Residential Aged Care (RAC) – Reducing Social Isolation

- *"ageism is a systematic problem within Australia"* (Royal Commission 2021)

- *"People are highly sociable beings that need contact with others with caring and loving relationships"* (Royal Commission 2021)

- Older people are particularly vulnerable

- 31% experience social isolation in RAC (Franck et al, 2015)

- 2019 – 87% of people in RAC had a diagnosis or at least one mental health or behavioural problem (AIHW Gen 2019)

  - 49% of people had a diagnosis of depression (AIHW Gen 2019)

- Leads to increased morbidity and mortality, reduced quality of life, health and wellbeing

The Solution:

Social Connection Assessment Tool
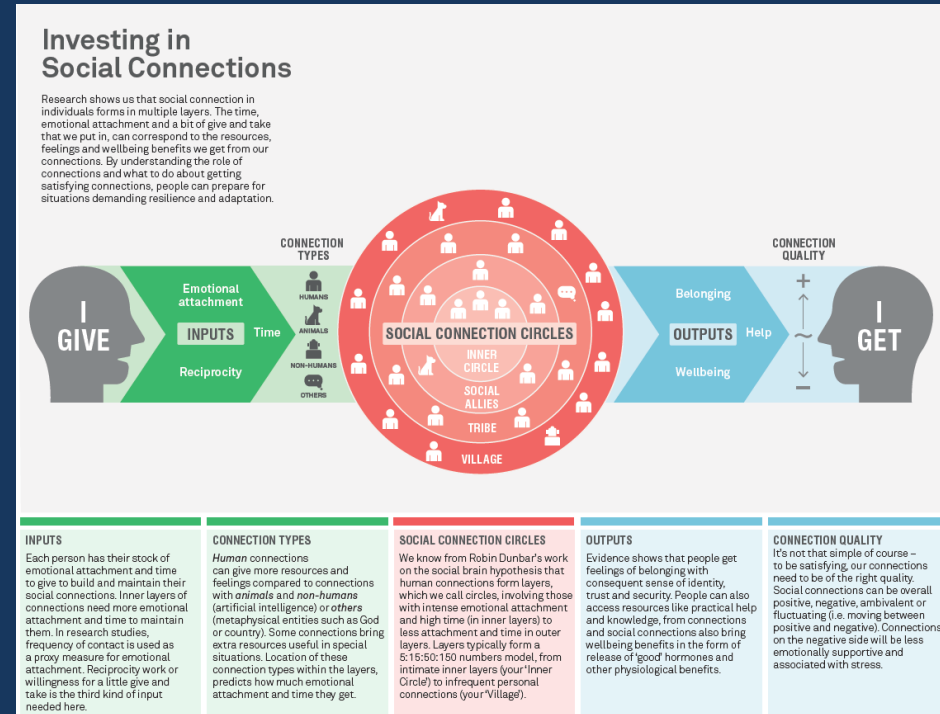for Residential Aged Care Facilities

An evidence based, co-designed assessment tool that draws upon previous research conducted by the Social Innovation Research Institute at Swinburne University of Technology.

Aged Care

The social connection model for residents

- Social connection assessment tool will be based off the SIRI Social Connections Model.
- A multidisciplinary tool to tackle social isolation and loneliness in a strength based way.

Dunbar R & Spoors M (1995) Social networks, support cliques and kinship. *Human Nature* 6(3), 273-290.

Healthy Social Connections, Swinburne Social Innovation Institute, Melbourne, 2018.
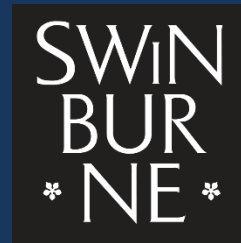https://apo.org.au/node/303537

Project Timeline

- 6 month pilot
- Phase 1: 3 months. Activating Social Connection
- Phase 2: 3 months. Co-design, training, assessment and SC infrastructure

Project timeline 2021	Phase 1			Phase 2		
	Jul	Aug	Sep	Oct	Nov	Dec
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	■					
Create SC training for tool	■					
Create pre and post 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						
Conduct survey with residents/families and staff				■		
Co- design SC tool with residents/families/staff				■		
Conduct SC training with staff				■		
Assess residents using SC tool and make recommendations based off tool					■	
Reach out to SC hotspots and identify possibilities for connection					■	
Conduct post- survey with residents/family/staff						■
Feedback to steering group- discuss next steps moving forward						■

Collaboration

- Two industry partners to ensure relevance and usability.
- Research partner to ensure tool is evidence based.
- Opportunity to co-design solution with practitioners, researchers and the beneficiaries themselves
- Opportunity to create a replicable model for sector

Two Pilot Sites

Gill Waminda as the Pilot Site

You're sure to feel right at home!

Gill Waminda Aged Care Centre is an inclusive and supportive community located just 5 minutes drive away from the heart of Goulburn town centre.

Over time we have built a credible reputation in the community as an organisation that genuinely cares for others in need without discrimination, regardless of their personal, financial and medical circumstances.

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Population Cross Section = 103 Beds

- Residential Ageing in Place from Semi Independent to Fully Dependent
- Memory Support Unit (28)
- Respite Care

Staff Cohort

- GW has a well established relationship and rapport with the community and allied health team
- Staff are proactive with change and adapt to the new standards
- Great team work of local leadership team.
- Residents and families are always proactive on new projects to support the home.

Financial Model

In-kind support

- Salvation Army and Uniting contribution staff hours (working group) and test sites staff hours
- Training on social connections – Swinburne

Specific Funding required

- $3,000 Training content development – "how to use the tool" - training package (Adult Education specialised)
- $4,320 Subject Matter Expert: $60ph x 3 hours each week for 24 weeks

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Pilot proposition

What we need to do:

1. Develop a co-designed, strength based social connection tool
2. Provide staff training
3. Implement pilot in 2 sites

What we need to do it:

Staff involvement

Funding

Next Steps

1. Form the steering committee & working group
2. Identify participants
3. Curate the tool
4. Provide the training
5. Implement and gather feedback from participants

Post pilot opportunities
1. Create a toolkit
2. Create an App

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References

- Australian Institute of Health and welfare (2019) Gen Aged Care data People's care needs in aged care
  https://www.gen-agedcaredata.gov.au/Topics/Care-needs-in-aged-care

- Franck, L., Molyneux, N., Parkinson, L., & Franck, L. (2016). Systematic review of interventions addressing social isolation and depression in aged care clients. Quality of Life Research, 25(6), 1395–1407. https://doi-org.ezproxy.uws.edu.au/10.1007/s11136-015-1197-y

- Royal Commission into Aged Care Quality and Safety (2021) Final report
  https://agedcare.royalcommission.gov.au/publications/final-report

- Dunbar R & Spoors M (1995) Social networks, support cliques and kinship. *Human Nature* 6(3), 273-290.

- Healthy Social Connections, Swinburne Social Innovation Institute, Melbourne, 2018.
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