Specific communications and interventions may need to be targeted at people at higher risk of loneliness and social isolation because of COVID-19 and the current restrictions</li> </ul>
<b>New and emerging risk factors as a direct result of COVID-19</b>	<ul style="list-style-type: none"> <li>• Social distancing measures</li> <li>• Shielding for the medically extremely vulnerable, especially when people do not have access to support networks, which will likely continue once restrictions are eased for other people</li> <li>• Those who may have to isolate as a result of tracing and tracking</li> <li>• Impact of early years, school, college, university and workplace closures and learning / working at home</li> <li>• Less contact with statutory services or VCS services that were accessed prior to COVID-19 and/or accessing that support in a different way</li> <li>• Short, medium and long-term effects of contracting COVID-19 and recovering from it, including possible trauma</li> <li>• Adjusting to the 'new normal' now that restrictions are starting to ease</li> </ul>	<ul style="list-style-type: none"> <li>• People may need to be supported to deal with the specific loneliness and social isolation impacts of COVID-19, which may be experienced on top of other risk factors and for some people also linked to mental health issues</li> <li>• There is a need for different ways to enable people to safely connect</li> <li>• New public health messages might be needed, for example, to encourage older people and people who are shielding to continue to stick to social isolation and distancing measures as they start to be eased for other groups</li> </ul>

## Leading local responses

Many councils are already using local insight and networks, including from ward councillors, to identify people who may be isolated or experiencing loneliness during COVID-19, and to make them aware of potential support.

The LGA's [Must Know](#) guide, drawing upon work by the Campaign to End Loneliness and Age UK, sets out councils' role working with partners and using community assets to address and help prevent loneliness and social isolation. The table below shows how these core responses are being adapted to reflect the COVID-19 situation, including the positive changes that are happening.

<b>Role of council working with local partners</b>	<b>Key steps to prevent and address loneliness and social isolation</b>	<b>Adjustments to local actions that may be required as a result of COVID-19 and opportunities to embed positive changes</b>
<p>1. <b>Foundation services that provide the first steps in finding individuals who are experiencing lonely</b></p>	<p>Includes – first contact schemes, targeting people at risk of loneliness, formal social care assessments, social prescribing in primary care, home from hospital or admissions avoidance schemes, information about activity to tackle loneliness available through community settings</p>	<ul style="list-style-type: none"> <li>• Some early identification is continuing through face-to-face contact, but alternative arrangements are also being put in place</li> <li>• Update loneliness and social isolation referral pathways, including for social prescribing, to reflect the different ways in which support can be accessed</li> <li>• Maximise the local offer of parks, libraries, schools and other local assets in line with government guidance</li> <li>• Make links to the Local Support System and arrangements to support people who are shielding and have other vulnerabilities</li> <li>• Encourage front line staff to continue to identify people's wider wellbeing needs and signpost to support</li> <li>• Use digital and non digital means to promote support to residents and frontline staff</li> <li>• Consider the needs of priority groups such as people with a learning disability and/or autism, informal/unpaid carers, new migrants to the UK and people for whom English is not their first language</li> </ul>
<p>2. <b>Direct interventions focussed on helping people</b></p>	<p>Includes – supporting group activities such as lunch clubs and walking groups, one-to-</p>	<ul style="list-style-type: none"> <li>• Support peer groups to maintain connections digitally</li> <li>• Provide clear information to people about how to use the internet and</li> </ul>

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<p><b>maintain existing relationships and develop new ones</b></p>	<p>one approaches like befriending schemes, access to psychological support for people for whom loneliness is part of broader mental health issues</p>	<p>encourage younger people to help older relatives</p> <ul style="list-style-type: none"> <li>• Further encourage people's greater awareness about the impact of behaviours on mental wellbeing, such as sleep and exercise</li> <li>• Work with the VCS, including faith groups, to respond to the increase in demand for befriending schemes and help to address isolation, stress and anxiety</li> <li>• With the NHS, remind people that adults and children's mental health services remain open, and plan for increase in demand after COVID-19</li> </ul>
<p><b>3. Structural enablers are people or organisations that encourage communities or individuals to engage with, and support, each other</b></p>	<p>Includes – VCS commissioned projects such as community navigators. Specific community approaches that support tackling loneliness include:</p> <ul style="list-style-type: none"> <li>• age-friendly, dementia-friendly and mental health-friendly communities</li> <li>• developing volunteering, including people who might not ordinarily volunteer</li> <li>• mobilising peer support, and</li> <li>• intergenerational support in neighbourhoods</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to retain and build upon digital opportunities to keep connected, which have been positively received, but to add to people's choice and not to replace more traditional means of engagement</li> <li>• Harnessing people motivated to volunteer by COVID-19 to continue after the outbreak</li> <li>• Supporting and bringing coordination to the community and neighbourhood activity that has sprung up to help people feel connected</li> </ul>
<p><b>4. Gateway services are broad services like transport, technology, spatial planning and housing, which make it</b></p>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• identifying options for affordable and accessible transport</li> <li>• age-friendly driving and parking</li> <li>• considering social networks as a public</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the safe and appropriate role of gateway services in addressing loneliness and social isolation as restrictions are eased</li> <li>• Messages may be required to help people overcome anxieties about re-engaging in community activities when it is safe to do so</li> </ul>

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easier for communities to come together	health issue when considering major planning developments <ul style="list-style-type: none"> <li>• Technology is increasingly being used to help people build and maintain social connections</li> </ul>	

**Further information**

- [Resources](#) on the LGA website including practice [examples](#)
- [Guidance](#) on ADPH website
- [Summary](#) of Government work on tackling loneliness with useful links
- Let's talk loneliness [campaign](#)
- [Connection Coalition](#) – includes Jo Cox Foundation, British Red Cross, Facebook, Age UK and others.
- [Campaign to End Loneliness](#)
- [Every Mind Matters](#)
- LGA, ADPH and PHE COVID-19 Place based [approach](#) to reducing health inequalities from COVID-19
- [Carers UK](#)
- [Mind](#)
- [Silverline](#)
- [Alzheimer's Society](#)
- [Housing LIN](#)
- WHO Mental Health [Considerations](#)