

## RAPID RESEARCH IN COVID-19 PROGRAMME

Covid-19 social distancing effects on social engagement, loneliness, wellbeing and physical activity in Scottish older adults, and an exploration of potential ameliorating strategies. – Long title  
Keeping Active Physically and Socially (KAPS). – Short title

### AIMS

This research explored the impact of social distancing on social activities and social support, loneliness, wellbeing and physical activity in Scottish older people (adults aged over 60 years) and others that identified as 'at risk' as a result of Covid-19. It also explored what people did to remain socially and physically active.

### KEY FINDINGS



Average social network size:

**5 people**



Reported meeting physical activity guidelines of  $\geq 150$ min/wk:

**76%**



Average days per week of social activity:

**5 days**



Self-reported time spent being physically active per week:

**10.4 hours**



Average time spent per week in social activity:

**6.6 hours**



Walking was the greatest contributor to weekly physical activity:

**5.4 hours**

- People with a larger social network (group of people they can access for support) had more social contact, better social support, and felt less lonely.
- People who spent more time in social contact and had larger social networks had better health and wellbeing, but those with high levels of loneliness had poorer wellbeing.
- 56% of people reported feeling lonelier due to social distancing
- Loneliness scores were higher than what has been reported in previous studies of adults of a similar age.
- People who reported higher levels of physical activity, and/or reported increasing their physical activity since social distancing began, reported better wellbeing.
- Those who reported higher levels of any physical activity reported lower loneliness, better social support, a larger social network and more social contact.

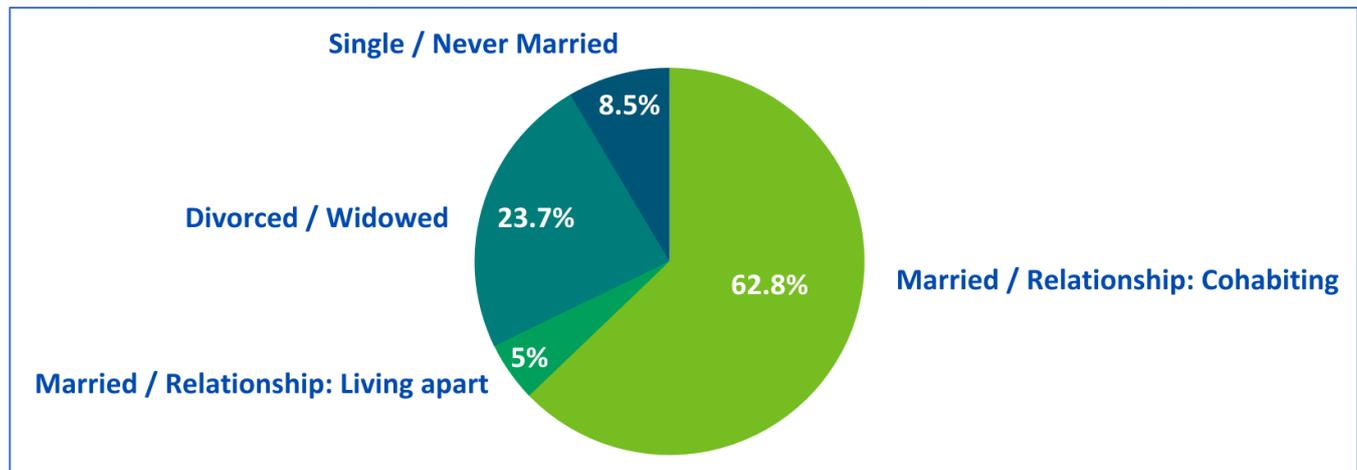
## WHAT DID THE STUDY INVOLVE?

This study used an online survey to collect information using several questionnaires about social contact, social support, loneliness, wellbeing and physical activity.

Most of the survey questions required short answers (e.g., number of days of physical activity), or required the participant to select an answer from a drop-down menu (e.g., feeling more, the same, or less lonely than before). Participants were able to give more detail about their situation, particularly about their social and physical activity in 5 open-ended questions. The survey was distributed through networks tailored to adults aged 60+, and other networks of the University of Stirling research team via email, newsletters, Twitter and Facebook. The survey was live between 28 May and 31 July 2020. Four participants completed the survey over the telephone instead of online.

## WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

We received survey responses from 1429 adults living in Scotland. Although we primarily targeted people 60 years and older, we were also interested in other vulnerable or 'at risk' adults (defined as living with a chronic disease or disability) and carers. The average age of participants was 64.5 years, and 84% of adults who completed the survey were older than 60 years. The majority of the participants were female (77.3%) and in a relationship where they were cohabiting (62.8%).



1297 participants disclosed their post code and using the Scottish Index of Multiple Deprivation, less than 10% of participants fell in the 'most deprived' category, while 31% were in the 'least deprived' category; 61% reported living in urban areas.

People reporting larger social networks engaged in more social contact, and reported better quality social support, lower levels of loneliness and better health and wellbeing. Higher reported levels of physical activity of **any type** were linked to better wellbeing. Participants noted that living situations mattered: access to outdoor space (e.g., a garden, parks) and rural living afforded more opportunity to be physically active. Shielding status and guidance around outdoor activities also mattered in terms of opportunities to be socially **and** physically active. Many participants reported having and enjoying socially distanced chats with family, friends, and neighbours. Interestingly, people who engaged in more physical activity also reported more social activity and better social support, a bigger social network and less loneliness, and *vice versa*. This suggests that physical and social activities overlap and interact in their effects on health, wellbeing, and loneliness.

## RAPID RESEARCH IN COVID-19 PROGRAMME



### 26% reported walking MORE

"I have walked at least 3 miles round the garden every day since lockdown started." - 63y, F

"I haven't used public transport since lockdown. I have walked everywhere and [intend] to continue to do so." - 68y, F



### 40% reported walking LESS

"I do more gardening, but less walking. The weather has been incredible encouraging outdoor time." - 72y, M

"Stopped walking as cannot walk in slopes and depended on friend to drive me to area of flat ground. She is shielding."  
- 62y, F



### 34% reported walking THE SAME

"I'm trying to keep my walking up. Used to walk in a group twice per week for an hour before lockdown and have really missed that." - 62y, F

"Same level of activity but in more rural and less crowded places" - 65y, M

Overall, changes in physical activity varied according to numerous factors including, but not limited to, family life, perception of need or desire to be physically active, restrictions on places and spaces to be active and shielding/social distancing guidance.

In short, a 'one size fits all' approach to keeping physically and socially active and addressing loneliness to maintain wellbeing is not suitable, as many factors influence this. However, our findings do suggest that lower levels of loneliness can, at least in part, be addressed by government/public health campaign encouragement of activities that are both **physical and social**. Importantly, these activities would need to be **safe in accordance with government-advised restrictions**.

## WHAT IMPACT COULD THE FINDINGS HAVE?

- Loneliness might be reduced through increasing access to social support via larger social networks and the amount of time spent in social contact.
  - We would recommend making use of digital technology to maintain social contact during periods of social distancing. Individuals with small social networks could contact local organisations online (e.g., Age Scotland <https://www.ageuk.org.uk/scotland/#> or the Campaign to End Loneliness <https://www.campaigntoendloneliness.org/>) for support and online social activities with others to increase their social network size and amount of social contact.
- Although physical activity levels were variable and opportunities for physical activity differed from person to person, higher reported levels of physical activity were linked to better wellbeing, supporting the notion that **doing some physical activity is better than none**.
  - We would recommend that everyone try to adopt some physical activity into the daily routine, even if this is simply a gentle walk near where you live, even in urban settings.
- Walking is an important yet simple, cost-free physical activity to improve or maintain health and wellbeing during periods where social distancing is required. Additionally, walking can also be a socially distanced social activity.
  - We would recommend looking out for online groups advertising local opportunities and/or walking groups (e.g., Paths for All: <https://www.pathsforall.org.uk/>).
  - Some older adults may need assistance from family members, friends, or organisations to help them make contacts online and become confident with the use of digital technology to

make contacts for social and physical activity.

## HOW WILL THE OUTCOMES BE DISSEMINATED?

- The outcomes of this study will be presented at academic conferences:
  - Scottish Physical Activity Research Collaboration (SPARC); Three posters can be viewed on the Actify hub (<https://www.actify.org.uk/module/1193>).
  - American Psychosomatic Society Virtual Meeting (APS).
- We have contributed to the House of Lords Inquiry about the impact of digital technology on physical and mental health and social interaction during Covid-19; December 2020 with regard to how social distancing and the related heavier reliance on digital technology instead has impacted on social and physical activity.
- The outcomes will also be communicated via the SPARKLE Twitter page (@SparkleStir) and on websites in blog format (KAPS19 project <http://kaps19.stir.ac.uk/>, Stirling 1000 Elders <https://1000elders.stir.ac.uk/>)
- We will be publishing our full results initially in two academic journal articles and press releases to publicise these findings and encourage people and organisations to think about how they might increase social and physical activity safely to maintain health and wellbeing.

## CONCLUSION

- Participants indicated that Covid19 social distancing and lockdown negatively impacted on physical and social activity.
- Older adults and vulnerable/'at risk' adults in Scotland would benefit from public health and non-governmental organisation guidance on strategies to reduce loneliness. Our research forms the first steps of providing recommendations that the community and relevant organisations should consider to maintain health and wellbeing.
- Our recommendations and any resulting guidance adopted by the government and non-governmental organisations to reduce loneliness should include encouraging and supporting older adults to keep regular social contact with others using digital methods (e.g., Zoom calls, online classes, text messaging, phone calls), especially when face to face contact is restricted or not possible.
- Where appropriate, guidance to reduce loneliness may also be coupled with other physical activity, such as socially distanced group walks, to maximise the benefits.

## RESEARCH TEAM & CONTACT

Professor Anna Whittaker	<a href="mailto:a.c.whittaker@stir.ac.uk">a.c.whittaker@stir.ac.uk</a>
University of Stirling, Stirling, FK9 4LA	+44 (0) 1786 467816

## ADDITIONAL INFORMATION

This research was completed on 31<sup>st</sup> October 2020 and dissemination continues. We would like to thank all the participants for completing the survey and networks and groups for helping us to distribute it.