Headway
the brain injury association

Action for Brain injury Week 2026

Isolation and loneliness after brain injury

An exploration into the experiences of isolation and loneliness among survivors of acquired brain injury and carers.

This report contains the full results of a survey launched for Headway – the brain injury association's Action for Brain Injury Week 2026 campaign *We see you.* A short-read version of this report is also available.

Isolation and loneliness after brain injury

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Key findings

- **Loneliness is commonly experienced after brain injury.** Almost 90% of brain injury survivors (87%) and carers (85%) feel lonely after brain injury despite never having felt lonely before the injury, with just under a quarter feeling lonely all the time (23%; 22%).

- **Social activity changes after brain injury.** Around half of all brain injury survivors (56%) and carers (51%) are no longer socially active following brain injury, despite having been socially active pre-injury.

- A third of survivors (33%) and carers (36%) who were socially active before the injury feel they have no choice over their withdrawal from socialising since the injury.

- **Social personality changes after brain injury.** 58% of brain injury survivors and 35% of carers feel shy and introverted in social settings since the injury despite having been outgoing and confident before the injury.

- **Social groups change after brain injury.** Only around a third of brain injury survivors (31%) and carers (38%) maintain the same social circles as they did pre-injury.

- 30% of survivors and 28% of carers maintain social contact with family but no longer with pre-injury friends.

- **Isolation is experienced within various social groups.** 83% of brain injury survivors and 69% of carers feel isolated from friends after brain injury, including those made both before and since the injury.

- Just over a third of survivors (36%) and carers (35%) feel isolated from their own families.

- Over a third of survivors (46%) and carers (36%) feel isolated from wider society.

- Isolation can be experienced even while socialising, for instance due to lack of understanding from others.

- **Social activity participation changes after brain injury.** Almost two thirds of brain injury survivors (63%) and just under half of carers (45%) are unable to participate in the same social activities as they did pre-injury.

- 32% of survivors and 24% of carers are no longer invited to social events, and around a third are no longer contacted by others (38%; 31%).

- 37% of survivors and 28% of carers can no longer travel to social events.

- Being unable to work is a significant barrier to socialising for many survivors (41%).

- 42% of survivors and 21% of carers choose not to socialise as the brain injury makes this too difficult.

- Fatigue, memory problems and anxiety are the most detrimental effects of brain injury to socialising.

1. Introduction

A brain injury is a life-changing experience, often affecting the opportunities that brain injury survivors and carers have to participate and thrive in society. Common experiences after brain injury such as being unable to return to work or struggling to cope in busy environments can alter survivors' social lifestyles, often resulting in them becoming socially isolated. Carers of brain injury survivors are often similarly affected due to reduced opportunities for socialising when prioritising caregiver responsibilities.

A typical consequence of social isolation is loneliness, which has commonly been associated with negative health outcomes[i],[ii],[iii],[iv],[v] and further reliance on state services[vi],[vii],[viii]. Loneliness and social isolation following brain injury has been well documented throughout research, with brain injury survivors and carers typically experiencing a loss of pre- and post-injury social connections, resulting in poorer mental health and reduced quality of life[ix],[x],[xi],[xii].

2. What did we do?

In April 2026, Headway ran a series of surveys to better understand the experiences of social isolation and loneliness among brain injury survivors and carers. We investigated how brain injury affects social life, social personality and social opportunities, as well as exploring the effects of brain injury that have the largest impact on socialising.

We also investigated the role of technology in socialising before and after brain injury.

Furthermore, we explored the impact of attending a Headway support service on wellbeing measures such as independence and confidence.

The survey was completed by 1,800 brain injury survivors and 795 carers. We would like to thank all survivors and carers who completed the survey.

3. Who completed the survey?

3.1. Brain injury survivors

The survey was completed by 1,800 brain injury survivors. Of these, 17% were below the age of 45 and the majority were above the age of 45, with 59% being between the ages of 45 – 64 and 22% being above the age of 65.

57% of survivors were female, 42% were male and 1% were non-binary, other or preferred not to say.

The majority of survivors were from England (80%), 8% were from Scotland, 6% were from Wales and 3% were from Northern Ireland. 3% were from elsewhere, including outside of the UK.

Just over a third of survivors had sustained their injury over 10 years ago (38%). 22% had sustained it 5-10 years ago, 23% had sustained it 2-5 years ago and 9% sustained it 1-2 years ago. 8% had sustained their injury less than a year ago.

3.2. Carers

The survey was completed by 795 carers of brain injury survivors. Of these, 17% were below the age of 45 and the majority were above the age of 45 (83%), with 51% being between the ages of 45 – 64 and 32% being above the age of 65.

80% of carers were female, 19% were male and 1% were non-binary, other or preferred not to say.

The majority of carers were from England (81%), 7% were from Scotland, 7% were from Wales and 2% were from Northern Ireland. 2% were from elsewhere, including outside of the UK.

Of the survivors whom carers were supporting, 29% had sustained their injury over 10 years ago, 21% had sustained it 5-10 years ago, 25% had sustained it 2-5 years ago and 13% had sustained it 1-2 years ago. 11% had sustained their injury less than a year ago.

4. What did we find?

4.1. Social activity before and after brain injury

We asked brain injury survivors and carers to tell us which statement most closely matched their social activity before and after brain injury from the following options: *Very socially active, somewhat socially active, not socially active by personal choice, not socially active against personal choice.*

Key finding – 94% of brain injury survivors were either very socially active (61%) or somewhat socially active (33%) before their injury. Following brain injury, only 40% were either very socially active (4%) or somewhat socially active (36%). A further 23% felt they were not socially active by personal choice, while 33% were not socially active against their own personal choice.

Similar reports were made by carers, with 93% being either very socially active (52%) or somewhat socially active (42%) before the injury. Following the injury, only 44% were either very socially active (5%) or somewhat socially active (39%). A further17% felt they were not socially active by choice, while 35% were not socially active against their own personal choice.

Of the survivors and carers who had specifically been socially active before their injury, only around half were socially active since (56%; 51%).

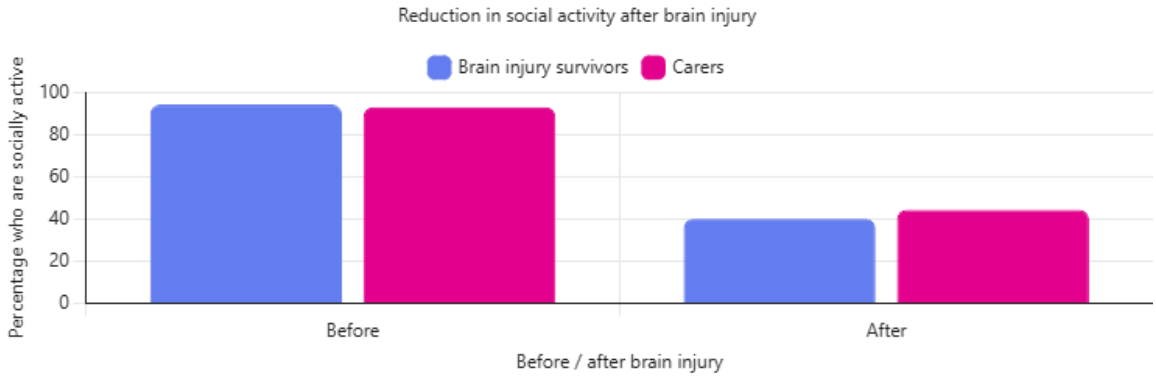


Figure 1. Social activity change before and after brain injury among brain injury survivors and carers

What this tells us – The overwhelming majority of brain injury survivors and carers lead active social lives before brain injury. Following the injury, around half of all survivors and carers stop being socially active. This also applies to survivors and carers who were specifically socially active before the injury.

> *"I was a full-time nursery nurse before with a very active social life. I am now a hermit who only has a few friends who I can trust."*

> *"I had a good social life with my partner before the brain injury. Now, I don't really socialise much at all."*

In around a third of all cases, survivors and carers do not choose to be socially inactive and find themselves in this situation for reasons beyond their personal control.

> *"It has almost made us housebound majority of the time. We don't go out like we used to. We can't plan anything."*

> *"My isolation is mostly by choice, but I think that if I was more independent, and if I had the ability to cope with stress and overwhelming situations better and more honestly. I would like to feel that isolation was a genuine choice, not the only option because socialising drains me."*

In some cases, survivors and carers choose to no longer be socially active. Socialising can be tiring for some, while common misunderstandings from others in society can make it uncomfortable for survivors and carers to socialise, causing some to choose to withdraw from these situations.

> *"Prefer to spend a lot of time on my own now, or with trusted people. Most people don't get the hidden disability thing."*

> *"For some reason, I choose to keep myself away from people and socialising. Maybe because I'm there, but not fully there."*

> *"I sometimes enjoy my own company and need to catch up on doing nothing!"*

4.2. Social personality before and after brain injury

We asked brain injury survivors and carers to tell us which statement most closely matched their social personality before and after brain injury from the following options: *Very outgoing/confident, somewhat outgoing/confident, shy/introverted but still socialising, shy/introverted and not socialising.*

Key finding – 86% of brain injury survivors were either very outgoing and confident (41%) or somewhat outgoing and confident (45%) before their injury. 10% felt shy and introverted but still socialised, while only 2% did not socialise due to being shy and introverted. Following injury, only 32% still felt either very outgoing and confident (5%) or somewhat outgoing and confident (27%). Around a third of all survivors became shy and introverted and therefore no longer socialise (32%), while 28% feel shy and introverted but still socialise.

Despite 87% of carers feeling either very outgoing and confident (37%) or somewhat outgoing and confident (50%) before injury, only 51% still felt either very outgoing and confident (7%) or somewhat outgoing and confident (44%) since the injury. 20% of carers feel shy and introverted but still socialise, while 19% feel shy and introverted and therefore no longer socialise.

Of survivors and carers who were specifically outgoing and confident before the injury, 58% of survivors and 35% of carers feel shy and introverted in social settings since the injury.

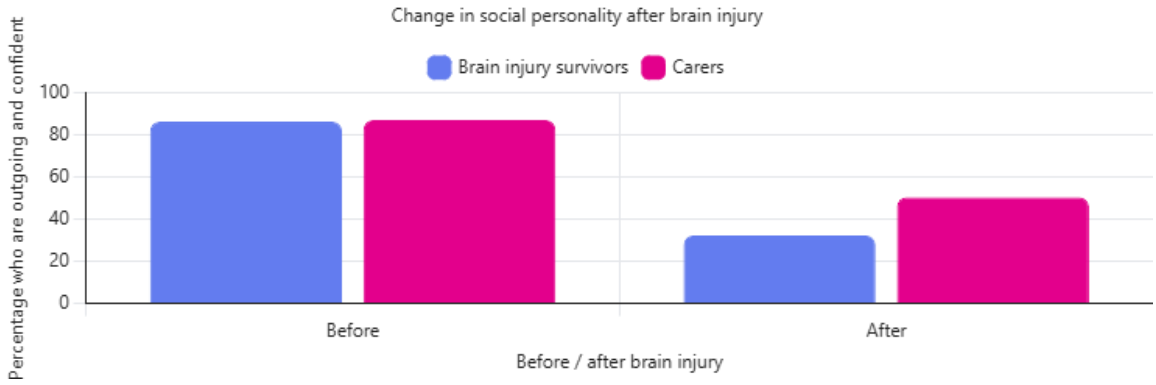


Figure 2. Outgoing and confident personality change before and after brain injury among brain injury survivors and carers

What this tells us – A brain injury can change how socially confident brain injury survivors and carers feel. While survivors and carers are largely outgoing and confident before the injury, they are often left feeling shy and introverted

afterwards, with a considerable proportion of survivors and some carers choosing to withdraw from socialising due to this change. Some survivors and carers therefore become isolated as a result of no longer feeling confident enough to socialise after brain injury.

> *"Whereas I used to be a socially confident person, I am not anymore and have reduced my social circle so I spend more time with those I am more comfortable with and who understand (or simply disregard- in the nicest way) the impact my injury had upon me."*
>
> *"Massive decline in maintaining friendships. My confidence and self-esteem took a massive nosedive. The older I get, the worse this has got."*
>
> *"My partner was never shy or introverted before or after injury, however, he is now reluctant to socialise after the injury as he finds it overwhelming and exhausting."*
>
> *"My confidence is very low and this effects my ability to go to social events. I get very anxious."*

4.3. Social groups before and after brain injury

We asked brain injury survivors and carers to tell us whether they socialise with the same social groups as from before the injury. We asked them to select from the following options: *same family/friends, same family but not same friends, same friends but not same family, entirely new social group, no longer socialising with anyone.*

Key finding – Only a third of survivors continue to socialise with both their family and pre-injury friends after brain injury (31%). Around a third of survivors maintain social contact with family but no longer with pre-injury friends (30%), while 4% maintain the same friends but no longer socialise with family. 14% of brain injury survivors socialise with entirely new groups of people post-injury, including no longer socialising with family. A further 15% of survivors socialise with nobody after their injury.

38% of carers continue to socialise with the same family and pre-injury friends. 28% of carers continue to socialise with their family but not pre-injury friends,

while 7% socialise with the same friends but no longer with family. 10% of carers socialise with entirely new groups of people post-brain injury, including no longer socialising with family, while 12% of carers socialise with nobody after the injury.



Figure 3. Social groups after brain injury among brain injury survivors and carers

What this tells us – While around a third of brain injury survivors and carers maintain their social contact with family and pre-injury friends, 1 in every 10 of those affected by brain injury socialise with entirely new groups following the injury, demonstrating a breakdown of pre-injury social networks. Furthermore, around 10% have no social groups following brain injury. Just under a third of survivors and carers specifically lose their social contact with friends while maintaining contact with family.

> *"So many friends just don't contact me anymore. I think it's because they don't know what to say - to me saying nothing is worse than saying the wrong thing."*

> *"I was warned by my occupational therapist that I might lose friends, I didn't believe her at the time as I thought I had close friendships. Unfortunately, I was wrong."*

In fewer cases, there can also be specific loss of social contact with family.

> *"My injury has created many relationships to fail, mainly family I think this may be due to people not wanting to understand the many issues and changes that occur after brain injury, which can be very hurtful."*

> *"I now feel isolated in my own company. I am isolated from the friends I had before the brain injury and I struggle to connect with people now. I*

have lost the connection I had with my mother and sister. Every person I meet, and every friendly conversation I have with anyone, feels superficial. No interaction feels genuine anymore."

Social groups therefore commonly change after brain injury, with a complete loss or alteration of social groups in around 1 in 10 cases, and a specific loss of friendships in around a third.

Some described how even when some social groups are maintained, the quality of these social experiences has changed since the injury.

"Although I socialise with the same friends I do not feel we have the same things in common as regards family life, as I feel they cannot understand how my son's brain injury has impacted our day to day lives."

"I am able to keep some relationships going with people, but I feel unable to create deeper connection or have fun on purpose. I was never a super fun person to be around, but now it feels like I'm the antithesis of fun, like I'm a black hole for fun, and it's killing my ability to create and keep social bonds."

"Isolation is not just about being at home alone, with traumatic brain injury it is more about being with people who do not understand - you can be in a room full of people with your cared for and feel isolated because they are stunted in their interactions and do not know how to respond when the cared for behaves inappropriately or illogically."

"It is ongoing sometime… it's physical isolation. I can be in a room full of people and feel isolated! Like I'm in tears internally… I still haven't found myself but I am working on it."

4.4. Loneliness before and after brain injury

We asked brain injury survivors and carers to tell us whether they felt lonely before the brain injury and since the injury. We asked them to select which statement best reflected their experiences from the following options: *lonely all the time, lonely some of the time, never lonely.*

Key findings – Before brain injury, the majority of brain injury survivors had never felt lonely (69%). Of those who felt lonely before their injury, only 2% had felt lonely all the time, while 25% had felt lonely sometimes. After injury, 89% of survivors felt lonely either all of the time (29%) or sometimes (60%). Only 9% of survivors never feel lonely since their injury.

Before injury, the majority of carers had never felt lonely (69%). Of those who felt lonely before the injury, only 2% had felt lonely all the time, while 27% had felt lonely sometimes. After injury, 87% of carers felt lonely either all of the time (26%) or sometimes (61%). Only 11% of carers never feel lonely since the injury.

Of those survivors and carers who had specifically never been lonely before injury, almost 90% of survivors (87%) and carers (85%) feel lonely since the brain injury.

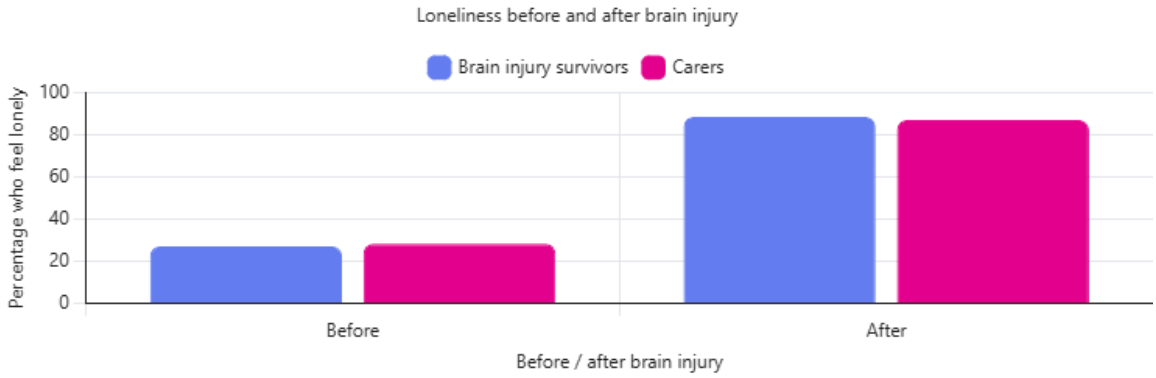


Figure 4. Loneliness before and after brain injury among brain injury survivors and carers

What this tells us – Brain injury commonly causes feelings of loneliness in a population that rarely experienced this before their injury. Brain injury survivors and carers alike experience similar levels of pre- and post-injury loneliness.

Just under a third of survivors and carers experience loneliness all of the time since the injury, revealing a stark insight into the quality of their daily psychological experience post-injury.

> *"It's so much work to socialise now. It used to be the best part of my life and now it's just exhausting. But I need people. This experience is so isolating and the depression post-injury is real."*

“I have kept in contact with some friends but lost a few after my illness. I now talk to anyone around me in the street out walking shops, gym, on holiday etc. to fulfill my need of not feeling lonely during the day.”

“Feel very isolated and lonely. Seeing old friends, they say I look really well and aren't I over it yet makes me feel very uncomfortable and angry. It's like they are telling me I am lying.”

“My social circle is much smaller. People that I considered friends, became acquaintances. I have 3 close-knit groups of friends and they have been amazing. However, I still feel very alone at times.”

4.5. Isolation within social groups after brain injury

We asked survivors and carers to tell us which social groups they feel isolated from since their injury. We asked them to select as many of the following groups as they felt isolated from: *Friends from before the injury, friends made since the injury, family, work colleagues, other peer groups, wider society.*

What we found - 83% of brain injury survivors and 69% of carers feel isolated from friends after brain injury, mainly including those made before the injury (66%, 58%) but also including those made since the injury (18%, 11%). Just over a third of survivors (36%) and carers (35%) feel isolated from their own families. Over a third of survivors (46%) and carers (36%) feel isolated from wider society. 38% of survivors and 30% of carers feel isolated from other peer groups. 49% of survivors and 36% of carers feel isolated from work colleagues after the injury (the social consequences of being unable to return to work after brain injury are discussed further in section 4.6.)

“It would be very easy to be isolated after a brain injury. Friends and some family disappear. I was no longer the easy friend able to drive or go for a drink or even shopping.”

“It is very difficult to explain to the average person what a traumatic brain injury is compared to brain damage or a physical injury- they do not understand. This makes you feel different and excluded as they think you are brain damaged when actually you are trying really hard and using your brain so much to do even simple tasks like wash or cook a meal.”



Figure 5. Social groups that brain injury survivors and carers feel isolated from after brain injury

What this tells us - Brain injury is a deeply isolating experience, with impacts on both personal and wider social relations. Friendships made both prior to and following brain injury are commonly affected for both survivors and carers.

Survivors and carers commented on how isolation can be experienced even while socialising with these groups, for instance due to a lack of understanding from others.

> *"I socialise, but I have a distinct sense of not being 'part of the group'. Things are very different. I mask very well to the point that I hope people don't notice my differences too much, but I think they do."*

> *"Although I socialise occasionally with friends, I feel quite disconnected, the relationships are not as free flowing as they were for me before."*

> *"I paint a smile on my face before I engage with friends socialising, but they don't really understand and therefore I find it difficult to offload my feelings, so I keep them to myself which adds to my anxiety/depression."*

> *"Coping with isolation in this situation is not easy. My world has become much smaller, with support mainly limited to a small circle of close family and a few trusted friends. While I am grateful for them, the lack of wider social interaction and understanding can feel overwhelming at times."*

4.6. Reasons for social isolation after brain injury

We asked brain injury survivors and carers to tell us the reasons for their social isolation by selecting as many of the following statements as they felt applied to their personal circumstances: *no longer able to participate in the same activities, no longer able to travel to social events, no longer invited to social events, no longer seen or heard by others, no longer contacted by others, choose not to socialise as brain injury makes this too difficult, struggle with using technology, no longer able to afford to socialise, no longer work.*

What we found – The most commonly rated reason of being unable to socialise after brain injury was being unable to participate in the same pre-injury activities, among both brain injury survivors (63%) and carers (45%).

32% of survivors and 24% of carers felt they are no longer invited to social events, and around a third are no longer contacted by others (38%; 31%). 38% of survivors and 29% of carers no longer feel seen or heard by others since the injury.

Being unable to work is a significant barrier to socialising for many brain injury survivors (41%), while this is also a barrier for 20% of carers.

37% of survivors and 28% of carers can no longer travel to social events, while 18% of survivors and 17% of carers can no longer afford to socialise since the injury.

To a lesser extent, difficulties with using technology are a barrier to socialising for brain injury survivors (21%) and carers (8%).

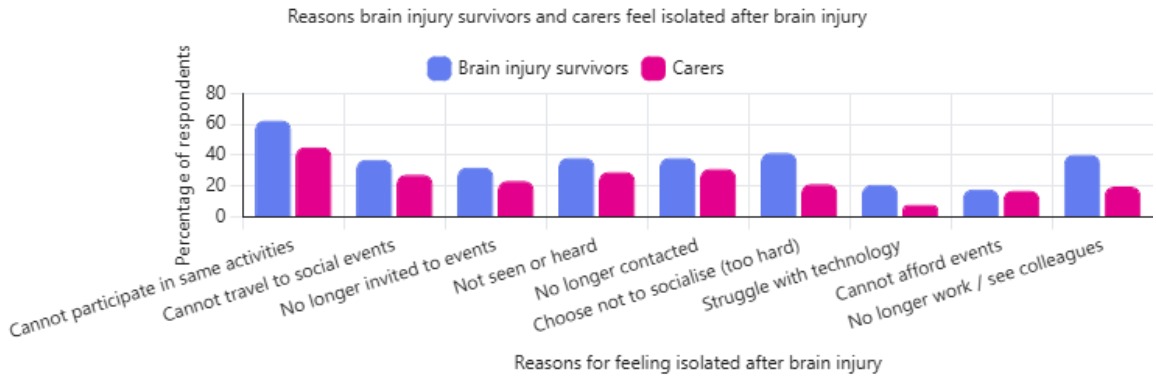


Figure 6. Reasons for brain injury survivors and carers feeling isolated after brain injury

What this tells us - Most brain injury survivors and carers are no longer able to socialise because the injury affects their socialising participation opportunities. For survivors, this can be due to the effects of brain injury directly impacting on the skills needed to complete pre-injury activities, while for carers, their caregiving responsibilities can make it difficult to find the time or resources to engage in pre-injury activities.

> *"The extra workload does not leave me time to socialise with my friends and struggle to accommodate family."*

Around a third of survivors and carers feel that their loss of socialising is due to others no longer inviting them, contacting them or understanding their experiences. This latter point reflects a continuing theme found among the brain injury community of a lack of understanding from society about the effects and impact of brain injury[xiii],[xiv],[xv],[xvi].

> *"People don't know how to interact so they tend to not include me in their activities anymore."*

Travel can also become restricted for many survivors, as it is common for driving skills to become disrupted after brain injury, often resulting in a loss of driving ability[xvii],[xviii],[xix].

> *"When I couldn't drive for more than a year, I felt isolated and reliant on others which I did not enjoy."*

> *"The struggle with public transport leaves me feeling more isolated. I've built up my travel time on the train but find buses awkward with their stopping and starting."*

Technology can be a barrier to socialising, mainly for survivors, and while this may be due to accessibility issues from the cognitive and physical effects of brain injury, it is also described as being due to the evolving technicality of devices in an ever-changing digital world (discussed further in section 4.9).

Research shows that workplace colleagues form a main source of social contact for many working aged adults[xx],[xxi],[xxii]. The challenges of returning to work commonly experienced after brain injury [xxiii],[xxiv],[xxv],[xxvi] can therefore directly result in a loss of social contact with colleagues, who are a significant social group among working-aged adults.

> *"I feel I've been phased out of the voluntary role I had because I was unreliable/not well. I'm still not offered all my hours on my contract at work - I don't have the get up and go to tackle these problems so bumble along."*

The loss of employment and accruement of brain injury related expenses can have a subsequent impact on financial positions after brain injury, with some survivors and carers no longer being able to socialise due to their changed financial status.

> *"I have to travel for any medical or psychological appointments and this eats into my limited funds so have little money left to visit recreational activities in support of my brain injury."*

4.7. Effects of brain injury that affect socialising after brain injury

We asked brain injury survivors and carers to select the effects of brain injury that have the biggest impact on their ability to socialise from a list of commonly experienced effects.

What we found – Both brain injury survivors and carers felt that fatigue (82%, 64%), memory problems (66%, 56%) and anxiety (58%, 46%) were the effects of brain injury that mostly affected their ability to socialise. Just under half of survivors and carers also highly rated communication problems (46%, 45%) as affecting socialising ability.

Overstimulation was rated as affecting socialising ability by 43% of survivors and 33% of carers. Around a third of survivors and carers felt mobility issues affected socialising (37%), while a quarter of survivors (25%) and just over a third of carers (35%) felt that the behavioural effects of brain injury affected this.

Around a third of survivors (36%) and carers (30%) felt that depression affected their ability to socialise.

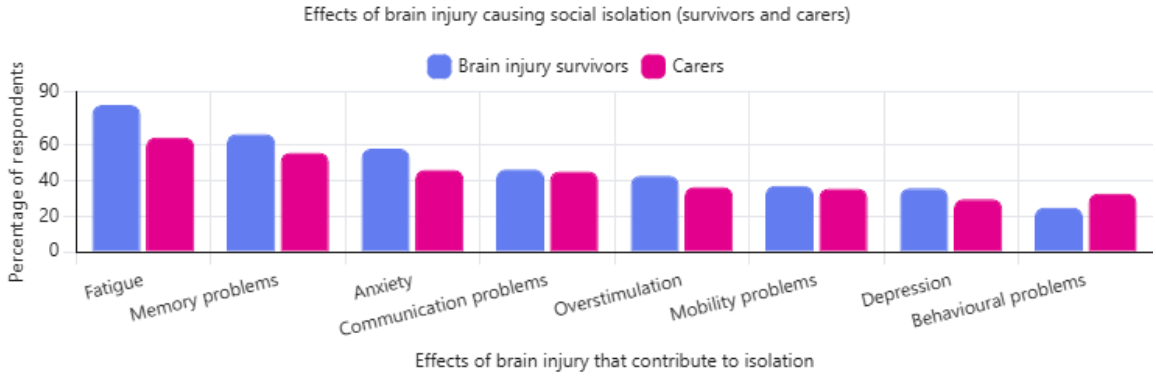


Figure 7. Effects of brain injury reported by brain injury survivors and carers that cause social isolation

What this tells us - Socialising opportunities are most commonly affected by 'hidden' effects of brain injury such as fatigue, memory problems and anxiety. These effects may directly affect the survivor's ability to plan and engage in socialising, for instance memory problems causing a survivor to forget social events.

The non-visible nature of many common effects of brain injury may also result in social groups failing to understand the survivor's needs while socialising, leading to uncomfortable environments for both the survivor and carer, or reduced invitations due to misunderstandings over behaviour.

> *"Fatigue is my biggest enemy. I went on a hike with a new group yesterday. I didn't talk much because the terrain was rough and I had to concentrate to keep my balance, but I listened to others, but I guess they thought I was a bit aloof. Today I'm exhausted."*

> *"Isolation has an awful lot to do with lack of energy ..the brain damage means it takes so much more effort to try meet and interact with people and most of the time what little energy you have is spent on getting up or getting dressed or making a meal... mixing with other people is simply out of the question."*

4.8. Impact of attending Headway support groups

We asked brain injury survivors and carers whether they attend a local Headway support service, and if so, whether they felt their attendance improved their loneliness, emotional wellbeing, confidence and independence.

What we found - 38% of brain injury survivors and carers completing our survey were attending a local Headway support service. Of these:

- *Loneliness* - 72% of survivors and 71% of carers felt that attending helped them to feel less lonely by helping them to connect with others, giving them space to be themselves, directing them to services they otherwise may not have found and giving them a sense of purpose and direction.

- *Emotional wellbeing* – 66% of survivors and carers felt that attending helped to improve their emotional wellbeing.

- *Confidence* – 63% of survivors and 56% of carers felt that attending helped to improve their confidence.

- *Independence* – 51% of survivors and 34% of carers felt that attending improved their independence.

> *"I want the government to know how crucial the Headway group and the other support Headway have given me and my husband since my traumatic brain injury has been life-changing and potentially life-saving for me."*
>
> *"My confidence through Headway has improved, they can help me with problems and I feel at home and belong here."*
>
> *"Most importantly, coming to Headway helped me to accept my new self. Coming to terms with what happened to me and the implications it was going to have for the rest of my life. At the same time, I felt "not alone", I could be myself there. Not judged."*
>
> *"Having had Headway to assist with advocacy gives me the opportunity to spend more time enabling me to socialise and a space to do it more."*

“After my accident, Headway was amazing. I did attend a group but found it difficult to fit in. But the organiser kept in touch. I do not feel alone with Headway.”

“Activities, participation, comradeship, I've been with Headway a long time, 15 years. A good alliance and friendships.”

“I have met people who have gone through similar challenges since their brain injury. This has made me feel less alone. The staff at Headway are like a really supportive inviting family.”

“Headway local meetings for the 1st year post-injury were priceless for helping with feelings of isolation. They helped so much that after a year I did not feel the need to continue going to the meetings.”

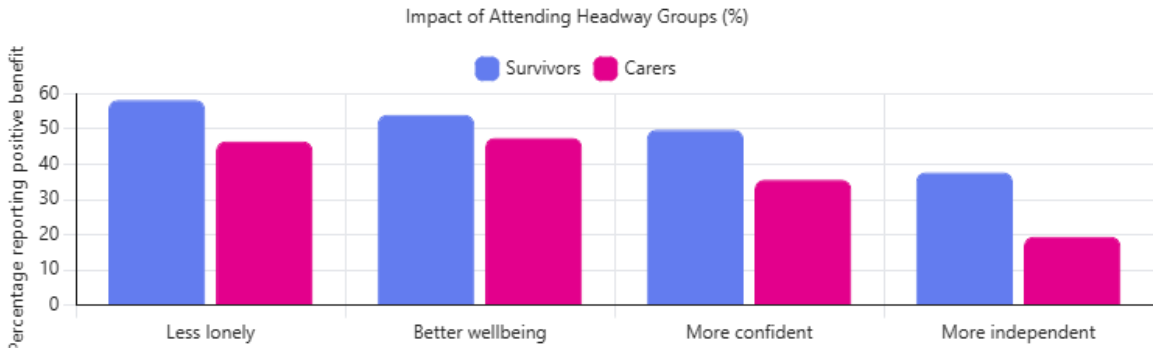


Figure 8. Outcomes from attending a Headway group reported by brain injury survivors and carers

What this tells us – Headway’s local groups are an invaluable source of support for many people affected by brain injury. Attending Headway services helps to not only combat the loneliness experienced so commonly after brain injury, but also helps to improve confidence, wellbeing and independence for a significant proportion of attendees. Survivors and carers of brain injury alike report on these benefits.

4.9. Technology use before and after brain injury

We asked brain injury survivors and carers to tell us whether they used technology to socialise before and since their brain injury, how confident they felt with using technology for this purpose and their general thoughts on the use of technology to socialise. We also asked survivors and carers to tell us about their

experience of using Headway's digital services (HealthUnlocked, Facebook, Instagram).

What we found – Before brain injury, 57% of survivors and 54% of carers did use technology to socialise while 37% of survivors and 41% of carers did not. Since the injury, 54% of all survivors and 55% of all carers reported using technology to socialise.

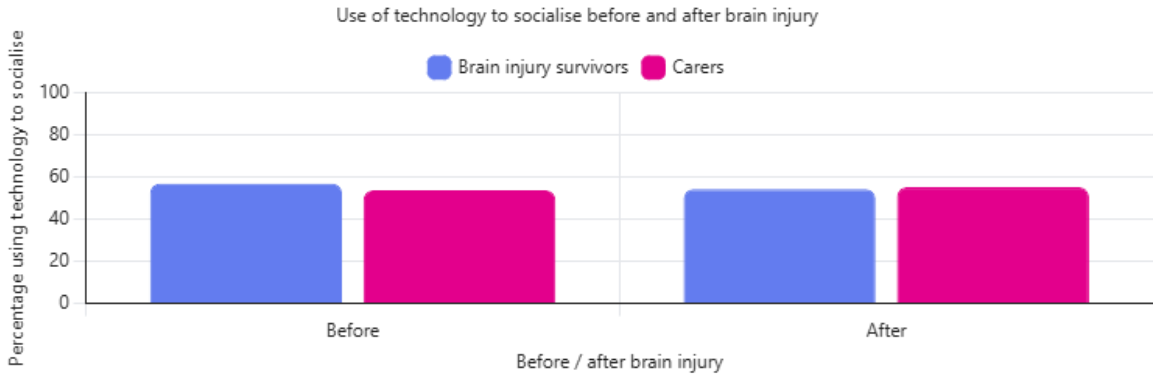


Figure 9. Use of technology to socialise before and since brain injury by brain injury survivors and carers

Of those who specifically had not used technology to socialise before their injury, 37% of survivors now do use technology to socialise, while 57% continue to not use technology. Of the carers who had not used technology to socialise prior to brain injury, 30% do use technology to socialise after injury, while 67% continue to not do so.

Of those brain injury survivors who had used technology to socialise before the injury, 64% of survivors felt confident with continuing to use it, although just over a third did not feel confident (34%). Of those carers who had used technology before the injury, 84% felt confident with continuing to use it, while 15% did not feel confident.

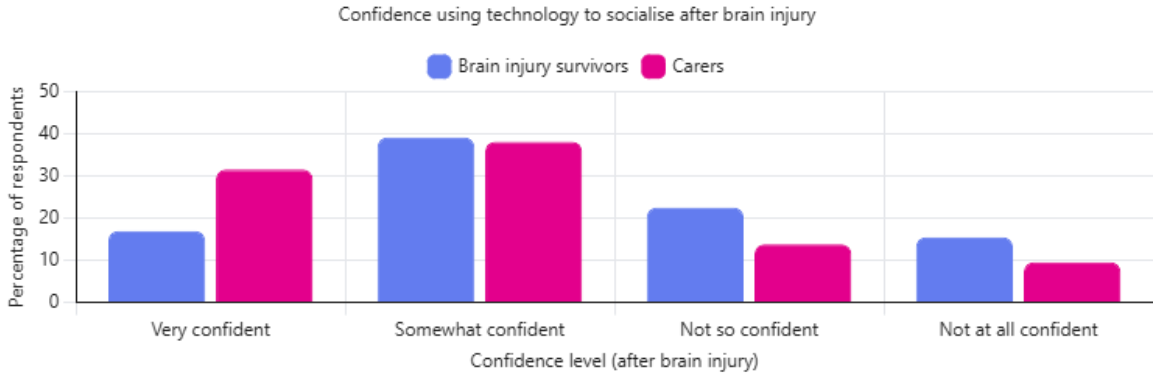


Figure 10. Confidence with using technology to socialise after brain injury among brain injury survivors and carers

Of those who had not used technology to socialise before the injury but were now using it, confidence levels with using technology were evenly split among survivors, with 44% not feeling confident and 45% feeling confident, while just over half of the carers felt confident (55%) and 32% did not.

Generally, survivors and carers had mixed feelings about the use of technology for socialising. The potential benefits were described by several survivors and carers.

> *"Technology is a useful tool, especially when face-to-face meet-ups (particularly during lock-downs) are not available."*

> *"It is a game-changer for those of us that struggle to socialise face to face and/or feel no-one understands us."*

> *"It's a good thing. On the days I can't leave my house due to exhaustion I can keep in touch through social media."*

> *"Having the use of technology has certainly opened avenues to at least socialise a little. Both with other brain injury survivors and my family."*

Alongside the perceived benefits, the challenges of usability and accessibility were also highlighted by many.

> *"It's very hard to use, with my short-term memory problems."*

> *"Time considerations it's not always relevant for people with brain injury due to understanding and concentration and memory issues."*

> *"I understand the importance of accessibility in web pages and apps and that it's not always up to scratch, which would affect people in different ways."*

The challenges of utilising technology were specifically attributed by some to the rapid pace of technology development in recent times.

> *"Tech is changing all the time... what you learned once will change and managing those adaptions post-injury can be a minefield and increase isolation for many reasons - learning new tech there needs to be a more mindful awareness around traumatic brain injury in development of tech and learning new tech."*

> *"It's getting more difficult to cope with new technology."*

> *"It's a good tool, but AI puts up barriers which we didn't have 10 years ago, i.e. screening and categorisation."*

A preference for face-to-face social contact over the use of technology was maintained by many.

> *"I struggle with digital services and prefer face to face. I make connections in such a different way and also he helps me get out of my home."*

> *"Not really for me, I find face to face so much more personal I find technology difficult to get across what I really want and need to say."*

> *"Technology has its place. But it's like watching the real world go by, tech can't hug you."*

18% of survivors and 15% of carers reported using Headway's digital services to socialise. Of those who have used these, 76% of survivors and 94% of carers have found them helpful.

> *"Post-injury, for quite a while completely - cut off from work and friends, I used the Headway site chat forum. This was very useful particularly in the middle of the night while in excruciating pain… Having someone to communicate with who understood the levels of pain involved was extremely helpful at such a difficult time."*

> *"It is a lonely and hard journey! Thank goodness for Headway website with loads of advice and support as you can feel invisible by others!"*

What this tells us – Around half of all brain injury survivors and carers use technology to socialise both before and after the injury, with figures staying largely similar post-injury. Around a third of survivors and carers are new to using technology to socialise post-injury.

People mostly feel confident with using technology to socialise if they already used it before the injury, although confidence levels with using technology can be affected in some post-injury.

Technology is becoming an increasingly embedded aspect of society. with fast advancements that can be experienced as both a help or a hindrance to disabled populations. A considerable proportion of the brain injury community do not feel confident with using technology despite a recognition of its potential benefit in socialising. It is important to consider usability of technology among these populations. Even with the use of technology, many feel that this cannot replace face to face contact to socialise.

5. Coping with isolation and loneliness after brain injury

We asked brain injury survivors and carers to tell us about strategies they use to cope with isolation and loneliness after brain injury.

Several coping strategies were highlighted, including careful pacing and planning of social activities, engagement in hobbies or attendance of hobby groups (such as art, crafts, writing, music), acceptance of changed circumstances, using Headway services, engagement in faith groups, volunteering and spending time in nature or around pets.

> *"I think I am starting to realise life is very different now and I am learning to cope with isolation by trying new craft activities either in my own home or with family members."*

> *"Do what you can. It's difficult… but it's got better. Now I enjoy my company too - reading, films, theatre - plus different groups and going to the match."*

"I work and after the amount of interaction there, I look forward to being at home, with my dog, who is a beautiful soul. I only see family and friends occasionally, which I enjoy, but spending time quietly works best for me."

"Get a Headway card and go out, people do understand. It's not easy, in fact it's quite the opposite but only you can rebuild your life!"

"Looking after a horse gives me a purpose and a reason to leave house and see people when walking up to her."

"I try and walk every day and go to the gym twice a week. But then I have no brain energy left for people. The gym is preventing a breakdown."

"It's hard and even now there are days when I avoid going out as it feels like a massive effort. Fortunately, I took up a new hobby about 20 years ago and have met new people through that."

"Volunteer to keep in touch with people or just get out on the local but. Get a dog to get you out."

"I was told by someone from Headway when I first started attending meetings "feel the fear & do it anyway" … this phrase has helped me massively! For the first 2-3 years after my brain injury, I could not leave the house! Last year I went to Marrakech with my partner."

"The best way to deal with having to go to a social event is to have a quiet period before and afterwards so it's easier to cope."

6. Key themes on isolation and loneliness after brain injury

Throughout our surveys, we gave brain injury survivors and carers an opportunity to share their own thoughts on the experience of isolation and loneliness after brain injury. A number of key themes emerged from the responses.

- Brain injury survivors and carers experience **a profound reduction in social activity post-brain injury**, often not by choice. Many report no longer being invited, contacted, or included in social events.

- Strong feelings of l**oneliness, isolation, and disconnection are widespread among brain injury survivors and carers** after brain injury. Frequent language includes “unseen”, “unheard”, “left behind”, “misunderstood”. Loneliness is often described as persistent, even when around others.

- There is a **common loss of social confidence and identity among brain injury survivors and their carers** after brain injury, with a clear shift from being outgoing and confident to shy, introverted, anxious, or low in confidence. Many describe grief for their “old self” and difficulty accepting a changed identity. Some feel embarrassed, burdensome, or afraid of being judged.

- **Loss of friends and work colleagues is very common after brain injury.** Families are often the main remaining social connection, but they are not always supportive. Some people form entirely new social circles, often through brain injury or peer groups.

- **Fatigue is the single most cited effect of brain injury acting as a barrier to socialising.** Other frequent barriers include memory problems, communication/ word-finding difficulties, slow processing and overstimulation (noise, crowds, multiple conversations).

- **For carers, caring responsibilities dominate life.** Time, fatigue, emotional strain, and unpredictability of the cared for person severely limit their ability to socialise, spontaneity and confidence to attend events.

- **Many brain injury survivors and carers now prefer one-to-one or very small, quiet groups**, although this limits social opportunities.

- **Technology helps some people stay connected after brain injury** (online groups, messaging, video calls). Others find technology confusing, cognitively exhausting or inaccessible due to memory problems, visual problems, tremor or fatigue. There is a preference for face-to-face interaction, but online support is valuable when energy or travel is limited.

- **“Hidden disability” is a dominant theme.** Brain injury survivors feel others underestimate their difficulties because they “look fine”. This leads to withdrawal, mistrust, and frustration with friends, professionals and society.

7. Conclusion

The results from our Action for Brain Injury Week 2026 surveys show that **social isolation after brain injury is common and multifaceted**, driven not just by physical or cognitive impairment, but by emotional impact, social misunderstanding, environmental barriers, and inconsistent access to support.

While peer support such as through Headway support groups can be transformative, unmet needs remain widespread.

Technology can alleviate some social isolation, but a preference for face-to-face contact remains, and concerns about the usability of technology is highlighted by many.

At Headway, we will continue to raise awareness of the impact of isolation on those affected by brain injury through our Action for Brain Injury 2026 campaign *We see you*.

8. About Headway

Headway is the UK-wide charity that works to improve life after brain injury by providing vital support and information services, including:

- a freephone helpline (0808 800 2244, helpline@headway.org.uk);
- a comprehensive award-winning website containing information and factsheets on all aspects of brain injury (www.headway.org.uk);
- an award-winning range of publications designed to help people understand and cope with the effects of brain injury; an emergency fund to assist people dealing with the financial implications in the immediate aftermath of a brain injury;

- a Brain Injury Identity Card to help in everyday situations and if you come into contact with the criminal justice system;

- a directory of approved residential homes, rehabilitation units and respite facilities specialising in ABI.

The charity also lobbies for better support and resources to be made available to people affected by brain injury and works to raise awareness of brain injury and the devastating effects it can have.

In addition to these services, a network of independent Headway charities and volunteer-led branches across the UK and Channel Islands provides a wide range of services including rehabilitation programmes, carer support, social re-integration, community outreach and respite care to survivors and families in their own communities.

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