COVID-19, SOCIAL ISOLATION AND AGEING

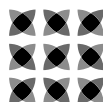*CSI Response* **DRAFT**

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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.

As the COVID-19 epidemic continues to spread across the country, the Australian government is urging Australians to practice 'socially distancing'. In particular, 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 in society and ensure that the healthcare system does not become overloaded.

Whilst these interventions appear to be reducing the growth rate of new cases[2], they are not without risk to 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.

Older people are not all alike

The Australian government advises the following 'at risk' age groups to socially isolate: 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. Nevertheless, older people are not a homogenous group and there are a number of factors that have a significant impact on older Australian's ability to cope with the directive to socially isolate:

- **Health and fitness** - Older people have a greater risk of the more serious complications of COVID-19, including mortality[3] and having underlying health conditions increases this risk. In Australia, 50% of people over 65 years have a disability[4] and within the Indigenous community nearly one in five have severe or profound disabilities[4]. Furthermore, 60% of people over 65 have two or more chronic health conditions (ranging from minor, such as minor hearing loss, to major, such as cancer and diabetes)[5]. It is estimated that 459,000 Australians live with dementia[6] and this poses unique challenges during the epidemic. Social isolation and physical inactivity are risk factors for the disease. Older Australians are increasingly sedentary and this puts them at greater risk of disease.

- **Ageing Diversity -** Australia's population is increasingly diverse, with one in three older people born overseas. There is also emerging awareness of the older LGBTQI community[7]. This diversity presents a significant challenge in the provision of aged care services, with clear evidence that older people are at greater risk of social and cultural isolation and of missing out on appropriate services, with negative health consequences. Low English language proficiency is especially problematic in receiving timely and relevant information on the pandemic. These diverse groups of older Australians commonly report difficulties feeling seen, heard and understood as outlined in the recent Interim Report (2019) from the current Royal Commission into Aged Care, titled *Neglect*[8].

- **Living arrangements** – There are different risks associated with older people living in the community, retirement villages, or within residential aged care facilities. The vast majority of older Australians are ageing in place within the community, and many of these older people are living alone: 25% of people over 65 years live alone and this increases to 35% for those over 85 years[9]. For those not living alone, household structure plays an important role, with particular challenges facing older people living in multigenerational households (who may be at increased risk of

exposure). Those in residential care may be at increased risk of isolation and exposure to the COVID-19 from carers. Geographic isolation raises additional concerns during a pandemic, including challenges to delivering adequate support to older people socially isolating or needing medical attention.

- **Digital divide** - The pandemic has highlighted the danger of the digital divide that separates many Australians (see the CSI *Digital Inclusion and COVID-19* Fact Sheet). Whilst there is a growing proportion of older Australians who are digitally literate, older Australians are significantly less digitally connected than other age cohorts and even those with an internet connection may not be sufficiently competent to be able to access information or do internet transactions:
  o 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[10];
  o Of those aged over 70 years, 57% have low to no digital literacy and 74% are digitally disengaged[10];
  o The vast majority of information on COVID-19 and the support available to older people is online despite there being a significant proportion of older people who cannot access the internet.
  o Many older people have neither the capacity nor the resources to be supported medically or emotionally via the internet. They are not 'digital natives', they are 'digital outcasts'[11] and this makes them especially vulnerable during the pandemic.

To meet the wellbeing needs of older people in contexts of social distancing and social isolation, we need to actively develop ways of supporting them to meet their basic needs of shelter, food, health care, social connection and physical exercise, including through the use of digital technologies.

Meeting the Basic Needs of older people during the pandemic

➢ **Shelter, food and health care**

Shelter:
- Older people from lower socio-economic groups, along with older indigenous people and older female migrants, are among the poorest and most vulnerable members of our society, especially during the pandemic. Poverty in older ages results in poor health outcomes, increasing rates of homelessness, and decreased wellbeing.
- Older people experiencing rental stress in social housing and the private rental market are especially vulnerable during the pandemic. 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.
- Many older Australians are at risk of homelessness and cannot access mainstream crisis accommodation due to occupational health and safety risks (see the CSI *Homelessness and COVID-19* Fact Sheet). Housing for the Aged Action Group reports that 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[12].

Food:
- The Federal government has responded quickly to try to ensure that older Australians impacted by COVID-19 can have access to food and basic household items whilst practicing social distancing[13].
- Alongside working with grocery suppliers on priority access for online and telephone shopping,

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. Those struggling to meet immediate needs, or people in crisis who are isolated without support networks, are encouraged to contact *My Aged Care* via telephone to get assistance with access to basic food and groceries.

Health 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[14].
- Since the onset of the pandemic, many older Australians have suspended their home care support, which may severely affect their wellbeing and ability to live independently. The government has responded to this by setting up telephone welfare checks and working with aged care providers to ensure enhanced hygiene and training[15].
- Many older people are delaying or avoiding medical care, either through fear of contracting the virus, or because they do not want to put pressure on the health care system. Ensuring ongoing treatment and check-ups continue, either through face-to-face consultations or via telehealth will save lives[16].

➢ Staying Socially Connected

Social isolation requires people to have minimal physical contact with others and this can lead to loneliness[17]. Social isolation and loneliness are already widespread in Australia with 1 in 4 people reporting that they are currently experiencing loneliness[18] with potentially negative effects on health and wellbeing (see the CSI Fact Sheets: *Loneliness, Social Connection and COVID-19* and *COVID-19 and Mental Health*). Older people are especially vulnerable: research reveals that even prior to the COVID-19 outbreak, one in five older Australians is socially isolated and that this is the major cause of social exclusion amongst the elderly[19].

Social isolation is a significant public health concern for older people affecting their physical health - through an increased risk of cardiovascular, autoimmune and neurocognitive problems[20] - as well as their mental health, with a higher risk of depression and anxiety[21]. Unchecked, the negative health impacts of social isolation can further weaken the immune system. Research suggests that the health risks from isolation and loneliness, both actual and perceived, are equivalent to the harmful effects of smoking and obesity, and result in early mortality[22].

Illness and disability can compound social isolation (see the CSI Fact Sheet *Protecting People with Disability*). Social isolation and loneliness are particularly problematic in old age due to decreasing economic and social resources, physical and functional limitations, the death of relatives and spouses, and changes in family structures and mobility. At a broader level, social isolation amongst older people can result in lack of community cohesion, increased incidence of ageism and limited community engagement by older people. This has cascading impacts on society, such as 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.

Older people receiving in-home aged care support are particularly at risk of social isolation and loneliness. They tend to be in poorer health, and have more cognitive impairment and mobility issues than those who do not receive aged care support. Older people in residential aged care facilities, especially those from marginal groups, often have limited social connectivity and the ability to maintain meaningful relationships; this results in negative physical and mental health issues. Service providers

also struggle to meet the social support needs of older adults, in particular in residential care and in rural and remote areas. 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 and when in single rooms. 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.

Furthermore, as families increasingly live apart, often across large geographic distances, older people are at risk of becoming socially disconnected from friends and family and experience depression and other mental health issues. For many older people, feeling connected to local communities and having a sense of belonging is an important antidote to loneliness[23]. Volunteering plays an important role in many older peoples' lives, helps them to connect with the community, and gives them a sense of identity and belonging. In Australia 35% of people aged 65-74 volunteer[24]. The current need to practice social distancing and isolation directly affects this unpaid source of labour to the detriment of both parties.

➤ Staying physically active

By its very nature, social isolation due to COVID-19 will likely reduce older people's walking and physical activity and lead to an increase in sedentary behaviour that risks impairing mobility. This, in turn, has a negative impact on quality of life and a range of health and well-being outcomes. There is clear evidence that exercise can reduce elements of frailty in older people by improving mobility, preventing falls and maintaining functional ability. Social isolation may mean that older people are unable to go outdoors to walk for daily chores and exercise, practice sport or go to the gym. Nevertheless, home-based exercises can help older people remain mobile and healthy. Ideally, a range of exercises are carried out incorporating resistance exercises to build strength, as well as functional, balance and endurance exercises. In a situation of self-isolation, focusing on activities of daily living can help to maintain mobility and reduce the amount of sedentary time[25]. To maintain exercise benefits, older people should exercise for the duration of self-isolation, but it can be hard for older people (or any person socially-isolating at home for that matter) to find a fitness routine that suits them and to remain motivated to persevere with it.

There is a plethora of home exercise routines available on the internet, via Youtube, Facebook and other social media outlets, however, older people may not have access to the internet and even when they do, they may not be able to navigate the sites to select a routine that is suitable for them. Some online exercise routines have been specifically devised for older people socially isolating at home during the pandemic[26], however, without a doctor's pre-appraisal, there is a risk that some exercises may be unsuitable and may cause injury.

Considerations going forward

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 (www.nationalseniors.com.au).
- 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.

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- 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). Video calls can have a great impact on health and wellbeing, especially within care environments for older people[27].
- 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[28]. This site develops online skills to help older people confidently and safely make online transactions, such as banking and shopping.
- Create paper resources (or DVD's where appropriate) to share with older people via the post.
- Encourage novel approaches to maintain social connections and engagement within the community, such as the *green card, red card* [29]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[30]
- Use mass media, such as community TV and radio stations, to share information on 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 [31].

Beware ageism
Public policy around the pandemic must not promote ageist stereotypes that marginalize and isolate older people. 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[32]. Universal human rights principles must apply and public health messaging in Australia must be clear that evidence suggests that the majority of people of all ages are likely to survive the infection. Furthermore, as the economic effects of the pandemic are felt across society, sensitivity and care are needed to ensure that generational tensions do not flare up (as seen via the twitter hashtag #BoomerRemover).

Coordinated response
Whilst Australia has been commendable in the response to 'flatten the curve', and there are many excellent examples of government, not-for-profit and grassroots initiatives that address the basic needs of older people at this time, this Fact Sheet highlights the need for a coordinated national response that focuses on the wellbeing of older Australians. There is a need to develop a national pandemic response that uses existing structures to identify people at risk and needing support with basic needs including food, shelter, health care, social connection and keeping physically active. Central to this is the message that physical distancing must not mean social distancing and isolation.

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