# COVID-19, SOCIAL ISOLATION AND AGEING

## CSI Response

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*'Older people carry the collective wisdom of our societies… We need to work together to protect older people from the virus, and to ensure their needs are being met – for food, fuel, prescription medication and human interaction. Physical distance doesn't mean social distance'.*
(WHO Director-General's opening remarks at the media briefing on COVID-19 - 25 March 2020)

**_Older people are at greater risk of the complications associated with COVID-19 and as a result, they are being asked to socially isolate. However, this brings with it a number of challenges that impact older people's wellbeing. This Fact Sheet focuses on supporting the wellbeing of older Australians by ensuring they: meet their basic needs, stay socially connected, and stay physically active._**

Older Australians are encouraged to self-isolate for their own protection to the 'maximum extent practical'[1].This is seen as an essential approach to 'flatten the curve' of infection to protect the most vulnerable and not overload our health system.

The Australian government advises all people aged 70 years and over, people aged 65 years and over with chronic medical conditions and/or compromised immune systems, and Aboriginal and Torres Strait Islander people over the age of 50.

However, this approach does carry risks for older adults' mental health (in the form of loneliness, depression and anxiety) and physical health (through loss of fitness and mobility). These risks will increase the longer such measures continue if no interventions are put in place.

## The potential impacts of the social isolation directive

### *Access to information and online services*

Most of the information on the pandemic, and the support available to help older people, are available online. The pandemic has highlighted the danger of the digital divide that separates many Australians. Approximately 34% of Australians over 50 years of age (2.7 million people) either have low digital literacy levels or do not use digital devices or the internet[2]. Of those aged over 70 years, 57% have low to no digital literacy and 74% are digitally disengaged[3]; they are not "digital natives".

Accessing online information and online shopping portals, as well as navigating food and medicine delivery systems, has been especially challenging to older people. Furthermore, it is estimated that half a million older Australians do not own debit cards and do not have the capability to do online banking transactions[4].

### *Access to quality care*

Three out of 10 older Australians (more than 1.2 million people aged over 65 years) use aged care services, of which 77% receive care at home or in a community setting[5]. However, since the social isolation directive has been issued aged care providers are reporting that many older Australians have suspended their home care support and are delaying or avoiding medical care[6] . This is either through fear of contracting the virus, or because they do not want to put pressure on the health care system. The impact of this on the health and quality of life of older community-dwelling older people is as yet unknown.

It is estimated that 459,000 Australians live with dementia[7] and this poses unique challenges during the epidemic. Social isolation will increase sedentary behaviour, which are both risk factors for dementia.

Older people who are LGBTQI and have low English language proficiency were already associated socially and culturally isolated and of missing out on appropriate services[8]. This is likely to get worse with social distancing, intensifying the negative health effects.

Geographic isolation raises additional concerns during a pandemic, including challenges to delivering adequate support to older people socially isolating or needing medical attention.

### *Loss of social connection*

Older people are especially vulnerable to social isolation: research reveals that prior to the COVID-19 pandemic, one in five older Australians were socially isolated and that this was the major cause of loneliness and social exclusion amongst the elderly[9].

Older people in long term care in hospital or residential facilitates are especially at risk[8]; they report feeling lonely when in hospital, particularly where there are difficulties for families to visit. Research also shows that residents in care facilities tend to be lonelier than community-dwelling older people, even though they are often surrounded by other residents and carers.

The pandemic has highlighted the danger of the digital divide that could further separate older and younger people in Australia (see the CSI *Digital Inclusion and COVID-19* Fact Sheet).

Social isolation amongst older people can also result in lack of community cohesion, increased incidence of ageism and limited community engagement by older people. This can lead to an increased burden of care on children and other relatives, greater demands on health services and a greater need for acute interventions by local governments, welfare services and housing providers.

For many older people, feeling connected to local communities and having a sense of belonging is an important antidote to loneliness[10]. Volunteering helps them to connect with the community, and gives them a sense of identity and belonging. In Australia 35% of people aged 65-74 were volunteering before social distancing[11].

A lack of social connection is also linked to poor health outcomes for older people

### *Poor health*

COVID-19 will likely reduce older people's walking and physical activity and lead to an increase in sedentary behaviour that risks impairing mobility and poor health generally.

Social isolation caries a risk of cardiovascular, autoimmune and neurocognitive problems[12] - as well as their mental health, with a higher risk of depression and anxiety[13].

The risks associated with social isolation are arguably equivalent to the harmful effects of smoking and obesity, and result in early mortality[14].

### *Housing stress*

Older people experiencing rental stress in social housing and the private rental market are especially vulnerable and this could get worse until the States pass laws enacting the eviction moratorium.

Many older Australians are at risk of homelessness and this puts them at high risk of sever health impacts and mortality from COVID-19. Research shows that older Australians at risk of homelessness cannot access mainstream crisis accommodation due to occupational health and safety risks (see the CSI *Homelessness and COVID-19* Fact Sheet).

Older women who would normally house-sit as their solution to homelessness are now left with no safe housing options and some are couch surfing in overcrowded housing with family and friends where it is impossible to safely social distance[15].

## Selected current approaches

### *Information and online services*

- The Department of Health has responded quickly with online information on the pandemic relevant to older people, covering a range of information from disease transmission and prevention to available services and supports. This information may not reach the digitally disconnected.
- Information has been made available in several languages and is supported by a translation and interpreting service for older adults from culturally and linguistically diverse communities.
- A dedicated COVID-19 telephone hotline has been set up to provide older people with critical information and personalised support. Run by a consortium of senior's advocacy organisations the service offers support to community-dwelling older adults, people living in residential aged care facilities and those with dementia[16].
- Australian banks have begun issuing debit cards to older people to assist with online purchases of goods and services.

### *Shelter, food and medicines*

- The eviction moratorium announced by the National Cabinet on 29 March will be a welcome relief for many facing insecure housing whilst being urged to stay in their homes during the pandemic. However, until the States pass laws enacting this moratorium, older people in both social housing and in the private rental market will continue to face insecurity.
- Older people experiencing homelessness are identified as being especially vulnerable during the pandemic and across the States they have been have been supported with temporary accommodation, in hotels and motels[17].
- The Federal government has ensured that older Australians can have access to food and basic household items whilst practicing social distancing[18].
- Additional funding has been made available to ensure that older people have access to food supplies and prepared meals (through Meals on Wheels, for example) without the need for an assessment.
- Local catering businesses and commercial providers who would normally support airlines and the entertainment industry have also been enlisted to help in this initiative.
- The Federal government has established the Home Medicine Service which enables older people to have their prescription medicines delivered to their home from their pharmacy via Australia Post.
- [My Aged Care](#) (the Australian government's aged care portal) offers a dial-in service to link older people unable to access these services via the internet.

### *Health and health care*

- The government has responded to potential health risks by setting up telephone welfare checks and working with aged care providers to ensure enhanced hygiene and training[19].
- Others have called for ongoing treatment and check-ups continue, either through face-to-face consultations or via telehealth will save lives[20].
- Some online exercise routines have been specifically devised for older people socially isolating at home during the pandemic[21][22], however, without a doctor's pre-appraisal, there is a risk that some exercises may be unsuitable and may cause injury. This also assumes active internet usage.

## Considerations going forward

As can be seen, current responses are not enough to address the potential issues outlined in the previous section, particularly with respect to the maintenance of social contact. These are the focus of potential new approaches outlined below.

Any response to COVID-19 should not promote ageist stereotypes that marginalize and isolate older people. This means adhering to human rights principles and reducing inter-generational conflict (as seen via the twitter hashtag #BoomerRemover). Chronological ageing is a poor marker of an individual's state of health and there is a danger of applying broad age-related criteria when prioritizing COVID-19 treatment in hospitals. Applying discriminatory health resource allocation in triage could deny care to many people who would otherwise benefit from treatment with the risk that they could be left to die[23].

The following are some suggestions of ways older people can stay socially connected whilst being physically apart:
- Set up local help lines to provide information around medical services, supermarket supplies and news updates.
- Set up a buddy system where there is a daily check-in with older people in isolation. This can identify older people's needs and can be used to help older people establish a new routine during this disruptive time.
- Enable older people to continue volunteering from home via telephone (see www.volunteeringasutralia.org). This may be part of the buddy system above. Older people who are technologically literate may be able to help those who are less so.
- Support older people to stay active and mobile via the phone. Link older people with occupational therapists and fitness professionals who can create a fitness program with them, motivate them and monitor progress.
- Employing IT support staff made redundant due to COVID-19 to work with older people over the phone.
- Work with various community and religious groups to ensure vital health messages and information on support services are available to people who do not speak English.
- Help older relatives and friends to become established online and stay socially connected by making video calls (using Skype, FaceTime and Zoom)[24].
- Reach out to those who are not digitally connected, via greeting cards and letters.
- Increase older people's digital competency by introducing them to specialist sites, such as the Government eSafety's *Be Connected* website[25]. This site develops online skills to help older people confidently and safely make online transactions, such as banking and shopping.
- Co-design technological solutions with older people, their families and carers in order to facilitate the digital literacy of older people.
- Encourage novel approaches to maintain social connections and engagement within the community, such as the *green card, red card* [26]neighbourhood initiative developed in the UK to communicate with self-isolating elderly neighbours, or the *viralkindness postcard* designed to help people look after their self-isolating neighbours[27]
- Use mass media, such as community TV and radio stations, to share information on support services and exercise and encourage older people to exercise.
- Linking older people with volunteers who can help create an exercise routine via the telephone.
- Protecting older people in residential care facilities, not just from infection, but also from social isolation. Having qualified staff deployed to aged care facilities to help with social isolation [28].

# ENDNOTES

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