

## **Dr Deborah J Morgan, Dr Hannah R Marston & Dr Robin A Hadley – Written Evidence (LBC0135)**

- **Are there any positives you would take from this pandemic?**

The local community response to support people shielding and the increased number of people volunteering has been an important positive. In addition to supporting vulnerable people, volunteering has clear-cut benefits for volunteers, health, wellbeing (Carr et al., 2018) and friendship (Yeung et al., 2018).

- **What are the things that you are most worried about?**

There are concerns about the long-term impact of COVID 19 on loneliness. With services moving online for the pandemic, there is a real need to ensure that face-to-face interaction is not replaced solely by technological solutions. Although technology has been beneficial for many during the pandemic, research shows that for the older populations technological solutions are not a replacement for face-to-face interaction. Recent research on the impact of geographic distance on familial relationships by [Burholt, Windle, Gott & Morgan \(2020\)](#), found that loneliness - unlike social isolation - was not diminished through contact by telephone, text or email contact. Technology is a useful but limited tool and not a replacement for face-to-face interaction.

There is an urgent need to evaluate responses to the pandemic: how we can be better prepared for any future crisis? This is particularly so for care home sector. The impact of the pandemic on visiting and social interaction for care home residents has been profound. Having to respond quickly during the pandemic has in some cases, necessitated the use of technology that was often unfamiliar to both care professionals and older adults in care. There is a real need to ensure that care home staff and residents are familiarized with digital technologies to help maintain contact if physical visiting is not possible.

The pandemic has had a seismic effect on employers and employees. Many companies and organisations are proactively investigating various models of home working. This is a cause for concern for all employees: especially for the 7.7 million working aged people who live alone and are at risk of increased vulnerability (Office for National Statistics [ONS], 2019). The impact of home working may have negative long-term implications for loneliness and social isolation. Both loneliness and social isolation are associated with poor physical and mental health outcomes. Moreover, the smaller and less diverse an individual's social network is the greater the risk of loneliness and social isolation (De Jong et al., 2018). Workplaces offer many opportunities for different forms of social interaction. Consequently, events that involve leaving the workplace such as retirement (Shin, Park, Amano, Kwon, & Kim. 2019), job loss (Trad, Wharam, & Druss 2020) and having a baby (Jopling and Sserwanja.2016) are associated with an increased risk of loneliness.

Therefore, it is important that any shift in working patterns needs to be closely monitored to ensure that employees do not experience an increase in loneliness and social isolation and related deterioration in mental and physical health. The limited research evidence on the impact of the pandemic on loneliness and social

isolation needs to be addressed and policy and practise solutions developed to mitigate any negative impacts from home working.

The COVID 19 virus has proved the strongest challenge to the wellbeing of individuals - in particular older people - and related health and social care services. One of the positives to take from the pandemic is the actions of local charities, churches, and support groups in rallying around to support the needs of older people. Much of this support has been facilitated through different types of digital technology: mobile phones, iPad's and computers ([Marston, Musselwhite, & Hadley, 2020](#)). The recent ONS (2020) report 'Living longer: implications of childlessness among tomorrow's older population' highlighted the impact of the forecast increase in the number of childless older people on health and social care services. The ONS (2020) estimates a tripling of older childless women aged 80 by 2045; the figures for equivalent men are not available because only women's fertility data is collected. Presently, in the UK, it is estimated there is a population of one million people aged 65 and over without an adult child to support (Beth Johnson Foundation/Ageing Without Children, 2016). By 2030 that figure is forecast to rise to over two million people (McNeil & Hunter, 2014). This raises concerns because the older childless have reduced capacity to access informal care and enter formal care at younger ages and at lower levels of illness than parents (Albertini & Mencharini, 2014). One reason for this is that older childless people tend to have smaller social networks than equivalent parents' do. Moreover, people ageing without children are not disadvantaged when they feel in good health. However, problems arise when their independence is challenged through bereavement, economics, illness and/or frailty.

- **What do you most hope changes for the better?**

Looking towards the future, our hope is that the two key groups highlighted in this submission are recognised as highly significant and having specific needs that need to be acknowledged and addressed.

1. *The care sector (including staff and residents).*

Society experienced and witnessed early on in the pandemic the role that digital technologies were going to play and are still playing across the different sectors of society. However, digital technology cannot and should not replace the face-to-face, physical contact that citizens need to maintain positive, health and wellbeing. As society and citizens move forward through the various phases of the pandemic, learning to understand and live alongside digital technologies can be beneficial for all young and old citizens, clinicians, educationalists, health and social care practitioners. Learning and sharing knowledge of how to use the digital technologies is key, and greater emphasis is needed for those citizens whose digital skills are poor. Exploring opportunities to access and/or purchase reconditioned hardware which can be used in various ecosystems (e.g. residential facilities, low-income housing), which in turn has the potential to digitally connect citizens to access information (e.g. home schooling), family members and friends – should there ever be another pandemic in the future or national lockdown(s).

Digital technology is not a replacement for physical contact. However, having the skills and knowledge to use digital technologies is extremely important. Research shows that this is best delivered by peers who understand age-related issues (Freeman et al., 2020). For example, concerns regarding dexterity, learning, memory and understanding. Research evidence and narratives have identified and discussed digital exclusion in contemporary society, experienced by those living in social housing, in receipt of low wages or who are unemployed and cannot afford Internet access and/or hardware (e.g. laptop/tablet), people who have disabilities as well as old and young people (Marston & Samuels, 2019). In 2018, Ferguson and Damodoran (2018a/b/c) presented various issues surrounding the digital divide and digital exclusion in contemporary society. This respective work highlights the differences were between the 'haves' and the 'have nots' and includes the three C's: 1. Connectivity (having access to hardware), 2. Capability (skills and knowledge) to access and retrieve information and 3. Content, which is associated to one's motivation (Ferguson and Damodoran (2018b).

We believe there needs to be accessible community peer support to assist citizens to understand and access how to use digital technologies. From the standpoint of citizens who are ageing without children or family support as previously noted ONS should be reporting statistics relating to digital technologies accessed by these respective individuals. Furthermore, presenting a picture of regular questions has the potential to build up patterns and facilitate researchers to map potential issues and concerns. At present, this is not happening and has not occurred over the last several years.

## *2. People Ageing without Children.*

One major concern is that people ageing without children or family to support them are a hidden group. There are many reasons why a person is ageing-without-children or family: choice, class, child bereavement, economics, education, gender, infertility, family break-up, relationship issues, socio-economic status skills and many more (Hadley, 2019; Hadley, 2018b; Hadley, 2018a). The worry is that if policy makers do not recognise them as a group then statisticians will continue not to collect the data on this significant population – the very data policy makers use to influence and build policy. Consequently, in the near future health and care agencies are going to be challenged to provide services for a significant population of 'known unknowns.'

Future statistical reporting by the Office for National Statistics should include both male and female citizens who are ageing without children or family support. Recent reporting (ONS, 2020) did not include the former and this limitation provides a poor representation of what exactly is happening with these specific citizens and cohort(s) of populations.

### **Summary**

Combatting loneliness, social isolation and in return enhancing social connectedness is not easy. There is no quick and easy solution.

We know that during lockdown citizens across various communities were not socially/digitally connected. This was because of not having access to their local

library, not having access or owning their own hardware device, not having the financial means to pay for regular Internet connection (e.g. via a national provider). All of which resulted in respective citizens not having contact with anyone or been able to purchase their groceries online – key for vulnerable people who were/are shielding. Extending the digital infrastructure across all geographic areas of the UK has the potential to reduce digital poverty.

Low-income households may not have the necessary financial means to pay for an Internet connection, rent or, own a suitable hardware and/or software. Consequently, they are unable to access formal and informal educational resources, join or form community groups or connect with friends and family via different platforms (Freeman et al. 2020; Marston et al. 2019). Digital exclusion, digital divide and digital poverty is hindering multiple generations. To resolve this issue collaboration with and between grass root networks, national organisations, academe and policy makers has to be encouraged. Grass root networks and other actors can provide key insight and guidance on how to improve the lives of those who need it the most: those citizens who are not recognised and excluded from society through non-recognition (people ageing without children, and others) and limited social connections and digital access (low income and older people).

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