

Social isolation and loneliness:
the impact of shielding
in Merthyr Tydfil

SEFYDLIAD
bevan
FOUNDATION

January 2021



About the Bevan Foundation

The Bevan Foundation is Wales' most innovative and influential think tank. We develop lasting solutions to poverty and inequality.

Our vision is for Wales to be a nation where everyone has a decent standard of living, a healthy and fulfilled life, and a voice in the decisions that affect them.

As an independent, registered charity, the Bevan Foundation relies on the generosity of individuals and organisations for its work.

Acknowledgements

This work was funded by the Third Sector Grant Scheme supported by the Welsh Government Integrated Care Fund. The Bevan Foundation would like to thank Voluntary Action Merthyr Tydfil and Interlink Rhondda Cynon Taf for their support and those stakeholders who took part and helped us reach those who were shielding.

We are particularly grateful to the 10 people who shared their experiences of shielding in an open and honest way under very difficult circumstances.

How you can help

Hundreds of people and organisations across Wales enable the Bevan Foundation to speak out against poverty, inequality and injustice. We would not exist without their support.

To make Wales a nation of prosperity for all, where everyone can fulfil their potential no matter who they are or where they live, please join our community of supporters.

Your support and that of others makes a difference to us and a difference to Wales.

Find out more at <https://www.bevanfoundation.org/support-us/individuals/> or email info@bevanfoundation.org to find out what you can do

Cover photo: Image from Alamy stock

Copyright Bevan Foundation
Bevan Foundation, 145a High Street, Merthyr Tydfil CF47 8DP
info@bevanfoundation.org www.bevanfoundation.org

Registered charity no. 1104191 Company registered in Wales no. 4175018

Contents

Summary	1
1. Introduction.....	3
2. Social isolation, loneliness and shielding.....	5
3. The impact of shielding in Merthyr Tydfil.....	9
4. Mapping the local response to shielding	15
5. Recommendations and conclusions.....	19
References.....	22

Summary

Social isolation and loneliness are increasingly issues of public concern, affecting anyone of any age from any background. In February 2020 the Welsh Government outlined its commitment to tackling these issues by launching a '*Connected Communities*' strategy. Unfortunately, shortly after its publication a Wales-wide lockdown was announced, and people were told to limit social contact and isolate.

This report examines social isolation and loneliness and the impact of shielding in Merthyr Tydfil. Many people in the borough experience poor health and are living in material deprivation and are more at risk of experiencing social isolation and loneliness. The Coronavirus outbreak and restrictions have increased the risk of people becoming isolated and lonely, particularly those who are shielding and who face even tougher restrictions over a longer period of time.

The report sets out recommendations which will support people who are most at risk of experiencing social isolation in the Merthyr Tydfil county borough. It draws on interviews with people who have direct experience of shielding, stakeholders, and the Bevan Foundation's own research on shielding during the pandemic.

We identify five key actions which could make a difference to the lives of those who are shielding, and help prevent them experiencing social isolation and loneliness. Although shielding will eventually end, social isolation and loneliness will continue. Therefore, the recommendations include developing a framework to tackle these issues in the future:

- **Contact people advised to shield** to check if they require any support, and signpost where required. People have spent several months shielding. Their situation may have changed considerably from the time they received a welfare call in the initial lockdown of March 2020. There are also people who have since been added to the Shielded Patient List.
- **Provide a local information hub or advice line for shielding.** This could be in addition to or combined with the regional advice line which can be accessed by people who have been asked to self-isolate and need support.
- **Support and promote activities to prevent social isolation and loneliness** including telephone befriending which has been a lifeline to many during the pandemic.
- **Develop a strategic joined-up approach** to tackling social isolation and loneliness. Building on the good practice around partnership working which was achieved during the pandemic. This would include a plan for action which incorporates the targeting of particular at-risk groups, including carers and younger people.
- **Ensure the third sector** is adequately resourced so it can continue to support people during the pandemic and recovery. A strategic response to social isolation and loneliness needs to include a funding strategy for third sector organisations to continue the work they do.

Experiences of and reasons for social isolation and loneliness can vary from person to person. As the pandemic has shown, many people rely on family relationships and friends. As restrictions are lifted many people will be able to regain these connections and will require little to no intervention to do this. However, many will struggle to recover and issues that emerged or were exacerbated by shielding could have become entrenched.

We know that decisions made by the Welsh Government and Welsh NHS will have an impact on the lives of people advised to shield, but further action at a local level could make a huge difference in supporting those who are at most at risk of experiencing social isolation and loneliness.

1. Introduction

Coronavirus and the measures put in place to control its spread have had a severe impact on everyone in Wales but some people have been affected more than others. While everyone has lived with restrictions on their behaviour, in March 2020 people who were identified as 'clinically extremely vulnerable' were advised by the Chief Medical Officer (CMO) to shield and were placed on a Shielded Patients List (SPL). The advice was paused in August and resumed in December.

People who have been shielding have spent several months in isolation and many will continue to do so before they resume normal everyday activities – if at all. Since March 2020 many have been offered support including food boxes, medication and online food deliveries, welfare calls and befriending schemes. Despite these efforts the impact of shielding and the pandemic on people's physical and mental health have often been negative. Many have also experienced a downturn in their overall health due to the lack of access to medical interventions. Crucially, many will be also be experiencing the adverse effects of social isolation and loneliness.

Thinking about the future, it is unclear when new advice to shield will be eased or stopped. The new variant of the virus, time taken to roll-out the new vaccine, and the level and length of protection it offers all suggest that people at risk will live with additional restrictions on their everyday lives for some time to come. There is also the question whether people most at risk will have the confidence to return to everyday life. As a result, urgent action is required to support people now and in the future.

1.1 The project and background

In May 2020, the Bevan Foundation became concerned about the impact of Coronavirus on particular groups in Wales, particularly those advised to shield. The situation was not helped by what were perceived as confused messages from both the UK and the Welsh Government and a lack of guidance. We undertook an initial analysis of the impact of shielding policy across Wales, with our findings being published in October 2020¹.

While it was important to look at the impact of the shielding advice at a national level, during that work it was clear that the local response affected how well people were supported. We therefore felt it important to explore what could be done locally to support people better.

As a result of previous work in Merthyr Tydfil² we were aware that many of the support services in Merthyr Tydfil to combat loneliness and isolation had either been suspended completely or had changed their format switching from face-to-face activities to online or telephone contact. Many groups which had previously provided social activities told us they will struggle to return to the same type of provision. Groups which support those most at risk of social isolation including older people and people who are shielding are now delivering services online, but not all service users are able to engage in this way. Restrictions on social interaction are likely to remain for some time even if people are willing to participate.

We have also found that social isolation co-exists with other socio-economic problems. Many people who are shielding or have opted to do so have not been able to access appropriate health care during lock-down and are now suffering from health conditions,

including decreased mobility, missed health checks, and mental ill-health such as anxiety and depression.

1.2 What we did

This research attempts to gain a sense of the impact of shielding with a focus on social isolation and loneliness in Merthyr Tydfil. It engaged with a total of 26 people. Of these, 10 were people who had experience of shielding. They ranged from 50 to 97 years of age, and included people who were shielding themselves or supporting others who were shielding. Most had continued to shield after the advice was paused or had reduced what they would normally do. Where we have used their personal experiences we have changed their names to protect their anonymity. We also interviewed 16 stakeholders from a range of public and third sector organisations which had been supporting people across the borough.

Many of the interviews with those who were shielding were sensitive in nature, particularly as most were unhappy with their current situation. Interviews conducted after the Christmas announcement that shielding was to return were particularly difficult as people saw their hopes of meeting up with family and friends dashed.

1.3 The report

This report identifies the further action that should be undertaken to support people who were advised to shield. It covers the following issues:

- Social isolation, loneliness and the impact of shielding in Merthyr Tydfil
- The response to date
- Recommendations and conclusions.

2. Social isolation, loneliness and shielding

2.1 Introduction

Social isolation and loneliness and their implications are increasingly issues of public concern, affecting people of any age and background. Often people experience loneliness for short periods, yet when this becomes a reality of everyday life it can become problematic. There is a body of evidence which documents the adverse effects it can have on mental and physical health. Dealing with loneliness and isolation is challenging as people's reasons for feeling this way are varied and complex, with no easy one-size-fits-all solution.

Many people in Wales experience social isolation and loneliness, leading the Welsh Government to produce its *Connected Communities* strategy in February 2020. Unfortunately, shortly after its publication Wales went into a national lockdown and actively required people to reduce contact with others. It is inevitable that more people will experience social isolation and loneliness as a result of lockdown restrictions, and the disruption to normal social connections and activities. Importantly, those who have been shielding during the pandemic have faced even tougher restrictions and for a longer period than the rest of the population.

2.2 Social isolation and loneliness before Coronavirus

In 2016-17, prior to the Coronavirus pandemic 17 per cent of people in Wales reported feeling lonely, with 54 per cent of people experiencing some feelings of loneliness. Younger people were more likely to experience loneliness than older people with as many as one in five of 16-24 year olds experiencing loneliness, compared with one in ten of those aged 75 or over. People who consider themselves to be in bad health were more likely to be lonely than those in good health, just 3 per cent of those who reported being in good or very good health felt lonely, compared with 25 per cent of those who considered themselves in fair health, and 39 per cent of those in bad health or worse. Material deprivation was also a significant factor amongst people who feel lonely – people in material deprivation were two and a half times more likely to say they felt lonely than people not in material deprivation (37 per cent compared with 14 per cent)³.

Acknowledging its impact and the scale of the issue across Wales, the Welsh Government published its first ever loneliness and social isolation strategy in February 2020. The *Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections*⁴ set out its vision for a connected Wales, supported by a three-year fund over three years. The strategy acknowledged that the Welsh Government could not tackle this issue on its own, and so it was aimed at fostering healthy community connections.

Unfortunately, just one month after launching the strategy the Welsh Government had to deal with the Coronavirus pandemic and enforce restrictions which actively sought to restrict social interaction and required people to isolate.

2.3 Coronavirus and shielding policy (March to August 2020)

The shielding policy was developed in March 2020 to protect those at highest risk of becoming seriously ill from catching Coronavirus. The policy around shielding was developed in quick response to the pandemic and emerged alongside the general lockdown in March 2020. Shielding goes beyond universal advice on social distancing and included advising people against leaving their home for exercise, food or medication, to limit face-to-face contact as far as possible (even with those they live with) and to arrange medical appointments only when it is unavoidable.

Although the shielding policy was in place across the UK, the Welsh Government is responsible for managing the policy including determining when advice to shield should be paused, communications with people who are shielding and the production of guidance and a shielding team oversees and monitors the situation. At a local level, local authorities, charities, housing associations have provided much support to people advised to shield, including distribution and provision of food, welfare and befriending calls and other support.

In order to determine who is 'extremely vulnerable' a list of health conditions was drawn up from an interrogation of Welsh patient data to create a Shielded Patients List (SPL). After the initial exercise, the Chief Medical Officer (CMO) for Wales wrote to 88,000 people advising them to shield, and many more were contacted by their GP or via hospital doctors and consultants.

The Shielded Patients List (SPL) included people with the following health conditions:

- Solid organ transplant recipients
- People with specific cancers:
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD)
- People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological).
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Pregnant women with significant heart disease, congenital or acquired.
- Children up to the age of 18 with significant heart disease, congenital or acquired.

As lockdown continued, more and more people were contacted and advised to shield. Communication was often difficult: people received official advice at different times and there were mixed messages about who should and should not shield. This has led to different groups of people who are shielding: those officially advised to shield, those in a household with an individual advised to shield (a shielding household) and people who have chosen to shield themselves ('self-shielders').

Shielding policy and guidance remained largely unchanged from March until it was paused on 16th August, meaning that many thousands of people had lived in near total isolation for over six months.

The response to the shielding policy was mixed. On the one hand, it was deemed a necessary response to keep safe those people who are at greatest risk from catching Coronavirus. On the other, there was criticism aimed at how restrictive the policy had been, the detrimental effect it had on the mental and physical well-being and on social isolation and loneliness. Importantly, the policy was criticised for its blanket approach, with people placed on the shielding list irrespective of the severity of their health condition. In addition, the list did not include some health conditions which put people at increased risk, so that some people were not advised to shield who should have. This approach had repercussions for people who were asked to attend work:

They were not advised to shield but there are various stages/levels. If you are stage four ... They can get a cold and that knocks them for a couple of weeks.
(Stakeholder).

There was an acknowledgment that there were issues with the approach, and organisations were assured that an individual, risk-based approach, developed by Oxford University in collaboration with a number of partner universities and NHS Digital, was in development. This would allow clinicians to avoid the need to place 'whole' conditions on the shielding list. The model would allow GPs and specialists in a variety of health and care settings to provide more targeted advice based on individual levels of risk⁵.

2.4 Easing of shielding (August to December 2020)

Up until December the shielding policy remained paused. However, as a result of local lockdowns and the firebreak lockdown people who were shielding were advised to take additional precautions. During this time there were very few changes made to official advice, although adults with Down's syndrome were added to the list in November. During these months some social spaces had begun to open, albeit in a very limited form and some people advised to shield may have stopped doing so.

While there had been some reluctance to advise people to shield, at the end of December, shortly before a full lockdown was announced, people on the SPL were once again asked to shield and stay at home⁶. In January, approximately 130,000 people were sent a letter with updated advice⁷.

2.5 The future

The new variant of the virus, time taken to roll-out the new vaccine, the level and length of protection all suggest that people at risk will live with additional restrictions on their everyday lives for some time to come. In addition, there is also the question whether

people at risk will have the confidence to return to everyday life, and to what extent the life they led prior to the pandemic will be there to go back to.

Importantly, while the policy of shielding has been criticised for being too broad, an alternative approach based on individualised assessment of risk has not happened. Therefore it is likely that this approach will remain in place for the foreseeable future.

3. The impact of shielding in Merthyr Tydfil

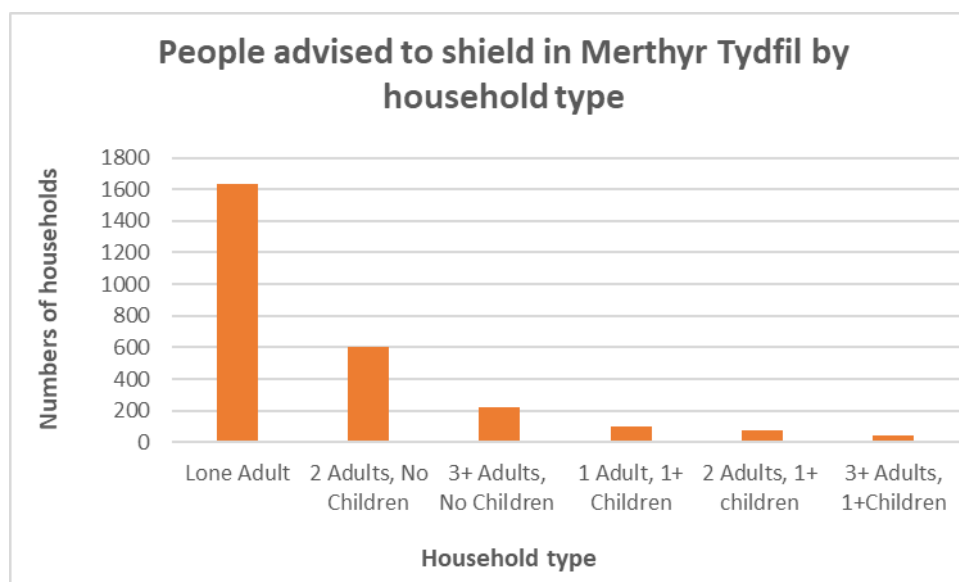
3.1 Introduction

As discussed, social isolation and loneliness were already causes for concern across Wales, but areas like Merthyr Tydfil are likely to contain higher numbers of people at risk of experiencing these issues. The area has also been hardest hit by the pandemic compared to other Welsh local authorities. The borough has rarely been out of the headlines for having consistently high infection rates, and for this reason was subject to a local lockdown in September. High infection rates led to the borough becoming the first Welsh local authority to host mass testing.

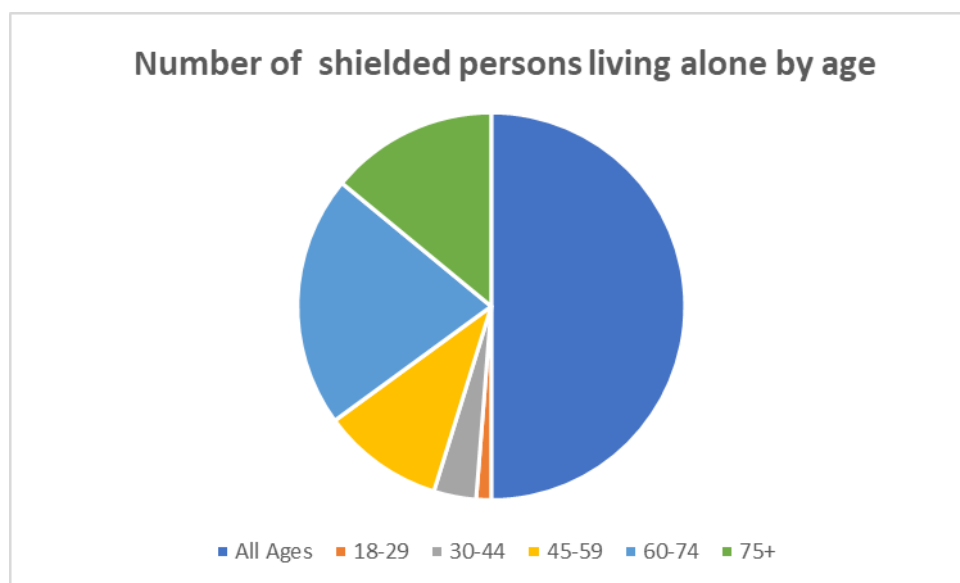
The concerns about high infection rates across the borough are a worry for many of those advised to shield, and while there is no data available to demonstrate this, high infection rates could have led to more people deciding to shield. Fears and concerns around risk could lead to people 'shielding' for many months to come. Therefore, the risks of social isolation and loneliness amongst this particular group is a cause for concern.

3.2 Who was advised to shield

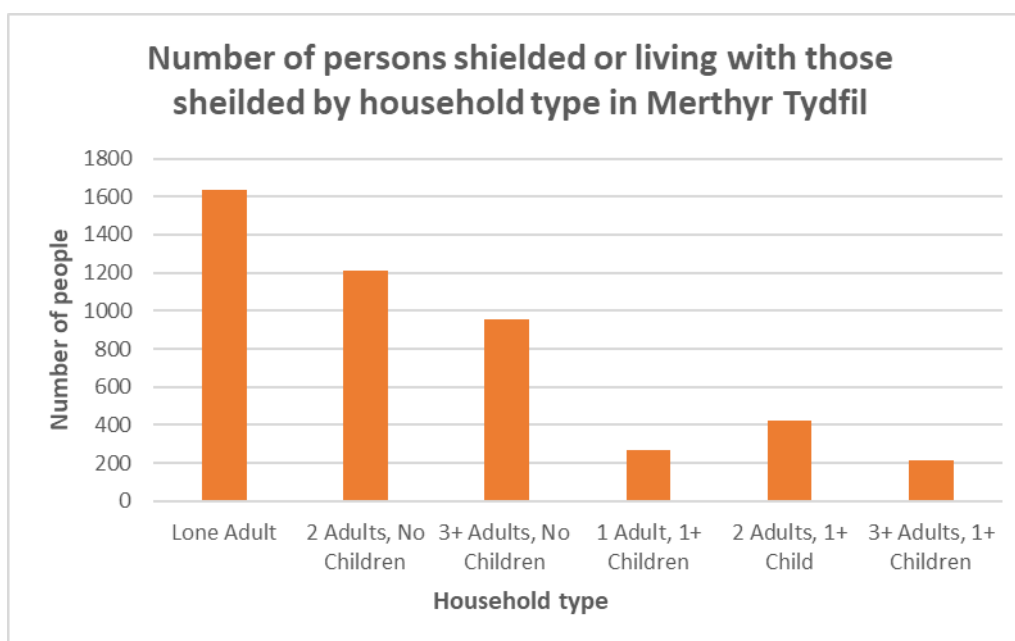
In July 2020 Welsh Government carried out an analysis using linked data to estimate the number of shielded households⁸. The analysis estimated that 2,681 households in Merthyr Tydfil were advised to shield. Around 60 per cent lived in lone adult households, which is higher compared to other Welsh local authorities, the average being 53 per cent.



Looking at the ages of those in lone adult households, it is estimated that 70 per cent of those shielding and living alone were over 60 years of age.



An estimated 4,564 people shielded or were living with someone advised to shield.



This analysis is based on anonymised data held in the Secure Anonymised Information Linkage (SAIL) system, which is part of the national e-health records research infrastructure for Wales. While this provides helpful data on those officially shielded, the data does not include people who have other health conditions and have opted to self-shield, or those who have shielded to protect people who do not live with them.

3.3 The impact of shielding

Although the most recent National Survey for Wales⁹ found that rates of loneliness in Wales since the pandemic had not significantly changed, it is likely that many more people, particularly those who are shielding, will be experiencing issues resulting from social isolation and loneliness. In an area like Merthyr Tydfil, where there were people experiencing social isolation and loneliness as a result of ill health and material deprivation, the pandemic will undoubtedly exacerbate this issue:

Social isolation and loneliness is a wider issue – and is not just an issues which affects those shielding. Many people in Merthyr Tydfil, particularly those older people, would have faced these issues anyway (Stakeholder)

Many of those shielding have experienced social isolation and loneliness as a result of the restrictions. Stakeholders explained that many people across the borough are in desperate need of support, particularly around social contact. Although there was a concern for all those who were shielding, it was felt that some people, like those living alone, are at particular risk.

Community groups haven't got up and running again. You have people who are isolating with family members so they have no social stimulation and that is a pressured environment. If someone you live with has dementia It can be very difficult to be around them 24/7 and that impacts their own mental health. They don't know who to speak to (Stakeholder)

They miss doing simple things. Going outside. Meeting face-to-face. They said we would rather suck it up than be dead. They are all bored, they are stuck at home. They miss seeing family, human contact. Those who are going out don't like going out. It is the unknown. They don't like going out because of the fear (Stakeholder)

Unfortunately, while there are sources of support, stakeholders expressed concern that many people are reluctant to come forward to seek help and some will not be aware of the help they can access.

Stakeholders were particularly concerned on the impact this is having on people's physical and mental health and well-being and there is a real fear that eventually there will be a wave of people who need help and support with mental health issues including anxiety and depression, with some needing more specialist interventions.

The people who took part in the interviews and were shielding were all experiencing some form of social isolation and loneliness. One of the main issues for people was the loss of social contact, of social connections and missing friends and family. People were upset, they were anxious and some were particularly low as a result of not being able to physically see people. This is vividly illustrated by the following examples.

Valerie, a 73 year old carer for her husband, explained how their lives had changed since March. Valerie and her husband regularly attended clubs in the area, they would go on holidays and meet up with friends and family. Since the advice to shield they have only been out of the house a handful of times. Valerie explained how since March her mood can become extremely low on occasions:

We miss friends, my family ... I used to love living in Merthyr because there was so much to do here. We always used to go out ... When I am on a downer, I don't bath

and brush my teeth. When we were clapping for carers, we used to chat and that was lovely. Life has gone for us. We would go on holidays, stay in hotels, we were members of three clubs ... none of the clubs are open now.

Irene is 75 and lives alone at an independent living complex. Irene described herself as being 'content' before the pandemic, attending groups, visiting family and meeting other people in the community space at the complex. However, since March she has found it extremely difficult without seeing people she cares about, particularly close members of her family. The interview with Irene was conducted just after the announcement of the Christmas restrictions and Irene was distressed and anxious about the possibility that she would be spending Christmas alone. She explained that the communal area in the complex where she lives has not reopened due restrictions which means she does not see many people at all:

I was out and about, I was quite content. I used to go to the [...] group and I would go into the communal area and have a chat. It has been very lonely. I would not have believed how hard it has been. My sister would come here every day before this. It has hit me like a rock.

Shielding has not just affected older people. During the interviews we spoke to a 50 year old, a new parent and a parent of a child advised to shield. Although their experiences were slightly different, all in some way had felt lonely, isolated and were anxious about their situations.

Adele is 50 and is in full-time employment and lives with her partner. She has a number of health conditions which means she is 'clinically extremely vulnerable'. While she lives with her partner, she has often felt 'trapped' at home in the block of flats where they live. Furthermore, Adele's situation regarding her employment has led to her becoming extremely anxious, as she explained she feels her health is at risk going to work:

What shocked me was no one is observing social distancing. No one mentioned the fact I had been shielding, I had to seek out PPE and had to ask for sanitiser. A person I worked close to has tested positive but I didn't know, I found out through social media. People think I am being a bit OCD. My boss has made light of it. I have got to a paranoia stage. I am so scared; it doesn't feel that it is taken seriously.

Kelly, who is a mother to a child who was on the shielding list explained the isolation which had been felt by the whole family and the effect on her child. She said that they had continued to shield because her child has a respiratory illness:

It has been anxious time ... It is nothingness. In school she is only allowed to sit with someone who is in her school bubble, that child was off for a time and she had to sit on her own. A massive thing for us is exercise ... She was in trampolining, gymnastics, swimming. If there was an online thing for children for disabilities.

Joanne was pregnant during the pandemic and was shielding. Since having her child she has not been able to attend mother and baby groups and she has found this difficult. The baby has not had much contact with grandparents and she feels she is not having any socialisation. It has also been hard on her older child who she feels is bored. Joanne said that some days she feels "stuck in a rut".

While shielding has an impact on those advised to shield, there are those who are caring for someone who is shielding. Prior to the pandemic there were many carers who were already severely isolated and were experiencing loneliness. Some stakeholders explained that they were already seeing people whose lives already resembled a lockdown. Without respite care, many people were forced to stay at home, and even more are having to do so as a result of the pandemic, but also due to the fact that respite provision has also been affected, particularly during the full lockdown. Some stakeholders explained that there are many carers who are extremely isolated and have resigned themselves to living in this way, with no hope for change.

Clearly, people of all ages and circumstances have felt isolated and lonely during the pandemic and there is clear evidence that higher incidences of social isolation and loneliness has an adverse impact on mental and physical health. As some stakeholders explained, although there had not been a surge in people coming forward with mental health issues, they were expecting there to be an increase in demand in the near future, describing it as waiting for the *floodgates to open*. This is a particular issue for people advised to shield as they already have to manage existing health conditions.

Social isolation is a huge area of concern, but it does not just occur as a result of a lack of social connections. People who are shielding by their very nature will also be managing often serious and complex health conditions. Living with a health condition can be extremely isolating in its own right, particularly when people do not have the right support and communication in place. This issue has grown worse during the pandemic, demonstrated by a surge in phone calls to advice lines.

The rheumatology department had totally shut down. People couldn't access the department and we saw a 300% rise in calls to our helpline. When people have flare-ups, they need help there and then. In Wales rheumatology was just about getting by. There should be a minimum service in place, but a whole lot of people were left behind and left in chronic pain. People feel abandoned. Services started back but it is gone again (stakeholder).

On the 2nd April¹⁰ the Minister for Health and Social Services announced a roll out of virtual GP consultations, and a further expansion of this system on April 12th.¹¹ While some people appreciated having an appointment over the phone or via an online video call, some expressed concerns about relying on this system in the longer-term and some said that they had struggled to get through to their GP:

Making sure people can get it touch with someone. People need the choice of having face to face appointments. I have heard horror stories of people having a consultation with 20 people in the background. Consultants need to have training on how to conduct virtual consultations (Stakeholder).

Our GP used to be wonderful but you cannot speak to them and tell them how it is. It would be good to talk to someone. I have got high blood pressure (Carer of husband, aged 66, Treharris).

3.4 Conclusion

Social isolation and loneliness existed in Merthyr Tydfil prior to the onset of the pandemic, however for many people asked to shield this issue would be new or would have exacerbated existing feelings of loneliness and isolation. All of those interviewed

expressed feelings of isolation and loneliness. Given the recent return of shielding some faced many more months of living in near total isolation. Many expressed their concern about the ongoing situation and just wanted to resume normal social activities like going to social groups, meeting friends and family and even doing very basic activities like popping to the shops and felt very pessimistic that the circumstances would change.

4. Mapping the local response to shielding

4.1 Introduction

Prior to the pandemic organisations, charities and community groups in Merthyr Tydfil were already responding to challenges related to social isolation and loneliness. However, Coronavirus restrictions has had a massive effect on the way services have been delivered, and what services are required.

Responsibility for communicating with and supporting those advised to shield has fallen across government levels and sectors. At a UK level joint-decisions have been made by the CMOs across all four nations. The Welsh Government has been responsible for managing the policy including determining when advice to shield should be paused, communications with people who are shielding and the production of guidance and ensuring support like food parcels were in place.

However, much of the actual practical support for people advised to shield has fallen to local authorities, communities and individuals and people have relied on individuals, community groups, local charities and local statutory services for support. Therefore, it is important to understand the local response, understand the gaps and challenges to establish how to overcome them over the coming months.

4.2 The local response

In the initial lockdown period and throughout the pandemic the priority has been to ensure people have access to essential supplies, and there was a huge effort at a national and local level to provide food parcels, medication deliveries and access to online food deliveries, particularly to those who are shielding. In response Merthyr Tydfil County Borough Council (MTCBC) reallocated members of staff to undertake the task of contacting people on the SPL to check if they needed any support, including food parcels. The local authority, charities and community groups have continued to provide this support and people interviewed expressed their gratitude, acknowledging it as a lifeline.

However, some said they had experienced difficulties accessing food provision despite the support provided while others had not been offered help. One woman who has sight loss explained that she cannot do her shopping online, but that her son had been able to do it. The parent of a child on the shielding list has been unable to get an online priority slot, so is still having to battle to get normal slots which can be difficult at times of high demand. Given the advice to shield the provision of food and other essential services continues to be a priority.

Clearly the priority has been to ensure people are accessing essentials, although after the initial lockdown period concerns began to grow about the impact on people's health and wellbeing. When contacting people on the shielding list, MTCBC also sought to find out about other support needs and a system of referral was put in place based on a green, amber and red alert system. Those placed in the green category and deemed to need less support were managed by the local authority team and others were referred onto the

borough's community coordinator¹. As part of this process 74 people were referred. Support included help with shopping or medication, signposting to other support providers and referral for telephone befriending. Some people required one-off support, and others have continued to receive support. All would have received a telephone number in which to contact should they need any further support. Although everyone was reportedly contacted, some people on the list said they had not received this call and this contact would not have included people who were self-shielding and may not have included speaking to members of shielding households.

Community groups, charities and housing associations have played a key role in supporting people's health and well-being through offering telephone support and befriending schemes and sending out activity packs to people. Most groups quickly adapted their services and switched to offering online or telephone support. Interviewees who were in contact with a community group were especially grateful for the support offered by the group - telephone befriending has been particularly welcomed.

Irene who is 75 and lives alone at an Independent living complex described the support she has had from the group as a "godsend", *not just for the food they have provided but the social support:*

I do not know what I would have done without the group. Although we cannot meet we phone each other and people will phone me and that helps. [Name] has been marvellous; if she goes shopping she asks if I need anything. She really has worked her socks off. We have a newsletter once a fortnight, puzzles, crosswords. I couldn't have wished for better.

Many stakeholders however said did not enough time and resources to contact all those who needed it and said that discussions can often take a long time as they are the only conversations people are having. Most stakeholders from both the statutory and public sector shared experiences regarding the length of time people wanted to talk for, demonstrating the need for connections and conversation. Even our telephone interview cheered some people up - one lady told us "When you rang me and spoke to me, I felt much better".

Some explained that connecting with people on a one-to-one basis (as opposed to group situations or not at all) was not typical prior to the pandemic. For instance one housing association took the decision to contact all of its tenants, and have found that many have multiple and complex issues which they did not know about before, so they are now much better informed about their tenants' needs. Another stakeholder explained that moving from group activities has led to some people, who are quieter in group settings, opening up much more about their life and issues which concern them, which means they are better able to help them.

While telephone support is appreciated, there are some concerns about the lack of face-to-face support which, in terms of tackling social isolation, is considered the gold standard. It is clear through the interviews that people, although slightly nervous and apprehensive, want to be able to resume face-to-face social activities. Not everyone wants to 'meet' via digital methods, and some do not have the skills or equipment to do

¹ The Community Coordinator is funded by the Integrated Care Fund (ICF).

so even if they wanted to. A couple of groups had begun to resume some smaller group activities prior to the December lockdown, but have now paused again.

4.3 Responding to gaps

Many of those on the shielding list have had any contact with service providers since the initial call they received in the first lockdown. The MTCBC team was disbanded when shielding was paused in August which means there is now no local vehicle to contact people. Several months have passed with many living in near total isolation, and further lockdowns may have taken their toll on people who were quite confident they did not need support in March. Certainly, some of those interviewed said that as the months have gone on they have increasingly needed help to cope with the loneliness and isolation they were experiencing.

Julia is 66 and cares for her husband. She has found the experience of lockdown particularly isolating. She does not necessarily miss going out and socialising but misses her family and trips to the bingo. She was receiving calls from MTCBC, however this has since stopped:

Sometimes it would be good to speak to someone. Someone from Merthyr Council was ringing me every week and that has stopped. It would be nice to have that continue. I used to look forward to her ringing. We used to have a good old chat. It provided a relief.

What is particularly concerning is that despite the support which is available across the borough, there will still be people who have received no help whatsoever. Many will not have experienced social isolation or loneliness prior to the pandemic and will not be aware of support services. Some people will not be confident enough to seek help, or will feel they can manage on their own. Unfortunately, some people have not received help even when they have tried to seek it.

June is 60 and suffers from a number of health conditions including an auto immune disease. She also has an eye condition which requires regular medical interventions and without this she cannot open her eyes and it becomes extremely painful. June did not receive a welfare call and the treatment she should have received stopped. As the months went on her condition worsened, to the point she contacted a helpline three times but it was not staffed and she did not receive a phone call back. June's sight loss made going online to contact the GP or to do shopping increasingly difficult. As June explained a phone call from someone other than her family would have helped her and provided reassurance:

I felt forgotten. I had to do an online GP consultation which was difficult. That was the biggest thing to go online. I phoned Asda to say I couldn't go online and they just said they couldn't help ... I get depressed anyway. I do get quite anxious. Just a weekly chat with someone who isn't family. My son asks me if I am fine and I say yes, but you cannot always tell them. I have been out three times since March. It isn't right. I cannot see any end. It is depressing.

4.4 Conclusion

The provision of food and other essential services continues to be a priority, particularly as full shielding has returned. Overall, the response has been extremely effective in

reaching people, however there will still be some who have not been contacted. As restrictions continue, the need to support people's health and well-being and prevent social isolation and loneliness is crucial. Telephone befriending and support have both been vital in helping people cope with these issues, although a return to face-to-face where possible should also be considered.

While many people have received support there are still some who have fallen through the gaps and need of support and it is of concern that many people asked to shield have not been contacted since the start of the pandemic, if at all.

Overall the local response has been appreciated, however given the continued restrictions and the return of shielding further action needs to be taken to ensure those who need support are at the very least aware of what they can access, and that there is support in place for people who are experiencing social isolation and loneliness.

5. Recommendations and conclusions

5.1 Introduction

During this project we have engaged with people who are shielding and experiencing loneliness and social isolation, who are anxious about going out, have very little contact with others, and are concerned about access to healthcare and the management of their condition. Some are understandably concerned about and have a bleak view of their future. While a vaccine offers some hope, it will be many months before restrictions will be lifted, and in the meantime people will continue to feel its effects which could lead to social isolation and loneliness becoming an entrenched issue for many.

Although we know that decisions made by the Welsh Government and Welsh NHS will have an impact on the lives of people advised to shield, further action at a local level could be taken to support people who are shielding to prevent any longer-term harm.

5.2 Contact people advised to shield

While the local authority endeavoured to contact everyone on the SPL in the early days of the pandemic, many months have passed since this time and people who did not feel they needed support at the beginning may be in a very different position now. In addition more people have been added to the list since, including those with Downs Syndrome, who may not have been contacted at all.

Given the return to shielding it is imperative that the local authority once again undertakes this exercise and contacts people on the shielding list. This approach would be an opportunity for the local authority to gather much needed data on who is still shielding and who requires further support, make contact with anyone who slipped through the net during the first lockdown and anyone who was added to the list since. When contacting people on the shielding list effort should be made to contact and speak to other people in the household who may also be struggling as a result of shielding.

5.3 Provide a local information hub or advice line for shielding

We understand that people on the shielding list would have received a letter from the Welsh Government which includes guidance they need to follow and documents where they can go to access support should they need it. This has been important and helpful, however the letter is long, and it provides very little information about where people can go to access support at a local level, other than the generic MTCBC number.

We know that it can be difficult to get through to the right person via this means and often people need a 'push' and some guidance about where they can seek support. Importantly, we know that there are self-shielders or people who are living in shielding households who have been contacted at all. With the return of shielding it would be helpful if an information hub was available to support all those affected by shielding. This would take a similar approach to or be a combined service as the Track and Trace regional advice line which supports people who have been asked to self-isolate in Merthyr². The advice could include but not limited to keeping safe in the community,

² The seven day a week regional helpline has been set up in partnership by the local authorities in the Cwm Taf Morgannwg (CTM) Health Board area, the County Voluntary Councils, the CTM

employment, financial issues but also offer support around social isolation and loneliness and could signpost to the organisations offering telephone befriending and support. A service such as this could also include much needed information about the vaccination and its rollout.

This service could involve VAMT or an organisation like the British Red Cross (which specialises in dealing with crisis situations), the health board and MTCBC. This service should be available when shielding advice is paused or withdrawn, because people advised to shield often continue to do so, or have continued concerns about their health and safety and risks, for some time after.

5.4 Support and promote activities to prevent social isolation and loneliness

One of the key findings from this project is the effectiveness of the telephone befriending service. It has prevented people becoming totally isolated. However, we found that there are still people who are not accessing it, are not aware of it or do not have enough support. It is crucial that organisations continue to provide service in the coming months. It could also be an approach to prevent social isolation and loneliness in the future. We found that in addition it would be helpful if more was done to actively promote telephone befriending services.

It is understandable that people are missing face-to-face contact and want to get back to attending groups or meeting up with people. Stakeholders all agree they want to resume face-to-face activities but most stressed that in the short-term they are prevented by restrictions, making it difficult to put any plans in place. Most agreed that when the time comes providers of face-to-face activities, particularly smaller community groups, should be able to access support to be able to confidently resume activities in a safe way. Although, VAMT are already in a good position to provide more generalised support around health and safety and risk assessments, it would be helpful for the local authority to share and provide more specialist support to group leaders.

5.5 Develop a strategic joined-up approach

Shielding will eventually come to an end, but social isolation and loneliness will continue to be an issue which requires action. Government alone cannot tackle many of the issues, but in partnership with others it can support the right conditions for connected communities.

As we have seen during the pandemic, a joined-up approach between MTCBC and others including VAMT, community groups, housing associations and others has been extremely helpful in coordinating efforts, avoiding duplication and planning delivery. This way of working should be replicated and embedded into a longer-term approach to prevent

Regional Partnership Board, CTM University Health Board and Public Health Wales. People living in Merthyr Tydfil, Rhondda Cynon Taf or Bridgend can call the helpline with their worries and concerns if they are asked to self-isolate by NHS Wales' Test, Trace and Protect (TTP) team. The 'CTM Self-Isolation helpline' has been set up after feedback from the Test, Trace and Protect team in CTM showed people living in the region had many questions around self-isolation and the support available. This is coupled with concerns from organisations across the UK that isolation may put disabled, vulnerable and older people at risk. This is in addition to having a negative impact on the general public's mental and physical wellbeing.

social isolation and loneliness. MTCBC, in partnership with others including the voluntary sector and housing associations and others should work together to produce a plan for tackling this issue based on:

- Capturing best practice and what works
- Overcoming the challenges which lie ahead, including:
 - Ensuring people know where they can access help and support
 - Helping organisations provide group-based activities in a safe way
 - Supporting people to access social activities.

We know that action is required to target groups which are at particular risk of social isolation and loneliness. Carers were at risk of loneliness and isolation pre-pandemic, and this may have worsened as a result of the closure or reduction in respite services, or them not wanting to use services like respite or paid carers due to safety concerns. Younger people have been without school and social networks, and are more at risk of social isolation and loneliness.

5.6 Support the third sector

Experiences of and reasons for social isolation and loneliness can vary from person to person. As the pandemic has shown many people rely on family relationships and friends and the loss of those connections can result in feelings of loneliness. As restrictions are lifted many people will be able to regain these connections without much intervention. However, the third sector also provides opportunities for social interaction and plays an important role in preventing feelings of loneliness.

As we emerge from the pandemic the third sector will play an important role in the recovery and it may do so with fewer resources than it did this year. Since March more funding has been made available to third sector organisations, yet it is unlikely to continue into 2021. For some smaller community groups who relied on income earned, it may lead to a decrease in the number of groups which can offer support. A strategic response to social isolation and loneliness needs to include a funding strategy for third sector organisations to continue the work they do.

References

-
- ¹ <https://www.bevanfoundation.org/publications/experience-of-shielding/>
- ² Bevan Foundation (June 2020) *Charity and community group responses to Covid-19 in the Merthyr Tydfil Borough* <https://www.bevanfoundation.org/publications/coronavirus-impact-on-charities-and-community-groups/> and Bevan Foundation (July 2020) *Coronavirus: Community responses in Merthyr Tydfil* <https://www.bevanfoundation.org/publications/coronavirus-community-responses-in-merthyr-tydfil/>
- ³ Welsh Government (February 2018) *National Survey for Wales* <https://gov.wales/loneliness-national-survey-wales-april-2016-march-2017>
- ⁴ Welsh Government (February 2020) *Connected Communities: A strategy for tackling loneliness and social isolation and building stronger social connections* <https://gov.wales/sites/default/files/publications/2020-02/connected-communities-strategy-document.pdf>
- ⁵ For more information about the risk assessment tool go to: <https://www.ox.ac.uk/news/2020-06-22-oxford-leads-development-risk-prediction-model-more-tailored-covid-19-shielding>
- ⁶ Welsh Government (December 2020) *Christmas advice for people who were shielding* <https://gov.wales/christmas-advice-people-who-were-shielding>
- ⁷ Welsh Government (January 2021) *Letter to those who are Clinically Extremely Vulnerable – previously ‘shielding’*. <https://gov.wales/written-statement-letter-those-who-are-clinically-extremely-vulnerable-previously-shielding-0>
- ⁸ Welsh Government (November 2020) *Shielded households (composition and characteristics during the coronavirus (COVID-19) pandemic): July 2020* <https://gov.wales/shielded-households-composition-and-characteristics-during-coronavirus-covid-19-pandemic-july-2020-html>
- ⁸ Welsh Government (December 2020) *National Survey for Wales* <https://gov.wales/loneliness-national-survey-wales-april-2019-march-2020>
- ⁹ Welsh Government (December 2020) *National Survey for Wales* <https://gov.wales/loneliness-national-survey-wales-april-2019-march-2020>
- ¹⁰ <https://gov.wales/virtual-doctor-appointments-rolled-out-across-wales>
- ¹¹ <https://gov.wales/rapid-expansion-video-consultation-service-secondary-and-community-care>