Research to Practice in Community Aged Care

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The Benevolent Society
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Background

• The Benevolent Society

• Collaboration with Social Policy Research Centre

• Gap in accessible resources for community aged care workers
Definition

Evidence informed practice is the integration of best research evidence with practice expertise and the views of service users and carers.

Economic and Social Research Council 2003
Evidence informed practice

• Reflections from a service delivery organisation
  – striving for better outcomes on the ground and upstream
  – co-production of knowledge – evidence includes bringing together 3 worlds to overcome gaps
  – practitioners need ways to access and engage with knowledge
  – learning organisation useful frame (applying what we learnt from the children’s area)
  – requires commitment from the top and to feature in broader organisational strategy
Research to Practice Briefings

- Evidence informed practice in community aged care sector
- Resources for community aged care teams to stimulate discussion and reflection on their practice
- Draw on existing research
- Strong focus on what the research says about the value of existing practices and suggestions for improving practice
- Draw this together with feedback from practitioners
The process

- Workshop
- Advisory committee with members from service providers, research community, government
- Selecting topics
- Review
- Distribution
- Feedback
Older people’s social networks

- Topic fit with organisational purpose, practitioner interest, consistent with enabling approach
- Writing and review
- Launch by NSW Minister for Ageing with seminar for community aged care workers on older people’s social networks
- Widely distributed to practice, research and policy networks
- Feedback about how Briefing was used
Social connections:

• Majority of older people are socially engaged
• 96% had some form of contact at least once a week with family and friends outside the household
• 93% had participated in informal social activities in previous 3 months

BUT

• Decreases considerably by later old age
• By 85, 15% of men and 9% of women had not taken part in informal social activities in previous 3 months
• 41% of people aged 85+ went out with or visited friends in previous 3 months, compared to 72% aged 55-64
Impact of ageing

- Does not cause social isolation but does result in increased vulnerability to social isolation
- Ageing can exacerbate it
- Cumulative effects of
  - fewer social, economic and psychological resources to draw on
  - smaller social networks, fewer close confidants
  - practical difficulties
Risk factors

- Living alone, loss of partner
- Decline in health
- Poverty
- Communication difficulties (esp hearing loss),
- Lack of access to transport, geographical,
- CALD background (e.g. recent migrants, poor English)
- Mental illness
Consequences

- Associated with depression, low morale
- Lower general health and well being
- Higher levels of illness and mortality

CONVERSELY

- a significant component of wellbeing
- helps maintain morale in face of poor health or disability
- ability to recover
- protects against poor health
But remember…

• Not all social networks are positive
• Quality of relationships more important than quantity, depends on who with
• Understanding and consideration of older person’s needs and wishes
• Enabling, autonomy-enhancing
Approaches

• No single approach
• Greatest resource is older people themselves
• Help build own coping mechanisms
• Work *with* not *for* older people
• Being able to continue to make a contribution and have a voice are highly valued
Interventions that work

**Individual, group/community, systemic**

- Build on strengths, past networks, interests
- Build or rebuild confidence in social situations, self worth
- Use peers as mentors to facilitate social engagement
- Facilitate connections with friends, siblings, other relatives
- Offer choice - individual, group based
- Tailor to different groups
Interventions that work

• Health promotion activities
• Address practical barriers: communication, transport, cost
• Go to where people are, use intermediaries
• Use existing community resources, formal and informal
• Be very sensitive to stigma, pride
The response

• Peer mentoring questions for discussion
• Positive feedback from care workers
• Widely circulated by email, taken up by networks, linked to in practice, policy and research e-Bulletins
Looking forward

3rd and 4th Briefings coming in 2009
– Preventing, identifying and responding to elder abuse in a community aged care context
– Working with Culturally and Linguistically Diverse clients
Improving the process

• Stronger links with community aged care workers at peer review stage to get clearer on practice context & implications

• Reflection guide

• Evaluating impact?
Promoting social networks for older people in community aged care
Research to Practice Briefing, Feb 2009
www.bensoc.org.au

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