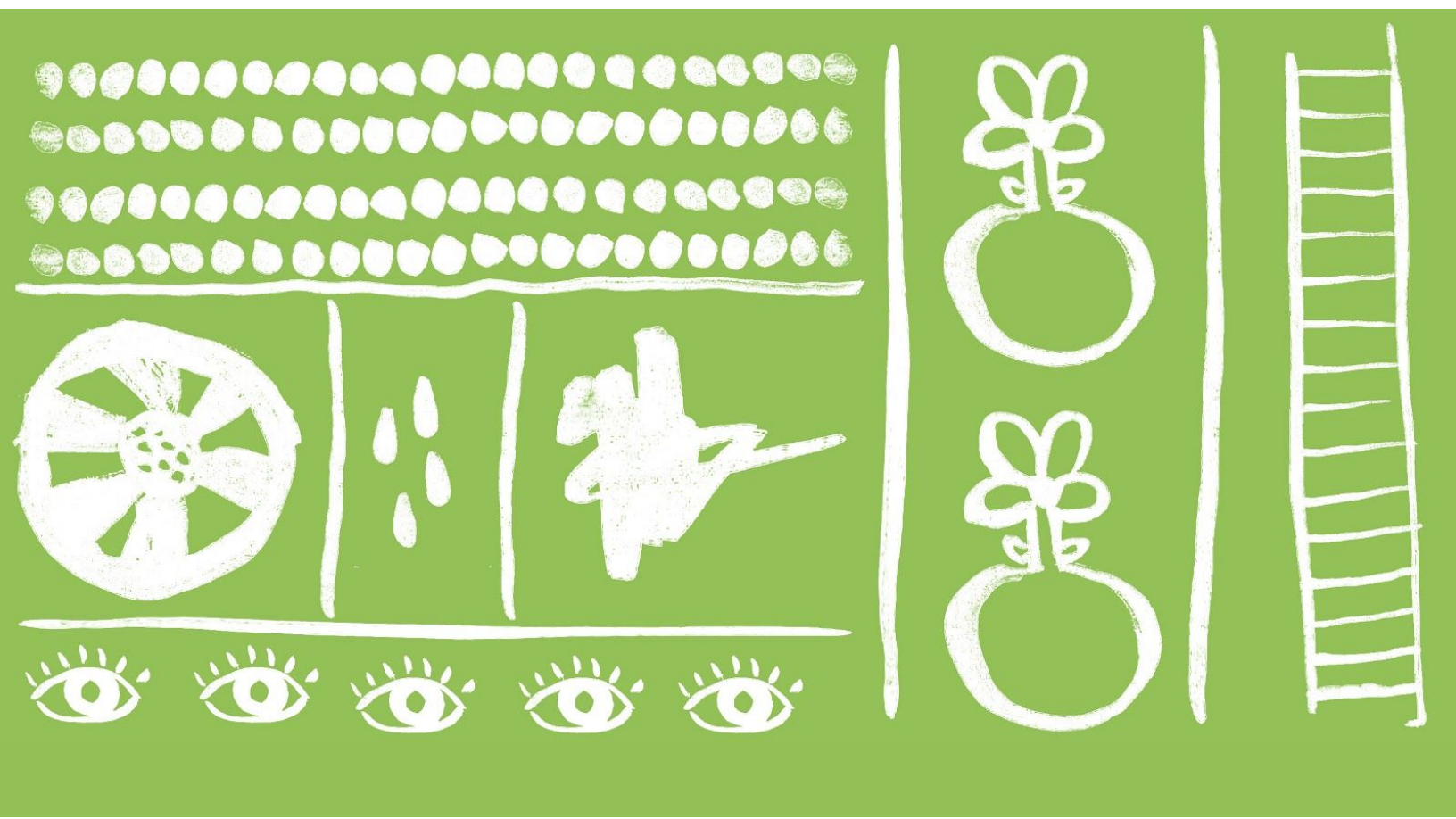


Iriss on...

Social isolation and technology

JUNE 2020



What is social isolation?

The [Scottish Government \(2018\)](#) refers to social isolation as the quality and quantity of the social relationships a person has at individual, group, community and societal levels. It is marked by an absence of personal networks and social support structures, and engagement with the wider community.

Who is at risk?

There is no typical profile of someone at risk of social isolation, but there is evidence to suggest that adults and children who are socially disadvantaged are at increased risk of social isolation, as well as adults with poor physical health and/or a disability, and those who live alone or are widowed ([Teuton, 2018](#)). Not everyone will experience social isolation in the same way and some won't view it as a problem.

Causes of social isolation

Negative changes in a person's life, such as bereavement, retirement, losing a job, personal injury or illness, or separation or divorce, can increase the risk of feeling socially isolated ([KFF, 2018](#)). Physical and mental health conditions can also be a cause of social isolation.

Impact of social isolation

Social isolation is a risk factor for both poor mental and physical health ([Santini, 2020](#)). One of the immediate issues around social isolation is the reduction in physical activity and greater sedentary time, which can impact on mobility and contribute to increased risk of frailty, coronary disease or stroke, and poor wellbeing. It has the potential to negatively affect cognition, immune and cardiovascular function, sleep and body weight. The KFF (2018) study pointed to poor habits developing, with people overeating, smoking or using alcohol and drugs more when isolated. Mental health problems can include acute stress disorders, irritability, insomnia, emotional distress, mood disorders, including depressive symptoms, fear and panic, anxiety, self-harm and suicide.

What does this mean for me


Nessa Barry, Knowledge Exchange Manager, Technology Enabled Care and Digital Healthcare Innovation, NHS National Services Scotland

The COVID-19 pandemic presents significant challenges for us as citizens and for the provision of services. Most relevant to this discussion is the requirement to be physically distant from one another and restrict our interactions with others. The challenge in this context is that the requirement amplifies the sense of being isolated, at a time when we are all feeling overwhelmed at times by the scale of one distressing statistic after another; reassurance and human connection is so important.

For some, a consequence of the impact of COVID-19 might also be a hesitancy or fear about becoming more social in-person, as the restrictions on activity (not on physical distancing) are eased. However, the need to be physically distant, and for some to remain at home if they are in the shielding group, should not have an excessively negative impact on social connections with our families, friends and communities. It is important that we work to avoid a situation where physical distancing compounds social isolation.

Early 2019, the Scottish Government's TEC programme funded a project led by Dr. Louise McCabe and her colleagues at the University of Stirling, to review the literature on the subject of [Technology and Social Connectedness](#). The research found that the strength of evidence for interventions which measured impact on social connectedness in this area was weak. However, the study did find positive examples of technology supporting social connectedness, whether it was to access social networks, health and care resources, entertainment or educational content. The [recommendations produced](#) from this work focus on the individual and their requirements, and the need to involve them from the outset and provide one-to-one or peer-to-peer support. They also support a balanced consideration of risk and the potential for the system to support this.

There are many examples of how technology has been used to ease social isolation in the crisis. Colleagues working in health and social care, housing and voluntary sectors are providing greater support and connection for those with whom they work (eg [Age Scotland](#) and [Alzheimer Scotland](#)). Many organisations rapidly produced COVID-19-specific content to promote wellbeing (eg [Young Scot](#)). No one solution, website, app or Zoom party will provide a complete solution. As we have seen in our own team, a familiarity with working remotely for several years does not provide immunity to feeling overwhelmed by information, or just physically tired from back-to-back video calls.



We have also seen examples of basic ways of using technology being incorporated into more formal responses. For example, to support citizens experiencing isolation in their own homes (eg [CleverCogs](#)), hospitalised patients, and [residents of care and nursing homes](#). We have also seen greater consensus (and government support) for the [Connecting Scotland](#) initiative around the need to work in partnership to address digital exclusion.

The content of this work is licensed by Iriss under the Creative Commons Attribution-Non Commercial-Share Alike 2.5 UK: Scotland Licence. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-sa/2.5/scotland>

The Institute for Research and Innovation in Social Services (Iriss) is a charitable company limited by guarantee. Registered in Scotland: No 313740. Scottish Charity No: SC037882. Registered Office: Brunswick House, 51 Wilson Street, Glasgow, G1 1UZ