Social Isolation and Scotland's Older People

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Abstract

Social isolation and loneliness are pressing issues for Scotland's older population; this briefing overviews their prevalence and causes, consequences for public health and potential methods for intervention, with a particular exploration of ethnic minorities' experience.

Keywords

Ageing, Communities, Ethnic minorities, Loneliness, Older Adults, Public Health, Social Isolation

Key Points

- The population of older people in Scotland is growing at a rapid pace. It must be a priority for public health and social policy to prevent and combat social isolation and loneliness amongst this group.
- The prevalence of social isolation needs further investigation, but we do know it is fairly common and seemingly more prevalent amongst ethnic minorities.
- Risk factors associated with social isolation include life events such as bereavement, illness or disability, living conditions, social networks and support available from family or government.
- The physical and mental health effects of these issues can be widespread, and further can impact individuals' ability to reduce their isolation.
- 1-to-1, group and community interventions have been shown to reduce social isolation, improve older people's health and tie communities together. Empowering, inclusive and sustainable services should be developed by the third and public sectors. Scotland needs more services focused on positive transitions during school. The introduction of a new project could not only verify current knowledge surrounding the subject, but also contribute to the research.

Introduction

Over the course of the next twenty years, Scotland – in line with the rest of the UK – is set to experience significant demographic change, with an almost 50% increase in the population aged 65 or older – this age group will constitute a quarter of Scotland's inhabitants by the year 2037.[1] This shift in demographic will lead to a greater number of individuals suffering not only from the numerous chronic conditions typically associated with old age, but also from an increasingly recognised and documented facet of advancing age that already

presents a social concern: social isolation.

The following will overview what we do and do not yet know regarding social isolation's prevalence in ageing populations, what factors are believed to contribute to social isolation and loneliness as well as how these issues impact individuals' health. It will then explore intervention techniques that have been implemented in communities to date, and give recommendations for future outreach and policy initiatives to address this social and health concern.

Definitions

Social isolation is often considered in tandem with 'loneliness' and indeed the two regularly find themselves used interchangeably. It is important to note that they are distinct concepts: where isolation is considered an objective state of separation from social networks, loneliness refers to a subjective feeling that these elements are lacking to the extent that they are wanted or needed.[2] Framed differently, it is possible to be socially connected and yet lonely, and possible to be socially isolated and not feel lonely. Despite the distinction, however, the two do not exist entirely separately. Social isolation is considered a strong predictor of loneliness and indeed both circumstances ultimately generate the same ill effects on health and wellbeing.[3]

Prevalence

Although social isolation and loneliness are widely acknowledged issues facing older populations, the full extent of their prevalence in Scotland is not yet known.[4] The Scottish Parliament's Equal Opportunities Committee (EOC) recommended in their October 2015 report on age and social isolation that the Scottish Government commission research into these issues and their prevalence in Scotland.

More broadly, drawing from a number of studies conducted in different parts of the UK, Age UK has estimated that 10% of individuals over the age of 65 are lonely all or most of the time.[5] Moreover, their research found that 6% of older people leave their house less than once a week, 17% are in contact with family, friends and neighbours less than once a week, and 11% are in contact less than once a month.[6] In light of the demographic changes described above, and recognising the ever-increasing trend of family dispersal, it is highly likely that the number of older people experiencing social isolation will continue to increase.[7]

Importantly, there exist social barriers in the UK that seemingly isolate those from ethnic minorities beyond the isolation ordinarily seen in old age. While 88% of those who identify as White British reported having someone who cares about them, this figure was only 55% for ethnic minorities.[8] Indeed, the proportion of lonely older people in ethnic minority groups is much higher than for the general population;[9] this is particularly important for future policy-making as the UK becomes increasingly culturally and ethnically diverse.

Contributing to isolation

In order to tackle social isolation and loneliness in the community, we must be cognisant of the factors that might put individuals at risk. It is worth noting that social isolation and loneliness are

not exclusive to such demographics but they are more common in older people because of risk factors associated with older age.[10]

Several 'life events' have been linked with isolation and loneliness. Bereavement and widowhood are common occurrences with advancing age and are considered the most critical predictors for social isolation, often causing an individual to cease engagement with their social network.[11] Other experiences such as retirement and entry into residential care have been linked to loneliness and isolation, owing perhaps to feelings of loss of a meaningful role in life.[12]

Additionally, old age brings with it many changes that can lead to a reduction in social networking and feelings of loneliness. Health and disability play an important role, as chronic illness, reduced mobility and sensory impairment increase individuals' risk of loneliness on account of reducing the activities and social options available to them.[13] Indeed, becoming an informal carer for someone in ill health has also been linked with isolation and loneliness, particularly pertinent when 11% of individuals over the age of 65 in Scotland provide care to a dependent.[14]

Low income too is related to social isolation, and living situation correlates with loneliness since areas with greater social disorder have been seen to contribute to residents' social isolation.[15]

Further, geography plays a role when we consider how vital public transport is to older people living in both rural and urban areas. It is not a statutory requirement to provide transport beyond that for schools, so the provision of transport for social activities is among the first things scaled back when Local Authority budgets are cut.[16] As the EOC heard in their evidence review, the lack of available, accessible and affordable public transport represents a major barrier to overcoming social isolation, not least because public transport services additionally offer an opportunity for people to socialise.[17]

An individual's feeling of isolation will also be mediated by the level and quality of support received from both family and local government, and there are often varying expectations of each. A study of Asian-Indian over-55s found that support from family was highly expected – and preferable – but that government support was expected in its absence.[18] White British individuals in the same study indicated they predominantly expected government support even in the presence of family. Notably, few Asian-Indian individuals were aware of – and fewer were using – the government services (meals-on-wheels, care nurses, therapists) available to them compared to their White British counterparts.[19]

A survey of individuals over 65 in the UK found that 78% of White British individuals described themselves as 'ageing actively', while only 40% of ethnic minority individuals shared the sentiment.[20] This suggests even for those in cultures where family aid is the norm, government care is still desired and thus should be tailored and promoted to ethnic minorities. There exists a large disparity in the use of government funded schemes and we cannot guarantee that certain minority groups are receiving sufficient family aid.

Isolation and Health

Social relationships are central to wellbeing and the maintenance of good health.[21] Where these do not exist, the effects on physical and mental health are widespread; thus, social isolation is an issue of great importance to public health.

Loneliness is strongly linked with depression in older people and the two often co-occur.[22] Additionally, it has further been shown to cause cognitive decline, increase the risk of dementia, worsen sleep quality and encourage malnutrition.[23] Social isolation and loneliness also appear to confer effects on our normal response to stress, giving affected individuals higher blood pressure than their better-connected counterparts, resulting in higher rates of coronary heart disease and mortality.[24]

These physiological effects can have considerable downstream health consequences. Of note, a lack of social relationships in old age puts individuals at a much higher risk of rehospitalisation after treatment and also predisposes them to negative health behaviours such as unhealthy eating, heavy drinking, smoking and low levels of exercise.[25]

It is thus evident that social isolation contributes significantly to the disease burden in older populations, and it may be suggested that there exists a vicious cycle of isolation and illness. Social isolation increases the risk of chronic disease and negative health behaviours, then illness itself complicates the pursuit of social activities and has the effect of diminishing social networks. Where we are able to treat high blood pressure and arthritis, so too should we devote efforts to treat social isolation and loneliness, such is the profound impact they have on health.

Tackling Loneliness

Reducing social isolation and loneliness has clear benefits for both the individual and the wider community. For the individual, quality of life would increase, relieving the burden that social isolation places on health and social care services. Catalysed in part by these reasons, interventions to address social isolation are attracting much attention in social policy making.[26] Services aimed at reducing social isolation can be broadly categorised into three categories – 1-to-1 interventions, group services and wider community engagement – and these are largely delivered by the third sector.[27]

1-to-1 interventions include 'befriending', whereby a volunteer offers companionship and emotional support, and might help provide transport or pick up medication for recipients.[28] Alternately, befrienders can make contact by telephone.[29]

Similarly, mentor schemes are run in which a volunteer acts to help the individual achieve agreed-upon goals – this is a more short-term intervention and is intended to empower the recipient with skills and abilities that remain once the service has been completed.[30]

Another 1-to-1 service that has been adopted is the Community Navigator or Wayfinder scheme. Here, volunteers perform a signposting service acting as the intermediary between community and the public sector, identifying isolated individuals and connecting them with services.[31] A variation on this model has seen success in North Ayrshire and North

Lanarkshire, where GPs perform 'social prescribing', referring socially isolated patients to a link worker who then helps them to find appropriate services.[32]

The above interventions have all been shown to reduce feelings of loneliness in recipients of older age; moreover, befriending proves to have positive effect on depressive symptoms in the short and long term.[33] Community Navigators have been shown to facilitate the early identification of socially isolated individuals and volunteers' referrals have had the effect of reducing referees' social isolation.[34]

While 1-to-1 interventions mitigate social isolation by providing companionship, group services have the benefit of widening social circles and offer the potential to become a long-term feature of an individual's life.[35] Group activities are wide ranging and include lunch clubs, exercise groups, art classes and therapeutic writing, offering more flexibility to users as they can be either structured or run organically, and can be peer leadership is welcomed as an alternative to formal facilitation.[36] These services – in which participants have control over the content and can perform a more active and engaged social role – have been shown to be more effective in reducing social isolation than 1-to-1 interventions, which are centred more around passive visitation.[37] Group activities have been found to benefit users' physical and mental health, and help to reduce mortality.[38]

Lastly, wider community engagement refers to programmes that support individuals to increase their participation in existing community activities. Examples include reminiscence projects and intergenerational family history work, promotion of the use of libraries and museums and outreach programmes from art galleries and music organisations.[39] Additionally, there exist schemes such as Age UK's 'Silver Surfers' that encourage older people to partake in information technology. These programmes are yet to be robustly reviewed and as such their impact remains unknown.[40]

Conclusion

The number of lonely and isolated individuals in Scotland is likely to be increasing in line with well-acknowledged demographic Bromford Support changes. While many of the numerous factors that can contribute to isolation are inevitable consequences of advancing age, isolation itself – and its profound effects on health and wellbeing – need not be a similar inevitability. It is encouraging to see that interventions are not only possible but also appear effective, and with evaluation down the line we will have a clearer picture of which interventions should be provided as mainstay services to our older populations.

Limitations

This briefing was restricted to English language journal articles and government statistics published within the last 10 years. As such, there will exist literature outside this scope that may be worthy of review. Where possible, information was particular to the United Kingdom and Scotland – examples of interventions employed overseas may exist but have not been considered for this briefing.

Recommendations

1) The Scottish Parliament EOC reports that information about interventions is not always easy to find.[41] There is a responsibility for third sector organisations working with older people to be aware of the services available to this group and to connect individuals to them. 1-to-1, group and wider community services all have a place in outreach agendas, and we have seen encouraging results from empowering, inclusive projects.

2) The third sector requires more support to meet this challenge. Health and social care services must work together with charitable organisations to respond jointly and effectually.

3) Undertake research into the varying experiences of isolation and loneliness across ethnic groups to underpin the appropriate delivery of services in an increasingly ethnically and culturally diverse population.

4) Develop a national strategy and implement local policy to support these goals.

[1] National Records of Scotland. Population *Projections for Scottish Areas (2012-based)*, 2014, <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections/2012-based>.

[2] J. Golden et al., “Loneliness, social support networks, mood and wellbeing in communitydwelling elderly,” *International. Journal of Geriatric Psychiatry*, 24 (2009), pp.694-700; Age UK, *Loneliness and Isolation Evidence Review* (2011), pp.1-32, <http://www.ageuk.org.uk/documents/en-gb/forprofessionals/evidence_review_loneliness_and_isolation.pdf>.

[3] Golden et al., 2009; E. Collins, *Preventing Loneliness and Social Isolation In Older People*, IRISS Insights 25, 2014, <http://www.iriss.org.uk/resources/preventing-loneliness-and-social-isolation-older-people>.

[4] Equal Opportunities Committee (EOC), *Age and Social Isolation*, (The Scottish Parliament: 2015), <http://www.parliament.scot/S4_EqualOpportunitiesCommittee/Reports/EOS042015R05.pdf>.

[5] M. Bolton, *Loneliness - The State We’re In.* (Age UK: 2013), <http://www.ageuk.org.uk/brandpartnerglobal/oxfordshirevpp/documents/

loneliness the state we are in - report 2013.pdf>.

[6] EOC, 2015.

[7] K. Windle, J. Francis and C. Coomber, "Preventing loneliness and social isolation: interventions and outcomes," Research Briefing 39, (London: Social Care Institute for Excellence, 2011) pp.1-16.

[8] M. Bolton et al., "What does the 2011 Census tell us about the 'oldest old' living in England & Wales?" Office for National Statistics, 2013, pp.1-44.

[9] C. R. Victor, V. Burholt and W. Martin, "Loneliness and ethnic minority elders in Great Britain: An exploratory study," *Journal of Cross-Cultural Gerontology*, 27, 2012, pp.65-78.

[10] S. Kinsella, *Older People and Social Isolation Evidence: A Review of the Evidence*. Wirral Council Business & Public Health Intelligence Team (2014).

[11] Kinsella, 2014; Golden et al., 2009; N. Savikko, P. Routasalo, R. S. Tilvis, T. E. Strandberg and K. H. Pitkälä, "Predictors and subjective causes of loneliness in an aged population," *Archives of Gerontology and Geriatrics*, 41, 2006, pp.223-233; N. R. Nicholson, "A review of social isolation: An important but underassessed condition in older adults," T*he Journal of Primary Prevention*, 33, 2012, pp.137-152.

[12] Age UK, 2011; Collins, 2014; Bolton, 2013.

[13] Collins, 2014; Bolton, 2013; Savikko et al., 2006.

[14] Collins, 2014; The Scottish Government. Scotland's Carers (2015), <http://www.gov.scot/Publications/2015/03/1081>.

[15] Bolton, 2013; Savikko et al., 2006; Nicholson, 2012.

[16] EOC, 2015.

[17] Ibid.

[18] C. H. Sin, "Expectations of support among White British and Asian-Indian older people in Britain: The interdependence of formal and informal spheres," *Health and Social Care in the Community*, 14, 2006, pp.215-224.

[19] Ibid.

[20] A. Bowling, "Perceptions of active ageing in Britain: Divergences between minority ethnic and whole population samples," *Age and Ageing*, 38, 2009, pp.703-710.

[21] Kinsella, 2014.

[22] Golden et al., 2014; Collins, 2014; E. Collins, *Preventing Loneliness and Social Isolation Among Older People, Social Care Institute for Excellence, At a Glance* 60, 2012; C. Luanaigh and B. Lawlor, "Loneliness and the health of older people," International Journal of Gerontology, 2008, pp.1213-1221; Age UK, 2011; Nicholson, 2012.

[23] Savikko et al., 2006; Collins, 2012.

[24] Luanaigh & Lawlor, 2008; C. Boulos, P. Salameh and P. Barberger-Gateau, "Social isolation and risk for malnutrition among older people," *Geriatrics & Gerontology International*, 2016, pp.1-9.

[25] Kinsella, 2014; Nicholson, 2012; A. Shankar, A. McMunn, J. Banks and A. Steptoe, "Loneliness, social isolation, and behavioral and biological health indicators in older adults," *Health Psychology*, 30, 2011, pp.377-385.

[26] Windle, Francis & Coomber, 2011.

[27] Collins, 2014.

[28] Ibid.

[29] Age UK, 2011.

[30] Windle, Francis & Coomber, 2011.

[31] Collins, 2014; Windle, Francis & Coomber, 2011; Collins, 2012.

[32] EOC, 2015.

[33] Windle, Francis & Coomber, 2011; Collins, 2014; N. Mead, H. Lester, C. Chew-Graham, L. Gask and P. Bower, "Effects of befriending on depressive symptoms and distress: Systematic review and metaanalysis," *The British Journal of Psychiatry*, 196, 2010, pp.96-101.

[34] Windle, Francis & Coomber, 2011.

[35] Collins, 2014; Windle, Francis & Coomber, 2011.

[36] Collins, 2014; Windle, Francis & Coomber, 2011; Kinsella, 2014.

[37] Windle, Francis & Coomber, 2011; Kinsella, 2014; Collins, 2012.

[38] Collins, 2012.

[39] Windle, Francis & Coomber, 2011; Campaign to End Loneliness, Safeguarding the Convoy; A Call to Action from the Campaign to End Loneliness, 2011, <http://campaigntoendloneliness.org/wpcontent/uploads/downloads/2011/07/safeguardingthe-convey_-_a-call-to-action-from-the-campaign-toend-loneliness.pdf>.

[40] Campaign to End Loneliness, 2011.

[41] EOC, 2015.

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