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Lessons from a voluntary sector organisation working to address loneliness and isolation among older people during the COVID-19 pandemic

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The COVID-19 pandemic and physical distancing policies have created a range of challenges for voluntary and community sector (VCS) organisations addressing isolation and loneliness among older people. This paper explores four learning points from one VCS organisation, Time to Shine, which is working to reduce loneliness among older people in a COVID-19 world, using technology, finding the 'hard to reach', tackling ageism and managing anxiety following isolation.

Key words loneliness • isolation • VCS • COVID-19 • older people

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Introduction

Prior to the COVID-19 pandemic, loneliness was regarded as a growing public health concern, particularly among older people. The pandemic and resulting social distancing policies, which instructed people to 'stay at home' and avoid physical contact with others outside their household, further increased experiences of loneliness ([British Red Cross, 2020](#)). In the UK, the voluntary and community sector (VCS) has played a key role in delivering services to reduce isolation and loneliness and, despite facing huge financial and operational challenges, its work has continued throughout the pandemic ([NTU, 2020](#)). An important part of the UK government's loneliness strategy ([HM Government, 2018](#)) is to learn how to tackle loneliness effectively by sharing examples of good practice. This paper contributes to this by sharing emerging findings of how one programme, Time to Shine, has been working to tackle isolation and loneliness among older people during the pandemic.

Loneliness in the UK

Prior to the pandemic, nine million people of all ages in the UK reported that they felt lonely, always or often (Kantar, 2016), with numbers feeling lonely increasing since the COVID-19 outbreak (ONS, 2021). Although loneliness and isolation are interrelated and often conflated, they are distinct concepts. Social isolation is an objective count of social contacts; a condition of not having ties with other people (Dykstra, 2009), and loneliness is ‘a subjective, unwelcome feeling of lack or loss of companionship, which happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want’ (Peplau and Perlman, 1982). Loneliness is also associated with negative outcomes such as poor health and wellbeing and reduced life expectancy (Holt-Lunstad, 2015). Consequently, loneliness has become an increasing public health concern, and following the Jo Cox Commission (2017), a Minister for Loneliness was appointed to coordinate a national response, which led to the first strategy for loneliness (HM Government, 2018).

Although loneliness can affect people of all ages and be experienced across the lifecycle, loneliness among older people is listed as a priority in the UK in the *Loneliness Annual Report* (HM Government, 2021), with older people described as ‘particularly vulnerable’ on the National Health Service website (NHS, 2021). There is evidence that loneliness increases with age and older people are also more likely to live alone and experience retirement, bereavement, disability and frailty, all associated with increased loneliness (Knapp and Courtin, 2017). Consequently, many of the initiatives in the Loneliness Strategy, for example working with postal workers to find those who are isolated, are aimed at older people. Furthermore, many organisations in the VCS have been involved in either campaigning about loneliness among older people, or delivering interventions, including, for example, the Campaign to End Loneliness, Age UK and the British Red Cross.

The COVID-19 pandemic

Levels of loneliness in Great Britain have increased since the first national lockdown in spring 2020 (ONS, 2021). More young adults have become lonely, sometimes for the first time, while older people have been particularly affected as the risk of COVID-19-related complications increases with age. People over the age of 70, or with an underlying health condition, were advised to ‘shield’ during Covid-19 outbreaks, meaning complete physical isolation from others, while remaining at home. A survey by the British Red Cross (2020) found that 41% of older people felt lonelier after the first wave of the pandemic, and one third were afraid that their loneliness would continue to worsen as the pandemic continued. Wong et al (2020) identified significant increases of loneliness and poor physical and mental health among older people during lockdowns.

VCS services and loneliness

Many services aimed at reducing loneliness and isolation, such as befriending schemes and social clubs, are delivered by the VCS, which has long played a central role in community-based services (Dickens, 2011). This focus has remained unchanged during the pandemic; the government’s *Loneliness Annual Report* in January 2021 committed

to continuing to fund loneliness work, with a large proportion of funding going to charities (HM Government, 2021).

Prior to the pandemic, most interventions to reduce loneliness and social isolation were face to face, with fewer interventions being delivered online or by telephone (Dickens, 2011). COVID-19 changed the context for many VCS organisations, which had to address the service delivery challenge of how to stay socially connected with service users while physically distancing, an issue that seems particularly pertinent when the objective is to reduce isolation. These challenges have been exacerbated as needs have changed and increased, and simultaneously funding sources have been affected (Dayson, 2020). Many services have closed or are operating with reduced capacity (British Red Cross, 2020). Furthermore, 80% of VCS services said the pandemic has had a moderate or significant negative impact on delivering their objectives (NTU, 2020).

The types of services offered in the VCS have also changed since COVID-19; for example, Dayson (2020) described how Leeds neighbourhood networks adapted in the first lockdown, from supporting specific groups of older people, to community-wide initiatives distributing food, medicines and emotional support to those shielding. Social activities organised by VCS organisations have also changed, with greater use of online video conferencing, telephone befriending and teleconferencing (Bristol Ageing Better, 2020; MacIntyre, 2020). One organisation found that these new ways of working have removed some longstanding barriers for people attending face-to-face activities, such as a lack of public transport (Bristol Ageing Better, 2020).

The Time to Shine programme

One of the biggest VCS initiatives to address loneliness among older people to date has been the Fulfilling Lives: Ageing Better programme, funded by the National Lottery Community Fund (The National Lottery Community Fund, 2015). This £80 million programme invested in services to reduce loneliness in later life in 14 localities in the UK between 2015 and 2021. The Time to Shine (TTS) programme in Leeds is one of these initiatives and has been delivering services, campaigning locally and encouraging cross-sector partnership working. TTS is managed by the Leeds Older People's Forum (LOPF) and is governed by a Core Partnership Board comprising local private, statutory and VCS organisations and older people. Local VCS organisations, ranging from large charities to small groups of neighbours, are commissioned as delivery partners, in a co-produced approach, to provide services to reduce isolation and loneliness. As of March 2020, 69 organisations or groups in Leeds were funded to deliver 101 projects to more than 9,000 older people, including: a community project bringing men together on a canal boat; befriending schemes; lesbian, gay, bisexual and transgender plus (LGBT+) drop-ins; black, Asian and minority ethnic focused groups; and a dance project in care homes. At a time when the programme managers were shifting focus to legacy and learning, the pandemic changed their whole social context overnight.

Research methods

Prior to the pandemic, the authors were already evaluating the work of TTS and collecting a range of data through: interviews with TTS staff and delivery partners;

focus groups and interviews with beneficiaries; and a before-and-after questionnaire that measured the impact of the programme on wellbeing, isolation and loneliness. Data collection had to be adapted because of the pandemic: the questionnaire ceased; interviews with staff and beneficiaries were moved to telephone rather than face-to-face interviews; and interview questions were adapted to include questions on how TTS had responded to the pandemic, and how the older service users in Leeds had been affected.

The findings in this paper are drawn from thematic analysis of 20 in-depth interviews – eight with staff and stakeholders, and 12 with beneficiaries – conducted between July and October 2020. Internal monitoring spreadsheets detailing how organisations had changed their activities have also been analysed. All participants gave informed consent, and projects and participants are anonymised to protect confidentiality. Ethics approval was granted by the University of Sheffield Research Ethics Committee in 2015, with an addendum following the pandemic in 2020.

Adapting and creating

TTS had to overhaul its services following the UK government's message to 'stay at home and save lives'. The physical distancing instructions countered everything the programme had been trying to achieve. As one programme manager explained, it felt as if their work had been undermined:

'The whole programme was trying to get people to leave the house and get out, to connect with other people, but obviously that's changed ... So it feels a little bit hard, like we've done this work for five years, some projects have been doing this work for decades, and it's all been unravelled. That's the thing that's a bit upsetting.'

However, the VCS is known for its ability to adapt and innovate in response to changing circumstances (Chew and Lyon, 2012) and the way that TTS responded was an example of this in action. After the first national lockdown was announced, the National Lottery Community Fund and the Ageing Better programme confirmed that normal targets were axed, and VCS partners were encouraged to adapt wherever possible. As a result, activities planned by TTS were stopped or delayed to prioritise dealing with the crisis. TTS advised delivery partners: 'We trust you to do what is best to meet the needs of your beneficiaries at this time. The current priority is keeping your beneficiaries safe and well and to maintain contact with them wherever possible.'

Delivery partners were free to respond to the immediate need of the local community with any resources available. As a programme manager explained, some projects ceased activities, but many were able to adapt: "A lot of the activities that people had planned were face to face, so a lot of things got shelved, and a lot of things had to be adapted. Some switched or intensified their focus to offer practical support, such as delivering food or medicines to those shielding."

Delivery partners that maintained a focus on addressing isolation and loneliness thought of alternative ways to deliver services. Where groups had met face to face, many switched their activity online using Facebook groups, chatrooms or Zoom calls. Face-to-face befriending schemes were changed to telephone support, and some staff rang beneficiaries who usually attended groups or services to check on their welfare.

Some organisations set up new projects to keep people occupied, such as making vegetable planters out of milk cartons or delivering knitting supplies. There were many examples of activities, such as exercise classes or singing groups, being transferred to Zoom. A walking group encouraged people to download a nature-tracking app and share pictures with group members of what they had seen on their local walks. TTS also created a lifestyle magazine, *Shine*, delivered fortnightly to local older people during lockdown, using networks of local groups.

Reflecting on these activities, one TTS manager explained that while the pandemic posed some challenges, the adaptations and changes also created unique opportunities for learning: “We can learn from it, and make some changes as a result of what we have learnt; that is the positive to hold on to.” Analysis of research data and discussions with TTS programme staff have identified four key lessons emerging from their work as a result of the COVID-19 pandemic. These lessons – using technology; engaging the ‘hard to reach’; tackling ageism; and managing anxiety following an extended period of isolation – are now considered.

Using technology

Physical distancing required most organisations and businesses to move online, and yet, many VCS organisations were unprepared for this. Prior to COVID-19, only 31% of charities were using digital technology, compared with 90% of small businesses (Walker et al, 2020). Further, older people have been recognised as most at risk of digital exclusion (Davidson, 2018). Prior to COVID-19, TTS had been working with a local organisation that aimed to promote digital inclusion, 100% Digital Leeds, but only 8% of TTS delivery partners were using the internet for service delivery. The pandemic presented a challenge for TTS, but also an opportunity to promote digital inclusion.

Recognising digital inclusion as an essential tool for keeping people connected, delivery partners prioritised getting people online once they had ensured their access to food and medication. 100% Digital Leeds continued with existing schemes where people could: borrow iPads, computers and smartphones; receive support to get online; and learn how to use digital devices and online technologies. 100% Digital Leeds also offered support to organisations to apply for funding to overcome financial barriers for older people accessing technology.

The sudden necessity for older people to be online to maintain social contact resulted in many more being online than before the pandemic. A TTS manager explained: “There’s been a lot of work going on digitally and we’ve got more older people online now using Zoom. There’s been some really good examples of people who never thought they would use a computer, finding themselves with an iPad doing a Zoom coffee morning.”

In a recent report, TTS found that technology had been successful at promoting social inclusion, with 87% saying it helped them stay better connected with friends and family (TTS, 2020a). This experience has also been observed in other Ageing Better programmes: in a survey of 50- to 70-year olds, 75% said they were making more video calls as a result of the pandemic (Ageing Better, 2020). A TTS beneficiary said, regarding Zoom: “It’s a poor substitute but it’s a life-saving substitute, otherwise we’d have had no contact or interaction hardly at all, would we?”

Delivery partners are positive about their experiences of online delivery and are planning to continue to offer a blend of face-to-face and online activities, even when physical distancing ceases. Furthermore, many older people have said that they will use their newly gained technological skills to stay connected and the response to the pandemic has seemingly created more ways for older people to connect.

A positive consequence is that, in the future, improving access to technology may help to overcome longstanding barriers to inclusion such as being housebound, having limited access to transport, having few financial resources or being isolated during winter dark nights and adverse weather conditions.

It is important to remember that despite the progress, not everyone wants to, or is able to, go online. While the increased uptake of digital technology has provided a unique opportunity for some, it has also left others not using technology to feel more isolated (British Red Cross, 2020). Watts (2020) argues that the pandemic has increased the digital divide, creating further health and wellbeing inequalities. For example, people with access to technology during lockdown could still access libraries, search for jobs and engage in online support groups, whereas those who could not were left behind. People with learning disabilities, visual or hearing impairments or dementia may find it particularly challenging to go online, and it is important that this inequality of access is acknowledged and overcome.

Finding the 'hard to reach'

A challenge for all services hoping to reduce isolation and loneliness among older people is reaching out to those most isolated. Often the reasons why people do not engage in services are also the reasons they are lonely and isolated, for example they have limited confidence, experience discrimination, have a disability, physical or mental illness, or experience financial exclusion. While TTS has reached isolated and lonely older people, staff reflected that there is a group of people, the most isolated, that they may be missing. This group is often referred to as the 'hard to reach'.

The pandemic offered an opportunity for TTS to find some of these 'hard-to-reach' people. VCS organisations, such as TTS and delivery partners, were given contacts of local people who were self-isolating or shielding and in need of support during lockdown. Additionally, many older people, who had never engaged with services before, phoned to request support. As one programme manager explained:

'COVID-19 has taught us that the group we've always talked about being "hard to reach", because we didn't really know where they were, well COVID-19 has sort of brought them to the surface because they have probably been some of the most vulnerable. The shielding process has put organisations in contact with them, because they've needed food parcels or their prescriptions collecting, or their shopping doing ... A lot of the ones we knew we were failing to reach, have come out of the woodwork during COVID-19.'

Consequently, delivery partners could reach people they had not worked with before. But what is revealing is that only in extreme circumstances did the most isolated ask for support.

Another way TTS reached new people was through the magazine *Shine*, which provided a way of sharing stories and activities and staying connected. Initially conceived as a response to the pandemic, TTS has learnt that using print magazines is a useful tool for finding the most isolated and lonely and for starting conversations. A programme manager explained that delivery partners had been able to reach older people they had not worked with before through the magazine:

‘I know that there is an older person that lives in this place that didn’t engage with us at all, but it was giving me the opportunity to knock on the door and say, “I have got something to give you”. I know they are not on the list for food parcels or medication, but it gave me a kind of tool to knock on the door with, and broke the ice really, with a couple of people.’

This learning can be continued beyond the pandemic and TTS has since secured funding to continue producing the magazine.

Tackling ageism

Prior to COVID-19, TTS identified that ageism contributes to feelings of isolation and loneliness; older people may internalise negative stereotypes about their capabilities and how they are perceived and valued in society, meaning they are more likely to become isolated (Barke, 2017). To encourage older people to see later life as a positive experience, TTS launched its campaign to reduce ageism, ‘Age Proud Leeds’, in October 2019. The pandemic created a challenging context for this campaign, as there has been an upsurge in ageism following the conflation of old age with ‘vulnerability’ and ‘frailty’ in national media (Jeong et al, 2020). Advice for older people during the pandemic was to shield for their own protection, thus forcing them to become dependent on others. This was counter to the message from TTS, which encourages older people to be active and involved in their local communities. One TTS manager explained that many older people who were volunteers, independent and active contributors suddenly became reframed as dependants.

While this upsurge in ageism has been difficult, it has also presented an opportunity to raise awareness among people who might never have considered the issue. As one programme manager explained: “[The pandemic] really brought [ageism] up to the surface, and made people quite cross about things, and start talking about things. Whereas at the start of this campaign, if you said something about ageism, people were saying, ‘Is that a thing? I don’t know what you mean.’”

TTS noticed that more people had become aware of the impact of ageism and started challenging the narrative that equated certain ages with vulnerability. For example, a programme manager reported:

‘That categorisation, of everybody over 70, a lot of people kicked back over that. They were saying, I may be over 70 but I don’t have any underlying health conditions, and I am less vulnerable than a lot of people who are younger than me. There was lots of rebellion really to the over-70 blanket thing. That seemed to create a lot of anger.’

The Age Proud Leeds campaign was able to reach more people during the pandemic, and it used Twitter, the radio, blogs and *Shine* magazine to raise awareness of ageism. Yet, systematic ageism remains an issue and an escalation in ageism and intergenerational tensions is likely to continue throughout the pandemic (Pesiah et al, 2020). TTS programme managers reflected that it is important to explore whether increasing pandemic-related ageism contributes to further isolation and loneliness.

Managing anxiety following lockdown isolation

Older people often cite anxiety about going outside as a reason for becoming isolated or lonely. The evaluation of TTS has found that people who are isolated often need additional support to overcome their fears and interact socially. The pandemic has created conditions where people are increasingly anxious, as well as creating fear in those who may previously have been independent. One beneficiary who was confident socialising in groups before lockdown explained: “I am quite a chatty person, quite outgoing, but what I have found since coronavirus, is, I am not as comfortable at the thought of going out in groups anymore ... that worried me a bit as I have never felt like that before, it is really since lockdown.”

There have also been reports that older people who have been isolating are now afraid to go out, as the world has changed:

‘One of ladies said, she didn’t go out for six months and then she went out, and she was really excited about going out, but she was really frightened whilst she was out. She couldn’t wait to get back, she ended up getting really anxious and quite tearful. She said, seeing everyone wearing masks, and seeing the one-ways and visors, and getting on the bus and seeing the seats taped off, it all sort of built up this anxiety.’

Others are confused about the rules, so stay indoors for fear of breaking the law:

‘We try our best to play by the rules, don’t we? And that’s what I’ve done, by and large. I think it’s particularly difficult now because they’ve given us a set of instructions as to perhaps what we can do and I know everything’s in a bit of turmoil at the moment, so I’m feeling very conflicted about what’s the best to do.’

While everyone is affected by these changes, negotiating a changed physical environment can be even more challenging for people with conditions such as anxiety, dementia or visual impairments, who rely on familiarity to navigate and feel comfortable. These challenges have also been found across other Ageing Better sites, which may indicate lasting damage to older people’s confidence to go outside and establish or maintain social connections (Bagnall, 2020; Bristol Ageing Better, 2020).

TTS has made some headway in this direction. When the physical distancing rules were first relaxed in August 2020, delivery partners replaced telephone befriending with doorstep visits and offered physically distanced one-to-one walks to encourage people outside. However, following the second lockdown in October 2020, TTS managers reported in interviews that some older people declined support due to ‘an anxiety about COVID-19 and an anxiety about the law’.

TTS (2020b) recommends preparing older people for the ‘changed’ world, including educating them about new rules and accompanying them when they go to the shops for the first time after isolation.

Concluding reflections

The COVID-19 pandemic has presented some unique challenges for VCS organisations addressing isolation and loneliness among older people. This paper has explored how one programme, TTS in Leeds, has adapted and learnt from the crisis. TTS has accelerated digital inclusion, found ‘hard-to-reach’ groups and raised awareness of ageism. There has been innovation in methods of tackling loneliness, such as blended online and face-to-face delivery models, which may create new opportunities to connect with the most isolated in the future.

Our exploration of the way in which TTS has adapted to the pandemic, and the resulting implications for lonely and isolated older people, has identified four important learning points as we start to move into the post-COVID-19 recovery phase. First, the use of technology and digital methods of communication can be an effective way to ameliorate loneliness but those who are currently digitally excluded (in particular LGBT+ groups, people from black, Asian and minority ethnic backgrounds, people living with disabilities and older people) must not be forgotten.

Second, it is important going forward that efforts to engage with those hardest to reach, who are most likely to be isolated and lonely, continue. The way in which the *Shine* magazine, produced by TTS during the pandemic, provided a mechanism by which TTS could engage with harder-to-reach older people on their doorstep is a good example of the necessity for services to be taken to the hardest to reach, rather than waiting for them to ask for help.

Third, the rising cases of ageism during the pandemic should serve as a reminder to us all that we need to continue our efforts to change the perception of ‘old age’ in society and address the issue head on. Until this is tackled, efforts to reduce isolation and loneliness in later life will inevitably be limited in their impact.

Fourth, as we start to move into the recovery phase following the pandemic, it is important to remember that many older people will experience renewed, increased or first-time anxiety leaving home and engaging with other people, services or even everyday events that they previously felt comfortable with. It is essential that there is a concerted effort to support older people to feel comfortable re-engaging in society.

A final remark is that the success of VCS organisations during the pandemic has come at great personal cost for frontline staff who are operating at reduced capacity in a time of greater need, and are at risk of burnout. This paper has not explored the problems staff and organisations are facing, but recognises the importance of continuing to financially support VCS organisations to carry on their important work.

Limitations

This paper presents data that were collected as part of a wider evaluation of a pre-existing project; as such, this study was not designed specifically to explore the impact of COVID-19. The findings are useful but may not be generalisable in the context of other settings, such as rural settings, as the data were collected in Leeds. The sample

sizes were small and, while valuable, we acknowledge more research is needed on how the COVID-19 pandemic has affected VCS organisations delivering loneliness services.

Conflict of interest

The authors declare that there is no conflict of interest.

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