A review summary:
Social isolation in older people

Key points

- A scoping review of systematic reviews identified 42 reviews on social isolation in older people published since 2012.

- Topics of interest were mostly on impacts of social isolation and interventions such as social participation and use of information and communication technology.

- Research is needed to find interventions capable of addressing social isolation. Further research on this topic 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 (KIH) 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 older people. 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 of older people. [2] 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 similar to smoking. [3] It results in poorer health outcomes such as elevated blood pressure and risks of cardiovascular disease. [4,5]

Social isolation can also contribute to the adoption of negative health behaviours like smoking and physical inactivity, potentially resulting in poorer quality of life, compromised wellbeing, and the development of 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 are related to characteristics of the individual, which include gender (with men experiencing more isolation than women), communication barriers, cognitive impairment (including dementia), hearing loss, comorbid disabilities, and impaired mobility.

System factors are related to the residential facility and include location, lack of integration between the facility and the larger community, and shortage of aged care staff. Structural factors are related to the socio-economic characteristics of the facility, sociocultural characteristics of the facility population, and opportunities for social engagement and building new relationships.

Interventions have been investigated to address issues related to 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. [9-11] It also includes social prescribing where primary care professionals (i.e., general practitioners) and other community-based practitioners (i.e. social prescribing link workers) provide opportunities to deliver individualised social interventions. [13]

Different types of social participation activities have also been considered to promote social connections, cognitive stimulation, and a sense of purpose. [14]

Objectives of the scoping review

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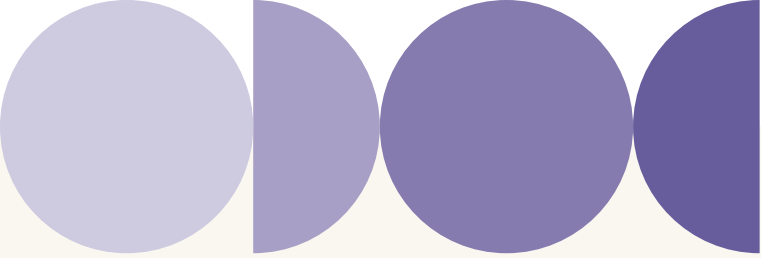
Methods

The first review was conducted in 2022 and updated in 2023. The first review was specific to social isolation in older people specifically in aged care settings. The updated review considered older people in all settings more broadly, including community settings, as social isolation in older people is a concern that occurs in all settings. Moreover, issues and strategies to address social isolation may be relevant, applicable, and transferable in various settings.

Search strategy

The first search was conducted in three major databases using a range of search terms describing (1) social isolation, (2) older people in aged care settings, and (3) systematic reviews. The databases searched were PubMed, ProQuest's Social Science Premium Collection, and PsycInfo (OVID). In the updated search, six major databases were searched using an extensive range of search terms describing (1) social isolation, (2) older people (in all settings), and (3) systematic reviews. The databases searched were PubMed, CINAHL, EMCARE, MEDLINE, PsycInfo and Social Science Premium Collection.

Inclusion criteria

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

- The population of interest were 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 reported on loneliness outcomes only.
- The context of interest was older people in aged care (residential and home care) in the first review. In the update, we refined the inclusion criteria to accommodate the broader context of interest, that is older people in all settings, including community settings. We also specified that only reviews with specific measures of social isolation were considered.

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. Systematic reviews needed to report on conducting quality assessment and the findings of the assessment.

Screening, selection, extraction, and presentation

We used the search results of the review update as it is more comprehensive and broader in context. 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

The updated search yielded 960 citations. After removing duplicates, we ended up with 820 titles and abstracts, and then 220 full-text reviews to screen. Finally, 42 reviews on social isolation were identified. The 42 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 on the following page.
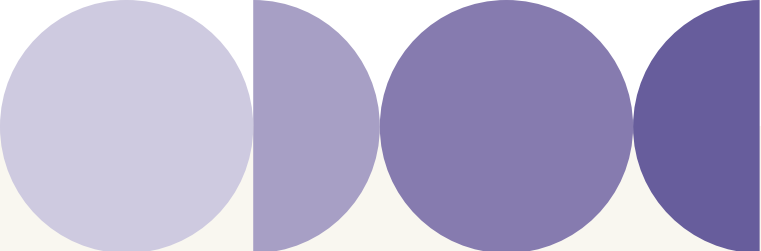
Table 1. Summary of systematic review topics on social isolation

Theme	Description	Number of reviews
Age-related hearing loss	These reviews discussed how hearing loss in older people was related to social isolation.	2
Cultural awareness	These reviews focused on experiences and factors contributing to social isolation among older people with diverse cultural backgrounds.	2
Information and Communication Technologies (ICT)	These reviews discussed various forms of ICT to address social isolation.	12
Impacts of social isolation	The reviews reported impacts of social isolation with some having a focus on the period of Covid-19 pandemic.	9
Person-centred approach	These reviews discussed the essential components of person-centred interventions in addressing issues related to social isolation.	5
Risks for social isolation	These reviews discussed factors that may lead to social isolation in older people.	4
Social participation	These reviews highlighted a range of effective activities to enhance social participation among older people.	11
Social prescribing	These reviews described various types of social prescribing techniques discussed within the literature.	3

Conclusion

The scope of the body of evidence on social isolation in older people focused on risk factors, impacts and interventions to address social isolation. More work is needed, such as a realist informed method to identify what components of interventions work, for which groups of the aged care population, and in what settings.

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