



Tackling loneliness among older people this COVID winter

Introduction

"Covid has made me into a hermit afraid to go out and when I do I just want to get things done and get back home again to the safety of my home"

"Being scared of contact with people and the isolation at same time"

Age UK has helped older people who suffer from loneliness for decades and we know from our experience that even in a good year winter is often a tough proposition. Dark nights and short days, plus bad weather, make it harder to get out and about. The result is that keeping up contacts with friends and relatives becomes more difficult and there are fewer opportunities than at other times of the year to chat casually with neighbours and others on the street or over the garden fence – everyone is just keen to head back indoors as quickly as possible. These chance encounters can make a big difference to older people who spend almost all their time alone.

However, this year the pandemic makes winter even more challenging than usual for older people, and potentially a lot lonelier and for greater numbers than we have ever seen before in our lifetimes. Against this context, the purpose of this short report is to look at what we know already about how older people are faring in terms of loneliness during this most challenging of years, and to consider what more we can do this winter to prevent the problem from becoming even worse.

At Age UK we believe passionately that "no one should have no one" and we are running a public facing campaign this winter, as we do every year, to get this message across and to raise vital funds for our services. As a Charity we are committed to doing all we can to help our older population come through the winter in the best possible shape, but we can't do it all on our own. In this report we set out actions the Government, local leaders and the NHS, among others, can do to make the positive difference large numbers of older people desperately need.

How the pandemic has hit older people to date

It is beyond dispute that one of the groups hit hardest by the pandemic is that of older people. For example, almost nine out of ten (89%) of deaths involving COVID-19 in England and Wales up to 6th November 2020 were among the over-65s (53,279 out of 59,549).ⁱⁱ More than one in four of these deaths happened to older people with dementia,ⁱⁱⁱ and two in five were living in a care home at the time – most of whom will sadly have died without seeing their family again.^{iv} It is also clear that Black and Minority Ethnic (BAME) older

people are significantly over-represented among those who have become seriously ill and who have died from the virus.^v

Older people we speak to are often acutely aware that they are at great risk of becoming seriously ill or even dying if they contract COVID-19. This has led to some being too worried to go out and about even during the warm summer months when the number of cases fell back. At Age UK we regularly speak to older people who have not left their homes since March. Now, with winter approaching and cases increasing we know that they will be more reluctant still to go out. Our sense too is that quite a lot of older people have stopped trying to follow the changing Government advice and are making their own, usually very cautious decisions, themselves.

At Age UK we also know from our own research during the pandemic that some older people have found the strange, alienating conditions in which we have all been living harder to deal with than others and that overall, about one in three older people are struggling.^{vi} Not surprisingly, older people living alone, who were already lonely, who were unwell with long term health conditions, living in poor housing, and/or on a low income have found the pandemic especially tough. There have also been enormous challenges for older people who provide unpaid care for someone else, often their partner, and for those who have been bereaved and prevented from grieving in the usual way.

Loneliness affects well over a million people aged over 65 in the normal course of events, but it is increasingly clear that the pandemic has caused many, many more older people to become lonely. This is for a number of reasons, including: regular routines, opportunities to socialise and get out of the house have been halted by lockdowns; in some cases usually affective coping strategies and social networks have been totally disrupted, leaving them high and dry; and because of the need to socially distance and at times to shield.

The fact that one of the few means we have of controlling the spread of the virus is to keep apart from others makes it inevitable that loneliness will increase. In this sense the impact of the pandemic has been, and continues to be, really cruel, and some older people have told us that they feel totally torn between ‘taking a chance’ and going out, or staying at home and being miserable on their own. The way in which the pandemic has encouraged many of us, older people especially, to stay mostly at home, means that for older people at risk of loneliness, ‘winter’ has effectively come early this year. The news about vaccines is exciting but realistically, they won’t make a big difference to how we can live for some months yet.

Age UK has never known a time when older people have needed our services so badly and it is easy to see why.

Feeling alone right now – what does an experience of loneliness look like?

“I feel lost, alone, unwanted”

“I have cancer and having to be shielded is so difficult. To get up day after day knowing you can’t see the people who love you is extremely hard. These might be my last summer days or my last year of life and I can’t do any of the things that make me happy.”

“Although I have a husband & family I am so alone. I sit and cry for no reason. My mood is so low as I feel so isolated. I am now taking pills for pain & low mood.”

“The utter loneliness of not being able to see my only living parent is unbearable.”

“My mum passed away last week as she seemed to just give up not being able to see her family for 7 months, they put old age on her death certificate but should’ve said loneliness.”

During this health emergency older people have experienced both more time alone and a heightened sense of loneliness, impacting on their mood, health and emotional resilience. This particularly applies to people living by themselves but also sometimes to others too who are hugely missing their usual social interactions and supports.

For example, many unpaid carers rely on there being good respite opportunities available, such as a day a week at a day centre for their partner with dementia, to keep going. This gives them the chance to rest, catch up with friends, and their partner an opportunity to enjoy activities and a fresh environment. However, sadly, throughout much of the pandemic day provision has stayed shut. Some has now re-opened but we also know that a significant number of settings have closed for good, usually because the voluntary organisations that run them have lost so much income during the pandemic they have gone bust. In the absence of these services many carers and loved ones are stuck together 24/7, which is exceptionally challenging – and often extremely lonely for the carer.

Missing family and feeling like they are missing out on milestones, such as grandchildren growing up, is something we hear from older people a lot. It seems that even older people who previously felt at the centre of their family’s life, and nurtured and supported by it, now sometimes feel lonely and disconnected.

Not being able to see loved ones is especially difficult for older people who have significant care needs or who are approaching the end of their lives. And some people, very sadly, clearly feel that their loved one has died from loneliness and that not seeing the important people in their lives led them to give up on living. We are hearing this most often about older people living in care homes, but there are also instances of appalling loneliness described to us concerning older people living in their own homes. There is evidence that people are staying away from older family and friends through concern about passing on the virus. In the last week of October, before the most recent lockdown began, 78% of people said they had avoided contact with older or vulnerable people because of the pandemic.^{vii}

How is Age UK helping?

- Age UK's free Telephone Friendship Services offer those who are feeling lonely regular friendly chats or a listening ear, whenever someone needs to talk. These have been a lifeline to thousands of older people, particularly during the last few months. There are two telephone friendship services available: regular weekly friendship calls and a 24-hour helpline. The Charity's regular telephone friendship service matches over-60s with a friendly volunteer for a weekly chat. The calls are a chance to chat about anything from grandchildren or hobbies to a shared love of a TV programme, and for many these calls are the highlight of their week. The Silver Line Helpline is a 24/7 free and confidential helpline service. For a cheerful chat, day or night, people can simply call 0800 4 70 80 90. To find out more and to sign up for regular telephone friendship please call Age UK's Advice Line for free on 0800 169

6565 (open every day from 8am – 7pm), or visit: www.ageuk.org.uk/telephone-friendship

- Age UK provides essential advice for older people and their friends and family on topics as diverse as claiming benefits to staying healthy and more recently has been a vital source of information and support on issues related to coronavirus and older people. The Charity has a range of guides and factsheets, from health and wellbeing to care and support, which are available to download and view on our website for free: www.ageuk.org.uk People looking for advice can also call the Age UK Advice line – a free and confidential advice line, open 365 days a year from 8am-7pm – on 0800 169 65 65.
- Age UK is advocating for and working with other organisations on the resumption of visiting, with appropriate safeguards, in care homes, and of day services to support older people and their carers.

How could the Government help?

- Government should co-produce with the care sector new guidance on visiting in care homes by early December, giving out a clear message that the default position is that visiting should happen wherever and whenever it can be safely carried out. This guidance needs to be complemented by a similarly co-produced toolkit on 'how' to ensure safe visiting, drawing on good local practice. The national pilot on visiting which began on 16th November needs to be rapidly accelerated into a trailblazer programme, with lessons learned as it goes along. It is testing the viability of care home residents having a 'designated visitor' who has access to PPE and testing, like staff members; it's an excellent idea and one Age UK strongly supports.

Ill Health

"Suffers with COPD and heart failure along with other illnesses and stuck in an upstairs maisonette hasn't helped as now when they go up and down stairs it's a real struggle for them, it was bad before the pandemic but is worse now but no one seems to care especially the council."

"Has Parkinson's and dementia and this has left him more vulnerable and weak, his legs are a lot worse, his mental health has got worse and not having a normal routine has really affected his health in a bad way"

Ill health is a significant risk factor for loneliness and loneliness is a significant risk factor for ill health too. Living with poor health and disability can make it much more difficult to sustain social networks and too often lead to people into isolation; and while there is more work to do to understand the full impact of loneliness numerous studies have established that being lonely is bad for your health.^{viii}

Unfortunately it seems certain that one of the longer term impacts of the pandemic will be to increase the acuity of health need among the older population, and in turn their risk of loneliness as well.

This winter, the more we can do to encourage and support older people to keep active in all respects the better this will be for their physical health, mental health and wellbeing, helping

them to come through this winter in good shape. This may also help those who are essentially alone to feel less lonely by bringing a sense of purpose to their lives. Group activities that bring older people together are harder to organise at the moment because of the need for social distancing but some are happening, and not only online. The more we can do encourage them to open, safely, the better.

According to our research^{ix}, a number of older people have used lockdown as an opportunity to improve their diet and do more exercise. This has improved their fitness and led to some who needed to losing weight. Reduced pollution in the air has also improved some older people's breathing. But, sadly we are hearing far more about the negative impact less physical activity – 'deconditioning' as clinicians term it - and difficulties in accessing health care services are having on older people's mental and physical health.

We asked older people the extent to which they agree with a series of statements about how their health has changed since the start of the pandemic, as a result of which:

- One in three people agree they now have less energy
- One in five feel less steady on their feet
- One in four agree they can't walk as far as before
- One in five are finding it harder to remember things

We also asked older people with pre-existing health problems how their ability to do daily activities had changed

- Two in five people who had difficulties walking short distanced before the pandemic now find this more difficult
- One in three people who find it hard to walk up and down the stairs now find this more difficult
- A third of people who have difficulty getting in and out of bed now find this more difficult
- Two in five people who already found it difficult to shower or wash now find this more difficult ^x

These findings tell a clear story, one that specialists in geriatric medicine had predicted. Older people have been cooped up largely at home for long periods of time, often alone and with limited external stimulation, and this has led many to lose some capacity, both physical and mental. It is sometimes said that in later life, it's a matter of "use it or lose it" and unfortunately there's a strong element of truth in this. In this respect, the pandemic has "pushed the fast forward button" on ageing for significant numbers of older people, who will find it difficult at best to regain their previous level of functioning.

The fact that we know that significant numbers of older people have been unwilling or unable to access health services during the pandemic is another contributing factor to some becoming less well. ^{xi} 67% of over-65s are living with one or more serious long-term health conditions which, if left untreated, are more likely to get worse more quickly. ^{xii} It is also certain that some will have developed new health problems during the last few months that in normal circumstances would have been investigated, diagnosed and treated. There is now a backlog of cases and although the NHS is doing its utmost to keep non-COVID-19 provision going, and to reduce waiting lists, this is a big challenge which cannot be overcome quickly. Of course, some older people were on waiting lists for routine surgery like

knee and hip or cataract operations before the pandemic began and are now faced with greatly extended delays. Without the surgery they need their lives are diminished and they are often left in considerable discomfort and pain. Sadly, this is also likely to undermine their resilience.

We know that many older people find it embarrassing to admit that they are feeling very low or anxious, and this is an impediment to them seeking professional help. Their reticence may be because they grew up at a time when there was a stigma attached to mental ill health, in a way that is simply not the case today. For this reason some older people need to be reassured that it's ok to approach their GP for support if they are deeply worried or depressed and that the NHS will be there for them, even during the pandemic, and willing and able to help.

How is Age UK helping?

- Age UK has launched a new campaign to support older people to get through winter. We are providing information and advice to older people on looking after their mental health, staying active, and eating well. We are also working with local Age UKs across the country to remind and encourage older people to get their flu jab.
- Age UK is working with NHS England on their Help us Help You campaign, which is aimed at encouraging older people to speak to their GP or refer themselves to talking therapies if they are struggling to cope or finding things are getting on top of them.

How could the Government help?

- The Government must provide the funding and support the NHS and care system will need to recover from the aftereffects of this pandemic: health and care services will have a mountain to climb. In coming years they will need to rebuild services, support staff recovery, manage an immense backlog of 'business as usual health and care needs' and meet major new challenges caused by the direct and indirect impact of COVID-19. However, more optimistically this also presents a unique opportunity to "Build Back Better". The Government should challenge the NHS to meet the pledges in the NHS Long Term Plan and use the good work rolled out in response to COVID-19 as the foundation for delivering a 'step change' in services for older people living at home and in care homes.
- Local councils should have a named lead within their crisis support plans for 'connected communities', whose job it is to coordinate what support is available locally. They should work closely with public health and the NHS to allow for direct referral from local health services and, where possible, targeted outreach to older people, among others.

Death and Bereavement

"I am now on anxiety tablets, due to losing my husband to the COVID-19. Seeing what he went through was heart-breaking"

"Just feel like nothing matters anymore. An email friend died of the virus early on and within days and without any family with him. Hard to get over that alone."

Bereavement is well-established as a trigger for loneliness.^{xiii} During this pandemic, not only are more people experiencing bereavement and therefore at greater risk of becoming lonely,

the effect of the restrictions means it is often a lot harder to ask for and receive help, or to access services since many are closed or reduced due to staff shortages and sickness.

Bereavement is distressing for any of us, at any time, but the need to socially distance and the periodic lockdowns and other restrictions mean that the usual rituals and observances often cannot be fully observed at this time, and comfort is harder to find. Similarly, sometimes it is proving impossible to fulfil the wishes of the person who has died concerning their funeral, or for those left behind to receive direct comfort from family members. Relatives and friends living in other parts of the world may also find it impossible to fly in and rally round in the way they otherwise would. As a result, we know that older people who have been bereaved will be storing up their grief and will need a lot of support to process it in the months to come.

The fact that the risk of becoming seriously ill or dying from COVID-19 is much greater as you get older has already been mentioned and, as a result, many more older people will have experienced bereavement than usual this year. When loved ones have died of COVID-19 they may sometimes have done so in distressing circumstances – for example, without the opportunity to be surrounded by those closest to them, potentially making already very upsetting experiences even harder to overcome.

The distribution of COVID-19 deaths has been unequal across the older population. The chances of dying from the virus have been more than twice as high for Black people than for White people, even after taking into account differences in the size and age of these populations in England and Wales. The ONS found that the risk to Black African men was 3.8 times that of White men, and to Black African women was 2.9 times that of White women. People of Bangladeshi, Black Caribbean and Pakistani ethnic backgrounds all had more than twice the risk of White people. ^{xiv}

The ONS has done some further statistical analysis to try to address the questions of whether these inequalities in the risk of dying from COVID-19 are due to where people live, their level of socioeconomic advantage, or their health and disability. All of these factors vary by ethnicity and could potentially be linked to differences in the chances of becoming infected, and also to the chances of having worse outcomes once people have caught the virus.

The ONS found that, even after ethnic differences in these factors had been taken fully into account, they could still see a higher risk of having died of COVID-19 among people of all minority ethnicities other than Chinese. Black African men and women still had greater than double the chances of having died from coronavirus compared to White men and women.

How is Age UK helping?

Age UK provides comprehensive information and advice through a variety of channels, and a listening, sympathetic ear, day or night, through The Silver Line. There is more information about both sets of services on pages 3-4

How could the Government help?

- Government must end the isolation of people living in care homes by ensuring that people can receive visits from their family and loved ones. They should ensure visitors have access to the PPE, training and testing and that care homes have the funding and support they need to implement safe visiting, whenever and wherever possible

- The Government must ensure that older people have fair access to talking therapies and that mental health trusts, local authorities and VCSE organisations delivering mental health services are provided with sustainable funding to respond to the increasing mental health needs being generated by the Covid-19 pandemic.

Digital Exclusion

“Family weren’t able to visit and at 92 he isn’t using the internet or interested in learning, so he didn’t see me (his granddaughter) for months.”

“Telephone and video appointments are ok IF YOU CAN HEAR and cope with IT. If you’re not then you are cut off from what you have known all your life.”

To have been offline during the pandemic has been to be very significantly disadvantaged, and often pretty disconnected.

The existing disparity - the digital divide - between those who are online and those who are not has been turbocharged by this health emergency. Older people who do not use digital technology have in some cases found it impossible to claim benefits or access the public services to which they are entitled; online banking has been beyond their reach and their local bank branch may have closed these last few months, leaving them struggling to access the cash that significant numbers depend on day by day. We have heard many older people say they are worried about going out to shop for essential food because of the risk of infection, but if they are offline they are also unable to take advantage of online food shopping. Similarly, without access to Zoom or Skype many have had only quite limited opportunities to stay in touch with family and friends.

Only half of over 70s are online and only just over 50% of people aged over 65 use a smartphone, so the digital zooming and facetimeing so many of us have adopted during lockdown to keep in touch and feel connected simply hasn’t been an option for millions of older people. ^{xv} We know that some older people have been encouraged by the circumstances of the pandemic to go online for the first time, which is a positive outcome for them, but for many others it has meant they have not received the support they needed as they are unwilling or unable to use computers. There will always be some older people who will not be able to go online so it is tremendously important that there are always decent alternatives for them to use and that they are not unfairly disadvantaged; during the pandemic this has not always been the case.

This issue is particularly acute when it comes to the delivery of health care services. The wholesale switch to telephone based or online health consultations in many GPs surgeries during the first lockdown was a serious barrier to some older people getting the health services they needed and to which they were entitled. All clinicians should re-examine patient pathways to ensure they are appropriate to the needs of people of all ages, particularly those with sensory impairments such as hearing or sight loss. More broadly, it’s

really important that digital approaches enhance the opportunities available to older people and their clinicians, rather than narrowing them.

How is Age UK helping?

- Many local Age UKs in England and local Age Cymru charities in Wales have been able to continue delivering telephone digital skills support throughout lockdown. This support often includes one to one support as well as tablet loan schemes. Visit Age UK's website: www.ageuk.org.uk or call their free Advice Line on 0800 169 65 65 to find out the details for your local Age UK to see what support they can offer. If anyone wants to inspire and motivate older people to get online, Age UK has a Digital Buddy training video, which provides guidance on supporting older friends and relatives with digital technology and how it could benefit them. It also signposts older people to services which could help them to learn essential digital skills. Age UK also has a range of information about technology and the internet, including how to use video calls and how to stay safe online: www.ageuk.org.uk/information-advice/work-learning/technology-internet/ or you can call Age UK's Advice line on 0800 169 6565 to find out what support is available.
- Age UK has been lobbying the Government, the banks and the financial services industry, before and throughout the pandemic, to help ensure that older people who are not online can continue to access cash, safely and conveniently.

How could the Government help?

- Government should immediately fund each local authority to reach out, digitally and via leaflets, to all residents, including those over 50, to communicate the support available. This should include a telephone-based contact who is primed to triage to local or national support services.
- There should be more funded support for older people who wish to go online. They need access to hardware, devices and broadband, as well as coaching and support. Those on low incomes will need a lot of help with start-up and ongoing costs
- The Government should introduce a Universal Service Obligation on the banks to make them responsible for guaranteeing access to cash for every older person up and down the country. This will arrest our headlong march towards becoming a cashless society. Being unable to access cash and banking services can completely cut people out of society, and it is imperative this isn't allowed to happen.

Conclusion and recommendations

"It has made me rather fearful for the future for my family and society. Dealing with a possible second wave during the winter months will be more challenging and I think it will be hard to remain positive for much of the time. A strict lockdown with no contact again does worry me"

No doubt this older person's comment is one with which many would identify. Winter will be upon us soon and we are living with restrictions right across the country. We all hope that it will prove possible to lift them around Christmas time, but that is by no means certain and, in any event, there will still be quite a lot of winter to come afterwards, before the advent of

spring hopefully brings with it weather less favourable to COVID-19 plus a big vaccination programme.

In the meantime, how are we going to help older people get through, those who are lonely in particular?

This report has set out a number of policy recommendations by theme and it is clear that there is something *everyone* can do to make a difference:

As **individuals** we can all look out for older people around us, and in our families, and make the effort to connect with them and stay in touch

- **Local Council leaders** can use 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 support. All Councils should implement relevant practical advice for Councils included in the Local Government Association and Association of Directors of Public Health guide: Loneliness, Social Isolation and COVID-19 ^{xvi}
- **Local Government and Directors of Public Health** should work closely with local voluntary organisations to restore, wherever possible, the day care services and other forms of low level local support which are so vital for service users and their carers.
- **MPs** can advocate for the needs of lonely and isolated older people to be factored in to the work going on locally to tackle the pandemic, and help raise local awareness about how everyone can pitch in to help. They can also champion the issue within their parties and in Parliament. Age UK nationally and locally will always be pleased to advise and support.
- **The NHS** can ensure that the move towards digital communication and remote appointments in primary and secondary care does not entirely replace the option of face to face help for those older people who are unable to engage in other ways. It needs to keep reminding clinicians and NHS managers of this and offer both challenge and support
- **National, regional and local media** all have a role to play. They are trusted voices that can reach into communities, carrying messages and accurate information and letting people know where to go for support as well as what they can do to help. They also provide platforms for people to talk about issues and share experiences – through phone-ins, letters, personal stories. This contributes to breaking down taboos and helps people to realise they're not on their own, that it's ok to feel the way they do and that help is available.
- **Central Government** should work urgently and in collaboration with care providers, local government and representatives of families and care home residents to ensure safe visiting in care homes happens wherever and whenever possible
- **Central Government** cannot and should not be under any illusions about the scale of human trauma that will be the legacy of this pandemic. Much is rightly said and written about the devastating economic impact and need for an ambitious recovery plan. Yet it's equally vital we recognise the rapidly rising tide of loneliness and poor mental health, compounded by sharp physical and cognitive decline, among our older population, as well as many others. In this context Government needs to

urgently review the scale and ambition of its established Loneliness Strategy to ensure it is equal to the task ahead and has the funding to be successful.

If everyone took these actions it would make a big difference to millions of older people in this country who are likely to find this winter one of the hardest they've ever known. However, there will always be some who will miss out, for one reason or another. That's where Age UK comes in: we are raising urgently needed funds so we can continue to be there for anyone who needs help: now more than ever, no one should have no one.

Find out more or please donate at www.ageuk.org.uk/christmas-appeal

ⁱ The quotes used in this report are taken from two public surveys conducted by Age UK during the first 2020 covid lockdown

ⁱⁱ ONS Deaths registered weekly in England and Wales, published 17th November:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

ⁱⁱⁱ Dementia and Alzheimer disease was the most common main pre-existing condition among deaths involving Covid-19, and was involved in 26% (12,869) deaths to 30th June 2020 . ONS Deaths involving Covid-19:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedwithcovid19inenglandandwales/deathsoccurringinjunet2020>

^{iv} 18,986 care home residents aged 65+ in England and Wales had died of Covid-19 by 12th of June 2020, comprising 43% of all 44,088 deaths of people aged 65+ of Covid-19 in the same time period. Age UK analysis of ONS Deaths involving Covid-19 in the care sector:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsinvolvedwithcovid19inthecaresectorenglandandwales>

^v ONS Updating ethnic contrasts in deaths involving the coronavirus (Covid-19), England and Wales:
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvedwiththecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020>

^{vi} Age UK, 2020, The impact of COVID-19 to date on older people's mental and physical health
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf

^{vii} Coronavirus and social impacts on Great Britain: 30 October 2020. ONS.
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/>

^{viii} Summary of risk to Health. Campaign to End Loneliness. Accessed 17/11/20.
<https://www.campaigntoendloneliness.org/threat-to-health/>

^{ix} Age UK, 2020, online survey (unpublished), conducted August 2020 and promoted via Age UK Instagram and Facebook channels

^x Age UK and Kantar, 2020, online polling was conducted on the Research Express Online Omnibus amongst 1364 UK adults aged 60+ from 20th August – 3rd September 2020.

^{xi} Health Foundation, 2020, 'Public perceptions of health and social care in light of Covid-19'. Available at:
<https://www.health.org.uk/publications/reports/public-perceptions-of-health-and-social-care-in-light-of-covid-19-may-2020>

^{xii} NHS Digital (2020). Health Survey for England 2018: Data tables. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-for-england-2018-data-tables>

^{xiii} Age UK, 2018, All the lonely people. <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report.pdf>

^{xiv} ONS, 2020, Updating ethnic contrasts in deaths involving the coronavirus (Covid-19). Accessed: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/deathsoccurring2marchto28july2020>

^{xv} ONS, 2019 Internet users UK, 2019. <https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2019>

^{xvi} Local Government Association, 2020, Loneliness, Social Isolation and COVID-19, <https://www.local.gov.uk/sites/default/files/documents/Loneliness%20social%20isolation%20and%20COVID-19%20WEB.pdf>