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## RESEARCH STUDY: SOCIAL ISOLATION, LONELINESS AND HEALTH AMONG OLDER ADULTS IN SINGAPORE

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This study aims to enhance knowledge of social connectedness and health in relation to urban environments and address the unmet needs of older adults who are at risk of loneliness, particularly in the context of COVID-19. Guided by community-based participatory research (CBPR) and mixed methods of integrating both qualitative and quantitative data, the research fills in the gap between knowledge and practice by engaging community stakeholders. CBPR primarily seeks to deconstruct power and democratise knowledge by acknowledging and involving vulnerable communities.

## WHAT IS SOCIAL ISOLATION AND LONELINESS?

Social isolation and loneliness are linked yet two different concepts. The distinction between the two is often overlooked, which makes it difficult to identify what should be done to reduce loneliness among older adults.

**SOCIAL ISOLATION** refers to a lack of contacts or access to services, and mainly results from changes in social networks and physical isolation.



**LONELINESS** is subjective appraisals of one's social relationships. It can be assessed by comparing the subjective feeling between the desired level of social contact and the actual level of social contact – how a person wishes to be in contact versus how a person is actually in contact.



**Unlike social isolation, one can be lonely while they are in contact or surrounded by others. It is also possible to be socially isolated but not lonely.**

## WHY IS IT IMPORTANT TO UNDERSTAND SOCIAL ISOLATION AND LONELINESS IN SINGAPORE?

**Ageing population in Singapore has brought about a significant societal and public health problem – social isolation and loneliness among older adults**

It is a critical time to build our knowledge of social connectedness and health in relation to urban environments to address the unmet needs of older adults who are at risk of loneliness.

**Social isolation and loneliness are risk factors not only for poor health outcomes but also low social cohesion in the community**

Social isolation and loneliness were found to be associated with poor physical and psychological health. Older adults with loneliness are more likely to view social connections with cynicism and mistrust, rate others and themselves more negatively, and expect others to reject them.

**Local community efforts encouraging social engagement do not always lead to a reduction in loneliness**

The nature of loneliness is complex and it is important for us to “get under the skin” of loneliness to identify what actually leads to loneliness. Little is known about how older adults adapt to adverse or critical life events; and how their loneliness affects health.

**Specific aspects of social networks that may reduce loneliness is relatively unknown**

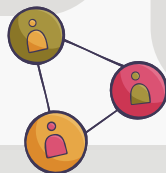
Not all older adults enjoy participating in social engagements. Interpersonal differences should also be taken into consideration in understanding social engagement.

**Understanding the perspectives of community stakeholders is instrumental in understanding the dynamics between structural and functional aspects of social networks in loneliness**

This is important in health promotion where volunteers and community care staff play the role of a bridge between the organisation and community members.

**Little is known about the effects of the built environment on loneliness**

Understanding the neighbourhood effect is especially important in Singapore, as public housing is built to be self-contained towns, offering an urban infrastructure of commercial, recreational and social amenities, and public subsidised community centres.





## RESEARCH STUDY: SOCIAL ISOLATION, LONELINESS AND HEALTH AMONG OLDER ADULTS IN SINGAPORE

### RESEARCH OBJECTIVES

To explore older adults' experiences with social isolation and loneliness over the course of ageing and its effects on various aspects of health.

### METHODS

Mixed methods to understand complex health issues involving both individual behaviours and social processes.

The following highlights the steps in the research process:



1

**Ethnographic observation** through participant observation approach to understand older adults' life in which routine activities as well as unique and potentially hidden 'loneliness' are both operationalised.



2

**Qualitative interviews** to gather 'stories' from various stakeholders. The iterative process enhances the relevance, trustworthiness, and applicability of the findings in the development of interventions.



3

An **intermediate integration phase of building** where results from qualitative phase inform the data collection of quantitative phase.



4

**Quantitative phase** to examine multi-level factors affecting social isolation and loneliness. The survey contains questions about various aspect of social capital (trust, social cohesion and inclusion, information and communication, empowerment and action) and social networks (size, extent, structures, composition and context).

### PARTICIPANTS' DEMOGRAPHICS



**514** community dwelling older adults living in **Clementi**

Participants were aged between **50 and 95**, with an average age of **70.8**.

**51% males** and **49% females** were surveyed.

**82%** of the participants were **Chinese**, **11%** were **Malays**, **5%** were **Indians** and **2%** were **Others**.



## KEY FINDINGS

### ETHNOGRAPHIC OBSERVATION



### Routes taken during site visit

Key locations in Clementi were visited to gather baseline information in terms of accessibility, infrastructure networks and general spatial behaviours of residents. The initial site studies suggest that Clementi is a generally supportive neighbourhood for healthy ageing. It is well connected to essential shops and services and has sufficient spaces that serve as central nodes for social interaction. The quality of the environment around the central market area is barrier free and is accommodative to wheelchair and bicycle access.

Older adults' daily routines differ based on their own circumstances, physical and mental health and personal hobbies. It is important to recognise that participation in the community may take on various pathways other than planned and organised group activities.



Clementi market and food centre as a central node for socialisation, particularly during lunch and dinner hours

Socialisation at coffee shop



Sufficient rest areas indoors and outdoors

Walking infrastructure from MRT station to residential areas is wide and comfortable

Older adults are seen alone or in groups exercising in neighbourhood parks, grocery shopping, socialising with friends at hawker centres and coffee shops. Some older adults are also completely comfortable to "people-watch" without engaging socially with the people around them.



Ramps with rail support and anti-slip strips

# QUALITATIVE INTERVIEWS

In-person and online interviews with

1

Community stakeholders  
(Social service agency staff and volunteers)



2

The Older adults



## QUALITATIVE ANALYSIS

### Discussion Points

**Impacts of the pandemic on community life, physical and mental health of older adults**

**Challenges and concerns faced in response to social isolation and loneliness among older adults**

**Potential areas for individual and collective capital – what can we do more for older adults?**

Community Stakeholders

- The pandemic disrupted social ties. The community monitoring systems were broken.
- When the “void deck” space no longer served as a place for older adults to socialise and they lacked good alternatives to interact with others in the community, older adults experienced a sense of frustration.

- Weakening personal health and frailty causing loss of independence, autonomy, social connection, and financial resources.
- Older adults' insistence on autonomy and independence resulting in refusal of services especially during Circuit Breaker.

- Build and strengthen capacities, trust and interaction opportunities for bottom-up approaches (i.e. community mobilisation of neighbours).
- Balancing the respect of older adults' need for independence and support through active listening – encourage older adults to make informed decisions for themselves.

Older adults

- Older adults were overwhelmed by fears of infection and prolonged recovery period amongst other personal illnesses, extensive public health information and multiple changes in policies.
- Huge changes in routines without properly understanding why: “Everything also cannot” during COVID-19 as the norm – older adults felt a perceived sense of helplessness.
- Lacking IT literacy, adaptation to technology oscillated between excitement and frustration.
- Loss of regular visits from loved ones and social workers due to Circuit Breaker.
- “It takes time for us” – over time, older adults were able to draw upon past experiences and personal characteristics and become more resilient, tapping on sense of coherence to gain personal resiliency.

- There is an ambivalence to “loneliness”. In a group setting, gossiping about others is a common form of bonding and way to exchange information that could sometimes be mentally stressful for some who prefer not to involve themselves in that manner.
- Elderly is not a homogeneous group – there is a need to reach out to the needs of older men and their subscribed notions of masculine identity (i.e. “feels weird to join the aunties for a dance class”) and older adults with disabilities etc.
- Constant negotiation of the identity of self in old age vs. family dynamics and critical life events (e.g., past regrets, death of loved ones, loss of income) causing estranged or loss of relationships and gradual withdrawal from community life.
- Older adults' desire to talk about final rites and “good death”.

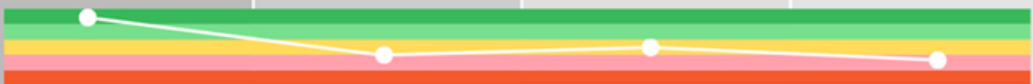
- It is important to recognise the high degree of variability among older adults as loneliness is a highly subjective experience. Tailoring programmes to individual needs may be considered.
- Renewed possibilities for friendships during the pandemic – neighbours express willingness to look out for older adults who live alone, check in on them and help out with grocery shopping.
- Embracing culturally sensitive end of life conversations in a safe space.

## PERSONA PROFILING

From interviews and the narratives we gathered from community stakeholders, we highlight two persona profiles of a community worker and a senior volunteer. This section brings visibility to the experiences of people interviewed as a whole – including the needs and motivations, current pain points and future aspirations.

	Roles and Activities	Community Practices in the Pandemic	Social Isolation and Loneliness among Elderly	Aspirations for Future, Healthy Ageing
Actions	Conduct home visits and assess seniors for medical & social issues, provide recommendations.	Follow MOH's advisory for home visits, follow up on medical appointments, activate neighbours.	Community programmes to help with social isolation and loneliness.	Recognise that every elderly is unique, practice listening skills, nurturing commitment in volunteers.
Collaboration	Family Service Centres, community hospitals, home maintenance, temples.	Using technology: AIC free phones, teach elderly to use Whatsapp and video calls.	Refer some cases to counselling programmes and agency for final rites and end-of-life matters.	Continue to link elderly to day-care services for more social interaction.
Thoughts	"We need to understand what the senior eventually want since it's all about them, even though we have our intervention plan to carry out"	"Tenants help to provide additional sightings during circuit breaker. We video called to convince our client to go for medical check-up but she refused to see a doctor. I made a special arrangement to go down and talk to her and she agreed to go. After treatment, she is in the nursing home"	"Some of them do feel lonely and don't tell children certain things to avoid burdening them. They keep to themselves. Loneliness also comes with regrets from the past"	"There are elderly who are functionally okay but cognitively not so to be left in the community and not suitable for nursing homes. There is no community & institutional support for this. Also elderly might have some unmet emotional needs that he want to address but nobody gives him a chance to"
Emotions				

Persona profile of community worker, Melissa aged 30

	Roles and Activities	Community Practices in the Pandemic	Social Isolation and Loneliness among Elderly	Aspirations for Future, Healthy Ageing
Actions	Visit elderly and talk to them weekly. Build rapport and trust. Provide more attention to those with more needs.	Teaching elderly how to use technology, helping with medical replenishment.	Take elderly to outings, the gatherings are very important. Finding ways to include those who are home-bound.	Design programmes that can allow elderly to express themselves emotionally. Tap on their pre-existing skills to make them feel useful.
Collaboration	Refer more complicated issues to staff.	Good for MOH to keep TCM service throughout the pandemic	Collaboration with schools.	Working together with local public and community hospitals.
Thoughts	"I look forward to volunteering and learning from the elderly how to grow old gracefully. It is not just volunteerism but also the friendships along the way"	"Last time when we go into the house we are able to look at the conditions of their homes and look out for expired food. Now is a shorter touch and go"	"Those who are willing to attend our outings previously are very happy to do so. They choose to sit with their friends"	"We need sponsors and cannot be organising all the time. Sponsors can come in to help and volunteers will support and look after the seniors"
Emotions				

Persona profile of senior volunteer, Mr Tan, aged 67 with 12 years of volunteering experience



## COMMUNITY MENTAL MAPS

As part of the in-depth interviews with the older adults, mental maps are used to analyse older adults' sense of place and place attachment to their neighbourhood. Mental maps provide visual snapshots of meanings and memories linked to places, wayfinding behaviours and neighbourhood perceptions of older adults who may not be able to articulate verbally to inform decision making in policies and urban planning practices.



### FINDINGS FROM PARTICIPANTS' MENTAL MAPS

5 “typologies” of older adults in relation to their sense of place attachment to their neighbourhoods from mental maps have been identified.



**Mdm H,**  
**73 years old**

#### 1. ATTACHED TO HOME

For **Mdm H**, the flower represents close friendships with neighbours who are no longer around and missed fondly. When spatially-bound friendships decrease, other sources of social support (e.g., family) become important.



**Mdm J,**  
**84 years old**

#### 2. ATTACHED TO NEIGHBOURHOOD FOR ESSENTIAL NEEDS

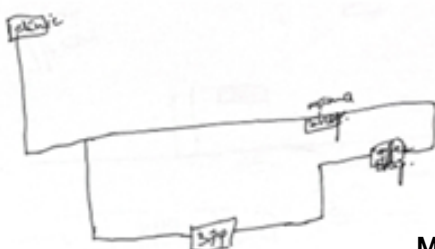
These maps reveal the older adults' sense of attachment to their neighbourhood based on utility, rather than active community participation.

**Mdm J** bemoans her poor mobility and weakness in legs even though she is interested in exercise classes. Moving around independently is a challenge to her - she fears the oncoming traffic and laments that her environment is sometimes inaccessible.

“ After visiting him at the hospital, I went back home and I was so tired. I wanted to cross the road but I am so scared. Sometimes the car will go very fast, so then I asked someone to help me cross the road. A man did and I crossed the road eventually. ”

**Mdm P** is completely mobile but does not seek out community activities. If she does, she prefers free activities that she finds interesting and engaging.

“ You can see here that in the morning, I am at the coffeshop and walk back to the mama shop. If I fall sick, I go to the clinic at Avenue 2 that I draw on top but it is actually not so far and within walking distance. I don't go to the RC so I won't draw it. Anyway I don't have activities there. ”



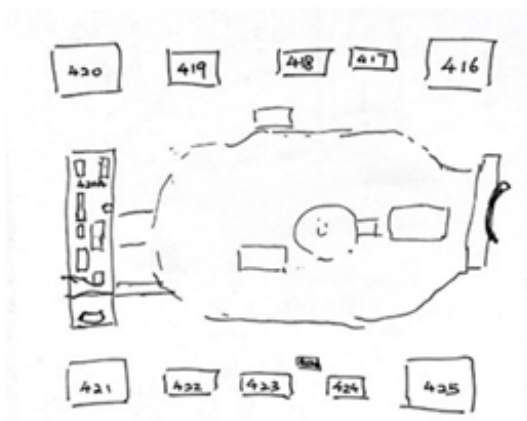
**Mdm P,**  
**65 years old**



**Mr S,**  
62 years old



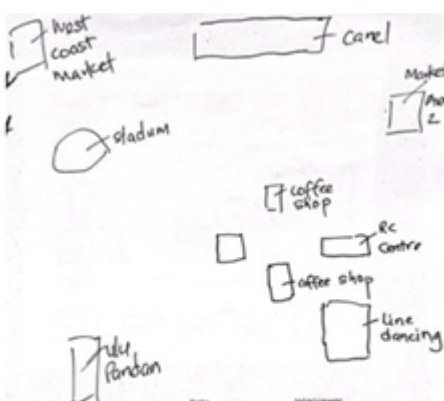
**Mr T,**  
68 years old



**Mdm L,**  
61 years old



**Mdm M,**  
67 years old



**Mdm C,**  
70 years old

### 3. ATTACHED TO NEIGHBOURHOOD BEYOND ESSENTIAL NEEDS

**Mr S and Mr T** are long-time residents in Clementi who spend most of their time in public spaces and are well known faces of Lions Befrienders' Active Ageing Centre (AAC).

Interesting similarities were found both in their maps and narratives. Their strong camaraderie and friendship bonds coincide with extensive narratives of taking breaks at the residential estate garden, mundane conversations at coffee shops, and people-watching at benches after AAC activities. Their everyday activities that unfold in a familiar locale consist of a mix of 'productive' and 'consumptive' activities where they produce friendships with other older adults and consume their environment passively at times as an observer.

### 4. ATTACHED TO NEIGHBOURHOOD WITH COMMITMENT TO DO GOOD

**Mdm L** identifies with her community through shared memories with older adults over several decades of volunteering. Her volunteering experiences include helping at charity runs and providing regular door-to-door visits. The map was accompanied with thick spatial descriptions of the neighbourhood, detailed with future plans for new volunteering activities that adapts to the requirements of a "new normal".

### 5. EXPLORING OTHER NEIGHBOURHOODS

While earlier maps focus on Clementi as a neighbourhood, these maps reference other neighbourhoods. This variation is explained by participants' health and employment status. They are mobile and employed, and have mobility patterns that are fluid and not bounded by neighbourhood boundaries.

**Mdm M** explores other neighbourhoods on her off days in search of good food.

Similarly, **Mdm C's** mental map has a wider neighbourhood boundary that is beyond the study site. Her routine includes going to Ulu Pandan to jog and the wet market at West Coast market despite living in Clementi.

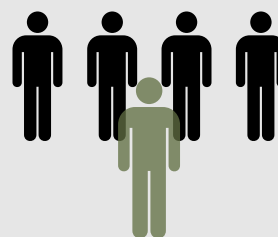
“If I jog at Ulu Pandan then I will go to Ghim Moh or Commonwealth market. For me it's exercise and walking.”



## QUANTITATIVE SURVEYS

Approximately **1 OUT OF 5** older adults in Clementi **REPORTED**

**LONELINESS** during the pandemic. 15.1% of community dwelling older adults scored 'lonely' under the UCLA scale while 20.5% reported 'lonely' under the De Jong Gierveld scale (dJG). The UCLA scale measures general loneliness across social relationships while the dJG offers a more fine-grained distinction between social loneliness and emotional loneliness.



The **QUALITY AND PRESENCE OF FAMILIAL RELATIONSHIPS** are more reliable sources of **EMOTIONAL SUPPORT**, particularly during times

of stress and changes. Having meaningful physical contact and someone to count on is critical and cannot be easily replaced with technology. We found smartphone usage made no difference to loneliness although the older adults are more open to the idea of adopting technology into their lives. Older adults interviewed who have participated in programmes with the young expressed finding meaning in them and have keen interest in continued, intergenerational befriending.

The **LOSS OF SPOUSE** through death and divorce was found to be relevant **RISK FACTORS OF EMOTIONAL LONELINESS**.

Social connections and casual friendships that were established through former spouses may be lost or weakened, narrowing one's social environment. In the long run, this perpetuates feelings of loneliness that may affect quality of life and well-being. It is important for older adults who have gone through such life changes to be identified, appropriately supported and empowered in their social environment through community care.



Having perceived higher levels of **COMMUNITY SUPPORT AND NEIGHBOURHOOD TRUST**, as well as actively participating in the community through volunteering have been directly associated with **LOWER SOCIAL LONELINESS**.

We emphasise the need for more relational support ties within the community and provide accessible platforms to address community participation and neighbourhood cohesion.

A **50% RISK FACTOR** of loneliness was observed for older adults who found their **HOMES** to be in **POOR CONDITION** as compared to 17.5% risk factor of loneliness for older adults who were satisfied with their existing living condition. Within the domestic sphere, being able to fully relax and feel comfortable in one's home is also important to combat loneliness.




There is a significant difference in terms of flat ownership: older adults have a higher tendency to **FEEL MORE LONELY IN A RENTAL FLAT (29.7%)** as compared to a purchased flat (16.2%). This points towards the necessity of continued door-to-door interventions to make contact with older adults who may be experiencing loneliness in rental housing. The effects of having social ties for social, emotional, personal and financial support in reducing loneliness may gradually work towards eliminating the negative housing effect (e.g., rental and housing conditions) among lonely older adults in rental housing.

1

### IDENTIFY VULNERABLE OLDER ADULTS BEYOND USING TRADITIONAL MEANS LIKE SURVEYS AND INTERVIEWS

Identifying socially isolated and lonely adults is never a straightforward process. Survey tools may be useful in capturing the level of social isolation and loneliness at a particular time-point, but may be less effective in identifying individuals at risk of social isolation and loneliness and grasping the multi-layered complexities behind an individual's circumstances. Some older adults may not be able to communicate their thoughts and feelings verbally, hence creative methods such as photovoice, drawing, and craftwork may be helpful in uncovering their experiences. Community workers should also note the interrelated and distinct aspects of social isolation and loneliness, and apply a systems perspective that takes into account multiple facets such as individual personality and quality of social contacts.

### EMPOWER SENIORS BY TAPPING ON INTRINSIC MOTIVATIONS AND ABILITIES



Older adults expressed that adopting digital communication during the pandemic at times made them feel isolated and frustrated when they received little assistance navigating the platforms. It is important to leverage on older adults' willingness to adopt technology and provide sustained engagement to build confidence in using digital tools.

Older adults who are living alone and do not get visited by family have expressed the importance of having helpful neighbours whom they feel comfortable to seek help and render help to. Older adults may not solely want to be on the receiving end, but they also have intrinsic motivation to give. It is important to build reciprocity into relationships or find opportunities for older adults to give.

2


3

### PRACTISE ACTIVE LISTENING TO UNCOVER OLDER ADULTS' NEEDS AND DESIRES

When designing programmes or interventions, older adults' desires should be respected. Daily experiences of older adults have been challenged by feelings of frustrations due to subtle stereotypes or assumptions of older adults' personal capabilities and level of resilience (ageism). Community workers may practice more intentional and active listening to uncover true needs and desires while encouraging older adults to make informed decisions independently. For instance, older adults appreciate being able to embrace culturally sensitive end of life conversations in a safe space.



### DEVELOP A COMMUNITY MENTAL HEALTH MODEL



Community workers desire more seamless coordination with other agencies in the community, to develop a comprehensive community mental health model for all is crucial for future proofing in Singapore. This framework focuses on integrated care, bringing all the services and agencies that support people with mental health needs closer together. Delivering effective mental health support, care and treatment to older adults in the community can only be achieved if all parts of the health and social care system work together.

4

### EXPLORE THE IMPACT OF HOUSING TYPOLOGIES ON OLDER ADULTS' SENSE OF LONELINESS

Lonely elders are not only the ones residing in HDBs, there is a need to expand our understanding of how older adults residing in various types of housing typologies perceive their connectedness to their community, and their feeling of loneliness.

