

Collaborative research to improve social support options for the elderly in a rural community

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Introduction

The benefits of utilising research in application through evidence based practices have been espoused for years. The top down approach of scientists advising practitioners has been found to produce minimal change, whereas the collaborative partnerships between experts, practitioners and community residents has seen the real ability of research results to transform practice (1). Reducing social isolation is currently listed as one of the key challenges in addressing Australia's changing ageing population in the 21st century (2). Riverland Regional Health Services (RRHS) and Flinders University Rural Clinical School (FURCS) found an opportunity to work collaboratively in research with the aim of improving practice to increase community connectedness. The ideal opportunity presented itself through the Home and Community Care's (HACC) call for expressions of interest in the provision of responsive social support options projects.

The social options project submission was a joint initiative and evolved through consultation and dialogue with members of the RRHS Healthy Ageing Team and research staff at FURCS. The benefits of a collaborative research project are for practitioners to build respect for research and for the results of research to change practice. HACC service providers wanted to ask themselves, *"How can we provide responsive social support options that maximise independence based on individual needs, likes and interest?"* Being able to work collaboratively on this project enabled a pooling of experience, skills and knowledge.

Although the service providers were keen to ask this question and critically assess their practice, it was in reality a confronting process. The ongoing collaboration between HACC service providers and FURCS research staff was integral to the design, methodology, data collection and analysis. It was also a powerful motivator for bringing the recommendations to fruition. The use of reflective practice provided the vehicle for local HACC services to actively explore their practice and consider potential changes. It encouraged them to search for new and innovative ways to facilitate HACC recipients becoming more socially engaged and better connected in their community.

Background

It is well accepted that social connections and social networks play a significant role in our lives and impact on our health and wellbeing. It has been established that social relationships have the ability to buffer or moderate the effects of stress and other crisis (3). Quality support networks have been shown to be directly related to a persons ability to cope with illness, loss and isolation (4). It has also been recognised that relationships have a significant role in protecting against social exclusion and promoting inclusion (5). This deeper understanding of the impacts a persons social environment has on their health and wellbeing provides clear evidence that human services are required to change their practices from an illness model to a wellness model with a greater focus on preventive approaches which include the facilitation of community connection and social integration.

Social Support has been defined “as the existence or availability of people on whom we can rely, people who let us know that they care about, value and love us”(6). Social support has been conceptualised in many different ways, but two basic elements are considered universal (7) the perception that there are an adequate number of people who are available to turn to when in need (2) and that there is a sense of satisfaction with the support available (6). HACC services offer a service which is coded as social support. This code is defined as “assistance provided by a companion either within the home or while accessing community services, whose primary purpose is to meet the person's need for social contact and/or accompaniment in order to participate in community life. This includes friendly visiting” (8).

Concepts closely related to social support, social inclusion and social isolation have been area's of growing interest in Australia. In October 2008 The Australian Institute of Family Studies prepared a paper titled Social Inclusion—Origins, concepts and key themes for the Social Inclusion Unit, Department of the Prime Minister and Cabinet. This paper discusses social inclusion and social exclusion and outlines the desire of government to develop an Australian approach to social inclusion. There is increasing evidence that isolation has a significant impact on health with social isolation being a major risk factor for mortality (3, 7, 9-11).

South Australia in it's ageing plan wants to challenge the myth that older age means a sedentary burden to society (12). It is keen for South Australians to recognise early that being socially connected to the community, eating well and being active are essential to leading a long healthy life (12). In conjunction with this, the 2008 HACC conference reached a consensus to consider wellness, capacity building and restorative approaches in future service delivery. Therefore it is a necessity for service providers to develop practices which do encourage social and community connectedness.

Project design and methodology

The aim of the social options project was to investigate and develop responsive social support options in the Riverland area. The Riverland area incorporates the Renmark Paringa, Berri and Barmera, Loxton and Waikerie LGAs and surrounding areas. HACC services have been traditionally provided independently in each of the 5 major towns of Renmark, Berri/Barmera, Loxton and Waikerie with responsibility resting on local hospital boards and CEOs.

The objectives of the project as outlined in the submission were:

- identify barriers and potential solutions for community interaction and participation
- identify potential service models for responsive service delivery of social support options to aged, frail aged and younger disabled persons in the Riverland
- identify potential educational packages for staff that focus on best practice.

The Riverland Healthy Ageing Team was identified as the steering group for this project and provided comprehensive local knowledge of existing service strengths and gaps. This group was the mechanism for service providers to have a degree of control and responsibility over the research. This was crucial in developing local ownership and enabling the translation of findings into practice. This group also provided a valuable avenue for participant recruitment.

The collection of qualitative data from both service providers and recipients of HACC services was crucial to gathering rich narrative data that highlighted the issues surrounding social engagement and community interaction by elderly and younger disabled members of the community. 17 recipients of HACC services were engaged in audio taped semi structured interviews. Participants were randomly selected through the

local data base, the Client Management Engine (CME). The participants were current recipients of HACC funded services who received services coded as transport or social support. These interviews were conducted by a consultant from Age Concern Pty. Ltd. who has extensive experience in aged care. The interviews were transcribed verbatim and then coded thematically. Initially 5 researchers independently identified themes from the data to achieve a degree of triangulation. These themes were discussed among the team of researchers, the community health staff involved and the steering group to establish concurrence. Further in-depth analysis is still occurring using NVIVO 8 software to drill down into the key themes

A focus group was facilitated with 8 community service workers, either Para-medical aides (PMAs), Community Service Workers (CSWs) or Home Helpers from throughout the Riverland. The community service workers were nominated by the HACC Coordinators. A questionnaire was distributed to all Riverland HACC Coordinators and meetings with providers of other health services and groups in the region were held to gain a broad view of social support options in the Riverland Region.

Results

The key themes identified from the data collected were **social connections**, the **service provider role** in social support options and the **types of activities** of interest. This paper provides a brief overview of the first two themes. These two themes provided data that enabled service providers with the opportunity to critically reflect on their practice.

The learnings related to social connections provide the underpinning data related to **isolation and social needs** in the community. It includes the **social contacts** that are valuable and the **impacts on social outings**. It was imperative that service providers understood this foundation in order to consider changes in their practices.

Isolation and social needs

The ability to stay socially connected and maintain the capacity to lead a valued full life in one's chosen community can be a struggle for many citizens as they age. The ageing process coincides with declining physical ability, a reduction of valued social roles, diminishing peer networks, an increase in the dependency on family and support services to perform activities of daily living, and growing social isolation. Living in rural locations can also contribute to the range of challenges a person faces as they age in regard to isolation. Ford argues that although older rural people have traits of independence and self-reliance they are vulnerable to the loss of friends, isolation and loneliness (13).

This project clearly identified that social isolation is a very real aspect in lives of the elderly.

So I'm the only one around here who isn't out on Christmas day. Loneliness, when I see other people go out... I feel lonely then... but most of the time I'm alright. — Rita

The issues surrounding isolation are the need for company and the sense of comfort and support this provides. Downsizing is a feature of ageing, as people get older they are often required to move to smaller homes and reduce the number of personal belongings and assets. They often lose friends, family and neighbours who have been a source of support to them. These diminishing networks are accompanied by bereavement and a sense of loss and grief.

We think of all the single people around here, now the lady just across here lost her husband and she is very lonely and I don't doubt that, there are more single people in this complex than there are married couples. But they all say that you get over it eventually but it is a very lonely life. — Paul

Social contacts

The social contacts of significance are friends, neighbours and family. The frequency of visits and communication are important aspects of social contact. As people aged there are often diminishing numbers of social contacts and networks coinciding with increasing frailty and physical restrictions.

Look I used to have 6 close friends, one's at Victor Harbour retired, ones gone to Beachport to be with her daughter, two are dead, and the other two are in Nursing homes... and I used to live in Adelaide, I worked in Adelaide so it was alright then. I suppose as you get older you have to think of these things and my husband died back in March. — Betty

Their home's location impacted on the available social contacts and opportunities. People living on properties out of town or in homes where the neighbourhood had changed significantly often had fewer opportunities for social interaction. Those living in independent living units expressed a sense of community and support.

I have two very good neighbours here, one that side and one this side, they come and see me quite often, come and talk. Audrey next door comes in every day, because we share a paper, so I've got somebody. And if your blind, if my blind is not up say by 9o'clock there is somebody knocking on the door saying 'are you alright in there?' So it is a lovely little area. — Sarah

Impacts on social outings

The two main issues influencing social outings are physical health and transport. A focus on medical illness, mobility, falls and concerns about physical deterioration all impact on decisions to attend social outings.

The ability to actually be involved in social outings in the community is highly dependent on transport options. Although there are varied transport options available, many of them have limitations that impact on their use. Negotiating transport, considering available options and being reliant on others makes it a complex task. Concerns over physical safety and affordability were also raised.

My husband is 90 next year, and if he loses his licence, we would be really stuck... because we like going out, just sitting home all the time would be terrible. — Anna

The frequency of community outings can vary considerably, and this aspect is not an area that is captured by HACC services.

No, I only go out about twice a week, and I go over to Coles and buy the sort of things I like, and then I go over on pension day and that's like once a fortnight and always go over then and you know, buy up all that I really need. — Coral

In regard to the theme **HACC service providers in social options**, flexibility of services was the main feature. Flexibility centred around the maintenance of existing social engagement and networks. The strongest weapons at the disposal of human service workers to maximise health and wellbeing is the provision of responsive individualised care. There is also a need to take into account and develop a better understanding of the association between natural and deliberately arranged social conditions which provide support. It is important that formal services do not alienate natural sources of support (14).

Capturing and incorporating informal social networks and outings with services is an area that HACC services currently do not focus their attention. Although there is some degree of flexibility there are still instances of services limiting existing social engagements. Services change their day and time to suit community service worker schedules. However recipients have limited options to change days and times

and often feel obliged to fit in with services regardless of the impacts to their lives. There is an accepting nature and vulnerability of recipients that impacts on their sense of control over services.

Eva who had a schedule of shopping with her 2 sisters every Wednesday morning explains...

I always shop on Wednesdays, I take my two sisters shopping. So the three of us always go on Wednesday, yeah and we've always done that. For the reason, I like to get Wednesday's paper because it has got more football in it.

This social schedule was changed by HACC services after they altered her cleaning day to a Wednesday and her response was.....

Well it didn't really suit me but it didn't matter. I try and work in with them anyway.

Discussion

'To increase or maintain independence'. This is a statement espoused by many human service agencies, especially HACC funded services. It is a fundamental aim but it is often in direct contradiction with the practices employed. The dynamics of ageing in conjunction with long term economic and social policies have contributed to a 'structured dependency' of aged persons who are often treated and perceived to be more dependent than they really are or need to be (15). Many human service workers have gravitated to these positions in the pursuit of a desire to help. This desire to help can often negate independence and social connectedness. Along similar lines there is another unfortunate side to human service provision, and that is when clients consciously or unconsciously begin to identify themselves by their role as a client named 'clienthood' (16). Some clients were found by Community Options South to "move more and more into the role of 'clienthood' seeing themselves often as sick, dependent and powerless" which resulted in feeling that it was too late to rejoin society as valued contributing citizens (17).

It has been found that involvement in community organisations decreases as people age with 29% of Australians aged 65-74 involved in community organisations reducing to and 15% of Australians aged 85 and over (18). In the last decade we have also seen growing support for a primary health care approach "as it provides the opportunity to keep people healthy within the community setting and to intervene at the earliest possible stage to support and maintain good health" (19). In recognising the valuable role social support plays health professionals can implement strategies in the earliest stage of service provision that relate to social support that protect and enhance health (14).

The social options project in the Riverland discovered that exploring social support options was very confronting for our services. HACC services in the Riverland have traditionally been menu driven, in that they are highly structured to meet only minimum needs with the intention of 'doing more for less'. The services are concentrated around basic personal hygiene and domestic services. It was clear that social aspects of a person's life have not been considered a priority by HACC service providers in the Riverland. There is an existing work culture based on hectic schedules and reactive time limitations. As one service provider said *"It is skin and bones, in and out the home"*. In addition the project clearly identified that there are elderly people in the community who are socially and geographically isolated and are largely reliant on HACC services for social interaction and community involvement.

South Australia has an ageing plan which states that as our populations age, the imperative is for services to be tailored to individuals based on approaches that are flexible and inclusive (12). There is a variety of services available to the elderly and younger disabled persons to assist them remain in their own home. Australia has demonstrated a growing commitment and provided significant Government funding to ensure that remaining at home is a genuine right for elderly persons and that institutional care is not a necessity of

the ageing process. Increased funding for the programs like Home and Community Care, Community Aged Care Packages, Extended Home Care Packages and Transitional Care Packages are demonstrative of the Governments promise to assist elderly persons to remain at home.

The aim of the social options project in the Riverland was to investigate how HACC services can provide responsive social support options in the Riverland. The project has presented a clear view of the current service provision practices. Being willing to commence discussion around social networks and community connections including the variety, quantity, quality and issues of transportation in a collaborative environment is the first step in being able to provide responsive social support opportunities.

No problem can be solved from the
same level of consciousness that created it.

Albert Einstein

It was imperative that the learnings of the project actively took providers to a new level of consciousness that allows for critical reflection of their service provision.

One of the major benefits of this project was the system changes that were occurring simultaneously. The creation of team leader positions at Riverland Community Health occurred in 2008 and a position of team leader of the Health Ageing Team was filled. In addition to this position a local project called the Lifestyle Club established a working party to consider new approaches to the current Day Activity Program. The aim of this project was to include a range of small group programs that could meet a broader range of HACC recipient's interests. These two changes provided additional commitment and impetus for the project findings and recommendations to be brought to fruition.

Conclusion

The social options project used collaboration between the Health Sector and FURCS to enable local HACC service providers to explore their practice and take a step back from their day to day service delivery functions to consider new and innovative ways to provide services.

The project produced rich data related to social isolation issues that affect the elderly. It provided insights into the main informal supports that are important to a persons' perception of social support and how HACC services firstly need to capture this information in order to balance formal and informal social supports. This knowledge was imperative for service providers to comprehend so they can then move to exploring alternative service delivery options.

It is pertinent that this project enabled many of the service providers involved to reflect on their practices and attitudes. These reflections allowed them see that the provision of responsive social support options has the capacity to reap rewards of increased job satisfaction and social capital in our communities. The project enabled health service staff to understand that they have the ability to align their practices with a wellness approach that is based on Primary Health Care principles. Being able to implement systems and processes that help maintain and facilitate good social support's and community inclusive connections has been a valuable practical outcome of this project.

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Presenters

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