

Research on Social Work Intervention for Social Isolation of Urban Elderly at the Current Stage

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Abstract

In recent years, China's aging population has become an increasingly serious issue, bringing profound impacts to society. Social isolation among urban elderly individuals has become more prominent, significantly affecting their quality of life and mental and physical health. In addressing population aging, a pressing challenge is to alleviate and ultimately eliminate social isolation among urban elderly, improving the situation where older adults feel isolated and excluded from society. Against this backdrop, this paper proposes innovative social work intervention approaches based on the latest elder care policy directions, aiming to promote healthy aging and the development of age-friendly societies.

Keywords

urban elderly, social isolation, social work intervention

1. Introduction

According to data from the National Bureau of Statistics, by the end of 2025, the total population of China will be 1,404.89 million, with 323.38 million people aged 60 and above, including 223.65 million people aged 65 and above, an increase of 13.07 million and 3.42 million respectively from the previous year. Against the backdrop of such a large elderly population, the issue of social isolation among urban elderly will become increasingly prominent, which will have a significant impact on the orderly development of society and the construction of a harmonious society. Social isolation itself will further increase depression, loneliness, and other issues among the elderly, leading to physical and mental health problems. Against this backdrop, it is necessary to summarize and analyze the relevant factors that affect social isolation among urban elderly, so as to formulate targeted intervention measures. In this process, social work follows the concept of "people-oriented, helping others to help themselves", which plays a very important practical role in addressing social isolation among urban elderly, achieving the goal of providing the elderly with a sense of security, support, and happiness.

2. Core Characteristics of Social Isolation Among Urban Elderly

2.1 Diversification

In terms of traditional social isolation among urban elderly, it is primarily the physical isolation brought

about by living alone. However, at the current stage, many elderly people, despite living with their children, experience psychological alienation between generations due to various factors. Coupled with the narrow channels for social participation among the elderly, especially the widespread use of digital technology, the sense of social isolation among the elderly has intensified. Relevant surveys show that the main cause of social isolation among middle-aged and young elderly people is digital isolation. Many in this group are unable to access service resources and online socializing through smartphones, leading to a disconnect from contemporary social development.

2.2 Significant Group Differences

Due to various factors such as lack of emotional companionship, weaker social skills, and mobility issues, elderly people who live alone, are disabled, or have empty nests experience the strongest sense of social isolation among this special group of seniors. Furthermore, with the rapid advancement of urbanization, many elderly individuals have moved to cities with their children, leaving behind their familiar environment and language. This makes it difficult for them to quickly integrate into urban life, leading to a significant increase in the incidence of social isolation.

3. Factors Influencing Social Isolation Among Urban Elderly

3.1 Physiological Factors

As one of the significant factors affecting the sense of social isolation among urban elderly, ageing leads to a decline in bodily functions, severely impacting the elderly's daily activity range. Coupled with the increasing prevalence of chronic diseases, many elderly individuals require long-term reliance on medical resources, have diminished self-care abilities, and are unable to actively participate in social activities.

3.2 Psychological Factors

As common psychological states among the elderly, attitudes towards aging, depressive mood, and loneliness are crucial psychological factors. Relevant research shows that social isolation and loneliness are mutual risk factors, and many elderly individuals with strong feelings of loneliness will actively reduce social interaction. If elderly individuals experience depressive mood, they may even develop social phobia, seriously affecting their social interaction abilities. As for the attitudes towards aging among the elderly, they represent a subjective perception of the aging process. A negative attitude towards aging can lead to self-isolation among the elderly, significantly increasing the risk of social isolation.

3.3 Social Environmental Factors

The impact of technology on the sense of social isolation among the elderly at this stage is significant. For instance, in the current digital era, many elderly individuals are unable to proficiently use digital technology, leading to a narrowing of their social circle and even marginalization. Furthermore, the currently designed community environments and service provision have a considerable impact on the social participation of the elderly. For example, the facilities in many communities are inadequate, and elderly individuals lack effective activity venues, exacerbating their sense of social isolation.

4. Innovative Paths for Social Work Intervention to Address Social Isolation among Urban Elderly at the Current Stage

4.1 Establish a “Online + Offline + Diversified Linkage” System

Firstly, we need to build a “digital recognition platform”. With the advent of the digital era, in order to more accurately grasp the sense of social isolation experienced by urban elderly people, it is necessary to rely on information technology to construct a “community smart elderly care service system”. In this system, information such as the elderly's family situation, health status, and social participation needs to be integrated. Quantitative tools such as WHO-DAS-S (functional disability) and DUFFS scale (social isolation) are used to construct an evaluation model, which accurately screens the level of social isolation experienced by the elderly.

Relevant personnel should enable the elderly to proficiently use online help channels, such as voice calls and simplified mini-programs, to provide timely feedback on their problems, so that personalized interventions can be taken in a timely manner to address the elderly's issues. Secondly, we should establish a "diverse and collaborative identification mechanism". By constructing a community-based smart elderly care service system and combining offline channels, we should pay more attention to special elderly groups. In this process, the community residents' committee should fully leverage its functions, collaborate with volunteer teams, elderly care service institutions, medical institutions, etc. to conduct regular investigations, promptly understand the psychological and social status of the elderly, and update and supplement relevant data of the elderly in a timely manner. We should also implement a "double-blind screening process" to ensure the accuracy of assessment results. Thirdly, establish a "dynamic monitoring mechanism". Create personal profiles for elderly individuals experiencing social isolation and monitor their changes in social isolation dynamically. Based on the monitoring results, timely adjustments should be made to the intervention plan to ensure its timeliness and relevance. Leveraging the "online + offline" integrated model, provide comprehensive social work interventions for urban elderly with strong feelings of social isolation. This includes offline psychological counseling, social activities, interest groups, as well as online training and interest exchanges, thereby enhancing the timeliness and coverage of social intervention services. In this process, social workers should organize digital aging training for R&D personnel and volunteers, and establish targeted software development projects based on dynamic monitoring results, aiming to bridge the "digital divide" for the elderly.

4.2 Implementing Case Work Intervention Measures

Firstly, build professional relationships. To effectively address the issue of social isolation among urban elderly, it is crucial to establish a good relationship with them during the implementation of individual case work intervention, ensuring the smooth implementation of subsequent interventions. In this process, social workers need to have a full understanding of the elderly's experiences and emotions. When communicating with them, social workers should provide more support through verbal and non-verbal means. It is important to maintain a stable relationship with the elderly, gradually enhancing their trust in social workers, thereby gradually increasing their willingness to participate.

Secondly, psychological counseling. For many elderly individuals who experience negative emotions such as anxiety and loneliness, social workers need to adjust their mindset through psychological counseling. For instance, cognitive behavioral therapy (CBT) can be applied to change the negative thought patterns of the elderly, enabling them to gradually adopt a positive and optimistic attitude towards life. Narrative therapy can also be utilized to help the elderly discover and leverage their strengths, thereby enhancing their confidence in dealing with social isolation.

4.3 Establishing a Group Work Intervention Model

Firstly, organize interest groups. To stimulate the elderly's interest in participating in group activities, it is necessary to actively organize regular participation in interest group activities, enriching their spiritual life. For example, regular participation in activities such as painting, calligraphy, and dance can increase the elderly's opportunities for interaction and expand their social network. In interest group activities, the elderly can experience a more relaxed and pleasant atmosphere, stimulating their interest in participating in activities and gradually reducing their burden. Secondly, establish mutual support groups. As one of the important means of carrying out social work intervention, it is crucial to establish mutual support groups for the elderly, which can alleviate their sense of social isolation and loneliness through group activities. In this process, the groups will hold regular meetings, address practical issues, and create a good atmosphere of social support. In addition, a "mentor system" can be introduced into the mutual support groups, with dedicated personnel responsible for helping the elderly integrate better into society, continuously enhancing their self-efficacy, and strengthening the sense of belonging and cohesion within the group. In the mutual support groups, resources such as social enterprises and organizations should be integrated and utilized to further enhance the content and efficiency of social intervention services. For example, joint enterprises can sponsor elderly activities, digital training for the elderly, and other public welfare services for the elderly; joint elderly social organizations can carry out cultural activities, social events, etc.; and joint medical institutions can provide regular physical examinations, chronic disease management, and other services for the elderly.

4.4 Actively Promote Community Work Intervention

Firstly, community activity organization. To attract elderly people to actively participate in social interactions, various community activities should be organized regularly to provide them with more participation channels and opportunities. For example, cultural exhibitions and health lectures should be held regularly to enhance the elderly's sense of community belonging. For the design of elderly activities, social workers need to have a comprehensive understanding of the elderly's hobbies and practical needs in advance to ensure the practicality and fun of the activities, which can fully mobilize their interest in participation and enhance their sense of achievement and involvement. In the process of organizing community activities, it is necessary to rely on elderly activity centers, community elderly care service centers, etc. to build social platforms. To create a "smart health and wellness" activity space, digital equipment and information technology should be actively introduced to broaden the social participation channels for the elderly and create a shared elderly activity space. Social workers need to scientifically design programs based on the actual needs of the elderly to ensure the standardization and professionalization of social work intervention. Social workers can conduct professional supervision once a month to effectively control the risk of emotional exhaustion among the elderly.

Secondly, integrate resources. To provide better social service interventions for urban elderly who feel socially isolated, it is necessary to make full and effective use of various resources within the community and build a comprehensive support system. In this context, the community needs to actively coordinate venue resources, volunteer resources, and other resources. For example, holding activities at community centers can provide elderly people with more opportunities to participate in social activities; collaborating with universities to carry out activities can allow college student volunteers to provide regular services for the elderly; especially, hidden resources such as retired doctors and teachers within the community need to be deeply explored to enrich the content of social work interventions and provide professional services for the elderly. To address the drawbacks of traditional "social workers working alone", the supportive role of families needs to be fully utilized. In this process, social workers can actively contact the elderly's children, helping them establish correct concepts of elderly care, actively communicate and accompany their parents, so as to alleviate the psychological alienation of the elderly and gradually create a harmonious family atmosphere.

4.5 Innovate Hierarchical Intervention Model

Firstly, the mildly isolated group. For urban elderly who experience mild social isolation, the core of providing social work intervention lies in "prioritizing prevention and guiding participation", gradually enhancing their social skills and willingness to socialize. Social workers need to fully leverage the role of social platforms, regularly posting information on the platform, such as promoting interest activities like handicrafts, chess, square dancing, and calligraphy, to attract more elderly participation. Encourage elderly people to actively participate in community volunteer services like "neighborhood mutual aid" and "silver age mutual aid", enhancing their self-worth and effectively alleviating their mild sense of isolation. The development of community volunteer services for urban elderly experiencing social isolation can draw inspiration from Ireland's cultural and artistic activities and community cultural construction. In these contexts, immigrants can engage in community cultural construction and activities, adapting to the new environment while enriching their personal lives and expanding their social networks.

Secondly, the moderately isolated population. For this group of urban elderly who feel socially isolated, the focus is on alleviating their negative emotions such as depression and loneliness, with "restoring connections and providing emotional comfort" as the core. In this process, relevant personnel should provide professional psychological counseling for the elderly. Community psychologists, psychological experts, and others can understand the psychological state of the elderly and provide them with diversified companionship services such as chatting, reading, and engaging in recreational activities under a "one-on-one" companionship mechanism, gradually expanding the social network of this group of people. Thirdly, the severely isolated population. For this group, the main focus is to establish a stable social support network, with the core principle of "precise assistance and long-term support". In this process, it is necessary to provide "one-on-one" door-to-door services for severely isolated elderly individuals. The roles of volunteers, communities, medical institutions, and other relevant parties should be fully leveraged to provide comprehensive services such as emotional companionship, psychological counseling, and health care for the elderly. If severely isolated elderly individuals are resettled in different locations, it is necessary to help them familiarize themselves with the

community environment and urban culture as soon as possible, and encourage them to participate in more community activities. Through mutual support and exchange, the effectiveness and quality of social work intervention can be improved, and their sense of social isolation can be alleviated as soon as possible.

5. Conclusion

In summary, amidst the increasingly prominent social issue of aging, the problem of social isolation among urban elderly has become more pronounced, severely affecting their quality of life and physical and mental health. The emergence of this problem is related to factors such as society, community, family, and individuals. In response to the current practical issue of social isolation among urban elderly, it is necessary to identify its characteristics and causes, actively innovate existing social work intervention paths, and construct a four-in-one intervention system that fully leverages the roles of the community, individuals, society, and family. Under the four-in-one intervention model, it is possible to enhance the innovativeness, relevance, and effectiveness of social work interventions, effectively alleviate the social isolation plight of urban elderly, and provide more references for promoting healthy and active aging in China.

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Conflicts of Interest

The authors declare no conflict of interest.

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