



Promoting social networks for older people in community aged care

Older people's participation in social networks is a significant component of wellbeing. This Briefing focuses on the nature and impact of older people's social networks, and on how community aged care workers can promote participation in social networks by older clients living in their own homes.

The aim of this Briefing is to draw from the research evidence of promising and innovative practices that can be readily adapted and incorporated by care workers and managers into their day-to-day work.

This Briefing has been prepared by the Social Policy Research Centre in partnership with The Benevolent Society.

Research to Practice Briefings bring together lessons learned from the literature on a topical issue in community aged care as a resource for those working in this sector. As in most areas of social policy and practice, the research evidence in the literature on community aged care is continually evolving. The Briefings aim to distil key themes and messages from the research and to point to promising and innovative practices.

An advisory group of academics and expert practitioners working in the area of aged care provide advice and peer review.

Older people's social networks and participation

The majority of older Australians are actively involved with the people around them. The 2006 General Social Survey found that 96% of older people (aged 65 and over) had some form of contact at least once a week with family and friends from outside their household, and 76% had face-to-face contact with them.

However, while many older people are socially active and participate in cultural, recreational and other activities, participation and attendance rates generally decline with age, leaving a significant proportion of older people who do not participate in or attend these activities.

Around 93% of older people living in the community participated in informal social activities (e.g. visiting or socialising with friends) in the previous three months. The most common type of social activity was visiting (or being visited by) friends (87%), followed by meeting friends for indoor (61%) or outdoor (58%) activities (AIHW, 2007b).

Similar proportions of older men and women participate in these social activities until aged 85 years and over. By these ages, 15% of males and 9% of females had not undertaken any of these informal social activities in the previous three months (AIHW, 2007).

Sixty-six percent of people aged 65–74 years were actively involved in a social or support group compared with 43% of people aged 85 and over (AIHW, 2007).

Social contact with friends outside the home declined significantly with age. For example, 41% of people aged 85 and over went out with or visited a group of friends (outdoor activities) in the previous three months, as compared to 72% of people aged 55-64 (AIHW, 2007).

Consequences of social isolation

While many older people have access to social networks, social isolation is a real concern for some. Evidence shows that social isolation is associated with depression and low morale.

Some of the risk factors for isolation are: loss of a partner or other family member; being a carer; difficulties with communication (e.g. hearing loss); coming from a non-English-speaking background; living in a rural or remote area; living in an aged-care facility; access to transport; and being male and single (Findlay & Cartwright, 2002). Disability and illness and associated loss of functional activities can clearly impose restrictions on social participation. Older people have also reported feelings of discrimination and self-consciousness about their disability as hindering their participation in community activities (Hillier, 2007).

Inadequate social support is associated not only with lower overall general health and wellbeing, but also with higher levels of emotional distress, more illness and higher mortality rates (WHO, 2002). There are a higher number of deaths among isolated people than among those with networks of relationships and emotional support (Giummarra et al., 2004; Bath & Deeg, 2005; Maier & Klumb, 2005), while being part of a social network is a significant determinant of longevity. This is especially the case for men (Rowe & Kahn, 1997; Zunzunegui et al., 2005).

Community care providers have found that 41 to 62% of new clients are depressed and 41% are lonely (Lewin & Patterson, 2008).

The impact of social networks

Social networks can be defined by their structure (number of ties, proximity of relationship), by their function (frequency of contact, reciprocity, duration), and according to the nature of the relationship (friends, relatives, children, spouse). All of these characteristics may have significant and distinct effects on the experiences and circumstances of ageing (Zunzunegui et al., 2005).

Impact on wellbeing

There is a wide consensus that participation in social networks is highly beneficial and connected with ageing that is comfortable, secure and productive (in the widest sense). Such participation, to the extent that it means feeling valued and appreciated, is regarded as a significant component of wellbeing. It can help maintain morale even in the face of serious illness and disability, and contribute to motivating physical activity and making it enjoyable (PMSEIC, 2003). Engagement in social activities is associated with optimal cognitive and physical functioning and a rewarding emotional life. One important benefit is that people can be socially engaged even though they might have physical limitations that restrict their participation in other kinds of activities, and this engagement can contribute to a sense of competence in ways that other activities cannot.

Social networks can, under some circumstances, have negative effects on wellbeing because they may involve conflict, unreasonable demands and disappointments, and they may also be the source of reinforcement for risky or unhealthy behaviour (Giummarra et al., 2004). Families in particular can be a source of frustration and resentment, as well as love and support (Maier & Klumb, 2005; Giles, Metcalfe et al., 2004).

It should also not be forgotten that there are some people who prefer their own company (Mavandadi, Rook & Newsom, 2007).

These research observations indicate that the question of maintaining or improving social contacts and participation to enhance

older people's wellbeing requires careful understanding and consideration of the individual older person's needs and wishes.

Impact on health and disability

Researchers have found that positive social interactions protect against developing difficulties with physical functions in later life (Mavandadi, Rook & Newsom, 2007). Numerous studies have shown that being part of an extensive social network has a protective effect on health (Giummarra et al, 2004; Bath & Deeg, 2005; Bath & Gardiner, 2005; Mavandadi, Rook & Newsom, 2007; Miller-Martinez & Wallace, 2007). A UK study of older people's social engagement and health, and their use of community care and medication, found that those who were more socially engaged were less likely to have seen their family doctor or district nurse in the month prior to the study (Bath & Gardiner, 2005). Another study (Zunzunegui et al., 2005) of the association between the ability to undertake activities of daily living (ADLs), disability and social ties among people over 65 in three European countries, found that social ties can help to maintain ADL abilities in old age and even to restore them after injury or trauma.

Social networks with relatives

A study using the Australian Longitudinal Study of Ageing data investigated the impact of social networks with children, relatives (other than spouse and children), friends and confidants, on less severe forms of disability among older people (Giles, Metcalfe et al., 2004). It found that while social networks overall had a protective effect, networks with relatives had a particularly significant protective effect, both in delaying the onset of disability and in recovery.

Social networks with friends

Time spent with friends has been found to have a positive impact on the survival of older people, whether or not they actually engage in leisure activities together. It would seem that it is the mere presence of other people that is advantageous, rather than the activities undertaken (Maier & Klumb, 2005).

However, it is not clear whether sociability leads to the survival advantage, or whether people who are less frail are more likely to be sociable. It could be that community engagement gives people resources – a sense of meaning, increased confidence and feelings of competence – that enable them to overcome or to fend off physical frailty. On the other hand, it could be that increasing frailty results in people having fewer contacts outside the home, and hence a reduction in their involvement with friends (Zunzunegui et al., 2005).

Supporting older people's social networks

Support can be of two kinds, instrumental and socio-emotional, and range from providing material assistance, transport, information and physical help, to expressions of respect and love. However, not all forms of support are beneficial. The literature indicates that

it is important that support is enabling, encouraging and autonomy-enhancing (Rowe & Kahn, 1987 1997).

People need support that, as far as possible, allows them to develop their own coping mechanisms to deal with life's stresses (Seedsman, 2007a, 2007b) and does not undermine their autonomy. People should be encouraged to identify and achieve their own goals and assisted to build on past life strengths and achievements such as past employment, hobbies and interests (Hillier, 2007; Lewin & Patterson, 2008).

Service planning and delivery

It can be difficult for older people to maintain social contacts and strategies aimed at reducing social isolation may be necessary. These strategies should be planned in consultation with older people and be appropriately evaluated (Howat, Iredell et al., 2004; Howat, Boldy, & Horner, 2004).



Interventions are more likely to be effective if they use existing community resources and contribute to community capacity (Findlay, 2003). One UK study found that effective interventions to combat loneliness among older people had a number of characteristics. They tended to be group activities (rather than one-to-one interactions such as home visiting), long-term, directed towards a particular section of the older population, had some element of participant control and offered a wide range of activities (Cattan & White, 1998).

Role of service providers

Social mobilisation (i.e. ways of enabling older people to make connections with their communities) involves building social networks, supporting people's participation in social activities, and fostering social support and mutual aid among older people.

Some research suggests that the role of community care professionals is best fulfilled by creating an environment that enhances communication, builds trust and mutual respect, and empowers clients through sensitive communication and support, help to develop self-awareness, and through access to resources and information (Giummarra et al., 2004).

Socialisation and social enablement programs that provide individualised support to socially isolated older recipients of community care services can increase people's feelings of self worth, their confidence in social situations and thus their ability to re-engage with the community (Hillier 2007; Lewin & Patterson 2008). Such programs have used volunteers as peer mentors.

A review of services to address social isolation among older people reported that befriending programs have had some success, when they have a good referral system and trained staff, as well as telephone support that targets specific high-risk groups. Reaching specific types of isolated individuals may be possible through radio programs and the internet, but their effectiveness is as yet unclear (Bartlett, 2007).

Approaches to supporting older people

It has been suggested that there are four types of interventions in an older person's social networks – *therapy*, *reinforcement*, *construction* and *mediation*. A *therapy* intervention may be required when the person has some form of personal difficulty and involves the training of the family and friendship network members by a professional worker. A *reinforcement* intervention may be appropriate where the person's informal care and support network has become stressed. It requires the provision of practical support services by formal service providers in order to ease the burden on the informal carers. A *construction* intervention may be required by people who have been cut off from social networks (e.g. recent migrants) and need help making new contacts. Finally, *mediation* may be required where there is conflict (Litwin, 2007).

Older people's social networks are not infinitely resourceful and this is especially the case when the needs of older people are greatest (Litwin, 2007).

Not all interventions will suit everyone. The type and amount of support needed will vary for each person and should be tailored to the particular individual (Mavandadi, Rook & Newsom, 2007).

Aboriginal and Torres Strait Islander older people

Working with the individual needs and strengths of each older client in the context of their family and community is particularly pertinent for practitioners working with Aboriginal and Torres Strait Islander older people. Culturally empowering services for Indigenous older people have a number of features including using appropriate language, establishing trust by using acceptable mentors or intermediaries, developing culturally specific protocols for community networking, and giving families control over service provision and ensuring participation of the whole community, not just the family (Morse & Lau, 2007).

Practice implications

Community aged care providers and workers can enhance the health and wellbeing of their clients by paying attention to their social networks and participation and by complementing practical care services with social support strategies.

Effective strategies with individual community care clients include:

- careful understanding and consideration of individual older people's needs and wishes
- provision of support in ways that enhance autonomy
- taking into account the needs and wishes of carers/ family members
- building on strengths and life achievements, such as past employment, hobbies and interests
- assisting people to identify their own goals
- building of self worth and confidence
- engaging clients in health promotion activities such as those that increase physical activity, improve nutrition and improve mental health

- using volunteer peers as mentors to facilitate social engagement and participation in activities
- addressing practical barriers such as communication difficulties, cost and transport
- facilitating clients' engagement with friends and with relatives (other than spouse and children) and
- offering a wide range of activities, which are long term, group based and tailored to specific sections of the older population.

In the design of social support strategies, best practice includes:

- introducing interventions as part of a wider strategic approach
- targeting specific groups of older people
- involving older people themselves in program planning, delivery and evaluation
- building community capacity by using existing community resources as far as possible and
- establishing partnerships with stakeholders and organisations.

We welcome feedback on this Briefing.

A full list of references can be accessed on The Benevolent Society's website.

The Benevolent Society is Australia's first charity. Established in 1813, we have been caring for Australians and their communities for nearly 200 years, working to bring about positive social change in response to community needs.

The Social Policy Research Centre is a research centre of the Faculty of Arts and Social Sciences at the University of New South Wales. The SPRC conducts research and fosters discussion on all aspects of social policy in Australia.

t 02 9385 7800 e SPRC@unsw.edu.au

The Benevolent Society

Level 1, 188 Oxford Street, Paddington NSW 2021 PO Box 171, Paddington NSW 2021

t 02 9339 8000

f 02 9360 2319

e mailben@bensoc.org.au

www.bensoc.org.au