Learning from older people who are socially connected

BY DR CHRIS FYFFE AND ANNE FAHEY (GCSS)

summary report

Importance of social relationships

Social relationships are important for people's quality of life. It is not just that being part of a network of various types of relationships is 'a nice thing'. Such relationships contribute to people's mental and physical health and sense of wellbeing. Studies have shown that meaningful participation and social involvement contribute to ageing well. Quality of life in older age can be improved by building on what happened in a person's earlier life stages, as well as what happens during older age. Being socially active and preventing loneliness are key to older people's wellbeing. In addition to characteristics such as a person's acceptance of life and finding meaning in life, 'feeling lucky' and maintaining an optimistic outlook, social relationships for older people are strengthened by other factors. These can include older people living as long as possible in their homes and neighbourhood; the degree of reciprocity in relationships; the size of a person's social network; and the extent and nature of social participation – including volunteering, helping others or being a member of an organisation.

Current project

The current project was undertaken following the success of Golden City Support Services' (GCSS), Bendigo Victoria, experience with an earlier project 'Mapping Natural Supports for people with disabilities' (2013). This earlier project described the social relationships of people with disabilities who identified as being socially well-connected, and reported on how people maintained and built social relationships.

In common with research about people with disabilities, studies of older people who are socially isolated have generally focused on the barriers to their relationships and links with others. This report considers what can be learned from another perspective – that of older people who have maintained and developed social relationships.

Socially well-connected older people were asked about how they developed and maintained social relationships, and what suggestions they had for other older people (or people of any age) who are lonely and socially isolated. Overall, participants in this study experienced many of the reported barriers to social participation (ill health, decreased mobility, family members moving away) and yet they were able to describe continuing and varied social relationships.

Building social connections

This project's participants had ideas about what older people could do to become more socially connected. Their suggestions encapsulate the practical dimensions of issues that have been identified in research literature. These ideas are not intended to imply one way of doing things. They are practical suggestions based on participants' life experiences of building and maintaining social relationships. Social relationships are individual and vary over time – each of us has a different sense of what is good social connection, and if we are lonely.

The findings raise questions about how to build on the life experiences and wisdom of people who are socially connected; and how to disseminate this information to more isolated people, who by definition are not in contact with many others. The challenge to expand people's social relationships is complex. Social participation should be personally satisfying and not forced upon people. Staff and organisational practices can sometimes add to loneliness by impeding the connection of people within their local communities.

This report suggests ways that older people can build and maintain social connections. The report proposes a workshop format to disseminate the report's findings to staff already in contact with older people who are socially isolated.

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suggestions for building social connections

**Older age participants interviewed for this project had ideas about what older people could do to become more socially connected.
Their suggestions can be summarised as follows:**

- Activities earlier in life set the scene for social relations in older life

- Always start with common interests or common history

- Relationships can start anywhere

- Talk to strangers in public places

- Find out where the locals meet and hang out

- Find out about local groups and community resources

- Be prepared to try things to find where 'you are comfortable'

- Don't just wait for someone to do something – reach out, put in

- Be prepared to do things differently – to adapt and change

- Formal or paid support can be a starting point for social connections.

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introduction

Much research about older people who are socially isolated has focused on the barriers to their relationships and links with others. This report considers another perspective – that of older people who have maintained and developed social relationships and learned how to overcome relationship barriers.

Socially well-connected older people were asked about how they developed and maintained their social relationships, and what suggestions they had for older people (or people of any age) who are lonely and socially isolated. The participants in this study experienced many of the reported barriers to social participation (such as ill health, decreased mobility, family members moving away) and yet they described maintaining and building varied social relationships. This report describes the life experiences and wisdom of these socially-connected people. It investigates the factors important to forming social relationships, and how this information can be disseminated to more isolated people, who by definition are not in contact with many others.

The key questions arising from these investigations were:
What role can be played by older people who are well connected?
Who is in contact with older people who are socially isolated?
How can people who move frequently be assisted to build relationships?
How can people who are socially isolated find local groups and contacts, especially if they don't use the internet or social media?
How can local groups help newcomers to stay engaged?

How can staff in formal services assist people to build social networks as participants in this study suggest? Staff can play an important role to engage socially-isolated people:

> *'There is potential for staff to do more to help friendship, such as promote a community development model of service provision, looking for opportunities for their clients to make connections and engage in social activities. Rather than only group activities, facilitate individualised social activities for clients'* (Traustadottir 1993).

A NOTE ABOUT PROJECT TERMINOLOGY

Many terms have been adopted in discussions about social relationships and the implications for ageing well. It is beyond the remit of this report to fully review the nuances of the different terminologies associated with social relationships (terms like social inclusion, natural supports, informal supports, community participation) or with ageing well (positive ageing, successful ageing).
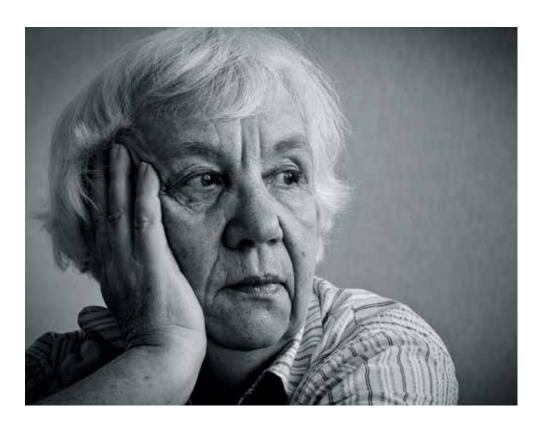
The following section provides a brief overview of research literature on social relationships and older people. For the purposes of this report, the following terms have been adopted.

'Social relationships or social connections' refers to a range of relationships between people. Appendix 1 lists social relationships particularly mentioned by participants – the list includes friends, neighbours, shops or businesses, and staff who provide various support services.

'Ageing well' means optimising one's quality of life while growing older. The focus on 'ageing well' in this project brings particular attention to social relationships.

Accordingly, older people, ageing well, have a range of social relationships and feel socially connected. Ageing well does not mean life has not changed for older people or that all aspects of life are satisfactory. For example, people who are ageing well may also be experiencing ill health, and will have various income levels.

why social relationships matter

WHY SOCIAL RELATIONSHIPS MATTER

It is important to note the significance of social relationships to people's wellbeing and quality of life before reporting the findings of the project. It is not just 'a nice thing' for older people to be part of a network of various types of relationships. Social relationships are important for people of all ages, contributing to mental and physical health and a sense of wellbeing across age groups.

Loneliness, wellbeing and the importance of social relationships

Loneliness is *'a perceived discrepancy between interpersonal relationships one wishes to have and those that one perceives they currently have'* (Heinrich and Gullone 2006).

There is ample literature identifying that many people in the community are lonely and that the incidence of loneliness is growing (Baker 2012).

Being lonely is often associated with lack of mental wellbeing. Loneliness affects physical and mental health, and human behaviour.

> *'Chronic loneliness has the potential to substantially interfere with psychosocial functioning, mental health and physical health and should be subject to intervention efforts'*
> (Heinrich and Gullone 2006).

Social relationships are recognised as important contributors to quality of life, wellbeing and satisfaction throughout life. Social relationships and activity per *se appear* to confer health benefits. Throughout life, good relationships are associated with better health, wellbeing and an ability to cope with major life events (Bowling 2005). The absence of high quality relationships in life is associated with negative psychological and physical consequences such as anxiety, depression, loneliness and poor health (Wenger and Keating 2008).

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why social relationships matter

While in recent research considerable effort has been expended on conceptualising 'social exclusion', 'social inclusion' remains relatively underexplored. Many terms have been used seemingly interchangeably: for example, social integration and social cohesion. Inclusion seems to be the opposite of exclusion – but may be something different: *'calling attention to the supposed openness of society which beckons outsiders'* (Scharf and Keating 2012). Concepts of belonging and social inclusion (social connection, community participation, etc) are linked with valued social roles, individual and community strengths, and the identification a person has with their communities, cultures and societies.

Social relationships are inbuilt where there is participation and involvement in communities and networks. Participation can counter loneliness, help protect vulnerable people and ameliorate the likelihood of social exclusion.

> *'Satisfying social relationships are vital for good mental and physical health…*
> *there is a good argument for alleviating deficits in social relationships'*
> (Heinrich and Gullone 2006).

Social and community participation may generate an increased sense of life satisfaction (Flood, cited in Baker 2012). Time each week spent volunteering is associated with higher levels of quality of life, personal support and friendship; and being connected to the community is strongest for those who volunteer more than five hours per month, and for those who participate in more organisations (Fast and de Jong Gierveld 2008).

Participation in the community has been identified as a priority for recovery-oriented services supporting people with psychiatric disabilities (Kaplan, Salzer and Brusilovskiy 2012). As an example of an intervention to alleviate loneliness, 'Five ways to wellbeing' (Aked, Marks, Cordon, Thompson no date) brings these various theoretical and practical dimensions together. One of the five 'ways to wellbeing' concerns social relationships and the importance of connecting with people. Social relationships are considered critical for promoting wellbeing and for acting as a buffer against mental ill-health. Both strong relationships (close, intimate) *and* broader relationships (more superficial but important for feelings of connectedness) are important for wellbeing.

Some argue that understanding ageing requires a lifecourse perspective. Fast and de Jong Gierveld (2008) argue that questions about the social participation of people with disabilities and older people should be linked, and should consider lifecourse issues and the impacts of disability at any age.

It is important to note that human services and organisational practices can add to loneliness by impeding connections between people within their local communities (Traustadottir 1993).

Understanding ageing
Feelings of happiness, contentment, enjoyment, curiosity and engagement are typical of someone with a positive experience of their life. Functioning in the world is reflected in positive relationships, exercising some control over one's life, and having a sense of purpose. Positive psychology has emphasised feeling and functioning well, rather than illness and deficits (Aked, Marks, Cordon, Thompson no date). But studies typically explore ageing and social exclusion (for example, Scharf and Bartlam 2008) rather than ageing and social inclusion.

Ageing and older age
Ageing and older age have been conceptualised in several ways. Ageing is not an event but a lifelong process dependant on many variables – lifestyle, life events, availability of support when needed, genetic disposition, environment, and opportunities (Grant 2005). An individual's

why social relationships matter

lifecourse is shaped by past moments and events over their lifetime, how individuals interact, and the choices they are able to make throughout life (Grenier 2012).

There is no single experience or set pathway of old age – the lifestyles of older people are now more varied than ever before (Grenier 2012; Thompson 2013; Wenger and Keating 2008). The discussion about ageing is no longer fixed on images and stereotypes of disempowerment, dependency and decline; it incorporates understanding how to maximise wellbeing and health in older age even as people's capacities change. In the developed world ageing is becoming less associated with dependency and more with activity and independence (Haworth 2013). The term 'active ageing' reflects the desire and ability of many older people to engage in activities such as work, retirement, education and leisure (Bowling 2005). There is some evidence that at least some older groups are becoming more resilient, in part as a consequence of having greater economic power as consumers (Phillips and Cheng 2012).

Ageing well

'Ageing well' can be understood in terms of what contributes to people's wellbeing, to satisfaction with their quality of life, and to a sense of belonging – whatever their circumstances. What matters is that older people are able to enjoy who they are, in their living context, and find happiness in the activities they engage in and the people with whom they interact.

In contrast to a previous research emphasis on decline and dependency, studies have now begun to focus on factors associated with 'successful' or 'positive' ageing. There are nuances in how such terms are discussed in research literature (see Bowling 2005), but positive or successful ageing generally involves a consideration of how to optimise quality of life while growing old. Age-related changes to physical or mental wellbeing and positive ageing are not mutually exclusive. Research on ageing well has emphasised learning from positive experiences – as well as negative experiences (Hill 2005). This approach doesn't accept that older age is inevitably about dependency and decline. It aims to accommodate all experiences of older age and not only healthy and active experiences (Grenier 2012).

Meaningful participation and social connection have been shown to contribute to ageing well. However, not all forms of participation and social connection are satisfactory for everyone or for different life stages. In addition, set ideas about social connections cannot be forced upon people by staff (Fast and de Jong Gierveld 2008). Ageing well depends on a range of factors: an optimistic outlook; sufficient resources (financial, formal, informal) to remain satisfied with life in older age; minimising age-related decline as much as possible; continuing growth, development and lifelong learning; lifelong relationships and the preservation of relationships; maintaining a sense of independence and control over one's life; maintaining social roles (engaging in a large number of social activities, including volunteering and continuing with individual interests); living in a neighbourhood where community facilities including transport work well, and feeling safe in one's neighbourhood; and having personalised social support which is meaningful and helpful (Bowling 2005; Bowers et al 2009; Grant 2005; Hill 2005).

Retaining personal control is more likely when older people maintain continuity with what happened in earlier life, and that shapes older age. Other key factors include taking part in activities of choice and having the strength and energy to do so even in the face of loss; and maintaining activity in later life – including a willingness to replace old roles and activities with new ones (Grant 2005). Staff interactions can inhibit or remove personal control. In summary, people ageing well

> *'...learn what is meaningful to them and then prioritise strategies to remediate, preserve or even enhance those sources of meaning'* (Hill 2005).

why social relationships matter

Personal adaptation is a key ingredient for ageing well. Adaptation enables 'what people are doing' to be continually matched to their physical capacity and motivations, because alternative ways to achieve 'what people want' are found if their capacity alters.

Factors contributing to social connection in older age

The rationale for this project is that there is much to learn from people who have remained socially well-connected. Maintaining social relationships from earlier in life is important as relationships tend to reduce rather than accumulate in older age. Behaviour at fifty is likely to affect how people feel at eighty. Of particular importance are regular exercise, cognitively stimulating activities, maintaining an optimistic outlook and finding meaning in life. Building psychological reserves is useful for example, when selected activities have to be discarded (say through ill health) and strategies are needed to activate new ones. Quality of life is protected by building coping strategies including acceptance of life, comparing yourself to those less fortunate, 'feeling lucky', and having an optimistic outlook. Being socially active and preventing loneliness are key to maintaining social connection. Social activities can include helping others – through volunteering, babysitting or during illness (Bowling 2005).

The longer older people have lived in their homes and neighbourhood, the more likely they are to know about neighbourhood and community resources and connect with others such as neighbours. Even those who are quite frail can create spaces in their homes near phones and widows, thus maintaining community connection even with high levels of disability (Wegner and Keating 2008).

Reciprocity (give-and-take) in relationships. Supportive networks are important in times of need. Within these networks older people can be assisted but can also contribute to the wellbeing of others. Older age can therefore be considered as a time of potential resource availability as well as time for drawing on resources. Older people make meaning in their lives from reciprocity in relationships (Baumeister and Leary, 1995 cited in Heinrich and Gullone 2006; Thompson 2013).

why social relationships matter

Social network size is an important determinant of support availability. Social network size can be a strong predictor of respondents' feelings of connectedness. Social networks cannot supply the full range of support services that may be needed. However opportunities for practical support exist within social networks because members often provide emotional and practical aid. These opportunities are often derived from relationship groups developed across a person's lifecourse. Social networks can involve a wide range of informal activities that are not structured within organisations – meeting for coffee, meals, birthdays or card games, and doing errands together or for each other (Wenger and Keating 2008).

Social participation can include volunteering; helping family members, friends or neighbours; membership of organisations for cultural, educational or leisure activities; and donating time, money or material goods.

An earlier project: Mapping Natural Supports

The current project was undertaken following GCSS' successful experience with an earlier project 'Mapping Natural Supports for people with disabilities' (2013). This earlier project focused on the social relationships of people with disabilities who identified as being socially well-connected, and described how people maintain and build social relationships.
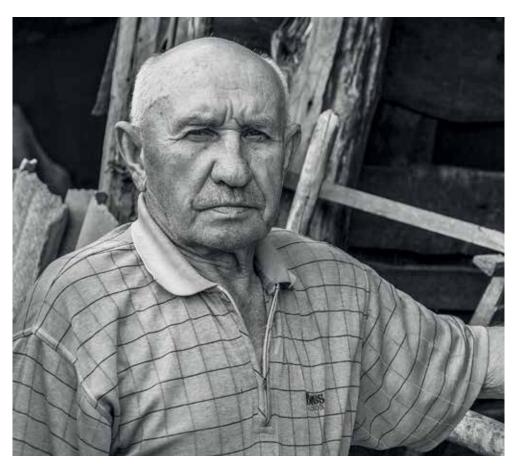
For people with lifelong disabilities including psychiatric disabilities, social isolation and a lack of social connection with community members ('informal supports') is a persistent area of disadvantage, as it can be for older people.

Participants in the 2013 project responded to the question 'what sort of a life do you want' by describing the importance of following their personal priorities, making a contribution in social situations, and being a support for others as a foundation for building social relationships and connections.

Participants described many different types of relationships in different circumstances which reduced isolation and loneliness. Their experiences highlighted the ways that relationships and friendships change over time, and individuals gave examples of both successes and distress resulting from social involvement. It was apparent that relationships changing and evolving happened throughout life. People described setbacks that occurred for all sorts of reasons, but the people who remained socially connected were those who renewed their links with social networks when circumstances improved.

Participants recognised that contributing to any social relationship is part of being socially connected, and that there are opportunities for everyone to contribute in some way. The report concluded that there is no one way to be socially connected – that people want different things from various relationships, and what they want and how it can be satisfied changes with time and circumstances.

Participants' experiences and strategies formed the basis for the materials developed by the project team to assist staff, individuals and families seeking to build social relationships.

about *the project*

Learning from older people who are socially connected

The current project identified socially well-connected older people and aimed to describe their experiences and to identify aspects of their lives that contributed to a sense of wellbeing.

The rationale for the project is that older people who are socially connected – and thus not isolated – have experiences and strategies that may be useful to enable others to enhance their level of social connection. These findings aim to generate ideas and information relevant to key reforms in aged care, namely, individualised packages, consumer-directed choice and wider possibilities for effective carer respite.

The approach of the project is consistent with developments in literature on ageing that signal a *'shift in discourse about population ageing away from problematizing ageing towards an interest in creating settings in which older people can flourish'* (Eales, Keefe and Keating 2008). It is important to note that many of the older people in this project had vulnerabilities in addition to being socially well-connected.

METHOD

Project structure

Dr Chris Fyffe and Anne Fahey (GCSS) coordinated the project and undertook the interviews.

A project advisory comprised: Neil Brewer (Manager, Aged Persons Mental Health Service, Bendigo Health), Dan Douglass (CEO, Heathcote Health), Anne Fahey (GCSS, project auspice) and Chris Fyffe.

The project was funded by Loddon Mallee Carer Support Services, Bendigo Health.

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about the project

Two phases

The project was divided into two phases. Phase One aimed to build on the approach taken in the Mapping Natural Supports Project (2013), and to interview older people who identified as socially well-connected. Responses from participants were analysed in order to prompt and develop strategies to help socially-isolated older people maintain social relationships.

An extension of the project, Phase Two, broadened the sample of older people (from the original 'six to eight' participants to 14, and enabled a more extensive literature review.

The Summary is to be made available to project participants, and the full report will be distributed via professional networks and conferences. A workshop format will be developed for staff to use this information to make optimum use of self-directed and individualised funds to build social connections.

Recruitment of participants

The project was advertised in a flier distributed by two health services in a bid to recruit participants from older people considered by staff to be socially well-connected:

> 'This flier outlines how you and your friend or family member can share your experiences about being socially well connected to assist the development of information and strategies for more isolated older people and their family and friends. The aim is to learn from older people who are part of their local communities in all sorts of different ways' (Project flier 2014).

All project participants received information about the project aims and requirements prior to agreeing to participate and completing a consent form.

Participants

Nine couples involved in health /home care services in two rural communities self-identified as socially well-connected after being given the flier, and were then invited to participate in the interviews. Staff informed participants about the project and sought their permission and willingness to be part of the project and to interviewed (on one or two occasions) in 2014.

Fourteen people were interviewed. Participants for interview were selected from a group 18 socially-connected people (nine couples). One member of each couple was a carer for their spouse who was experiencing changing/ declining mental or physical health. Five spouses were still able to participate in the interviews, and four were not. So the 14 people interviewed were nine carers, and five out of the nine spouses. All participants were aged in their late seventies to eighties; had lived in same area (City of Greater Bendigo) for decades; had adult children; and had been married for many years.

Participants were representative of many older people – they weren't all exceptionally fit, well, or financially secure. They were socially well connected, but in different ways, and did describe feeling isolated. Social relationships were an important aspect of people's daily lives.

Interviews

Each person or couple was interviewed once. Interviews were approximately one hour to one and a half hours in duration. Discussion in the interviews arose from participant responses to questions about what made for a good, well-connected life. This involved participants describing their current social networks and what determines how these networks operate; and describing their relationships with friends, family members, and paid supports.

Appendix 2 lists questions to guide the interviews. In practice, discussion moved back and forth between these questions and it was rarely necessary to ask specific questions as the issues and experiences simply emerged from general discussion.

about the project

Interview participants received a voucher to acknowledge their contribution to the project.

Interviews were analysed in terms of the types of social participation and activities associated with improving quality of life in older age as identified in the literature. Individual views within couples varied – people interviewed together sometimes agreed and sometimes disagreed with each other about memories, events, or family priorities.
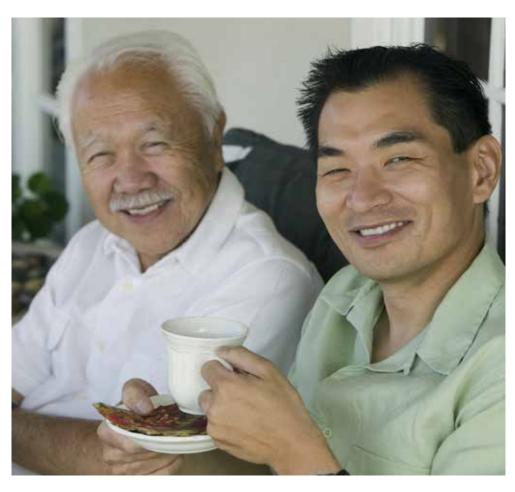
Personal Wellbeing Index

The Personal Wellbeing Index was used as a basis for discussion with individuals and/or couples (http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-a-english.pdf). Again, the views of individuals within a couple who were interviewed together could vary – sometimes they agreed with each other and sometimes they disagreed. The small sample size and varied method of administration of these discussions prohibited using scores from participants' answers to make wider generalisations (see Appendix 3 for examples of responses).

Limits

A number of limits on the project's method suggest that future studies would be useful.

The project was unable to be more widely representative of older people, especially because of the small sample size. There were no widowed or single participants or couples who were gay or from other cultural groups. The project did not explore the personal characteristics associated with why people were able to maintain social relationships (attributes such as resilience, problem solving, optimism etc).

results summary

Many interviewees expressed satisfaction with their lives overall. Some expressed acceptance of this stage of life and changed expectations as a result. Others planned new experiences, especially holidays. Many had the attitude that they were *'doing OK – given I'm this age'.*

Participants were most likely to express satisfaction with: their standard of living (no matter what it was); personal relationships; and feeling part of the community. They were least likely to express satisfaction with health, and with their future security because of declining physical health. People were more concerned about the likelihood of falls and reduced mobility than about personal safety. Some acknowledged that their role caring for a spouse would probably increase in the future. Spirituality was important for some, although not necessarily expressed through regular church attendance.

Participants felt they lived in a good and safe neighbourhood with friends, neighbours and staff who *'looked out for them'.* There was a high regard for staff at the local community health services. Transport was seen as limited and inconvenient or expensive. Generally, people did not refer to financial difficulty or concern about finances. All participants wanted to maintain a sense of independence and control over their lives. This was most threatened by changes to physical health and often to the physical mobility of themselves or their spouse. Concerns about safety and security, often associated with increasing ill health or reduced mobility, were an important background to people's comments about their social relationships.

Some participants described having lifelong friendships and acquaintances. Frequently, these relationships were formed during active community membership and in a variety of social roles (in voluntary work, and through individual interests). Importantly, participants knew how to make community connections if they needed people and/ or were prepared to access new areas and networks. Participants emphasised approaches like contributing and initiating to help find people with shared interests.

Social relationships with family were valued for a number of reasons – having people to do things with, the enjoyment of offering practical help, feeling cared for, preventing loneliness and fostering a sense of security. Family members were a regular part of most people's lives (associated with birthdays, Christmas, phone calls) but were often too distant for daily contact or as sources of frequent assistance. Sources for day by day connection and social involvement were friends, neighbours and members of community groups. It was these people who 'looked out for' each other. Formal support service groups were important but they only formed part of interviewees' social connections – often providing emotional support for carers.

As people contrasted earlier life experiences with how they managed now in older age, a wider set of variables impacted as well as social connections. For example, it was difficult to talk about areas of life such as social relationships without making links to mobility and health, people's life histories, and other factors beyond their control. Social connections also include other complexities such as whether family relationships are positive or not, and the changing status of relationships over people's lifetimes, including during older age.

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results summary

THEMES

The following themes were identified from comments during the interviews.

People vary in their desire and time for contact with others

There is no one way to configure satisfying social relationships. People described how they liked to relate to others and what made social relationships satisfying for them – which could change over time.

> 'I was used to my own company a lot so that doesn't worry me because I can read or write or ring up somebody or I feel I can fill in times.'

> 'I have always had dogs and that gets me walking and things. As to feeling isolated I doubt that I ever would because as a child I grew up 3 years in (very isolated setting).'

It was not always the appropriate time to expand socially. Some people were very involved with medical appointments and didn't have time or energy for more socialising.

> 'At the moment I don't like to be tied down. Like I get enough with doctors, physios, this and that.'

> 'Appointments! We go back and forth to regional centre – takes all day.'

A lifecourse perspective

The earlier patterns of people's lives had helped shape later life, including people's sense of social connection. Respondents frequently referred to a history of membership with organisations and shared social groups and activities. Typically each person had been a member of several organisations and some were still members. Most people had significant involvement in community activities earlier in life. For long-term residents of the locality, this formed the basis for their current knowledge of the area, their long-term friendships, and acquaintances in various groups.

> 'I started golf in 1973. ...then 10 years as vice president, then treasurer; raised funds at children's school. Seventeen years as communication officer with CFA.'

> 'Sixty years with fire brigade including being captain. Very good knowledge of district within 100 miles. People interested in history of the area l are sent to us.' Also – Lions, Masonic Lodge (50 years plus office bearer); RSL (Returned and Services League) past president; 'I really got some groups going. .. andI used to be in Legacy.'

> 'The main group of us that arrived at the church about the same time...we've sort of stuck together as a group. We call ourselves the new comers' group but that was 10 years ago, well 12 years ago and we've stuck together.'

Being involved in the community and with a range of different groups, meant that if people wanted to join a new group they usually already knew someone.

> 'When I was there we ended up with a drama club, I was one of the first members of that, but you knew everybody. If you didn't know them personally you would know them by name or knew them to see but (you) got to know them better as a group.'

Relationships change over a lifetime and people adapted to those changes as relationships were kept, lost or changed.

> 'I lost a lot of friends when I had to give skiing away...'

> 'I made lots of friends when I went to (capital city). There are some coming tomorrow. They come on a fairly regular basis or we phone regularly.'

results summary

Not all social connections rely on membership of organisations

Outside formal organisations, family connections and a variety of informal activities provide opportunities to form social relationships.

A historical connection to the local community can occur indirectly though family members, for example,

'I have the link here – it wasn't planned – and I didn't know a lot about them and when I came to live here I found out that I was related to so many different families in the area in a roundabout way... . So I did have a connection to the area and as I said quite a number of our ex-employees are here. Since from the late 70s.'

'Yes, and early friendships are still there, particularly at Christmas time, you hear - we get hundreds of cards and letters and things, which is lovely.'

Participants described informal social activities they enjoyed now, such as meeting for coffee, , and craft with informal but regular groups. These activities with fewer organisational responsibilities often derived from participants' earlier organisational roles and community networks. Members of social networks had a long history.

'(She) now has coffee with girlfriends (local popular coffee shop) – each week. She has now joined the craft group at the hospital – she doesn't do craft but likes to talk.'

Adapt and change – stay in control

Participants had a keen sense of being in control of their lives, except perhaps in relation to changing health and mobility. Where activities and tasks were no longer possible, people described other ways to achieve the same result.

For example, participants who now found household and gardening tasks difficult or tedious were willing to employ others to get the jobs done.

'(Spouse) is not able to help with gardening... He has been having lots of falls. ...we know a young man...well I employ him but he will come and do all sorts of things for us, like (clearing) trees falling down – but we have a pretty good back up with those sort of emergencies.'

Changing health and wellbeing was reflected in many statements.

'All I could do was make sandwiches, 'cause I don't make cakes or anything anymore.'

'When I used to garden ... people would stop and chat – now I'm scared of falling and walking too far.'

At the same time, many comments emphasised that people wanted to stay as independent as possible and in control of their circumstances, even when increasingly reliant on others.

'Spouse's condition has altered my way of thinking and, well my priorities anyhow have changed and I am very aware as well that even though my situation has changed I am still very dependent on family, friends and community groups. I am perfectly aware that the more you put in, the more you are going to get out and that people respect you for what you have done, or helped in a situation when necessary.'

'Used to do a lot of cooking when children younger... for lunches... now can't be bothered.'

'I sit on a seat at the footie – they all come to me.'

You will get her dressed sometimes and she is champing at the bit, standing at the door, waiting to go. "Are we going?" "No in an hour", "Oh ok" and five minutes later she is wanting to do it again. Time means nothing, she just can't comprehend. And what worked last time won't necessarily work next time, as in timing or anything like that.'

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results summary

Transport and arrangements for getting around were in flux for many people.

'I could go anywhere on the bus if I wanted to but now that's getting a bit hard... 'cause I have got to lift this up now (walker). Sometimes you can get someone to help you but sometimes you don't. Not even the bus driver will help you. They put the step down for you but that's getting a bit, you know, I'm getting a bit weaker too.'

'When I go to the café and pictures, they bring a bus that picks me up and brings me home again, it's a courtesy bus. They do everything, help me up on the step and hold my arm and make sure I don't fall. They drop me off right at the door. I went there last night, I go up there to have my meal and the bus driver said he'd take me to the front door, I said I would be alright but he said "No, I'll take you to the front door."'

Contributing and helping others

Within these informal social networks, often based in public spaces, there was a strong sense of people helping others – with numerous examples of people caring and looking out for friends and others in need.

(If you didn't turn up at the pub?) 'There'd be a search party'.

(If you didn't make it to your exercise class would people ring up?) '...they might ring and say we haven't seen you lately – is everything alright? Yes they would – or word of mouth is pretty quick in a small town, or you meet someone at the post box or something and they find out.'

'I know it's bad to say you are friends with people at the pokies but that's my little outlet. They (staff) make me feel welcome.'... (So they make you feel welcome?), They know who you are, they do more than chat, they don't just do their job. They have a bit of a talk and they remember things about you; yes.'

'Good communities seem to work because if anything does happen to one particular person, it doesn't matter about their standing in their community, or where they are between here and the boss or whatever, they still get in and help one another.'

Contributing was a consistent activity, whether it was welcoming people, sharing social activities, or giving away home-grown or homemade produce.

'Then there is another group that I don't really belong to but I help when I can, and support.'

'It's a reciprocal sort of an arrangement' (neighbours minding houses for each other while on holidays).

'I had them (a social group) to our place last week for a cuppa and one woman sent a card... thanked us for our hospitality – (and wrote that) we were most caring, creative happy people and what a wonderful afternoon'.

'Other groups join us and we go to other groups.'

'He grew beans that lasted for 3 years... last year – 80 pumpkins...'

Importance of family

Meaningful face-to-face contact or phone calls, with sons, daughters and grandchildren was important for many.

'I still have cakes for (the) grandkids in deep freezer' (participant then listed all her grandchildren and great grandchildren).

results summary

'One daughter comes three to four times a week to help.'

For some this contact was frequent and for others on special occasions, or if particular needs arose. People gave examples of family members not living close by but in regular contact.

'Four (adult) children – all live away but in regular phone contact.'

'Our family, our kids all four of them, live all over the world, anywhere at any time. We decided it was no good living where they were – we would live where we felt comfortable and they come to visit us, or we go and visit them.'

Close family members were not always looked to for support, or to resolve day by day issues.

'You don't like to burden your children with things to do when they come to see you.'
'They have their own lives.'

Regular support and contact from family members could be unreliable, or relationships strained.

'We have grandchildren – one arrived yesterday...out of the blue – they never ring up and say how are you... . It's a young person's world... the two (living) further away do ring up occasionally... not the nearer ones.'

Importance of neighbours and friends

Contact with friends and neighbours usually involved companionship and day by day activities and assistance.

'Yes some people need help, and some people know when I need help.'

'Like our sewing group, we all consider each other as one big happy family, there is no problems and if someone has a problem, they are all there for them.'

'It's great here – we knew people before we moved here... About eight of us just chatting (at) the front fence'.

'Neighbours on either side – always there – knew them before we came here. Played footie with neighbours.'

'No we don't have many friends... I'm thinking of someone at the moment who is a very good friend to me...she's younger than me and we do the sewing together... I've always made friends easily...unlike (spouse).'

'We have only known her maybe six years, she is a very private person and we have got to know her very well and she is only a phone call away if I need her. I have had two operations she just turned up at the door with a bowl of soup and things and we've been good friends ever since. We don't see each other every week but she might phone me or she's there.'

'We have a regular neighbour a fair way out and he comes every week just about, just to see if everything is ok. He calls in to say hello and to have a coffee and there are quite a few (who) call in like that.'

The role of formal support

Spouses who acted as carers for their partners mentioned the role of formal support services, where opportunities created for partners also built social connections for carers.

'I've joined a carers' group through the hospital...(we) do some lovely things with them... two lovely trips – once together and once alone. I really look forward to meeting up with the carers.'

results summary

'(Spouse) is just getting into a few groups now, he goes to a little group at the hospital on a Friday, it's just the men who play cards or dominoes or something and the young man that runs that is very good, he is taking them bowling on the 30th, ten pin bowling, just a couple of lanes and that's great.'

'Samantha is in charge of all that and she gives you a big hug and they all make you feel special, and the girls on reception (at) the doctors', they all make you feel special.'

'You know they (health services) are there, you may not use them but they are there.'

'We are friends on the bus, we are all friendly there – and I'm the biggest talker on the bus – I've got a habit of being the biggest talker, I don't know why I talk like that on the bus, but anyway that's what I do.'

What older people do to create social connections

Respondents were asked to suggest ways people could become more socially connected.

- **Be alert for signs of a welcoming community**
  'Community' was defined by participants as being about social relationships and caring for each other.

  'You sit there and talk to each other not like in Melbourne where you all just sit there and look at each other, here it's a community.'

  Everyone is responsible for building social relationships.

  'Yes, so a community that cares about each other and works together for the total benefit of everyone – but it's not sitting back expecting someone else to do all of the work.'

  Participants noted that some communities are more welcoming than others.

  'Well, I would suggest one of the first things (for recognising a good community) is they have got to be working together for the benefit of everyone. Not what's in it for me, you know what's in it for the community and I think that's why in most cases small communities seem to work.'

- **Talk to strangers in public places**
  Simply talking to people on the street, in shops or while sitting outside, were all considered by participants to be opportunities to meet people.

  Oh I'll talk to anyone. I'll have a joke with anyone down in the queue at the checkout or as they are walking down the aisle or anything like that, that doesn't really worry me.'

  'If I see somebody walking down and the baby is the front of the shopping trolley, I'll say they won't take it back, you won't get your money back – or if I see them at the checkout I will ask them, which aisle did you get that one in? Things like that, some people have a laugh.'

  Talking to strangers applied to time people spent in new or temporary localities too.

  'And I use to find, I would stay with my daughter and sometimes go into town and fill in the day…and people would talk to me just having a coffee or something, I didn't invite them to, there just must be something about me... . But I always seem to end up in a conversation with somebody somewhere.'

  Knowing who to talk to, and what to talk about, can begin from a common interest or shared experience.

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results summary

'You get vibes about people and you know who you can talk to or something. Like it's swapping a recipe in the supermarket or something, you see somebody looking for something and say can I help you with that?'

- **Find where the locals are**
To be more socially connected, it is necessary to know where to find the locals in a community. This is more straightforward for those who have lived in an area for a long time. Locals can be found in specific places where small groups of people come together.

'We grew up here – but we're the strangers now – we go to the supermarket each week and see strangers – if you meet one local you're lucky. (Do you know where to find locals?) – Yes at pub, coffee shop etc.'

Participants made suggestions about how people could find where the locals meet together – such as the community health centre.

'Another place would probably be in the doctors' waiting rooms. You meet all sorts of people there. You might discover they might have a like interest.'

- **Find out about local groups or community resources**
As well as finding where locals gather informally, another tip was to locate groups that locals were part of.

'I would suggest to them to join as many things as they might be interested and more, and then just work their way into what they might feel comfortable in.'

Participants suggested people start with well-known groups.

'I think in most places, it would be the church, would be one of our first contacts, through work and the church I would suggest and then when I came up here, I actually joined Rotary.

It was noted that it can be difficult to find local groups as

'They are not really advertised in public places.'

'I don't think you would find them (groups) at the information centre. ...it's not for people living in the town it's more for tourists. '

It was also helpful to build on previous contacts to find likeminded people in a new community.

'In the past and I had (community) contacts, like Rotary contacts – which have been invaluable here really.'

Common community information resources include the library or a neighbourhood house.

- **Be prepared to try things out to find where 'you are comfortable'**
Participants described how not all community groups suit everyone, and explained that only by being prepared to search for an appropriate group would possible options be identified. Participants noted the importance of 'feeling comfortable' and the need to keep trying.

'You might go down to one; you might go down to half a dozen. ...try things out and don't be disappointed in anything, just move into groups that you feel comfortable in.'

'We did go around to two or three of the other congregations first, we were accepted reasonably well and welcomed wherever... just the feeling we had in some churchesthat it wasn't for us...and as well as that we knew the minister at one church and we knew some of other members. So that was one of the main things, the fact that we felt comfortable there.'

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results summary

The emphasis of the group is also relevant as even groups common to many places will have a different approach in each locality.

'Different clubs had a different emphasis on aspects of Rotary…I am probably not an artistic type. I am more of a 'hands on' type guy. I'm not flush with money so I couldn't afford to go and do a lot of the things they wanted to do.'

Some participants highlighted the importance to social connectivity when group members recognised new people on other occasions, or on the street.

'We are interested in not only the groups that people are in, but who says hello to you out on the street or gives you a wave.'

Not every group will suit, and that's part of trying things out.

'I don't know how to put it… . It wasn't what I expected; I thought it was going to be more friendly…'

- **Don't just wait for someone to do something – reach out, put in**
  All participants talked about the importance of 'putting in' to social relationships and suggested ways to contribute and reciprocate in new and established relationships.

  'You've got to (put in). And the girls in the shops and things you know, one does knitting, so I give her pattern books and things and we talk about that and they all care for you. When you go in you are not asking for special attention but you just care about them.'

  Not expecting others to solve problems was another message,

  'You have got to be prepared to put in. You can't expect everything to happen for you without a reciprocal arrangement, if you like. You know if you are happy, or prepared and work to make it happen, it is just like a marriage isn't it, you have to be prepared to try and work around some things.'

- **Do things differently when the children leave home**
  Many comments linked back to earlier years for participants, particularly during child rearing, when life was very busy. After children leave home there is time to explore new involvements and connections.

  'Oh yes! When we were younger there was so much with the kids – sport, …family unit was our life…then it changed and they were gone and we had nothing…and now we have these other things…'

- **Always start with common interests or common history**
  Much discussion centred on neighbours, acquaintances, people in community groups, and friends. A recurrent topic was people having 'common interests'.

  'We have made newer friends here but we have always had the same background. One of our best friends, from here, would be a member of Rotary – it just happens that he is a farmer and an engineering-type farmer, which are my interests.'

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conclusion

This project considered how older people maintain and/or change social connections. Project participants described the circumstances associated with maintaining social relationships: the length of time older people have lived in their homes or locality; the importance of reciprocity in relationships; the size of the social network (friends, family, acquaintances, familiar people); and the extent and variety of social participation (including volunteering, helping family members, friends or neighbours); and finally, belonging to organisations oriented towards shared recreational, cultural or educational activities.

Everyone interviewed described an active social network, comprising friends, neighbours, community members and family. Formal services were a source of information, emotional support, and at times a possibility for social networking. Some people did feel very keenly the impact of declining physical or cognitive capacity and shrinking social networks. Although participants did experience the difficulties of older age related to poor physical and mental health, reduced mobility, and separation from family, these difficulties were not seen as barriers to social connection.

Participants' comments stressed that the ability to make connections and prevent loneliness are key to creating and maintaining social relationships. But people wanted different things from social relationships. This is a reminder to formal organisations risking insisting that people need to be better connected in a prescribed way.

Participants' suggestions for ways in which older people can form social connections are presented in the following section.

conclusion

SUGGESTIONS FOR OLDER PEOPLE WANTING TO BUILD SOCIAL CONNECTIONS

This project's participants had ideas about what older people could do to become more socially connected. The following suggestions are specifically relevant to older people – but could also apply to people in other age groups wanting to build social connections.

What people did earlier in life sets the scene for social relations in older life

Thinking about being socially connected in older age is relevant for everyone, as in all life stages people are developing interests and social relationships, learning and contributing, adapting and changing.

Activities and social connections early in life had shaped participants' later lives, including their sense of social connection. Long term social relationships and an established history within communities, clubs and organisations facilitated social connectivity.

Relationships can start anywhere

Relationships don't only emerge from formal groups and organisations.

Family members are not the (only) source of day to day companionship, socialisation and support – friends and neighbours often do this.

Talk to strangers in public places

Simply talking to people on the street, in shops or while sitting outside were all opportunities to meet people.

This also applies to time spent in new or temporary localities – practice saying 'hello'.

Knowing who to talk to and what to talk about can begin from a common interest.

Find where the locals are

Locals are found at specific places where small groups of people come together.

Participants suggested places where locals meet together, such as the community health centre.

Find out about local groups or community resources

As well as finding where locals gather informally, identify groups that locals are part of.

It can be difficult to find local groups, and participants suggested starting with well-known community groups.

Build on previous contacts or groups to find likeminded people in the new community.

Remember the local library.

Be prepared to try things out to find where 'you are comfortable'

The emphasis of a group is relevant. Even groups that are found in most places will differ in approach.

Some participants highlighted the importance for new people when group members recognised them on other occasions, or down the street.

Not everything suits all people, and trying things out is necessary.

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conclusion

Don't just wait for someone to do something – reach out, put in

It is essential to contribute to social opportunities, relationships and occasions.

Look for ways to contribute and help others.

Helping each other keeps people as independent as possible, and in control, even when increasingly relying on others.

Be prepared to do things differently – to adapt and change

People change their social roles over time – some people moved to being a member or participant rather than an organiser or on the committee. Activities could have fewer organisational responsibilities but nonetheless be based on earlier organisational roles or community networks.

Many people noted that they changed their social relationships when the children left home.

When activities and tasks were no longer possible, people described other ways to achieve the same results.

Always start with common interests or common history

Having topics and interests in common with others is a good start for any social involvement.

People involved with many groups, and in a community, usually knew who to contact if they wanted to join a new group or pursue an interest or hobby.

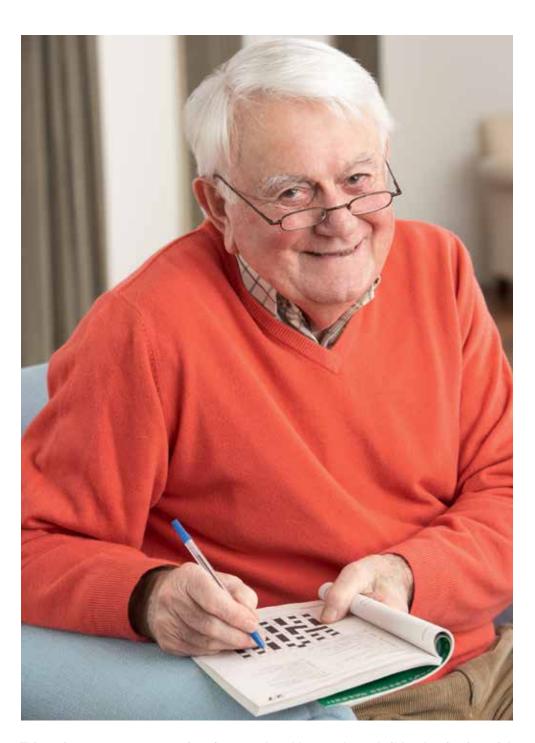Living in a community for a long time can provide a foundation for social networking.

Many people will move over their lifetime. It is important to maintain continuity in interests, hobbies or membership of community organisations (such as service clubs).

Formal or paid support has a place

Various forms of formal support were mentioned by participants in the context of a spouse's role in caring for a partner, and the opportunities for social connection that formal support structures created for both partner and carer.

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what next?

This project reports on suggestions for ways that older people can build and maintain social connections. The findings raise questions about how to build on the life experiences and wisdom of people who are socially connected; about what factors are important; and about how to disseminate this information to more isolated people, who by definition are not in contact with many others.

To disseminate these findings, the report proposes a workshop format. The workshop is intended for staff who may be in contact with older people who are socially isolated. In the workshop, staff will be informed of and share strategies that are likely to 'set the scene' for relationships to occur (or not occur).

what next?

WORKSHOP FORMAT

Target group: Staff who work with older people, particularly staff involved with identifying participants for this project.

The aims of the workshop for staff are to:
- disseminate the findings from the report
- present and discuss strategies staff can use to socially connect isolated older people.

The workshop (five hours duration) would include the presentation and discussion of the following:

- Overview of research:
  - Why being socially connected is important
  - What is important for 'ageing well'?
  - What research says about organised services' capacity to 'get in the way of' social connectedness
  - What research says about the role of volunteering, clubs, and community groups building community connections.

- Findings from the project:
  - Suggestions from older people who are socially well connected
  - How can 1:1 paid support be used to implement strategies for social connection
  - What are the barriers and enablers that determine staff effectiveness in these support roles?

- How can Home Support Packages be used to enhance social connection?
  - Discuss staff experiences of home support, and add staff input to enhance other strategies suggested in the report.
  - How can service organisations best support staff to enhance social connection effectively?

The workshop will draw on and critique the workshop materials developed in Mapping Natural Supports (2014). These are presented in Appendix 1 (range of social relationships), Appendix 4 (staff roles that promote social relationships) and Appendix 5 (staff roles that impede social relationships).

Outcomes from the workshop
Workshop leaders and staff participants will critique and develop the workshop format and materials, which can be replicated for use by other staff working with isolated older people.

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appendices

APPENDIX 1: RANGE OF SOCIAL RELATIONSHIPS

A range of social relationships has been identified (Mapping Natural Supports, GCSS, 2014).

- Friends. The people with whom we share emotions, close events, social situations; where there is concern for and about each other, perhaps over many years. Friends may be in contact often, infrequently, when things are not going well, or on special occasions like birthdays.

- Family friends. Each family is a social network. Families offer possibilities for relationships with more distant family members, and have their own networks and resources.

- Neighbours are people living nearby. Neighbours share a community living space. Neighbours can be in regular or occasional contact over time; and can ask each other small favours and look out for each other.

- Acquaintances are found in places where someone is a regular; people are recognised because of frequently being part of a place, an activity, or pastime, e.g. walking the dog along the beach each day. Often acquaintances can be relied on in a limited way (e.g. a taxi driver).

- Members and staff in community groups or organisations.

- Colleagues through work or study, including from school.

- Businesses where a person is a patron or customer.

- Social media and technology – used to maintain contact.

- Self help/ advocacy groups where people meet for common interests and causes.

- Social action groups with a common purpose.

- Community groups with a common interest.

- Brief greetings – people you greet in public spaces (such as on sports grounds, or in the local streets) because you are sharing a public space, either regularly or occasionally.

- Pets provide a social bridge and source of companionship.

- Staff and professionals who provide various support services.

appendices

APPENDIX 2: GUIDING QUESTIONS FOR INTERVIEWS

- Describe (individual and spouse) current social networks, natural supports.
  Has this/ how has this changed as you have become older?

- Discuss what determines how these relationships/ networks operate?
  What gets in the way?

- Describe the relationship between natural and paid supports. How does each
  influence the other?

Follow up questions:

- What do the project participants do if lonely or bored? What is loneliness?
  What isn't loneliness?

- Who do they know who could help them network in the community if they are not
  prepared to or able to do so themselves?What are the barriers/ challenges to forming
  social relationships?

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APPENDIX 3: QUESTIONS: PERSONAL WELLBEING INDEX

Personal Wellbeing Index (http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-a-english.pdf) comprises one general question and eight more specific questions, with ratings between '0' meaning 'no satisfaction at all' and '10' meaning 'completely satisfied'. Respondents rate their satisfaction in a range of areas: life and personal circumstances; standard of living; health; achievements in life; personal relationships; sense of feeling safe; feeling part of a community; future security; spirituality or religion.

General question: "Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?"

Q 1. "How satisfied are you with your standard of living?"
Q 2. "How satisfied are you with your health?"
Q 3. "How satisfied are you with what you are achieving in life?"
Q 4. "How satisfied are you with your personal relationships?"
Q 5. "How satisfied are you with how safe you feel?"
Q 6. "How satisfied are you with feeling part of your community?"
Q 7. "How satisfied are you with your future security?"
Q 8. "How satisfied are you with your spirituality or religion?"

The Personal Wellbeing Index was used as a basis for discussion between participants and interviewers in this project. Representative comments for each question follow.

Overall: "Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?" People were generally satisfied, at times with reservations.
'very satisfied, wish I could do more'
'want to travel, want to go on holidays'
'we're doing all right'

Q 1. "How satisfied are you with your standard of living?" People were generally satisfied.
'I can still afford a few beers...can have a laugh'

Q 2. "How satisfied are you with your health?" People expressed more concern or frustration regarding their health than other areas of life.
'I can't do a lot of what I used to do'
'Satisfied because lived 40 years longer than expected even though health now awful
'Waiting list for operation for 3 years – can't walk any distance – stopped walking to shops, now I drive'
'Used to go walking together – but now I can't'
'Waiting for second hip (operation)'

Q 3. "How satisfied are you with what you are achieving in life?" Comments about reduced mobility were noted.
'if we could only walk better'
'I would like to see more people'

Q 4. "How satisfied are you with your personal relationships?" Generally people were very satisfied with personal relationships, although health issues mediated some responses.
'very lucky'
'if I didn't have (spouse) I'd be lost.'
'(he's) not the man he was'
'have each other and the kids – all here for our 80th birthdays'

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Q 5. "How satisfied are you with how safe you feel?" People were more concerned about falls and tripping than other aspects of safety such as personal security.

'don't feel safe'
'worried about leg and falls'
'have alarm, necklet'
'have to be careful not to walk too far'
'concerned about tripping over'

Q 6. "How satisfied are you with feeling part of your community?" Being part of the local community was a feature of most people's comments.

'see people in the street and chat'

Q 7. "How satisfied are you with your future security?" This question prompted comments about future living arrangements, finances and ongoing care.

'worried about nursing home – already been asked if we want to go – I don't'
'too late to worry in life'
'financially, no worries'
'worried about finances'
'how long can I keep going?'

Q 8. "How satisfied are you with your spirituality or religion?" Spirituality was important for many, rather than attendance at formal church services.

'in my own way…don't have to go to church…having beliefs about how to live is important'
'have friends in all religions – catholic, protestant…'
'don't get to church often but support the church…bake for funerals…'

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APPENDIX 4: A RANGE OF STAFF ROLES THAT PROMOTE SOCIAL RELATIONSHIPS

A range of staff roles that promote social relationships has been identified (Mapping Natural Supports, GCSS, 2014).

Paid staff can engage in a variety of activities that build social connectivity, for example, they can: act as a bridge to relationships with others; investigate possibilities to match and connect individuals; provide training and information; problem solve; research various groups that people can join before they make their first approach. The most important role for paid staff is to work with community members who provide support (Klees 2013).

Staff cannot create relationships – but they can encourage and design opportunities that may lead to friendships and other social connections.

Staff roles:

- Allies promoting inclusion Shakespeare (2006) and Klees (2005) talk about the importance of supportive allies. A similar idea is advocacy – 'sticking up for someone'; 'standing beside' (See Turnbull et al 2011).

- Companionship Support workers may provide companionship as well as practical help (Shakespeare 2006).

- Planning Brainstorming ideas and possibilities – not trying to solve the issue in question but opening it up for discussion.

- As a bridge – helping build relationships from the activities the individual and family engage in and activities their networks engage in. Paid staff can facilitate relationships; investigate possible matches to enable connectivity; provide training and information; problem solve and check out places before people first visit them. A staff member (if available) can do the keeping in touch, and organise meetings (see Klees 2013).

- Extending existing social relationships to enable individuals to contribute back to others through their core identities/ roles in families – e.g. helping out as a brother, son, aunt, etc
(Klees 2013).

- Keeping oversight of connectedness especially for those people who struggle to connect to the community and /or have other unmet needs.

- Knowing when to withdraw and when to stay for the long term Support staff need to know how to withdraw, not to over-support, and what steps to take (task analysis). This can still mean a long term involvement (Klees 2013).

- Not getting in the way of social relationships forming. In all staff roles, staff need to be aware of the ways their actions and attitudes can potentially inhibit social relationships. (see Uditsky, 1993 and Appendix 5 following).

appendices

Appendix 5: Staff roles that impede social relationships

A range of staff roles that can impede social relationships has been identified (Mapping Natural Supports, GCSS, 2014).

Staff are not the same as friends or community members – but they can be very important in people's lives, and relationships with staff can involve emotion and empathy. Relationships between staff and those they support should not be devoid of attachment and care.

However, staff and informal community members perform different roles. Staff can be allies but this is not the same as friendship. It is important not to misconstrue or downgrade relationships between staff and those they support. *'Natural personal and committed relationships and good paid support are powerful influences in the life of a person with a disability. However, these roles are not interchangeable. People do not move from one to the other...There are different expectations and tasks assigned to each of these roles.'* (Klees 2005)

Staff can help or impede the development of social relationships.

All forms of social relationships are important and relationships with staff can be significant for people. These relationships can develop over the long term so that people know each other well. However, if these are the only relationships in a person's life, an individual may be isolated and vulnerable if/when staff leave.

Roles that can lead to unnecessary isolation and separation from the community or promote dependence on a support worker are inconsistent with promoting community connections. Isolation can be a consequence of the way that support is delivered, for example,

> *'...rather than the support worker being a catalyst for the person with intellectual disability to participate in activities or build new friends and acquaintances, they themselves become a direct substitute for friends or meaningful activities'*
> (Bigby and Fyffe 2009).