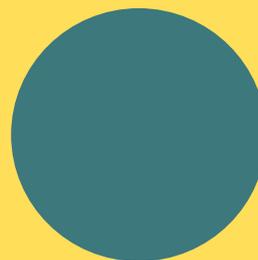
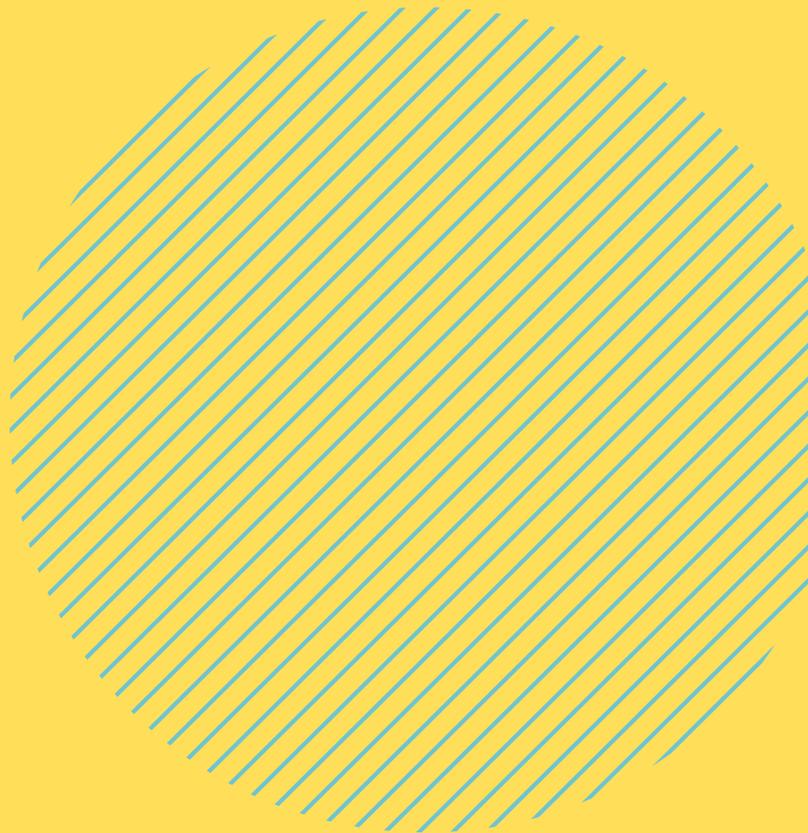


2022

Social Connection Assessment Tool

Pilot Project:
Understanding
Older People's
Social
Connection in
Residential Aged
Care



Acknowledgement of Country

We respectfully acknowledge the Wurundjeri People of the Kulin Nation who are the Traditional Owners of the land on which Swinburne's Australian campuses are located. We pay our respects to leaders and Elders past, present and emerging for they hold the memories, the traditions, the culture and the hopes of all their Peoples.

We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we may walk forward together in harmony and in the spirit of healing.

We also acknowledge and respect the Traditional Owners of lands across Australia, and recognise the continuing sovereignties of all Aboriginal and Torres Strait Islander Nations.

Recommended Citation

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Authors

Jasmine Knox, Swinburne University's Social Innovation Research Institute, Anthony Sell, Director of Design and Learning at Seed Initiatives, Andrea Mabaló, Area Manager Residential Services at The Salvation Army Aged Care, Edwina Gow, Senior Coordinator, Healthy Living for Seniors, Group and In Home Services, Home and Community Care at Uniting.

Contributions

We would like to thank all the residents who participated in this project for their valuable feedback and generous participation in the pilot, The Salvation Army Aged Care staff for their support, participation and insightful feedback and Uniting staff for their support, participation and constructive feedback and The Salvation Army Innovation Team and the IDEAS Platform for funding this pilot.

We also acknowledge our Steering Committee: Professor Jane Farmer, Director of the Social Innovation Research Institute at Swinburne University of Technology, Patrik Ekstrom, Executive Manager Business Improvement, Aged Care Mission Enablement at The Salvation Army Aged Care, and Vanessa Ogborne, Service Excellence Specialist at Uniting.



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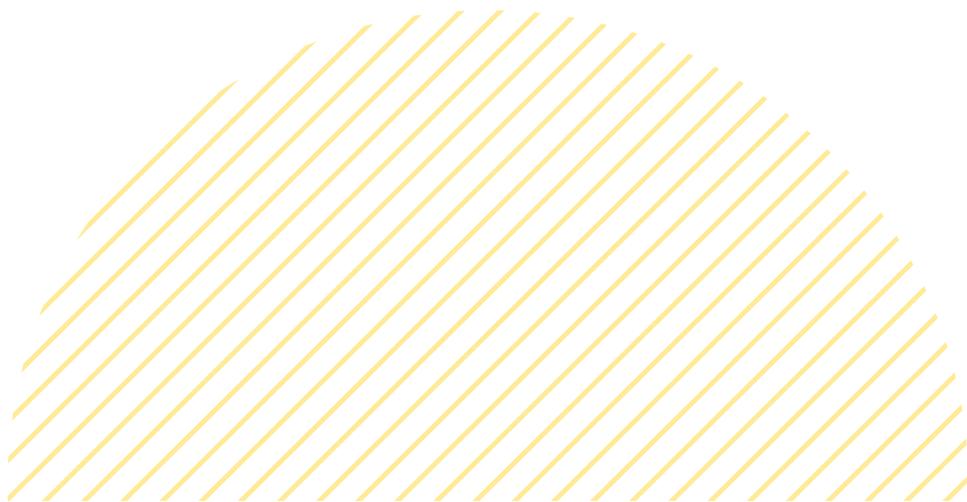
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INTRODUCTION

The Social Connection Assessment Tool pilot project was a collaboration between two aged care industry partners, Uniting and The Salvation Army Aged Care and research partner, Swinburne University's Social Innovation Research Institute. The idea for the pilot and the partnership came out of The Salvation Army's Innovation team's sprint process seeking to identify new solutions to address social isolation and destigmatise loneliness.

The collaboration formed to pilot the development of a social connection training package and the trialling of the feasibility and utility of a Social Connection Assessment Tool. A co-design pilot was initiated that would build upon the Social Connection Model, a framework developed by The Social Innovation Research Institute and Australian Red Cross (Farmer et al., 2019) with a view to draw more deeply from the support and expertise of the practice partners, The Salvation Army Aged Care and Uniting. The immediate purpose of the training and Tool was to assist front-line staff, key support personnel, and family to better understand residents' social connection, in order to identify and respond to gaps and minimise loneliness and isolation in aged care settings.

The immediate purpose of the training and Tool was to assist front-line staff, key support personnel and family, to better understand residents' social connection

Furthermore, the aim of the Social Connection Assessment Tool pilot project was to tackle the pertinent and timely issue of social isolation in the aged care sector.

Together we created and implemented an evidence and strengths based (as opposed to deficit orientated) tool to better understand social connection for residents in aged care facilities.





Social isolation and loneliness are of growing concern both locally and internationally (Holt-Lunstad et al., 2015; Cacioppo & Cacioppo, 2018; Hwang et al., 2020). In Australia, prior to the COVID-19 pandemic, approximately one in five older Australians were socially isolated (Beer et al., 2016). In Finland and the United Kingdom, '40% of older adults living in the community reported experiencing some degree of loneliness' (WHO, 2021, p.53).

Older adults in residential aged care are particularly vulnerable to social isolation, loneliness and depression (Quan et al., 2020; Savikko et al., 2005). In 2017, the Australian Minister for Aged Care Ken Wyatt, stated that "up to 40 per cent of people in aged care homes never get visitors" (Yaxley, 2017), and 52% of all permanent residents in aged care facilities experience symptoms of depression (AIHW, 2013). On average older people in Victoria tend to stay in residential care for 34.4 months (2.8 years) (Huf, 2020), a long time for those experiencing feelings of loneliness, depression and social isolation.

Research Questions

The pilot project aimed to create a Social Connection Assessment Tool to better understand residents social connections in residential aged care by addressing the following research questions:

- 1 What are the experiences of residents, family members and staff members in pursuing social connection in residential aged care facilities?
- 2 What local pro-social infrastructure exists and how can connection between residents and others in these spaces/places/groups be created or strengthened.

Background

This pilot project is a service evaluation between two practice based partners with a research aspect due to the partnership with Swinburne University's Social Innovation Research Institute. Due to the short timeframe, it was decided that a research project was not feasible. Although the project was informed by an interdisciplinary evidence base, the findings of this pilot have not involved the rigour required of a research project.

Social Connection

We understand social connection to be, at its most fundamental about satisfying relationships between individuals. An internal sense of belonging that involves the 'construction and successful maintenance of reciprocal interpersonal relationships' (Sapiro & Ward, 2020).

Focusing on social connection is a strength based approach to addressing loneliness and social isolation (Farmer et al., 2021). Loneliness and social isolation are potentially stigmatising terminology, with evidence showing that focusing on the deficit runs the risk of further stigmatising people who experience loneliness (Caccioppo & Caccioppo, 2014).

Taking a strength based approach engenders a sense of agency as it encourages individuals to access and build upon existing connections, and pro-connection resources such as spaces, places and activities.

Similarly, taking a strength- based and positive approach to social isolation turns the deficit approach on its head, fostering strategies that can; i) identify and build upon a resident's existing social connection ecosystem; ii) identify existing spaces, places and activities of social connection that can be expanded or built upon, and iii) identify barriers, gaps and opportunities for creating, maintaining and strengthening social connection for older people in residential aged care.

Social Connection Framework

Individual social connection involves interactions between people that require inputs of time and emotion (Dunbar & Spoors, 1995). Associated with the quantity and quality of these inputs, individuals form circles of social contacts, from more to less intimate. Physical face-to face and online studies have confirmed fairly consistent patterns in numbers of contacts, even in different cultures- i.e. around five close contacts and a social support circle of around 15 contacts. Fulfilling social connection generates outputs of feelings of belonging, access to help and information, and health and wellbeing (Farmer et al., 2021).



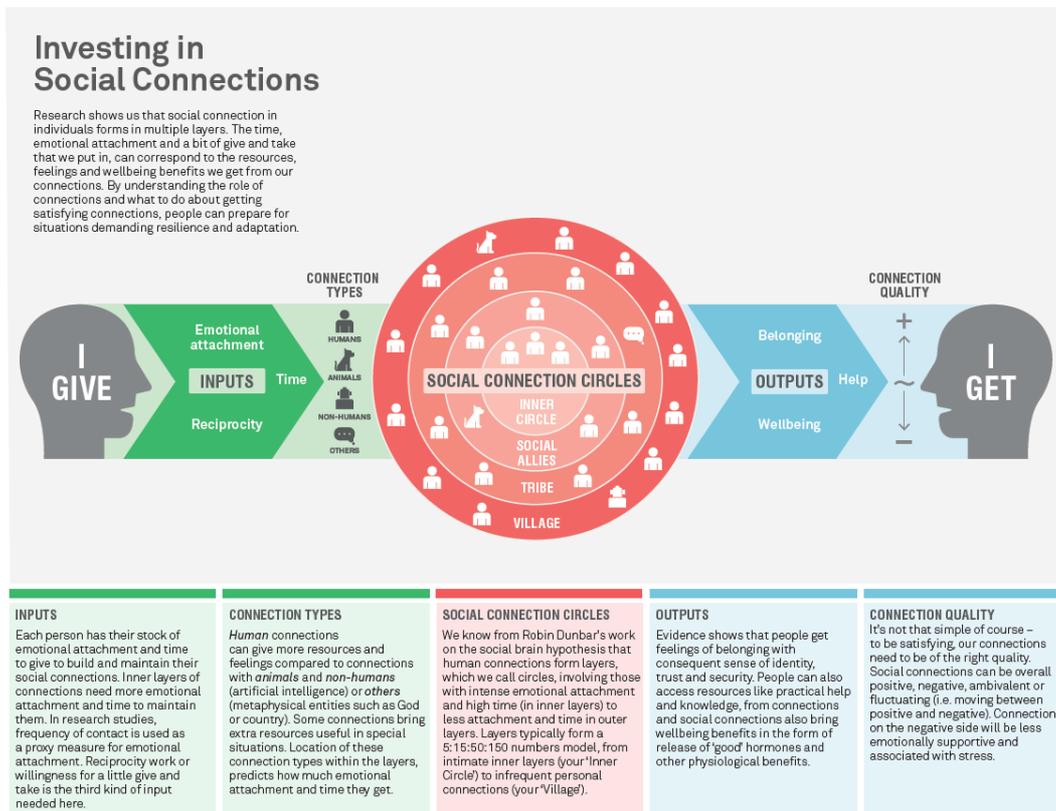


Figure 1: The Individual Social Connection Framework

Relevant Literature

Social connection in general tends to shrink in size as we age, with older adults having about half the connections of people in their 20s and 30s (Lang & Carstensen, 1998). Although fewer in number, evidence shows older adults can have a higher satisfaction with the quality of these social relationships. Socio-emotional selectivity theory suggests that individuals regulate their social connections throughout the life span based on perceived future time available. If time is perceived as expansive we pursue the acquisition of information and social goals that can benefit us in the future, but if time is perceived as limited we pursue more emotionally rewarding relationships as time spent is the goal in and of itself (Lang, 2001).

Loneliness and social isolation are of growing concern, both in Australia and internationally (Holt-Lunstad et al., 2015; Cacioppo & Cacioppo, 2018; Hwang et al., 2020). Loneliness and social isolation are two terms often used interchangeably. However, loneliness is an individual's subjective perception that they lack satisfying and meaningful social relationships in contrast with social isolation which is objective isolation from others (Cacioppo & Cacioppo, 2014).

The aim of the Social Connection Assessment Tool is to identify and collect information about a resident's social connections, in order to provide a personalised care approach to support residents' social connection needs, including maintaining and strengthening existing connections and providing support to make new connections. Similarly, the Tool can provide assistance identifying residents who may be at risk of social isolation and loneliness. Research shows that older adults who do not have close contacts such as a spouse or children, yet have a large number of strong ties experienced similar levels of wellbeing to those with a spouse and children (Lang, 2001). We hope this tool can assist aged care providers to effectively identify those at risk of social isolation, so as to be supported to make new connections and build upon existing ones.



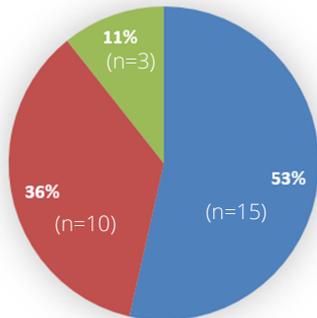
Phase 3: Implementation and findings

During the final phase, the Social Connection Assessment Tool was tested on 45 older people in total (ten residents from The Salvation Army Aged Care, ten residents from Uniting aged care and 25 older people from Uniting Community Care). The Support Tool was originally designed for residential aged care, however it was also tested with older people and staff from Uniting's Community Care Program. Due to the scope of the pilot, the focus of this report is on residential aged care. Thirty-two participants in total evaluated the tools effectiveness, this included ten residents from The Salvation Army Aged Care, ten residents from Uniting, ten older people in Uniting's Community Care, one staff member from The Salvation Army Aged Care and one from Uniting (see appendix 1 p. 22 for evaluation survey questions).

FINDINGS

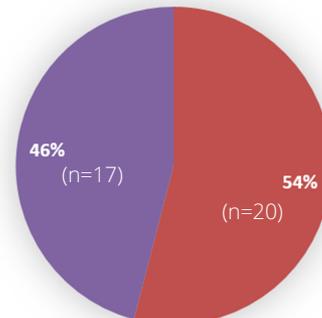
Close connections

Close contacts in residential aged care



■ Family ■ Friends ■ RAC Staff and residents

Close contacts in Community Care



■ Family ■ Friends

Figure 2 and 3: Close connections in residential aged care and Community Care.

Respondents were asked, 'Do you remain in contact with family or friends? Who are the people you feel closest to?' For older people in residential aged care, strong connections consist of family (n= 15), friends (n=10), and residential aged care staff or other residents (n= 3).

For people in community care, just over half of their strong contacts included family (n= 20) and friends (n=17).

*Some older people indicated both family and friends.

FINDINGS

Frequency of interactions

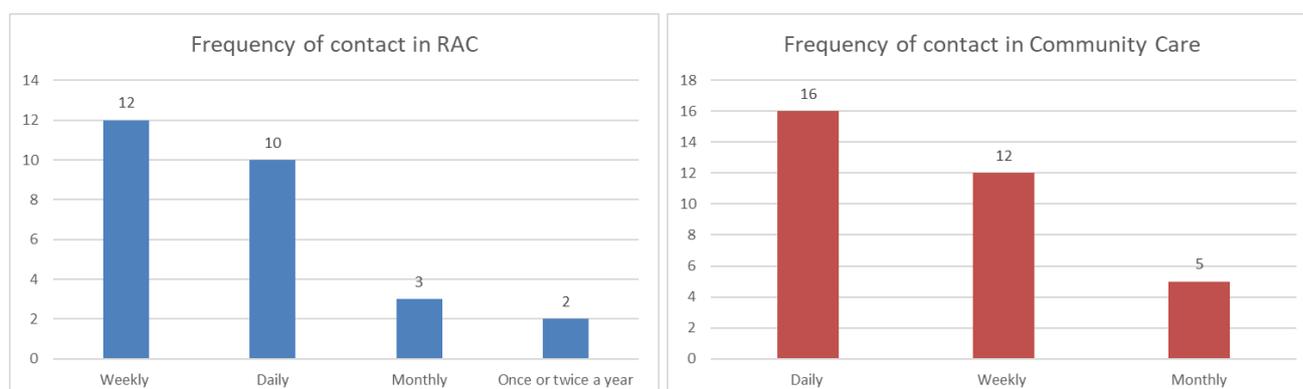


Figure 4 and 5: Frequency of contact in residential aged care and Community Care.

The Social Connection Assessment Tool asked participants, 'If you do remain in contact with family and friends, how often are you in contact?' Older people in residential aged care were in contact with their close connections on a weekly basis (n=12), daily (n=10), monthly (n=3) and some only once or twice a year (n=2). Older people in community care, more often kept in contact with their close connections on a daily basis (n=16), weekly (n= 12), and monthly (n=5). These categories were not mutually exclusive as some participants gave multiple answers for different close contacts e.g. spouse, friend.

Methods of interacting with close connections in residential aged care

Participants were asked, 'How do you maintain contact?' For older people in residential aged care, interaction with strong connections consisted of in-person (n= 10), phone (n=7), and other methods included video calls, social media and letters (n=3).

Preferred way to spend time with others in residential aged care

The Assessment Tool asked participants, 'What's your favourite way of spending time with people?' Residents preferred to spend time with people mostly in person, including visits to the aged care facility (n=9), phone calls (n=8), activities outside of the facility (n=6), problem solving activities, such as playing chess, puzzles and bingo (n=4), food based activities, such as coffee and morning tea (n=4), walks (n=3) and art based activities (n=2). Other preferred ways of spending time with people included music related activities, movies, sport and clubs (n=4).

FINDINGS

Reciprocity

Healthy social connection involves both giving and receiving in relationships. Giving could be as simple as making someone laugh, or creating joy for others in a small way. Respondents were asked, "Can you tell me about what you feel you give to others or could give to others - and what they do for you that makes you feel connected to them?" Examples included: conversations (n= 5), company (n=4), sharing stories with staff (n=2), telling jokes (n=2), words of affirmation (n=2), listening (n=2), artistic expressions (n=1), smiles and greetings (n=1), knowledge (n=1), laughing with others (n=1), helping other residents (n=1), and I feel I have nothing to give (n=1).

"I love to talk to other people and make them happy." -Resident

"The staff tell me what they have been doing always come in the door of my room with a smile." -Resident

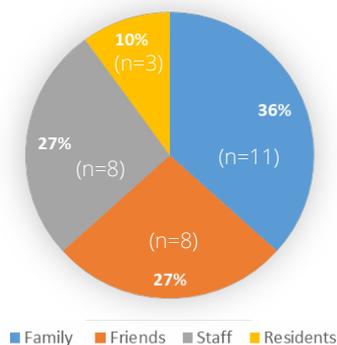
"To make our ideas into drawings and transform them into a wearable art."- Resident

"I joke with them, tell them silly stories. Enjoy being with them. Pretend we are going somewhere exotic."- Resident

"I help out residents where I can. Like to be useful and helpful." - Resident

Preferred people to connect with when feeling low

In residential aged care



In Community Care

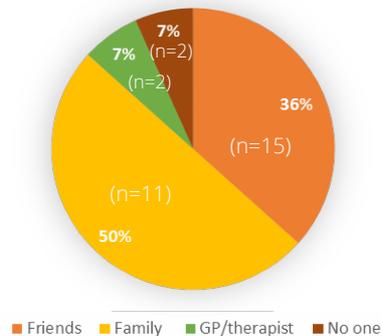


Figure 6 and 7: Who respondents want to connect with during episodes of feeling low.

The Social Connection Assessment Tool asked respondents who they prefer to speak to when they 'feel a bit low', stating "Even the cheeriest person feels a bit low sometimes, what kinds of people help you to cope with those feelings or help you to feel understood?" Older people in residential care preferred to speak with family (n=11), friends (n=8), staff members (n=8) and other residents (n=3) when they are feeling low emotionally.

For people in community care, half the respondents prefer to speak with family (n=11), friends (n=15), GP or therapist (n=2) or prefer not to speak with anyone (n=2).

Meeting new people in residential aged care

FINDINGS

Making new connections

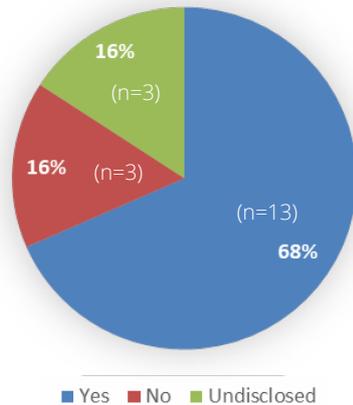
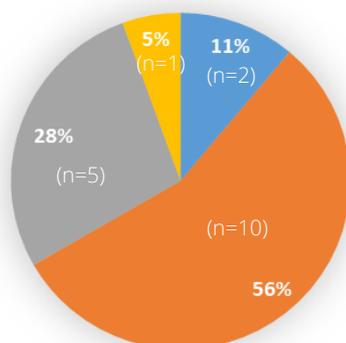


Figure 8: Interest in making new social connections in residential aged care.

Respondents were asked, "Would you like to make new friends here?" Majority of residents responded that they would like to make new connections in residential aged care (n= 13). Some residents responded that they were not interested in making new social connections (n=3) as they had "been here awhile and made lots of friends" or "I have enough, if someone comes along happy to socialise with them." Undisclosed (n=3) included comments about being unable to make new connections due to mobility issues that made them bed bound and other comments expressing the difficult nature of creating new connections or difficulty due to being a 'shy person'.

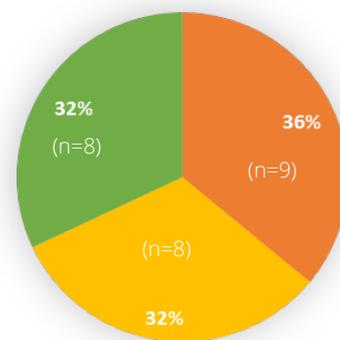
Attending new activities

In residential aged care



■ Alone ■ With another person ■ Either ■ Does not enjoy group activities

In Community Care



■ With someone ■ Alone ■ Either

Figure 9 and 10: Attending new activities in residential aged care and community care.

FINDINGS

Respondents were asked "When you are trying out a new activity or joining a new group do you like to go with another person or by yourself?" Majority of residents responded that they would like to attend a new activity with another person (n=10). Others indicated that they would attend either way (n=5), or would prefer to go alone (n=2) or did not partake in group activities (n=1). Older people in community care stated that they would like to attend a new activity with another person (n=9), either (n=8) or alone (n=8).

Existing pro-connection activities that residents participate in

The Social Connection Assessment Tool asked residents "What activities from the calendar do you currently participate in that allow you to interact with others?" The most popular activities were numbers and word games such as bingo, puzzles, trivia (n=11), art based activities such as craft and drama groups (n=7), food based activities such as cooking, BBQs, coffee club (n=6), outings (n=4) and happy hour (n=4). Other activities mentioned included gardening (n=2), chapel (n=2), nail spa (n=2), and exercise, sport, music, talking book groups, and reminiscing activities (n=5).

Previous pro-connection hobbies and interests that residents participated in

Interests and hobbies that residents were involved in previously in their lives included sports, such as badminton, bowls, tennis, fishing, bike riding, cricket, rugby, golf (n=10), art related activities, such as craft groups, theatre, film, photography, patchwork and quilting (n= 5). Other interests and hobbies included church related activities (n=3) and family activities and events (n=2) food based activities such as dining in restaurants (n=1), and travel (n=1).

Pro- connection places and spaces in residential aged care

Residents were asked, "Thinking about where you live now, what places are you most comfortable to chat and be around others? Spaces and places in the residential aged care facility where people felt most comfortable to connect with others included, the cafeteria (n=8), dining room (n=7), bedroom (n=3), garden (n=2), chapel (n=2) community centre (n=2) and lounge room (n=1). Two residents commented that they were unable to leave their bedrooms due to mobility issues.

Places in the community where residents would like to connect with others

The Assessment Tool asked residents, "Are there places in the community that you'd like to visit?" Popular places that residents wanted to visit in the community included the zoo (n=5), shops (n=4), the beach (n=3), church (n=3), bus trips (n=2) and no places in the community (n=2). Other places included the local market, shows playing in the city, museum, park, local pub, Alice Springs and Sydney Harbour (n=7).

FINDINGS

Improving social connections

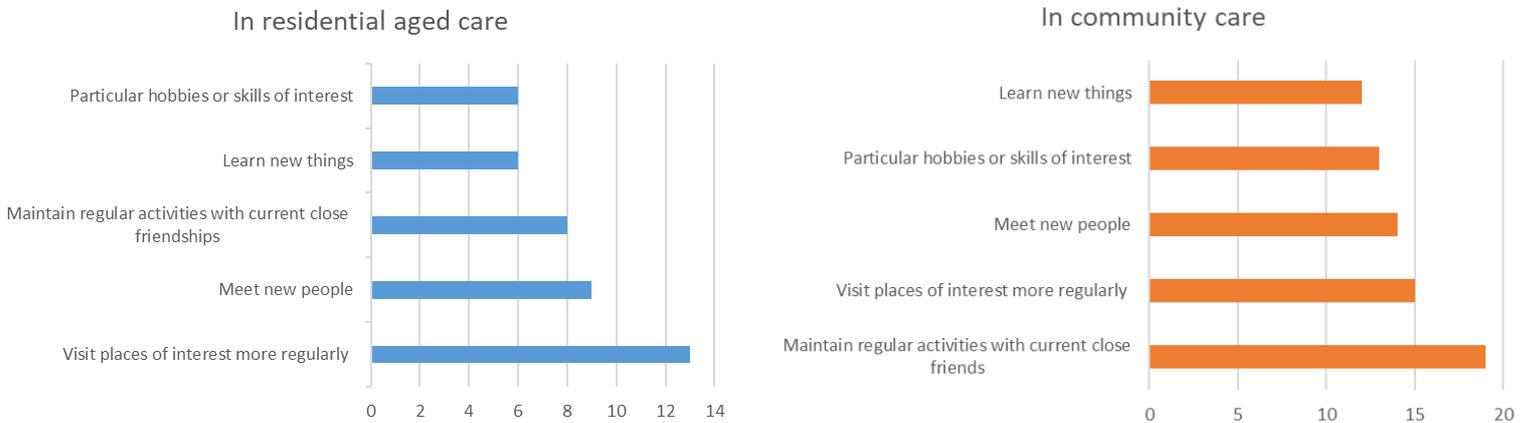


Figure 11 and 12: Residents and older people's preferred approaches to improve their social connection.

Respondents were asked a multiple choice question, "What are some ways you would like to improve your connections with others? A) Meet new people, B) Maintain regular activities with current close friendships, C) Learn new things, particular hobbies or skills of interest, D) Visit places of interest more regularly". To improve social connection, majority of residents indicated that they would like to visit places of interest more often (n=13), followed by meeting new people (n=9), maintain regular activities with current close friends (n=8), learn new things (n=6) and engage in particular skills of interest (n=6). Older people in community care indicated that they would like to maintain regular activities with current close friends (n=19), visit places of interest more often (n=15), meet new people (n=14), engage in particular hobbies or skills of interest (n=13), and learn new things (n=12).

Evaluation Survey Results

Of the respondents in residential aged care and community care, **100% agreed or strongly agreed** that they felt comfortable being asked the questions included in the Social Connection Assessment Tool.

"I think it's very healthy that these sort of questions are asked. It's a good way for things to be addressed and discovered." - Older person in community care

FINDINGS

Of the respondents in residential aged care and community care, **100% agreed or strongly agreed** that they were satisfied with the questions included in the Social Connection Assessment Tool.

"Depending on the client, you will get a broad range of people answering these questions with different needs and their life structures which will be really good to gather." - Older person in community care

Of the respondents in residential aged care and Community Care, **96% agreed or strongly agreed** that the Social Connection Assessment Tool helped them to comfortably share information about social connection.

"I also liked this tool because it forced me to talk and enabled me to think... Very useful and not boring. Very appreciative of it." - Older person in community care

"Was all fine. Helped articulate what is going on in my life which is helpful." - Older person in community care

Of the respondents in residential aged care and Community Care, **100% agreed or strongly agreed** that the Social Connection Assessment Tool had clear instructions and was easy to use.

"I felt the tool was quite easy to read and understand"- Resident

"Questions very clear."- Resident

"Easy to read." -Resident

Of the respondents in residential aged care and community care, **96% agreed or strongly agreed** that the Social Connection Assessment Tool helped me to understand the nature and strength of my social connection with others.

"I didn't understand the purpose of it at the beginning and didn't realise it would be so much about my personal social connections. Thought it would be more about my experiences at Uniting. But was good to say out loud what I do in terms of my social interactions." - Older person in community care

FINDINGS

Of the respondents in residential aged care and community care, **93% agreed or strongly agreed** that the Social Connection Assessment Tool helped me to identify activities or hobbies I enjoy doing with others.

"Good way for clients to tell us what they like/feedback about their current services with Uniting and any staff interactions they have had. Gets them thinking about what else they'd like Uniting to offer." -Staff

Of the respondents in residential aged care and community care, **100% agreed or strongly agreed** that the Social Connection Assessment Tool helped me to identify local spaces and places where I enjoy connecting with others.

"I enjoyed being outside in the garden to do this – can be done anywhere."- Resident

Of the respondents in residential aged care and community care, **100% agreed or strongly agreed** that the Social Connection Assessment Tool helped me to develop rapport with the person asking the questions.

"I valued that connection of someone being on the other end of the phone rather than just filling out an anonymous form on my own. It was fun doing it."- Older person in community care

"I enjoyed the company and time spent talking."- Resident

FINDINGS

Feedback from staff

"Overall was a good experience. You get a very good understanding of the client. Some clients open up to you a lot. You become a lot more sympathetic and empathetic towards the client." - Staff

"When I sat down to go through the tool with the pilot residents, it was refreshing to have the questions ready to help open the conversations and to have them want to elaborate on their answers. I learnt a lot more about the people I care for." - Staff

"If clients have any limitations e.g. hearing or leg problems, you learn how much it affects them in their everyday life and how certain social interactions are heavily influenced by this. Very eye opening. Builds even more rapport with the client and staff." - Staff

"Brings awareness to the client. They might already know what their social situations are like, but talking about it out loud makes them think about it a little differently." - Staff

"It was great to see residents being involved in the process of developing this valuable resource Tool and having their opinions listened too" - Lifestyle Coordinator

"It was wonderful to see all the residents participating and opening up about their thoughts." -Chaplain

Constructive feedback

"Clients liked that it was with a staff member they knew, perhaps they wouldn't have participated/opened up as much if it was with someone they didn't know well." - Staff

"Time consuming. This is both a pro and a con. It took me about 30-60 mins to do with each client when chatting to them over the phone. This can take up quite a large part of your working day if you are doing it with the client. However, most clients liked that it wasn't just a quick questionnaire. It made them feel like we were really getting to know them and cared. They also felt it was a nice chat to have with staff." - Staff

KEY INSIGHTS

In community care, there was a fairly even split between family (n= 20) and friends (n=17) for a persons close contacts. Interestingly, in residential care, just over half was made up of family (n=15), friends (n=10) and a proportion of older peoples' close contacts were made up of aged care staff or other residents (n=3). This is inline with research that shows that aged care staff and can at times become surrogate family members for residents (Sumaya-Smith,1995; Grenade & Boldy, 2008).

Frequency of interactions showed that compared with older people in community care, some respondents in residential care indicated that they only interact with their close contacts once or twice a year (n=2). Although this is a small percentage, in a sample size of 20 residents this is not an insignificant number. In 2017, the aged care minister Ken Wyatt stated that “up to 40 per cent of people in aged care homes never get visitors” (Yaxley, 2017).

When feeling low in community care 50% of older people like to speak to a family member, comparatively in residential care 36% of older people prefer to speak to family and 37% indicated that they prefer to speak to other residents or aged care staff. This is an indicator that other residents and staff are an important support network for residents.

68% of residents who used the Social Connection Support Assessment Tool indicated that they wanted to make new connections whilst in residential aged care, challenging the assumption that older people (who on average spend 2.8 years in an age care facility in Victoria) are not interested in meeting new people and forming new connections.

56% of respondents in residential aged care indicated that they would prefer to attend a new activity with another person. This is in comparison to 36% of people in community care who preferred to go with another person. This finding shows the importance that community connector type people can play in facilitating connection for people in residential aged care. These people can be other residents or volunteers, who are happy to introduce new residents to activities.

To improve social connection, majority of older people in residential aged care identified that they would like to visit places of interest more often (n=13), followed by meeting new people (n=9). Compared to older people in community care who preferred to maintain regular contact with current close friendships (n=19) and visit more places of interest (n=15). These findings indicate that older people in residential aged care want to visit more pro-connection places and create new social connections compared with older people in community care who want to be supported to maintain their current connections and visit places of interest more often.

RECOMMENDATIONS

These recommendations are made against the backdrop of the Royal Commission into Aged Care Quality and Safety (2021) which made numerous recommendations related to social participation. Perhaps most poignant is Recommendation 3 b. v. stating “older people are entitled to pursue (and to be supported in pursuing) physical, social, emotional and intellectual development and to be active and engaged members of the community, regardless of their age or level of physical or cognitive capability” (p. 207). This pilot sought to respond to the findings of the Royal Commission and contribute a preventative measure in residential aged care with a view to application in community care scenarios in identifying and developing positive social connection.

Recommendation 1: Mainstreaming the Social Connection Assessment Tool in residential aged care facilities with a readiness to adopt new practices.

The pilot's institutional settings within The Salvation Army Aged Care and Uniting had a positive disposition toward new resources that address the felt needs in social connection assessment. Their leadership and staff had a keen awareness that current tools took more of a medical model approach to assessing the social connectedness of residents heavily featuring closed questioning, check box options that limit understanding of needs and limited scope for investigation into the lived experience of the client. A systems review within the pilot on residential aged care facilities was undertaken and the pilot identified a number of options where the tool could be used in the regular battery of client assessments and admissions.

Some examples in practice could be:

- Simplify assessments utilising the Tool from enquiry stage.
- Incorporate the Tool with lifestyle assessment that would filter into care plans.
- Utilise the Tool in identifying causes of challenging behaviours of residents.

Recommendation 2: Service providers consider integration with other social support mechanisms initiated by the Royal Commission into Aged Care Quality and Safety (2021).

The pilot working group recognise that the Social Connections Assessment Tool is not in any way a single solution to the gaps identified in the Royal Commission (2021). Use of this tool cannot be done in isolation to other potential solutions being considered by service providers. The hope is that it can be considered as a complimentary solution to initiatives particularly addressing recommendations such as 'Recommendation 33: Social Supports Category' and could be a powerful tool in assisting service providers linking in with existing services in the community providing supports to older persons.



RECOMMENDATIONS

Some examples in practice could be:

- Residents and their representatives are involved in assessments to build a strong person centred care focusing on respecting choices.

Recommendation 3: Training in social connection in residential aged care and home care teams.

A key step in the pilot was training in social connection. Considered low hanging fruit in terms of bringing value through the pilot, this was initiated as a key early step. The value of this training was immediately apparent with positive feedback to the learning opportunity, and participant feedback demonstrating that it created important awareness in staff in relation to their understanding of residents' needs. Social connection training should be prioritised in capacity strengthening of staff cohorts whether the Social Connections Assessment Tool is implemented or not.

Some examples in practice could be:

- Include social connection training as a part of an orientation or on boarding program.
- Incorporate the training in staff development programs.

Recommendation 4: Providing access to family, informal care providers (e.g., Pastoral Care volunteers) and other key support persons to the Social Connection Assessment Tool.

The working group are conscious that resourcing limitations is a critical factor for Residential Aged Care service providers and that a tool of this nature may be considered too resource intense to administer effectively. The Social Connection Assessment Tool is designed to be administered not only by aged care professionals but also by key supportive members in a resident's life. The Tool primarily aims to generate an informative, engaged dialogue where older persons are prompted about their own personal assets to address their social connection needs. This enabled those close to them to understand more about what their needs are and identify potential solutions to isolation and opportunities for increased connectedness.

Some examples in practice could be:

- Provision of the Tool at inquiry as a resource to families
- Training and access to the Tool to volunteer groups such as Chaplains and Pastoral Care volunteers
- Train the staff to use the Tool to open conversations with older people i.e. the Tool can be used anytime, not only during scheduled reviews.
- Incorporating it into a toolbox for external support workers who may be providing diversional activities

RECOMMENDATIONS

Recommendation 5: Continuous improvement of the Social Connection Assessment Tool and developing a systematic connection to care planning. Practitioners on the pilot working group, staff participants in the pilot and staff who participated in the training all identified how powerful the Social Connection Assessment Tool would be if systematically linked to care planning mechanisms. All mentioned that care planning can be generated from a small number of closed questions during a larger admissions process or from limited option check box menus for social activities. This often results in limited engagement of the residents in their care plan, or social activities and families reporting activities that are not closely aligned with the needs of the client. We hope that this tool may replace existing assessment questions or be complementary to existing process to deepen assessment in this specific area.

Some examples in practice could be:

- Include the resident and utilise the Tool from initial assessments to ensure that their choices are respected.
- Link the answers to assessments with care plans and ensure that this is communicated to all the staff.

A consistent theme across the pilot was the need for organisational cultural change if loneliness is to be reduced in residential aged care. All agree that the Royal Commission (2021) has identified some critical recommendations related to the prevalence of social isolation but have felt a level of despair in relation to effectively addressing this issue. The working group are keenly aware that organisational culture and a readiness to adopt a new approach such as the Social Connection Assessment Tool would be critical to its success.

Limitations

Due to the COVID-19 pandemic the project working group decided that it was not appropriate to address research question number two, 'What local pro-social infrastructure exists and how can connection between residents and others in these spaces/places/groups be created or strengthened'. Due to the Stage 4 restrictions in place at the time the working group felt that encouraging new connections between community groups and existing social connection infrastructure was not feasible. This is something that future research could seek to understand how to better integrate residential aged care facilities into their surrounding communities. This would align with recommendation 33 'social supports category within the aged care program'. The recommendation states that supports should be 'coordinated with existing services and activities provided by local government, community organisations, and businesses to enhance the wellbeing of older people' (Royal Commission into Aged Care Quality and Safety, 2021, p. 323).

NEXT STEPS

After the success of the pilot, we are interested in securing funding for the second phase of the Social Connection Assessment Tool project. During this phase, we intend to engage a larger cohort of residents across multiple facilities and obtain University Ethics in order to conduct a research project and formally evaluate the effectiveness of the Social Connection Assessment Tool. During this phase, we would work with application designers to design an online version of the Tool so that this could be mainstreamed into current data collection practices already occurring within residential aged care, such as the My Care Plan.

The project team are interested in collaborating with other aged care service providers to refine the Tool through co-design practices with residents, families, staff and management with the aim to distribute the Tool across the aged care sector.

CONTACT

Jasmine Knox

Research Associate,
Swinburne Social Innovation Research Institute
Swinburne University of Technology

Email: jmknox@swin.edu.au

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Appendices

Appendix 1. Evaluation form

Please rate your level of agreement with the following statements about the social connection assessment tool:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. Overall I was comfortable being asked the questions included in the social connection assessment tool					
2. Overall I was satisfied with the questions included in the social connection assessment tool					
3. The social connection assessment tool helped me to comfortably share information about my social connections					
4. The social connection assessment tool had clear instructions and was easy to use					
5. The social connection assessment tool helped me to understand the nature and strength of my social connections					
6. The social connection assessment tool helped me to identify activities or hobbies I enjoy doing with others					
7. The social connection assessment tool helped me to identify local spaces and places where I enjoy connecting with others					
8. The social connection assessment tool helped me to develop rapport with the person asking the questions					
Please tell us how we could improve the social connection assessment tool. For example, if you have an issue with a specific question please explain below:					
Please tell us how we could improve the social connection assessment tool. For example, if you have an issue with a specific question please explain below:					

Appendices

Appendix 2. Pilot project timeline

Project timeline 2021	Phase 1			Phase 2			Phase 3		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Phase 1: Activating social connection									
Start-up meetings, form working group and steering group									
Identify participating residents and staff									
Create framework of SC tool with working group/steering group									
Conversations with residents/families/ CC/staff to co-design tool									
Create evaluation survey for residents/families and staff and outline methodology for evaluating pilot									
Create a list of organisations and local community SC infrastructure based off pro-connection infrastructure typology									
Phase 2: Co-design, training, assessment and SC infrastructure									
Create SC training for tool									
Feedback from staff and residents									
Staff assess residents using SC tool									
Reach out to SC hotspots and identify possibilities for connection									
Phase 3: Implementation and findings									
Conduct evaluation survey with residents/family/staff									
Draft of final report (due end of March- start of April)									
Present feedback to steering group and shareholders- discuss next steps moving forward (April)									