A review summary:
Social isolation in aged care

Key Points

- A scoping review of systematic reviews identified 16 reviews on social isolation published since 2012.

- Whilst loneliness is a different concept to social isolation, most reviews have considered it in addition to social isolation as part of a multidimensional aspect of social isolation.

- These reviews covered various topics, including information and communication technology (ICT), social support, reminiscence therapy, social connectivity, negative health impacts of social isolation, cognitive interventions and task or activity programs.

- Research is needed to find interventions capable of addressing social isolation. This research should identify which components of interventions work, for which groups of the aged care population, and in what settings.

Background

The remit of the newly established Knowledge and Implementation Hub of ARIIA is to identify and synthesise the existing evidence of best practices in aged care provision. Based on a survey of the aged care workforce, the Centre identified social isolation as one of four priority topics of interest to the sector. [1] This report summarises preliminary findings of a scoping review of the existing synthesised literature on social isolation in aged care settings. The purpose of the review was to understand and map the major themes being discussed in the research.

Social isolation

Social isolation is an international public health issue that impacts health and wellbeing, particularly among the older population at home and in residential aged care. Social isolation and feelings of solitude and loneliness are stressful events that can lead to generalised anxiety. [2]

Social isolation increases the risk of morbidity and mortality [3], with a risk level like that of smoking. [3] It results in poorer health through higher blood pressure and cardiovascular disease. [4,5] It can also lead to health behaviours such as smoking and physical inactivity, poorer quality of life and wellbeing, and mental health conditions including depression. [6]

Risk factors associated with social isolation in people living in residential aged care can be grouped into individual, system, and structural factors. [2,6-8] Individual factors related to characteristics of the individual including gender (with men experiencing more isolation than women), communication barriers, cognitive impairment (including dementia), hearing loss, comorbid disabilities, and impaired mobility. System factors relate to the residential facility and include its location, lack of integration between the facility and the larger community, and shortage of aged care staff. Structural factors relate to the socio-economic characteristics of the facility, the sociocultural characteristics of the facility population, and opportunities for social engagement and building new relationships. This may especially affect older people from culturally and linguistically diverse (CALD) backgrounds and LGBTQI+ older people.

Interventions have been developed to address problems of social isolation. This includes the use of digital technologies such as computer tablets and smartphones to enable people to communicate and connect with family and friends. [9] It also includes reminiscence therapy which involves recalling and sharing past life events with others [10], and support group and social connectedness interventions aimed at increasing the social network of the older person. [11]

Objectives of the scoping review

This document summarises the initial findings of the scoping review conducted to explore the extent of the published literature on social isolation in aged care settings. The review has also mapped the main topics of discussion into 'evidence themes' to inform the needs of the aged care workforce.

Methods

The review sought evidence from systematic reviews published in the last 10 years (2012-2022).

Search strategy

Three major databases were searched using an extensive range of search terms describing (1) social isolation, (2) aged care (home-based and residential), and (3) systematic reviews. The databases searched were PubMed, ProQuest's Social Science Premium Collection, and PsycInfo (OVID).

Inclusion criteria

We included studies based on a predefined framework for scoping the literature.

- The population of interest were the older population group, aged 60 years and older.
- The concept of interest was social isolation. Social isolation is objectively defined as the state of having limited or no social connections and therefore being unable to participate socially. However, we also considered reviews with a multidimensional perspective of social isolation such as the view of COTA Victoria that social isolation '… can be defined in terms of the extent, range and depth of social networks, including the extent to which people feel able to rely on their social network for support, and the felt experience of loneliness.' [6] We excluded reviews that considered loneliness only.
- The context of interest was aged care which was defined as the support provided to older people in their own home or an aged care facility (residential, nursing, or long-term care). [12]

Types of sources

Systematic reviews were the main document source for this scoping review as we wanted to know the extent of the available literature based on the highest level in the hierarchy of evidence.

Screening, selection, extraction, and presentation

All citations were collated and saved in EndNote v20 (Clarivate Analytics, PA, USA) where duplicate citations were removed. Screening and selection of relevant citations were undertaken using Covidence. The author, year, context setting and focus of the review (intervention, risks, outcomes) were extracted and summarised based on the focus of the reviews and presented using tables. The foci of the reviews were named 'evidence themes.'

Results

Our search yielded 347 citations. After removing duplicates, we ended up with 257 titles and abstracts, and then 32 full-text reviews to screen. Finally, 16 reviews on social isolation were identified. Five of these were specific to social isolation among older people in aged care, six considered mixed settings, and five were on social isolation with a consideration of loneliness.

The 16 systematic reviews informed multiple evidence themes. The list of evidence themes, a brief description of what they covered and the number of reviews informing them are presented in Table 1 below. Note: not all evidence themes have been summarised for the website at this stage.

Table 1. Summary of systematic review topics on social isolation

Theme	Description	Number of reviews
Information and Communication Technology (ICT)	These reviews focused on a variety of ICT approaches.	6
Support group interventions or social support	Those reviews that focused on social support used it as a form of intervention (support group) and as a form of assessment for an intervention program addressing social isolation.	3
Reminiscence therapy	The reviews focused on reminiscence therapy or life storytelling which was conducted individually or in groups.	2
Social connectivity	Those reviews focused on improving social connectivity used social clubs and social networks such as Facebook.	2
Negative impacts of social isolation	The reviews reported negative health impacts of social isolation such as loneliness, anxiety and depression, poor quality of life, suicidal ideation and frailty.	1
Cognitive interventions	The review which reported on cognitive interventions described a cognitive enhancement group-based program focused on making new memories and using high levels of attention.	1
Task/activity programmes	The review which reported on task or activity intervention used an indoor gardening program.	1

The outcomes of interest reported in these evidence themes include:

- Wellbeing
- Depression
- Loneliness
- Life satisfaction
- Quality of life
- Social engagement
- Cognitive performance
- Sense of identity
- Social support
- Use of different types of technology.

Conclusion

There is a limited body of synthesised evidence on social isolation in the context of aged care. There is more work needed to determine the effectiveness of interventions in alleviating social isolation in this population with special attention given to the experiences of diverse groups such as people from culturally and linguistically diverse backgrounds and those who identify as LGBTQI+.

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