



I'd like to make a submission to the Inquiry into social isolation and loneliness in Queensland.

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A handwritten signature in black ink, appearing to read 'Nicky Whichelow'.

My submission is based on probably the most current, comprehensive and up to date findings on loneliness in older adults in Queensland that you could ever have asked for.

My latest research on loneliness and social isolation as part of a doctorate study and my PhD on Successful Ageing which has been undertaken over the last 6 years and completed in June this year (2021) involved over 400 participants who took part in a mixed methods study which gave it more robustness than any other previous study undertaken in QLD. Using both survey data and interviews over many months, the richness of the data created a picture of depth and understanding. It examined communication technology as a feature to explore whether communication technology was helpful to an older population or not. Below I am sharing the key findings and urge the committee to consider them in their Inquiry.



SUMMARY

- Loneliness is complex. Social Isolation is different to loneliness.
- You cannot simply ask someone if they are lonely – self report loneliness scores mask the stigma attached to admitting being lonely
- There are other early warning signs as to the negative experience of loneliness
- Communication Technology can connect older adults but NOT in the human connection form but in the literal connection form
- Access to technology and the internet is critical to an inclusive society for all
- Creating a community to replicate family is a good way to encourage the use of digital technology and create inclusion
- Sedentary physical activity can be just as an important protective barrier against loneliness than technology
- The pedagogy of teaching older adults about technology needs to change
- We need to segment the older person's market. Those able to benefit from technology are the ones most likely to get involved. Those who might benefit but lack confidence need to be the target group.
- Protective activity needs to begin before loneliness takes place. A regular survey check in from the age of retirement to identify any ongoing changes might create early intervention. As we get our blood pressure checked every year why not a resilience scale developed for successful ageing
- ALL changes and proposals MJST involve the people who will benefit or try and benefit from. Time MUST be taken to ensure changes are not superficial and media sensationalism
- There is so much activity taking place across Queensland at local community levels and large corporate levels. However, the key learnings remain disjointed. I would not advocate a Minister for Loneliness but instead an active committee regularly gathering key findings and sharing ideas and results of projects so that we can continue to work on and build on findings. An on-line or in person conference of sharing. Loneliness is a societal problem.



Loneliness in Queensland

In its in-depth study of the particular lived experience of loneliness, the doctorate research study I completed goes beyond a generalist interrogation of loneliness. It did not stop at completing analysis through a survey and following interviews; it pulled together strands of information and analysed them in detail to add value to the critical debate on how we discuss, understand, and deliver services and experiences of ageing. This research gives a much-needed voice to our older population and challenges the growing sentiment that communication technology is the answer to helping older people age successfully.

The findings make a vital contribution to current thinking, which is that communication technology does not ‘fix’ loneliness. Instead, Communication Technology is largely viewed by an older population as a tactical or transactional tool that facilitates the sharing of superficial information, but not one that can help the user create and develop deep meaningful connections. It is human connections that are identified as the most effective solutions to loneliness.

Furthermore, the additional finding that life satisfaction is positively associated with sedentary activities, whether via communication technology or not, is also important. In many instances, it was not the striving to maintain old goals that was identified as important, but satisfaction with smaller achievements throughout the day that protected against the loss of satisfaction with life.

These findings are especially important at a time of great fiscal pressure on operational efficiencies within the aged care sector and the global health crisis, COVID-19, which has forced older people who were not isolated before into states of social isolation and has spotlighted the need to address loneliness and social isolation and review our current understanding of those lived experiences.

Furthermore, this study shed an important light on the utility of communication technology to alleviate the negative consequences of those experiences and identify who is most likely to benefit from communication technology intervention and those who might not.

This study explored how older people themselves were defining successful ageing and the findings suggest that CT is not always the best way to alleviate loneliness and its deleterious consequences.



In fact, it is the utility of it and other mechanisms to create social support that are most important. CT cannot simply improve the number of and frequency of social contacts. It is more important that it is used to achieve the goals of ageing well and reducing the negative impact of physical decline.

This research study answered the complex question around how communication technology impacts the process employed by an older person to achieve successful ageing at home. It has also identified the highly complex and intricate environment in which the experience of successful ageing and communication technology exist.

Pulling all the data together I created a visualisation of the results to help others understand the highly complex eco system of loneliness that our older Queenslanders have themselves articulated.

It has been created so that the findings can be read, a bit like the narrative around the highly complex triangle of successful ageing and loneliness with a particular nod to communication technology and to try and stop others thinking communication technology is the over simplified panacea to tackle loneliness in later life.

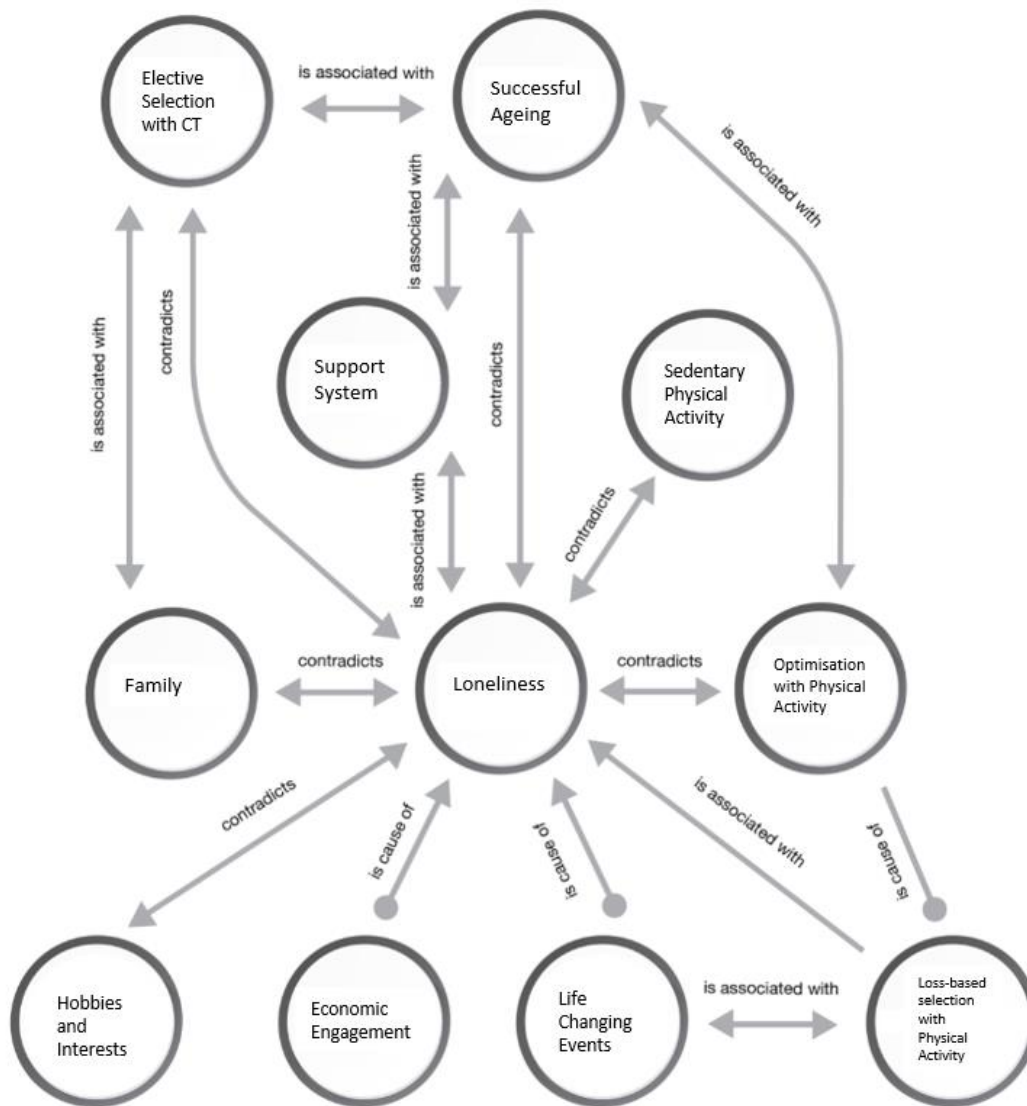
These findings bring new understandings to the subject. For example, sedentary physical activity can be an antidote to loneliness. Undertaking this type of activity might reduce the presence of loneliness. But loneliness is also linked to an older person's support system. Attempting to address loneliness through sedentary physical activity does not mean that there will be positive changes in loneliness without also addressing an older person's support system.

This research is significant in clearly identifying that a single initiative addressing one issue alone is not likely to alleviate the central experience of loneliness. It also demonstrates that communication technology will not improve an older person's experience of loneliness without the scaffolding of other experiences in place.

The relational diagram puts the complex issue of loneliness at the centre of the conversation on successful ageing behaviour, quality of life, and the use of communication technology. It presents the culmination of the findings and creates an important understanding in visual form: that making a change in one domain alone might not have the desired effect on the domain being investigated.



For example, addressing a person’s support system on its own might not impact loneliness until other areas such as family and encouraging optimisation behaviours are also addressed.



A Visual Representation of the Complex and Interconnected Environment of Loneliness in Older Adults in Queensland.

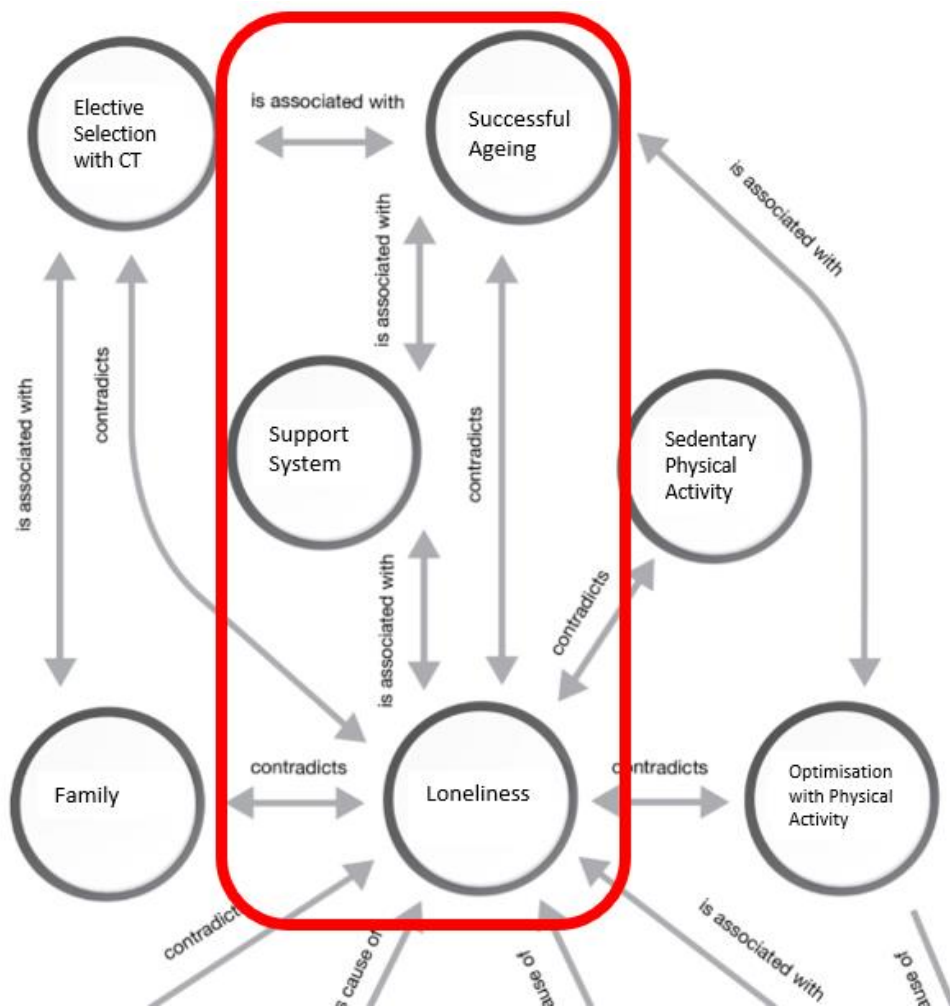
Two key insights which form part of the contributions to theory and in particular, to practice, are noted as being of importance to the overall inquiry.



Insight One

Family is associated with an older person actively selecting to change their goals and to use CT. In all likelihood, a family member supports or requests the use of CT, and with no sense of goal loss, the older person narrates that experience. This interaction can be seen to contradict or negate the experience of loneliness. Therefore, utilising family or community groups (as a replacement for a family support structure) and possibly intergenerational ones, would have more impact than simply more training on how to use CT.

The relational diagram demonstrates the relationship between successful ageing linked to the support system both on its own and via the support system contradicting loneliness.

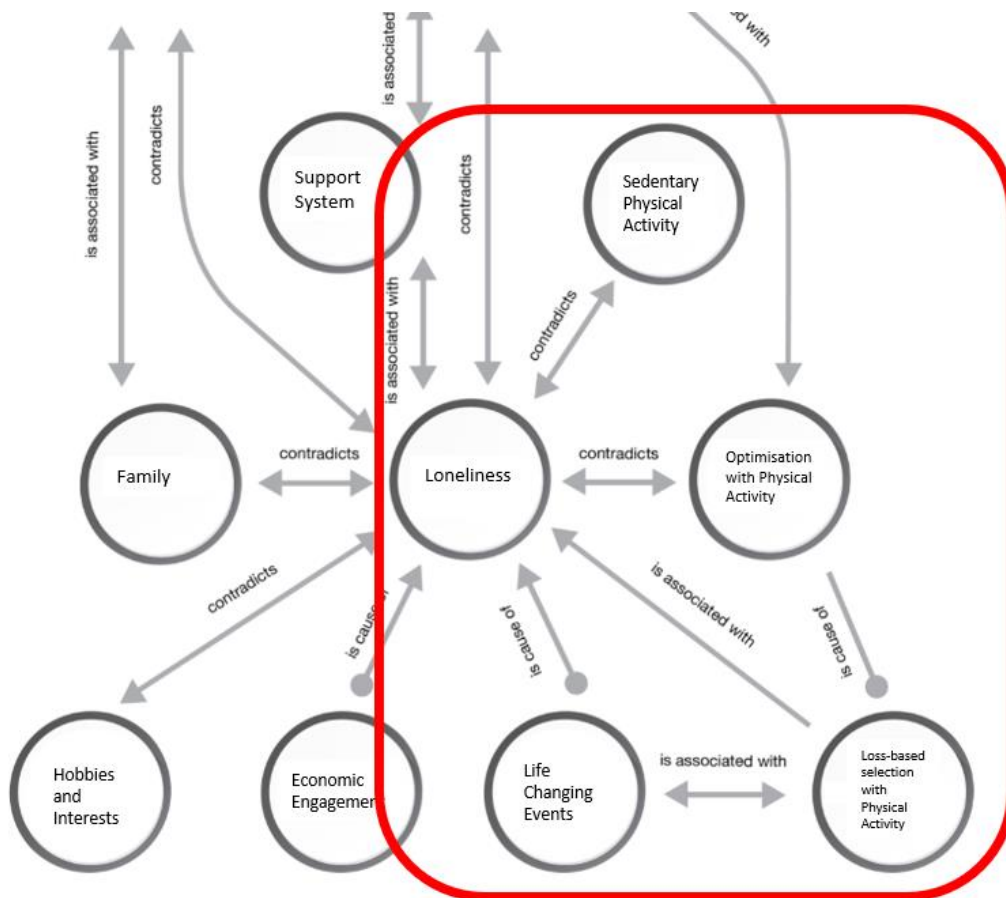




Insight Two

Insight Two is that sedentary physical activity (SPA) contradicts loneliness and finds new resources of a physical nature to negate loneliness. Life-changing events can *cause* loneliness and a decline in health, which influences someone to change their goals, which, in turn, is associated with loneliness (SPA).

What this means is that loneliness can be counteracted by learning new skills that expand the mind not always the body. This resilience against a backdrop of increasing health conditions in much later life means that it is sedentary physical activity that has more of a protective barrier against loneliness than Communication Technology could ever hope to achieve. Activities include reading, researching history, taking an online course, learning how to crochet/knit/craft, crafting a biography are all included here. In this way ICT becomes an enabler rather than an end in itself.





Data and the language we use.

The data in the final analysis of the 6 year study, demonstrated the likelihood of intervening variables on the presence or absence of loneliness. This helps us start to ask the wider questions about quality of life rather than whether someone is lonely. The consistent stigma attached to the idea of admitting being lonely can also be a barrier to activities that might alleviate the negative experience of loneliness not just being alone or socially isolated. For example :

Dependent variable	Results
Presence of loneliness	<p>Quality of life has a significant effect on the odds of loneliness ($\chi^2 = 100.824, df = 49, p = 0.000$).</p> <p>The odds of loneliness are 2.93 times greater for those who generally do not agree that they get pleasure from their home compared to others ($B = 0.969, p = 0.036$).</p> <p>The odds of loneliness are 4.371 times greater for those who generally disagree they have social or leisure activities/hobbies they enjoy doing ($B = 1.475, p = 0.009$).</p> <p>The odds of loneliness are 0.096 times less for those who generally agree they are healthy enough to have their own independence ($B = -2.342, p = 0.004$).</p>

Dependent variable	Results
Quality of life	<p>The presence of loneliness has a significant effect on the odds of enjoying life in general ($\chi^2 = 25.627, df = 1, p = 0.000$).</p> <p>The odds of agreeing to enjoying life in general are 0.293 less for those who are lonely than for those who are not ($B = -1.228, p = 0.000$).</p>



The presence of loneliness has a significant effect on the odds of having social or leisure activities/hobbies that one enjoys doing ($\chi^2 = 25.446$, $df = 1$, $p = 0.000$).

The odds of agreeing to having social or leisure activities that one enjoys doing are 0.267 less for those who are lonely than for those who are not ($B = -1.320$, $p = 0.000$).

The presence of loneliness has a significant effect on the odds of trying to stay involved with things ($\chi^2 = 20.785$, $df = 1$, $p = 0.000$).

The odds of agreeing with the statement 'I try to stay involved with things' are 0.353 times less for those who are lonely than for those who are not lonely ($B = -1.040$, $p = 0.000$).

The presence of loneliness has a significant effect on the odds of feeling safe where the respondents live ($\chi^2 = 14.740$, $df = 1$, $p = 0.000$).

The odds of agreeing with the statement 'I feel safe where I live' are 0.353 times less for those who are lonely than for those who are not lonely ($B = -1.041$, $p = 0.000$).

The odds ratio calculation demonstrated that the presence of loneliness has a predictive negative effect on the odds of someone's quality of life in many areas. The odds of the negative effects of loneliness versus those not lonely were calculated in several areas:

- Odds of lonely people enjoying life in general are 0.293 less
- Lonely people are 0.267 less likely to have social or leisure activities that they enjoy doing
- Lonely people are 0.353 less likely to stay involved in things
- Lonely people are 0.353 less likely to feel safe where they live
- Lonely people are 0.410 times less likely to take life as it comes.



From the multiple layers of the research, the associations represented in the figure and the subsequent insight sections it is evident that associations between loneliness, and successful ageing (and technology) are highly complex. However, it is also clear that, because of the intricate web of successful ageing, not one single intervention will be the solution to overcome loneliness. The figure reinforces the highly complex constructs and experiences involved and should be used as to warn policy makers, designers, and technologists that working on one aspect and ignoring the others will likely reduce the effectiveness and utility of any one single intervention.

COVID-19 and the Health Crisis

This research is timely and relevant in the current global health crisis. It strongly indicates that communication technology is not the panacea or main solution to helping older people stay connected and reduce loneliness, nor does CT provide substituted meaning and purpose in life, leading to good health and a reduction in loneliness. It did however agree with the need to widen acceptance and access to technology as an enabler for connection. But connection is not the human connection that is so often misconstrued.

As to the impact of COVID-19 on the overall mental health and well-being of an older cohort, research on the broader psychological impact of the pandemic on a wider population is useful (Li & Wang, 2020). The study investigated the prevalence and predictors of general psychiatric disorders measured by the 12-item General Health Questionnaire (GHQ-12) and frequency of loneliness during COVID-19 in the United Kingdom, a country heavily hit by the pandemic. The responses are from 15,530 respondents in the first large-scale, nationally representative survey of COVID-19 in a developed country, the first wave of an Understanding Society COVID-19 Study. Results show that 29.2% of the respondents score four or more out of a potential five on the general psychiatric disorder measure indicating high levels of distress. Additionally, 35.86% of the respondents sometimes or often feel lonely. Regression analyses showed that those who have had COVID-19-related symptoms are more likely to develop general psychiatric disorders and are lonelier than those who have not had COVID-19 symptoms.



Women and young people have higher risks of general psychiatric disorders and loneliness, while having a job and living with a partner are protective factors.

The study (Li & Wang, 2020) explores the psychological impact, including general psychiatric disorders and loneliness, on members of society during COVID-19 and the underlying social inequalities.

Robinson et al. (2019) argued that there are new kinds of risk emerging with the COVID-19 virus, and that these risks are unequally distributed. Digital and social inequalities are rendering certain subgroups significantly more vulnerable to exposure to COVID-19, for example, older people.

The authors posit that those individuals who exercise more control over their exposure risk — on the basis of their control over their physical and social interactional environments — stand a better chance of staying healthy than those individuals who cannot manage exposure risk. Individuals therefore vary in terms of what they have called their COVID-19 exposure risk profile (CERP). Alongside socioeconomic status, one of the key forms of social differentiation connected with CERP is digital (dis)advantage. Individuals who can more effectively digitise key parts of their lives enjoy better CERP than individuals who cannot digitise these life realms.

Therefore, Robinson et al. suggest that digital inequalities are directly and increasingly related to life-or-death exposure to COVID-19 as well as to excess deaths attributable to the larger conditions generated by the pandemic.

A further study has urged initiatives to assist social isolation during COVID-19 for older people and not simply to rely on CT (Brooke & Jackson, 2020). The authors acknowledge that even though many older people are highly IT literate, there remain disparities in access and abilities, and so alternative ways of supporting older people are imperative. While mail deliveries continue, cards, letters and parcels provide other avenues to ensure older people feel connected with the outside world.

A further way to support older people during the current health crisis could involve regular, meaningful telephone conversations to ensure mental, social and physical health needs are being met, and that older people know how to ask for and access help if required.



Family members, friends, local charities, voluntary organisations, and community nurses could develop comprehensive networks to ensure each older person has some meaningful social contact to support them.

Through an organised and comprehensive approach, charities, organisations and healthcare providers could work together to support older people through periods of social isolation and to minimise and mitigate the negative impact of ageism, social isolation and loneliness. The impact of finances during COVID-19 and loneliness and the sense of financial exclusion must not be ignored.

Summary

In summary, this research has identified that a single initiative addressing only one issue in an older person's life is not likely to address the whole experience of loneliness.

From the multiple layers of the research, the associations between circumstances surrounding loneliness and successful ageing represented in the visual figure, and the subsequent insights, it is evident that the relationships between loneliness and successful ageing, and the use of communication technology are highly complex. This finding advises policy makers, designers, and technologists that working on one aspect of the successful ageing environment and ignoring the others will likely reduce the effectiveness and utility of any intervention.

This research has also demonstrated that communication technology is not the main resource in an older person's perspective on addressing loneliness and that addressing a person's support system might also not impact loneliness until other areas such as family and encouraging optimisation behaviours are also addressed.

It is no longer sufficient to ask about an older person's current feeling of loneliness as a part of ageing successfully, but rather, we need to track the changes in goals and resource adaptivity as more relevant benchmarks of ageing successfully. This is reinforced by the potential denial of the presence of loneliness, as found throughout the study, which has many important ramifications, not least that self-report must always be qualified further where loneliness information is gathered.



Future Research

These research findings suggest that simply focusing on ways to alleviate loneliness through communication technology or better utilisation of resources in the domains of health, cognition and social engagement — the core of Kahn’s model of successful ageing — or concentrating on the adaptive and life management strategies of the model of successful ageing — the central premises of the Baltes model of SOC - is not the whole picture. Even though this research used as its foundation the multitude of research findings suggesting that loneliness can be alleviated through communication technology, this research does not support that premise in its entirety. There is no doubt that communication technology can be useful for tasks that require a quick exchange of short information, but the data suggest that it does not create deep social connections. This finding is consistent with those whose awareness and use is high as well as with those less connected to others through communication technology.

It is also important to consider if barriers to communication technology create a loss of interest in adopting it; economic engagement remains the biggest barrier and therefore, further research and funding is needed to support a technologically connected older population. With regard to finance as the barrier, a fixed income after retirement inevitably leads to decisions on how that finite resource income is spent. When the value of the role of CT in successful ageing is perceived as limited, engagement with communication technology will remain poor. Clearly, a key driver to counteracting this is the older person’s support system, but further research is needed on the impact of CT once the initial purchase and training has been completed.

Although, widely perceived that older adults need to be making more use of information and communications technology (ICT), there are still few sociological studies about the reasons and motivations underlying older adults' adoption or non-adoption of ICTs. We also know little about the nature of this use and the support that older adults draw upon regarding ICTs. Finally, and perhaps most importantly, we know little about the outcomes and “life-fit” of older adults' (non)use of ICTs.

Why this is important is because the ability to use information and communications technology (ICT) is now assumed by most commentators to be a prerequisite to living in the “information age.”



From civic involvement to the arts, employment to leisure using information technology is nothing less than “the indispensable grammar of modern life” for all adults. This civic and societal imperative has given rise to prevailing political efforts around the world to ensure that every citizen has a basic level of “universal access” to information technologies and that disparities are reduced between those segments of society that are making use of ICT and those segments that are not. In particular, social commentators are beginning to highlight the fact that the information society is also an ageing society, and that encouraging older adults' use of ICT is an essential prerequisite to overcoming the “digital divide.” This has led, in turn, to the recent discursive portrayal of “silver surfers,” a popular but nebulous description of the confident and competent older ICT user. The “silver surfer” discourse reinforces the notion that older adults stand to benefit from ICTs in various ways, and that the ability to make use of new technology is a ready means through which to “bridge the generation gap.”

Previous research has identified a host of benefits of ICT for older adults that can be characterised as leading to either social and self-understanding benefits (e.g., increased access to current affairs and health information), interaction benefits (e.g., increased connectivity and social support), or task-orientated goals (e.g., ICT-assisted work, travel, shopping, and financial management). Empirical studies have also found use of the Internet to lead older adults to lower perceived life stress. In essence then, the use of ICTs is seen as a ready means for older adults to “reconnect or improve their connection with the outside world” but NOT connection in the human sense.

Yet, the potential of ICTs for empowerment of older adults has been tempered by a succession of reports that technology is proving in practice to be an activity that many older adults are excluded from.

Survey data also suggests that using a computer is not only a minority activity amongst older adults but also highly stratified activity by gender, marital status, educational background, and age (i.e., between the “61–70 years” and “71 years and over” age groups). There is therefore growing concern that older adults must engage with new technologies or be further disadvantaged in contemporary society. As Green and McAdams noted: to lag in the use of technology is to remain behind a veil of limited knowledge and opportunities.



In combination, education and access to information can ameliorate the impact of disadvantage.

Throughout the research, narratives were captured on the role of social networks, and although not analysed in depth, could shed further light on the predictors of successful ageing for resource mobilisation. In this regard, the increased use of CT to drive connections may be having deleterious consequences on our psychological health. Could it be that we need to ask if the lower use of CT could be more of a predictor of successful ageing than the opposite?

In a recent study (Lim et al., 2020), it was posited that it is now time to refresh our understanding of the concept of loneliness with further research. In their new conceptual model of loneliness, Lim et al. illustrated how solutions can be delivered and tailored to an individual based on their life circumstances and preferences and called for further research to create a more current understanding of loneliness. They also suggested that our knowledge can only be deepened if we increase scientific rigour via accounting for confounding variables and using longitudinal, multi-disciplinary, and multiple methodologies in research. They also called for the rigorous evaluation of programs targeting loneliness.

Future research could also link to studies in the changes to physical domains as they happen and investigate more closely the links to mental health and the protective barrier of a sense of community.

This might demonstrate that changes in other survey scores could be early warning signs of loneliness and depression and are of significant utility in a homecare setting as well as an aged care setting, giving an early risk profile to those who would benefit from help in resource adaptation, without asking them if they were experiencing loneliness.

Could it be that, like pain, it is better to build necessary and protective barriers against it long before it starts to occur? Although this research has considered CT, loneliness, and successful ageing, there are some useful links that could be employed in extending current theories of technological adoption in older adults and would benefit from future research. Fundamentally, we need to reconsider the way we view and provide services for our older population. Technology will be useful for some and do more harm than good for others. Further research is urgently needed to understand how to live with limited financial means and build resilience to the multitude of life changes experienced in an older cohort.



And with a rise in suicide as a cause of early mortality in the over 75s, never before has it been more important to focus on successful ageing. To not do so is surely discrimination against our future selves.

Additionally, the findings underscore the proposal that successful ageing needs to be defined by the individual and combining different perspectives on the construct of successful ageing is pertinent to the discussion around what successful ageing looks and feels like for an older person outside normative experiences. In this regard, successful ageing would benefit from further longitudinal studies, which are well placed to investigate individual changes and to explore how SOC evolves over time, and any links to specific cognitive mechanisms that may be additional to the building blocks of SOC.

Furthermore, the role of life-changing events and how the older person deals with grief in the loss of a partner — either constant loss in the form of dementia while their partner is still alive, or permanent loss when their partner, who was often the key support mechanism to ward off loneliness, is gone. Studies of resilience in the face of grief and links to successful ageing would therefore be useful in extending this research.

This research was not designed to investigate causal mechanisms between loneliness, and communication technology, and further research of a longitudinal nature into changes to domains through ageing experienced in real time would bring more understanding than relying on implicit memories, which are affected by the trauma often experienced in ageing through multiple losses and changes in self-identity. With self-reports based on trying to recall feelings and reasons, reporting of loneliness might also be problematic, as it is hard to tell whether strategies were actually used or simply articulated.

Finally, this research focused on loneliness. Many studies have also included the examination of social isolation. These are two separate experiences and MUST be articulated and responded to differently. Not to do so, reinforces the lack of respect and understanding given to each and those who experience them.

Conclusion

Overall, it is concluded that the concept of loneliness is highly complex. This research has identified key areas of focus to address it as defined by an older person themselves.



Even though the research focused on communication technology and its compensatory and optimising capacity, it was inevitable that other techniques would arise, such as the utility and impact of changing physical domains.

Each layer of understanding has led to a deeper understanding of the ecosystem that an older person lives in once the scaffolding of regular full-time paid work is no longer there. As with any ecosystem, changes made in one area can be seen to ripple through to others. Of course, each change will be adopted or not, depending on the situation an older person finds themselves in.

This research, although focused primarily on loneliness, notes that social contact and a social support arrangement was significant in older persons' narratives on successful ageing. These findings are important for the design of digital behaviour change interventions in older adults, particularly in groups at risk or for interventions targeting loneliness and/or social isolation.

This research has provided insight into the concept of successful ageing at home, not from a physical function or capacity viewpoint, but from a life course perspective. It has delivered valuable insights into the mastery of loss as a way to age successfully by harvesting the nuances of self-reported data. If an older person reports normative ageing clinical indicators, does this possibly mask the increase in the proportion of older people with decreasing wellbeing indicators? For example, good all-round physical health is not an automatic indicator of subjective wellbeing and successful ageing. These findings must not be ignored and need to be integrated into the design of future services for older people as well as into the media and education systems. The nuances highlighted in the research clearly indicate that we do not fully understand the lived experience of our older population, and decisions that impact them must include their opinions; for without this, society will continue to isolate older people in its design of an integrated future for all.



Loneliness is not Social Isolation and vice versa – be careful of the casual interchange of phrases.

Loneliness is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of quality of certain relationships. This includes situations, in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realised. (De Jong Gieruelà).

Central to definitions is that loneliness is a subjective and negative experience, and the outcome of a cognitive evaluation of the match between the quantity and quality of existing relationships and relationship standards. The opposite of loneliness is belongingness or embeddedness.

Social isolation concerns the objective characteristics of a situation and refers to the absence of relationships with other people. The central question is this: To what extent is he or she alone? There is a continuum running from social isolation at the one end to social participation at the other. People with a very small number of meaningful ties are, by definition, socially isolated. As we age the number of ties may naturally reduce. Loneliness is not directly connected to objective social isolation; the association is of a more complex nature.

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