Supporting models of care that address the social needs of older adults as they age

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Abstract

This project investigated models of care that focused on the social needs of older adults as they age. The project used foresight methodology to perform a horizon scan, aggregating a variety of existing or emerging models to serve as a resource to improve awareness for these models of care. Semi-structured interviews with older adults, friends and family of older adults, service providers, and experts led to seven emergent themes. Social network resilience emerged as a major theme for supporting social needs of older adults. Three design qualities for supporting resilience were proposed. Models of care from the horizon scan were evaluated based on these three qualities and model strengths were combined with strengths from parallel challenges, to create a design tool. The design tool synthesizes a set of service provider guidelines for building social network resilience.

Acknowledgements

Dedication

To my parents, grandparents, uncles, aunties, teachers, professors, and mentors who have taken the time to share with me their knowledge, wisdom, experiences, stories, and help me understand people and culture. As well, I dedicate this project to the compassionate leaders who are cultivating resilience in communities.

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1.1 Introduction

Studies have shown that social relationships and connectivity support both physical and mental health (Berkman, Glass, Brissette, & Seeman, 2000; Reblin, Uchino, 2008). Other studies have even found that lack of social engagement is closely tied to cognitive decline in older adults (Zunzunegui, Alvarado, Del Ser, & Otero, 2003). Given that the majority of the world's population is aging (Anderson, 2011), this project investigated ways to support the social needs of older adults as they age through various models of care in order to allow for more fulfilling, enriching, and healthy aging experiences. Social needs were defined using Maslow's hierarchy of needs (1943) and the University of Toronto's Quality of Life Model (Quality of Life Research Unit, n.d.). Models of care were defined as being inclusive of care services from service providers, care networks facilitated by a system or tool, informal care arrangements, etc. Older adults were broadly interpreted to include adults in a later stage in life who have gone through a life transition (e.g. empty nest, retirement, relocation, etc.), and are at least 60 years old. The definition was intended to be flexible and inclusive to diversity and multiculturalism.

The goals of this project were two-fold: to aggregate a variety of models of care to serve as a resource for improving awareness for these models of care and to uncover insights about how to better support the social needs of older adults as they age. The latter goal was intended to inform potential concepts, strategies, design principles, or models of care to improve the experience of aging. A secondary research goal was to explore social needs assessment tools.

In terms of scope and focus, the research was focused primarily on Canada, where the population of seniors is expected to increase to 25% of Canadians by 2031 from 13% in 2006 (Statistics Canada, 2005). However, there was some consideration for global ideas to accommodate social networks that span between cities, countries, and continents, as well as alternative models of care, services, etc. Research implications were originally intended to focus on the Greater Toronto Area, since research participants were from the community, it is the most populous city in Canada, demographic data focused on Canada, and it is a semi-urban community likely to represent elements of various other Canadian communities. However, the research findings could potentially apply to many other communities, with relevance to older adults, their social networks, service providers, policy makers, and others.

The study considered theories from social gerontology and psychology. It also employed foresight methods, systems thinking, and human-centred design research methods to generate insights used to inform innovation concept development. The outcomes of this study took the form of a prototype for service providers to support social needs of older adults as they age and requires further testing and refinement before it can be distributed widely.

2. Context & initial literature review

2.1 Overview

An initial literature review was done to gather context and form a foundational understanding of the domain and the key points of interest are included in this section of the report. The literature review continued throughout the research process in parallel with the horizon scan, interviews, analysis, synthesis, and concept prototyping, which are discussed and cited later in the report, where most relevant.

2.2 Social stimulation & health

Studies have shown that social relationships and connectivity support both physical and mental health (Berkman, Glass, Brissette, & Seeman, 2000; Reblin & Uchino, 2008). Some studies have even found that lack of social engagement is closely tied to cognitive decline in older adults (Zunzunegui, Alvarado, Del Ser, & Otero, 2003).

Unfortunately, a 2006 study by Statistics Canada "A Portrait of Seniors in Canada" found that seniors have fewer opportunities to meet new friends as they reach a life stage where they may be losing friends, resulting in shrinking circles of social support (Statistics Canada, 2006).

2.3 Practical & historical context

Given that the majority of the world's population is aging (Anderson, 2011), this project set out to investigate ways in which social needs of older adults can be supported as they age, whether through models of care, service providers, informal care arrangements, etc.

In 2006, the Public Health Agency of Canada published a report titled "Healthy Aging in Canada: A New Vision, A Vital Investment" and declared five key focus areas for healthy aging, one of which was social connectedness, citing a multitude of studies that have demonstrated the mental and physiological health impact of social connectivity among seniors (Public Health Agency of Canada, 2006).

More recently it was reported that the share of seniors 65 years and over among the Canadian population rose from 13.7% in 2006 to 14.8% in 2011 (Statistics Canada, 2012a). It was also projected that the population of seniors will grow to 25% of Canadians by 2031 (Statistics Canada, 2005).

2.4 Theoretical context

The theoretical context for this domain has predominantly been in the fields of social gerontology and family studies, though psychology also has established concepts around social needs. The theories from these domains that will be relevant to this project are listed below:

From social gerontology, activity theory was considered, as developed by Cavan, Havinghurst, and Albrecht, which characterized the self-concept of older adults as being dependent on social interactions (as cited in Phillipson & Baars, 2007). In activity theory, equilibrium in activity patterns is said to be reached in one's middle age, which should be maintained in older adulthood through the substitution of activities and roles that existed during middle age (Schulz, 2006).

From psychology, Maslow's definition of social needs was considered. Specifically, the needs for love and belonging, which are closely related to relationships with friends and family, where love includes both giving and receiving of affection, extending beyond sexual activity (Maslow, 1943).

2.5 Social needs frameworks

Maslow

Several frameworks were considered for articulating social needs of older adults. The starting point was Maslow's definition of social needs, also referred to as the need for love and belonging, relating to relationships with friends and family, where love includes both giving and receiving of affection, extending beyond sexual activity (1943).

University of Toronto's Quality of Life Model

University of Toronto's Quality of Life Model was also considered, as it looks at how a person is connected with their environment in terms of physical, social, and community belonging (Quality of Life Research Unit, n.d.) as outlined below:

Figure 1: University of Toronto Quality of Life Model (Quality of Life Research Unit, n.d.)

belonging	connections with one's environments
Physical Belonging	• home • workplace/school • neighbourhood • community
Social Belonging	• intimate others • family • friends • co-workers • neighbourhood and community
Community Belonging	• adequate income • health and social services • employment • educational programs • recreational programs • community events and activities

This framework offers a more detailed set of dimensions to consider around social belonging, specifically referring to family, friends, co-workers, neighbourhood and community, as well as intimate others.

The same group at University of Toronto adapted the Quality of Life Model to reflect particular considerations for seniors, which led to the Quality of Life Profile: Seniors Version (Quality of Life Research Unit, n.d.) below:

Figure 2: University of Toronto Quality of Life Profile: Seniors' Version (Quality of Life Research Unit, n.d.)

belonging

Physical Belonging

- Having a space for privacy
- Living in a place especially equipped for seniors

Social Belonging

- being able to count on family members for help
- having neighbours I can turn to

Community Belonging

- being able to get dental services
- going to places in my neighbourhood (stores, etc.)
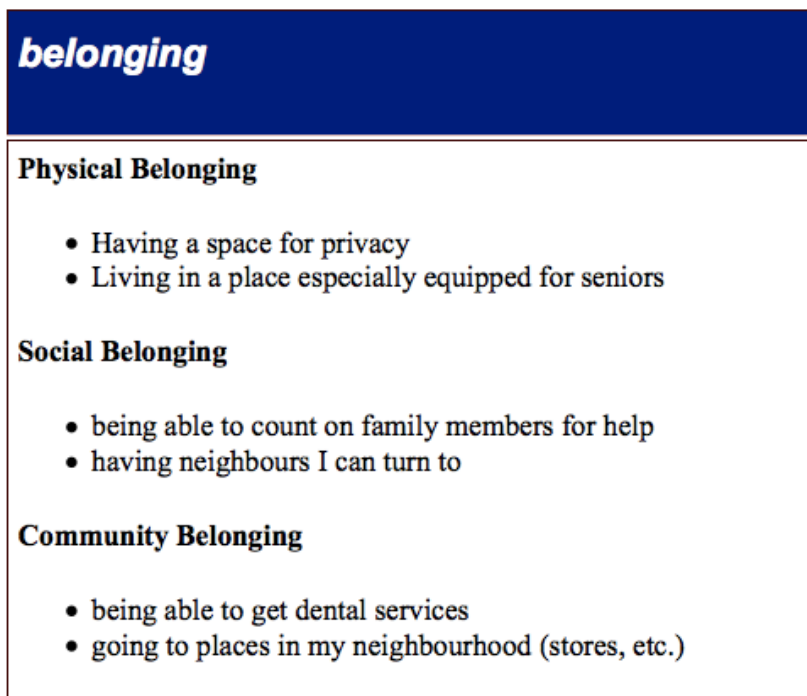
This framework illustrates some specific needs of older adults including their ability to rely on family members and neighbours for support.

2.6 Project scope

In terms of scope and focus, the research will be focused primarily on Canada, with some consideration for global ideas to accommodate for social networks that span between cities, countries, and continents. In the event that there is a wide array of models outside of Canada, with cultural relevance for Canadians, the scope may expand. Research implications will focus on the Greater Toronto Area, since it is the most populous city in Canada (Statistics Canada, 2012b) and it is a semi-urban community, likely to represent elements of various other Canadian communities.

3. Approach

3.1 Research questions

In order to address the two goals outlined earlier, three research questions were articulated, as well as one secondary question, where "models of care" is inclusive of care services offered by a service provider, formal care arrangements, informal care arrangements, communities with care services, and care networks facilitated by a system or tool:

1) What are some existing and emerging models of care that focus on the social needs of older adults as they age (as defined by Maslow and the Quality of Life Research Unit)?

   a) What are some situational assessment tools that service providers, families, care planners, or social workers are employing to address social needs of older adults as they age?

2) What are some of the social activities that older adults are engaging in and how satisfied are they with those activities?

3) What are some new models of care or opportunities for better supporting the social needs of older adults as they age?

3.2 Methodology

Foresight methods, systems thinking, and human-centred design research methods were applied in this research project, including horizon scanning from foresight, systems mapping to synthesize patterns in horizon scan data, semi-structured interviews, and analytical research techniques. This combination of methods was used to allow for one design iteration cycle whereby concepts were explored based on the findings from human-centred research techniques. Prototyping was used in concept development for proposed innovations. A literature review of prior research in the domain of social connectivity of seniors in Canada was used as a theoretical framework for the research.

The overarching rationale for the methods described above was that horizon scanning would offer a way to aggregate existing and emerging models of care, some of which may not be documented in formal research publications. The remaining methods were used in the settings in which the research was expected to take place (e.g. interviews in participant homes, etc.), while also supporting the development of new models and reframed human needs.

Interviews were conducted from mid-May to August 2012 and engaged 2 experts, 3 service providers, 5 older adults, and 5 friends or family of older adults. It was important to capture each of their perspectives, as experts would have knowledge about emerging developments in the field and previous studies to consider in this domain; service providers would have detailed knowledge of their services and organizations beyond what is available on their website or in publications; older adults would offer insight into their

day-to-day social interactions and activities; and friends and family of older adults would

offer insight into their social interactions with older adults and challenges they encounter.

Below are the research methods used and the rationale for each, presented in three

research phases:

Table 1: Research Phase 1 (discovery and exploration)

Participants	Research Method	Rationale for method	How/Where
N/A	Horizon scanning (Van de Heijden, 2005)	Documenting emerging and existing models of care	Self-directed research online, offline (e.g. conferences, etc.)
N/A	Literature review	Reviewing prior research in the domain	Self-directed research
3-5 Experts (Academic and Community)	Semi-structured interview (LeCompte & Schensul, 1999a)	Discover and capture various models of care, complementing the horizon scan	In person if possible, otherwise remotely.
3-5 Service Providers (Senior managers of service providers that offer companionship or social connectivity services)	Semi-structured interview (LeCompte & Schensul, 1999a)	Gain a deeper understanding of how given care services are delivered	In person if possible, otherwise remotely.
3-5 Older Adults	Semi-structured interview (LeCompte & Schensul, 1999a)	Understand their social circles, social interactions, unmet needs, thoughts on service models gathered from horizon scan, literature review, expert interviews	In person if possible, otherwise remotely.
3-5 Families/friends of Older Adults	Semi-structured interviews (LeCompte & Schensul, 1999a)	Understand the nature of their interactions with loved ones, their challenges, overall experiences, and thoughts on service models gathered from horizon scan, literature review, expert interviews	In person if possible, otherwise remotely.

Table 2: Research Phase 2 (analysis and synthesis)

Research Participants	Research Method	Rationale for method	How/Where
N/A	Thematic analysis (Boyatzis, 1998)	Method for synthesizing emergent themes in data	Self-directed
N/A	Systems mapping (Senge, 1990; Meadows, 2008)	Method for synthesizing key forces and flows within models of care to allow for comparison and wider dispersion	Self-directed
N/A	Business modeling (Osterwalder, 2010) Note: initially optional and was not used due to the nature of emerging findings	May offer inspiration for how to capture and document key elements of models of care	Self-directed

Table 3: Research Phase 3 (concept development, design, and feedback)

Research Participants	Research Method	Rationale for method	How/Where
Aging individuals, family & friends of aging individuals	Prototyping and feedback gathering (Houde, 1997; Tassi, n.d.) Note: due to time constraints and research ethics protocol, this method was partially used to prototype, but not gather feedback	Method for gathering participant and stakeholder feedback on proposed design solutions	Feedback for prototype will be in-person or via email with participants

In order to support research conclusions, multiple types of data were collected to corroborate and support points, also known as triangulation (LeCompte & Schensul, 1999b).

3.3 Research Ethics

The OCAD University Research Ethics Board consulted on and approved the research ethics considerations for research involving humans, for which the project was named "OCADU 56: Models of Care for Supporting Social Needs of Aging Individuals," with the approval number 2012-14. Interview guides have been included in Appendix A.

3.4 Principle domains of inquiry

The domains of inquiry that this project included were the homes of older adults, the homes of their friends and family, service provider facilities, and community spaces where older adults may socialize.

4. Horizon scan

4.1 Research focus

The purpose of the horizon scan was to answer the research question of "what are some existing and emerging models of care that focus on the social needs of aging individuals?" A secondary research question that was kept in mind was "what are some situational assessment tools that service providers, families, care planners, or social workers are employing to address social needs of older adults as they age?"

4.2 Process

The horizon scan aggregated information from multiple sources, including online searches, news articles, pamphlets and materials from The 2011 ZoomerShow, seminars and presentations from MaRS Business of Aging conferences, review of Zoomer Magazine, organizations suggested by experts interviewed, etc. The horizon scan was by its very nature, not exhaustive, it aims to cover current and near term (5 year) solutions.

4.3 Horizon scan findings

Models of care, service providers, and care arrangements were grouped by emergent

theme in a table to identify some of the diverse types of options available (see Appendix B

for the table). The key themes that emerged are listed below:

Table 4: Themes from horizon scan

Computer terminal-based technologies
Digital care coordination tools
Multi-stage campus-based communities (retirement homes, assisted living, LTC, in one community)
Seniors' communities (NORCs)
Seniors' community programs
Intergenerational community programs
In-home companionship care services
Multi-generational communities with a focus on socio-cultural activities
Multi-generational co-housing

Additional analysis of them was done after field research was conducted and the design

challenge was framed, in order to clarify how these options aligned or misaligned to the

design challenge identified.

4.4 Situational assessment tools

In addressing the secondary research question of "what are some situational assessment tools that service providers, families, care planners, or social workers are employing to address social needs of older adults as they age?" a number of assessment tools were aggregated below.

Table 5: Situational and needs assessment tools

Type of tool	Examples
Social need assessments integrated into overall health assessments conducted by healthcare professionals	interRAI Community Health Assessment, used by Community Care Access Centres in Ontario (interRAI, 2006) Aged Care Assessment Team assessments in Australia (Department of Health and Ageing, Commonwealth of Australia, 2011)
Care service locator tools, relying on self-diagnosis	LeadingAge care services search tool as well as a guide to evaluating appropriateness of services (LeadingAge, 2012) The U.S. Administration on Aging's Eldercare locator (Department of Health and Human Services, Administration on Aging, 2012)
Caregiving planning toolkit for caregivers to perform a situational assessment and work with the care recipient to plan for future care	The University of Arizona published a toolkit for caregivers to perform a situational assessment and work with the care recipient to plan for future care (Sonoran UCEDD, 2010)

The tools that were linked to the widest array of services tended to be formal assessments requiring healthcare professionals or self-service tools requiring self-assessment of needs. More thorough assessments also tended to be bundled with health assessments, even though social needs could arise before health needs. Furthermore, social isolation may be gradual, so there may not be visible or pronounced indications of it occurring. From

interviews performed, it was apparent that older adults were generally satisfied and content with their existing realities, regardless of how vibrant their social networks and connections were (see Theme 2 in Interview Data Analysis & Synthesis section). As a result, it may be that social needs can be difficult to detect until other triggers arise to spur investigation. Additional research into this area would be worthwhile, perhaps to explore more subtle ways to assess social isolation, but is not a central focus of this study.

5. Semi-structured interviews, analysis & synthesis

5.1 Process

As described in the methodology section, semi-structured interviews (LeCompte & Schensul, 1999a) were conducted with experts, service providers, older adults, and friends or family members of older adults. While engaging in interviews and analyzing research findings, the central research questions that were kept in mind were:

"What are some of the social activities that older adults are engaging in and how satisfied are they with those activities?"

"What are some new models of care or opportunities for better supporting the social needs of older adults as they age?"

Detailed notes were taken during interviews and all were reviewed in order to transcribe key points of discussion onto post-it notes. These post-its were then sorted and clustered into emergent themes and patterns through thematic analysis (Boyatzis, 1998).

Figure 3: Initial abstraction of interview data

Figure 4: Initial thematic analysis of data from older adults and friends or family of older adults

Figure 5: Initial thematic analysis of data from service providers and experts

The initial sorts involved data analysis from each group of research participants, i.e. an individual sort for each of service providers, older adults, and family or friends of older adults (expert interview findings informed and augmented the horizon scan and literature review). Details of the initial analysis can be found in Appendix C.

Afterwards, the data from all the groups were intermingled to identify any emergent patterns or themes. Some elements of systems mapping (Senge, 1990; Meadows, 2008) were used to organize the themes.

Figure 6: Overall thematic analysis with elements of systems mapping (1 of 2)

Figure 7: Overall thematic analysis with elements of systems mapping (2 of 2)

Figure 8: Overall thematic analysis (complete image)

The key themes from each participant group are shown next, with common themes

indicated by numbers in the table.

Table 6: Key themes from initial analysis of interview data

Participant Group	Key Themes
Service Providers	• Transitions impact a caregiver's relationship with care recipient (5) • Social networks develop over time (2) • Crisis event as catalyst for change and collective support (1) • The capacity to contribute via being vs. doing (3) • Innate human desire for reciprocity (7) • Fear of isolation from social network after transition (2) • Caregivers have limited capacity to care (5) • Change initiator can be anyone • Older adults have diverse characters and attitudes to socializing (4) • Human cautiousness about adopting something new (2) • Basic activities for daily living as an enabler of interaction (6)
Older Adults	• The tendency to be satisfied with the current state (2) • Making transitions with others by our side can reduce resistance to change (2) • Social networks can form during shared circumstances (1) • Social networks tend to stop growing (2) • Crisis event as catalyst for collective support (1) • Social buzz and curiosity as an enabler for new technology adoption (2) • Knowledge exchange as an enabler of interaction (7) • Basic activities for daily living as an enabler of interaction (6) • Hobbies as opportunities for social interaction (2) (4) • The use of technology to facilitate communication and in-person interactions • Older adults have diverse characters and attitudes to socializing (4) • Validation of Activity Theory
Friends & Family of Older Adults	• Caregivers have limited capacity to care (and the value of routines and schedules) (5) • The capacity to contribute via being vs. doing (3) • Knowledge exchange as an enabler of interaction (7) • Basic activities for daily living as an enabler of interaction (6)

5.2 Points of convergence

Where possible, quotes from various stakeholder groups have been included below to

illustrate the points below. However, due to the limitation that it was not possible to audio

record interview conversations, direct quotes were not always available.

Theme 1 – crisis or shared circumstance as catalyst for change and/or social network

support

Crisis events are often catalysts for change, collective support and social networks can

form over shared circumstance.

> *"We used to see each other two times a year, but last year, one of the women in the group had her husband die in a car accident and we all got together to support her through it, visiting the hospital, etc…" – older adult*

> *"After my mom moved [to the long-term care facility], my dad started losing control…[he wasn't used to] caring for the house…" – service provider and family member of an older adult*

> *"…Usually what we've seen is networks coming together around a very acute need…like someone's been hospitalized, received a diagnosis…" – service provider*

Theme 2 – satisfaction with current state and stagnating social networks

Older adults tend to be satisfied with their current state and are cautious to adopt new changes in their lives. In some cases, there can be a fear of isolation after living arrangement transitions.

> "[Transitioning from their current home to cohousing is] not a positive move in their mind." – service provider speaking about older adults

> "We do a survey with new residents and by far the number one concern they have about moving in is the fear that they'll be left alone…and it happens every time…some [family and friends] will call, but not visit in person" – service provider

They may be more open to change or trying something new if others around them have adopted them and if they go through the new experience with others.

> "I moved into this retirement home with my husband when he went here…" – older adult

> "My group of friends joke sometimes about how we'll build the [group name] nursing home and live together…" – older adult

At the same time, the older adults interviewed tended to have social networks that had stopped growing. Furthermore, their existing social networks had developed over the course of a substantial amount of time, with one older adult speaking of her large "core group" of friends being from the first teaching job she had at the start of her career, contrasted with an older adult who had immigrated to Canada and spoke of one friend in Scarborough, two or three in Chinatown whom she had met when she first moved, and three she socializes with regularly at her retirement home. Some of the hobbies mentioned by older adults that gave them opportunities to maintain existing social networks were printmaking and cultural games.

Theme 3 – the value of contributions of being and unstructured time

For both older adults and members of their social networks, there was mutual value and appreciation for being around each other or spending unstructured time together. One service provider made the observation that we often focus on contributions of doing things for others vs. contributions of being, offering the example of a man she knew who was a great listener and inspired people around him to speak openly about difficult topics.

> *"[Common activities I do with my grandparents would be] eating, hanging out in the living room with them…reading" – family member of an older adult*

> *"Sometimes friends and family members will call residents, but it's not the same as visiting in person..." – service provider*

Theme 4 – established activity preferences driven by past interests and culture

Many older adults had well-established preferences and opinions of activities they would and wouldn't do and took on hobbies that resonated with past interests (e.g. printmaking) or culturally based activities (e.g. mahjong), as well as diverse interests in socializing.

> *"Some participate and some don't…[they don't] want to be told what to do…there was one woman who would go to the casino, shows, …festivals, but refused to go shopping for clothes or groceries…they know what they want and what they don't want, but we give them opportunities to choose" – service provider*

> *"I know a lot of people tend to do things like learn calligraphy, karaoke or singing classes, etc. and there are lots of activities at the retirement home, but I don't like to do all of that. I just play mahjong and like things to be simple." – older adult*

> *"I'm much more of a social person that my husband. My friends and I will get together for the sake of socializing whereas he tends to socialize around activities like at his weekly curling group" – older adult*

Theme 5 – the need for a support network vs. an individual and the value of scheduling or creating a routine

Members of older adults' social networks had the capacity and interest to spend time with older adults, some identifying with the role of caregiver, others simply as a friend or family member in their life. There were limits to their capacity to engage with older adults, however, with a constant challenge of balancing other life demands and commitments. One of the risks identified was that where older adults relied heavily on one primary caregiver as opposed to a network, there was a higher likelihood of caregiver exhaustion, burnout and resentment towards the older adult, damaging the relationship. Based on the intensity of the damage, caregivers would tend to spend less time with the older adult after a living arrangement transition due to a sense of relief and backlash effect of no longer feeling obligated to care for the older adult (e.g. infrequent visits after a transition into a long-term care facility). A common way that friends and family members of older adults managed lifestyle demands along with the desire to socialize with older adults was to schedule activities in calendars either in advance or regularly as part of a routine.

> *"I was the primary caregiver for my father because my two other siblings were far away…you can lose who you are and it's hard not to be angry and resentful…the caregiver's feelings can depend on how long and how traumatic the experience or journey was leading up to the transition" – service provider and family member of an older adult*

> *"[One of the reasons I don't get to do everything I want to with my mom is that] these days, everyone is so busy, so finding time is hard…and unfortunately, seniors end up taking the back-burner. We schedule our [weekly] visits and the last weekend of every month [we have a family gathering]" – family member of older adult*

Theme 6 – simple, practical activities as enablers of social interaction

Basic activities for daily living as an enabler of interaction were consistently at the centre

of many social interactions for older adults and their social networks. This finding may be

due to the practicality or shared interest in some of the activities such as meals (both older

adults and their social networks dine regardless). Another potential reason could be that

due to scheduling logistics and predictability. For some of the basic activities mentioned

such as meals, medical appointments, etc., they can often be scheduled as part of a regular

routine or be scheduled ahead of time, with ample notice for mutual scheduling.

> *"The most common things we do together involve eating…breakfast, lunch, dinner… Sometimes we do gardening together, grocery shopping…" – family member of older adult*

> *"We do dinner at her place [every week], shopping, venting/gossiping…holidays or events with my extended family…sometimes I take her to medical appointments…" –family member of older adult*

Theme 7 – exchange of knowledge and information as enablers of social interaction

Another theme across all groups was that of exchange and reciprocity between older adults

and members of their social networks. Most notably, participants mentioned social

activities that centred on the exchange of knowledge and information.

> *"At the studio, sometimes I have lunch in the kitchen with seven or eight people, young and old…it's a social community of well-educated and interesting people…with people at different stages of experience…we look at each others' work, bounce ideas around and give each other feedback" – older adult*

> *"[One of the things I do with my grandma is] gardening…she'll help us with the garden [at my parents' house]…get it all set up and then check on it from time to time when she visits" – family member of older adult*

5.3 Further analysis of themes

Analyzing the 7 themes above, we can see that some relate to the nature of older adults and their social networks, while others relate to the nature of activities involved with social interactions.

Nature of older adults and their social networks

Theme 1 – crisis or shared circumstance as catalyst for change and/or social network support

Theme 2 – satisfaction with current state and stagnating social networks

Theme 5 – the need for a support network vs. an individual and the value of scheduling or creating a routine

Nature of activities involved with social interactions

Theme 3 – the value of contributions of being and unstructured time

Theme 4 – established activity preferences driven by past interests and culture

Theme 6 – simple, practical activities as enablers of social interaction

Theme 7 – exchange of knowledge and information as enablers of social interaction

The next section will focus on the first set of themes (1, 2, and 5) to explore conditions around social networks. The latter set, themes 3, 4, 6, and 7 will be revisited when exploring new models, services, or arrangements, since they pertain to specifics around interactions.

6. Insights

With the themes that emerged from interviews in mind, as well as literature reviewed beforehand and afterwards, the most compelling insights have been synthesized below. The key interview themes have been repeated below for reference and relevant literature has been integrated into the discussion.

Nature of older adults and their social networks

Theme 1 – crisis or shared circumstance as catalyst for change and/or social network support

Theme 2 – satisfaction with current state and stagnating social networks

Theme 5 – the need for a support network vs. an individual and the value of scheduling or creating a routine

6.1 The reality of human inertia

Shifting from sudden, reactive change to leisurely, proactive change

From interviews, adopting a new living arrangement, service provider, or model of care occurred almost always as a result of a crisis or major event, in a reactive manner. Caught amidst a crisis with a reactive state of mind, older adults and their caregivers had limited time to do research and consider available options, so even if they had been presented with additional options, their capacity to adopt an unfamiliar service or living arrangement may have been limited. In fact, a study in 1996 found that decision made regarding long-term care can deviate from the typical consumer decision making process (i.e. awareness,

consideration, selection, adoption or purchase) and typically involves one of four decision-making styles, of which three are reactive. This group comprised more than two-thirds of the 63 older adults interviewed (Maloney, Finn, Bloom, & Andresen, 1996). A subsequent Cochrane review cited multiple other studies that have demonstrated that deciding to transition into long-term care was often amidst a personal crisis and/or loss, noting that the decision is "usually made at a time of crisis and vulnerability, and there is often pressure to make the decision quickly," (Gravolin, Rowell, & de groot, 2007).

Although this project assumed that increasing awareness of options around care models, living arrangements, and service providers would lead to better alignment between older adults' social needs and their lifestyles, the interview results and studies noted above suggest the assumption was inaccurate and that human attitudes and comfort with considering the topic are even more important.

Perhaps encouraging a proactive approach to planning for new living arrangements, services, or care models would be beneficial, so as to transition at a more leisurely pace. In order to spur planning, proactive action, and change, however, requires adequate motivation. Consider a formula for change called Gleicher's formula, which was further refined by Kathleen Dannemiller (1992), which illustrates that dissatisfaction with the current reality (D), a vision of an alternate possibility (V), and some actionable first steps to move toward that alternate possibility (F) must collectively outweigh resistance to change (R), equivalent to inertia: $D \times V \times F > R$.

Pursuing an approach of spurring proactive change would be an ambitious challenge, as interview results showed that older adults were satisfied with the current realities and resistance to change could be quite high, given that one's living arrangement and home is a foundational aspect of one's lifestyle (Maslow, 1943). Furthermore, it could prove to be difficult to frame available alternatives in an attractive way. For example, one of the family members of an older adult who was interviewed said that nursing homes are like "signals of being the beginning of the end." Another interview participant said the older adults she's met feel that it's "not a positive move in their mind" to transition from their current home to a new living arrangement. Moreover, starting a conversation around planning for some of these options can be a challenge in itself, as it is a sensitive topic that may evoke feelings of vulnerability, fear, discomfort around change etc. As a result, for both older adults and their social networks, there may be little incentive to start this discussion proactively.

While an ambitious challenge, it is definitely worth exploring how to shift older adults and their caregivers from an underprepared position and reactive mindset to a better-prepared and proactive mindset. However, due to the limitations of time for this project, such a challenge will be left for future studies.

How might unexpected change and transitions be made less stressful and damaging for both older adults and their caregivers? One may be to equip older adults with robust social networks to support them.

Studies have shown that support from social networks can help children and adolescents face adversity with resilience (Wolkow & Ferguson, 2001) and can be a key source of support for those with diseases, for example HIV/AIDS (Li, Wu, Wu, Sun, Cui, & Jia, 2006). Similarly, in a study that looked at a group of 70 to 80 year olds, participants who had social "resources" available to them, especially ones that offered continuity and a sense of stability during an adverse change in their lives tended to have more resilience, which was defined as "flourishing despite adversity" in the study (Hildon, Smith, Netuveli, & Blane, 2008).

6.2 The importance of supporting social networks and resiliency

One of the emergent themes from interviews was the need for a support network vs. an individual, as well as the value of scheduling or creating a routine. This theme arose from the finding that members of social networks had limited capacity to spend time with older adults. Furthermore, transitions during major events and crises tended to strain caregiver and care recipient relationships where support was almost entirely offered by one individual, with one interview participant speaking of the tendency for caregivers to develop resentment due to burnout, as well as subsequent neglect after new care arrangements were made.

> "There was one woman whose husband passed away and she became the primary caregiver for her mother-in-law…it was a lot for her and after the transition, she barely came to visit…" – service provider

Finding ways to distribute care and support into a network would allow for more sustainability and resilience in an older adult's social network. In effect, building social

networks would allow an older adult's social needs to be addressed with better continuity and sustainability due to the resilience that arises from a network (vs. an individual).

Research shows, however, that in Canada, there are fewer opportunities to meet people as older adults age, while social circles also shrink (Statistics Canada, 2006), so it is likely challenging for older adults to build resilient social networks if they do not have ample opportunities to meet others.

7. Qualities to support resiliency in social networks to address social needs

As discussed earlier, building resilient social networks supports continuity and

sustainability in addressing social needs of an older adult, leading to the question of how

might a resilient social network be created? What are some qualities that would support

social network resilience?

Qualities for supporting resiliency in social networks are proposed below:

- Maintain the size and quality of engagement with existing social networks (retain a

  core group of existing connections, since new social connections can take time to

  develop)

- Cultivate new social connections (expand the network or allows for new members

  to fill the roles of members who leave)

- Facilitate communication and collaboration between members of the same older

  adult's social network (strengthen connections within the network)

Figure 9: Qualities supporting social network resilience
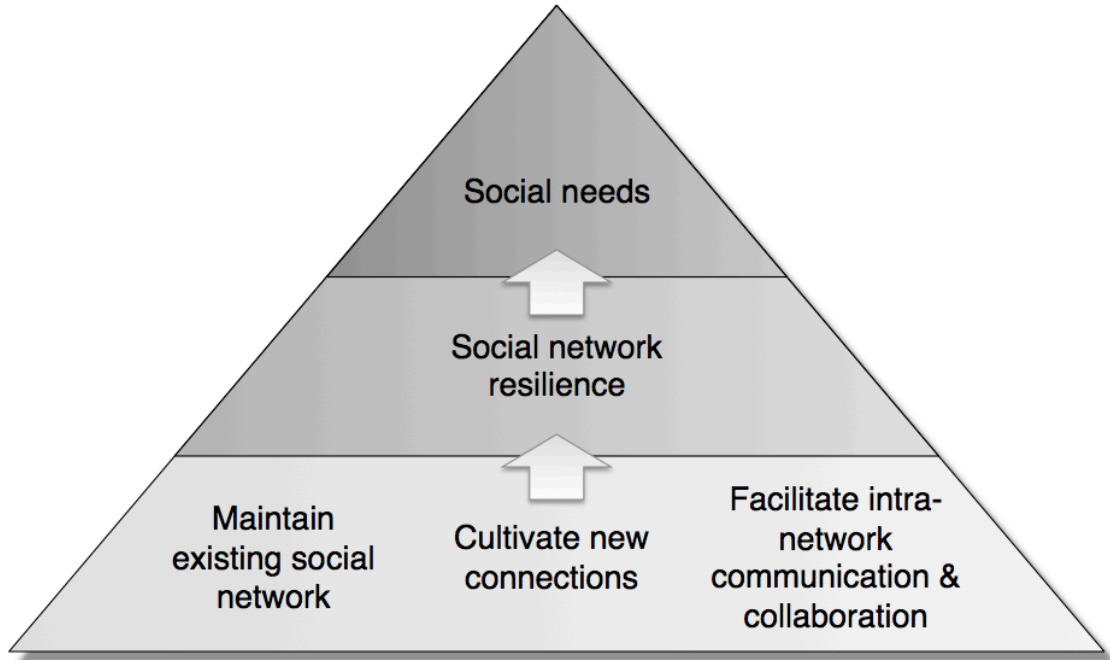
8. Framing the design challenge

8.1 The journey

Keeping in mind the frequency with which a crisis or major event were mentioned in interviews and secondary research, a general journey of an older adult who follows a reactive path was abstracted:

Figure 10: General journey of older adult following a reactive path

During semi-retirement, retirement, or empty nesting (children moving out for University or after marriage), older adults inevitably experience a change in their social networks, due to a change in their activity patterns, according to activity theory (Schulz, 2006). As a result, the life events of semi-retirement, retirement, and empty nesting were used to establish the start of the "Pre-crisis" phase. "Post-crisis" was defined as the time after a new care model or arrangement has been selected, including the transition into the new arrangement. The older adults who were interviewed were all in the pre-crisis stage, since recruitment criteria required that they had experienced a major life transition such as retirement or empty nesting, while also being healthy enough to live independently. Some of their attributes included being empty nested in a family home, living in a retirement home, and having downsized after retirement. Some of the older adults spoke about crisis experiences within their social networks and service providers were most familiar with witnessing the pre-crisis, crisis, and post-crisis trajectories of clients of their organizations.

8.2 The focus

While there are multiple stakeholders who could assist in cultivating social network resiliency, this study will focus its scope on service providers, who will be defined as any organization that offers services, activities, or programming to older adults (e.g. recreation clubs, community centres, tourism groups, in-home care service providers, long-term care centres, etc.). This group is wide and diverse, with the commonality that they have direct contact with older adults, affording numerous opportunities to adjust programming, services, and experiences.

Keeping in mind the journey described above (pre-crisis, to crisis, to post-crisis), two challenge statements were articulated, focusing on the pre-crisis time period and the post-crisis transitional time period. During crisis and selecting new model of care, while important, were not kept in the scope of the project, as there are other studies on the topic and assessment tools were a secondary research focus of the horizon scan. Furthermore, service providers arguably have greater opportunities to influence pre-crisis and post-crisis experiences.

As the scope of service providers is very broad, there would likely be diverse types of organizational mandates to consider and could range from social innovation, to health outcomes, or profitability, etc. There could even be blended mandates. One potential social innovation incentive for this stakeholder group would be to offer healthy, enriched, and fulfilling experiences to clients throughout interactions with their organizations as a result of social needs being better met. Another incentive could be to improve employee satisfaction through the rewarding feeling that may come with delivering services that

result in happier, healthier clients, and an organizational reputation for social impact or innovation. Offering more enriching and fulfilling experiences could also offer a point of differentiation from competing organizations from a profitability point of view, especially useful to service providers looking for ways to set themselves apart from others. Service providers could in turn attract older adult clients to their organization's offerings to sustain profitability. Furthermore, there might be opportunities for service providers to develop relationships with clients during pre-crisis in a way that could eventually serve as a means to recruit clients for post-crisis services as well. Another opportunity to address profitability objectives of service providers while also addressing social needs of their clients would be to use under-utilized spaces or facilities to host activities or additional community programming. Service providers that are able to demonstrate an ability to improve community health outcomes could even potentially qualify to receive health care funding for operations and charitable funding.

8.3 Pre-crisis challenge statement

Figure 11: Pre-crisis experience

Retirement or empty nesting — "Pre-crisis" — "Crisis" — "Post-crisis"

For older adults who are semi-retired, newly retired, or recently empty nested in the GTA, how might service providers create opportunities in local communities to cultivate both quality and quantity within those older adults' social networks in order to increase social network resilience? Some important considerations to keep in mind during pre-crisis are that there may be wide variation in the length of this phase, social attitudes, decision-making styles, as well as activities that older adults may take an interest in. The goal is to have service providers accommodate for diverse interests, hobbies, and activities to be supported in local communities, to allow for older adults to interact with others and strengthen their social networks.

8.4 Post-crisis challenge statement

Figure 12: Post-crisis experience

How might service providers help older adults who are transitioning into a new living arrangement sustain pre-existing social network resilience and create opportunities for resilience to grow? An important consideration to keep in mind during post-crisis is that older adults may be transitioning into a new living arrangement, within a new community and environment, potentially disrupting previous routines, social activities, and interactions. As a result, the post-crisis challenge places an emphasis on sustaining pre-existing social network resilience, while also striving to fill the experience with opportunities to substitute and replace old routines, roles, interactions, and activities with new ones.

9. Existing solutions

9.1 Overview

Revisiting the findings from the horizon scan, the various options were considered for their potential ability to support social network resiliency pre-crisis and post-crisis, based on the qualities outlined previously, listed again below for reference:

A) Maintain the size and quality of engagement with existing social networks

B) Cultivate new social connections

C) Facilitate communication and collaboration between members of the same older adult's social network

The high-level assessment used Y for, "the care arrangement may have potential ability to support the quality," N for, "the care arrangement does not appear to have promising ability to support the quality," and M for, "the care arrangement may or may not be able to support the quality; it is uncertain." An elaboration on the assessments follows the table. An assumption that long-term care and seniors-only co-housing communities were more likely to be adopted in the post-crisis phase, and were therefore excluded from the pre-crisis discussion.

9.2 Pre-crisis

Table 7: High-level assessment of care arrangements during pre-crisis experience

	(A)	(B)	(C)
Computer terminal-based technologies	M	N	N
Digital care coordination tools	Y	M	Y
Multi-stage campus-based communities (retirement homes, assisted living, LTC, in one community)	M	M	M
Seniors' communities (NORCs)	M	Y	M
Seniors' community programs	M	Y	N
Intergenerational community programs	M	Y	M
In-home companionship care services	M	M	M
Multi-generational communities with a focus on socio-cultural activities	M	Y	M
Multi-generational co-housing	M	Y	Y

Solutions that best maintain the size and quality of engagement with existing social networks

Digital care coordination tools were most promising for maintaining the size and quality of engagement within existing social networks, as they were often a centralized, shared tool used to schedule and plan for in-person activities on a regular basis among members of a social network. One caveat would be that these care coordination tools were usually adopted in response to or after a crisis. It is apparent that there are no outstanding solutions that arose from the horizon scan that remarkably address the quality of maintaining the size and quality of engagement within existing social networks.

Solutions that best cultivate new social connections

The most promising solutions for cultivating new social connections were those involving shared, community-based activities (seniors' community programs, intergenerational community programs, and multi-generational communities with a focus on socio-cultural activities), as well as self-organized co-habitation arrangements (NORC seniors' communities and multi-generational co-housing).

Solutions that best facilitate communication and collaboration between members of the same older adult's social network

Solutions with the most promising abilities to facilitate communication and collaboration between members of the same social network were digital care coordination tools, due to the existence of a shared, central touch point to communicate and interact regularly, as well as multi-generational co-housing, which by design involves communal spaces, which would arise in social interactions, some for of collaboration, and consensus-building communication. Again, it should be noted that digital care coordination tools were more commonly adopted only during or after a crisis.

9.3 Post-crisis

Table 8: High-level assessment of care arrangements during post-crisis experience

	(A)	(B)	(C)
Computer terminal-based technologies	M	N	N
Digital care coordination tools	Y	M	Y
Multi-stage campus-based communities (retirement homes, assisted living, LTC, in one community)	M	M	N
Seniors' co-housing communities	M	Y	N
Seniors' communities (NORCs)	M	M	M
Seniors' community programs	M	Y	N
Intergenerational community programs	M	Y	M
In-home companionship care services	M	M	M
Combined daycare and long-term care	M	Y	N
Multi-generational communities with a focus on socio-cultural activities	M	Y	M
Multi-generational co-housing	M	M	Y

Solutions that best maintain the size and quality of engagement with existing social networks

Digital care coordination tools again seem most promising for maintaining the size and quality of engagement with existing social networks since they allow for a shared place to plan activities on a regular basis, even after a crisis. Where multi-generational housing or multi-stage campus-based communities (retirement homes, assisted living, LTC, all in one community) were already in place, those living arrangements would also have promising abilities to maintain the size and quality of engagement with existing social networks since an older adult may be able to continue living in the community, despite any new needs.

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Solutions that best cultivate new social connections

There were a number of solutions that were promising as to their ability to cultivate new social connections. Seniors' co-housing communities were found to foster a sense of community among co-housing residents, seniors' community programs provide a forum for collective activities and an opportunity to meet others, and intergenerational community programs allowed for intergenerational connections to form. Combined daycare and long-term care facilities also allowed for intergenerational connections to form and multi-generational communities centred on socio-cultural activities could potentially arise in connections across generations around shared interests or activities.

Solutions that best facilitate communication and collaboration between members of the same older adult's social network

Similar to the pre-crisis discussion, digital care coordination tools and multi-generational co-housing were the most promising solutions for facilitating communication and collaboration between members in a social network.

9.4 Summary

From the assessment above, the existing service providers, care arrangements, etc. do not seem to demonstrate all three qualities identified as being supportive of social network resilience and there is room for improvement. As a result, parallel models will be considered in the next section, followed by a culmination of suggestions for improvement.

10. Parallel models to consider

10.1 Overview

Since there may be other models of care for situations sharing similar challenges and goals around social networks, several were investigated and documented, keeping in mind the qualities articulated previously (maintain the size and quality of engagement with existing social networks, cultivate new social connections, and facilitate communication and collaboration between members of the same older adult's social network). Elements of the parallel models will then be combined to inform suggested guidelines or principles for services, care arrangements, etc. to support social network resilience in older adults.

10.2 New immigrant community programs

The YMCA offers new immigrants the opportunity to access a network of more experienced immigrants who volunteer to provide guidance to newcomers, helping them more smoothly navigate their transitions from their previous culture to Canadian culture, while simultaneously developing new friendships and social connections through the program (YMCA of Greater Toronto, 2012a). The YMCA also offers "Newcomer Information Sessions," which allow new immigrants to learn about various topics, including, tips on settling into Canadian culture as well as a "Welcome to Toronto" session that introduces the city's history, neighbourhoods, etc., offering new immigrants a chance to meet others and build new social connections (YMCA of Greater Toronto, 2012b).

10.3 New immigrant employer support programs

Employers in Canada have been recognized for their efforts to support new immigrant

employees, based on an evaluation of the degree to which they offer various forms of

support, including "on boarding" programs that help employees gain an understanding of

the new cultural or social norms via coaching or mentorship arrangements; furthermore,

the evaluation considers the degree of training provided to existing managers and

employees on the topic of cultural diversity (Mediacorp Canada Inc., 2012). These

programs would then position new employees to better adjust to the new work

environment and establish new social connections.

10.4 Resources for career relocation

For academic professionals, some post-secondary institutions offer forms of support to ease

the transition experience of relocating for a new position. For example, The University of

British Columbia provides new faculty with one-on-one consultations, which can be held

in person, on the phone, or via email (University of British Columbia, 2012a). The

university website also offers links to learn about local neighbourhoods so newcomers can

acquaint themselves with which part of the new city best fits their interests (University of

British Columbia, 2012b). Other services offered include a centralized "Work-Life &

Relocation Services" Centre, which describes itself as a "concierge-style" service and

information centre that is intended to help new faculty find information they may need as

they establish themselves in their new homes (University of British Columbia, 2012c).

Additional services include a "Quick Start Orientation" which is a self-service tool that

contains information on key basics (getting around campus, etc.), as well as more extensive

orientations that tour new faculty around facilities of most interest to them (University of

British Columbia, 2012). These services would help new faculty adjust to their new

communities so they could begin establishing new social connections.

10.5 First year university student (frosh) orientation experiences

When high school students make the transition to post-secondary education, Universities

and Colleges often provide support to those relocating and moving into residences. In

Canada, there is often an orientation week or "frosh" week for new students, often

designed to help students build new friendships and a social support network. Below are

samples of activities and programming offered to first-year students.

Table 9: Sample of University activities and programming for first-year students

University	Activities or programming
Algoma University	"Frosh week makes it easy for new students to have fun, make friends and learn about what daily life at university is like." (Algoma University, 2012). Activities include a carnival day, a charity group car wash, multiple evening events, multiple group meals, shows, a tour/contest around the local city Sault Ste. Marie, etc. (Algoma University, 2011).
University of Toronto	"Orientation Week includes a wide variety of activities designed to help new students make friends and prepare for their classes…Orientation is a time for students to make their academic and social transition to the University and build a sense of community with their fellow students…" (Scott, 2010). Activities listed include carnivals, boat cruises, sports tournaments, hypnotist shows, clubs fairs, etc. (Scott, 2010).
Mount Saint Vincent University	Some Universities create "orientation/frosh" kits, which can include university-branded clothing and swag, information guides, tickets to events, and promotional coupons from local businesses (Mount St. Vincent University, 2012)
Queen's University, Arts & Science Faculty	The Queen's orientation experience sets out to accomplish a number of things, including familiarizing new students with the local city, Kingston, as well as people and resources on campus "that will make Queen's feel like home," with upper year students volunteering to guide activities clearly visible by special t-shirts (Queen's University, 2012)

10.6 Housewarming parties for new homeowners

Housewarming parties are celebratory social events that new homeowners may host to invite their friends and sometimes neighbours to visit their new home and tour the space (Wikipedia, 2012). These events can help build <u>continuity</u> between an old home and a new home by familiarizing friends with the new location and environment, allowing for comfort to develop around the idea of spending time in the new space. It also allows for members of a person's social network to <u>meet each other and potentially bond within the same network</u>.

10.7 Support resources for families of children with cancer

The Pediatric Oncology Group of Ontario ("POGO") publishes a "POGO's Healthy Lifestyles Booklet," which offers tips and guidelines to parents of children with cancer on various topics, including ways to encourage and manage socialization, summarized below and grouped according to relevance around <u>building new social connections</u> vs. <u>maintaining existing social connections</u> (Bar-Or, Barron, McCarthy, Barrera, Johnson, & Wright, 2006):

Maintaining existing social connections:

- Taking part in family vacations and activities
- Spending time with friends and family on special occasions

Building new social connections:

- Participating in recreation programs in the community

- Joining camps (short term activity-based programs)

- Developing social relationships through school activities

- Create a positive ambience by hosting a party or gathering for classmates to spend time with the child during transition back into school

10.8 PLAN

PLAN Institute is a non-profit organization that supports the development of social network resilience for people who are marginalized, oftentimes supporting those with disabilities, family members, as well as their communities. PLAN has published a book called *Reaching Out,* written from the perspective of guiding key members of social networks to facilitate those networks using seven elements for building resilient social networks, listed below, along with salient points paraphrased or interpreted (Rother, n.d.):

"Hospitality and the art of asking"

This element related to asking for help in growing or maintaining a social support network, despite feelings of vulnerability, feelings of failure, fear of losing control, a mentality that asking for help may oblige others, inexperience asking for help, fear of rejection, uncertainty about what to ask for exactly.

Action steps:

- Identify prospective connections (past connections, caregivers, individuals who are well-connected in other communities, clubs, or associations, etc.)

- Create a welcoming and hospitable environment for connections to form

Qualities addressed: cultivate new social connections

"Listening well and always"

This element related to creating a culture of listening within the network to deeply understand the needs of people involved and build trust within the network.

Qualities addressed: facilitate communication and collaboration between members of the social network

"Pathways to contribution"

This element noted that when people are vulnerable or experience challenges, it can be challenging to look beyond those limitations and focus on ways they can contribute to the people around them and engage, yet there is an innate human desire to contribute, which can enable social connection.

Action steps:

- Help people discover their interests and talents (e.g. gardening, storytelling, etc.)

- Find a way for them to share these interests/talents with others

- Facilitating connections by strategically introducing a person to existing, influential members of a community

- Finding others who can appreciate the interests and talents of a person can give them opportunities to form bonds with others

- Create a space where there is some structure and an atmosphere where people feel comfortable gathering together casually, with opportunities to participate in shared activities and contribute in visible ways

- Integrate activities/connections with regular life routines

Qualities addressed: cultivate new social connections (mostly) and maintaining the size and quality of engagement with existing social networks (via integration of activities/connections with regular life routines)

"Reciprocity"

This element was about being patient about shifting one's mindset from one of volunteering to reciprocity.

Action steps:

- Bring people together regularly in a way that appeals to everyone

- Developing relationships requires time, energy, and periodic interaction

- Build continuity in the connectivity with people in a network, perhaps through informational updates (via email or newsletters even)

- Consider creating a set of monthly activities to share with the network so people in the network can join in with various activities

- Document and capture events within the social network so everyone can follow along

- Establish some shared rituals within the group

- Make time to tell each other stories

- Acknowledge collective memories, small or large

- Highlight people's contributions, especially when they are typically in a receiving role, to encourage reciprocity

Qualities addressed: maintain the size and quality of engagement with existing social networks, as well as facilitating communication and collaboration between members of the same social network

"Letting go"

This element referred to "giving up power" by giving others a chance to help with caring for a loved one, overcoming the fear that others may have a negative impact on a loved one, and learning to find confidence in a network's ability to support members within a network. It also involves considering and imagining possibilities that the loved one may find enjoyment in activities that are not currently a part of their regular routine.

Action steps:

- Develop a shared understanding of the purpose of the social network to keep everyone on the same page

- Acknowledge that it takes time for people to develop connections, so learn to be patient and step back to allow space for connections to grow

- Plan a vacation to create an opportunity for someone else to demonstrate their ability to care for a loved one in your place and earn your trust build confidence

Qualities addressed: maintain the size and quality of engagement with existing social networks, cultivating new connections, and facilitating communication and collaboration between members of the same social network

"Creative collaboration"

This element related to supporting collaboration between service providers and informal networks, as well as helping service providers overcome systemic barriers to providing care.

Action steps

- Considering how clients of services are referred to or labeled as (terminology)
- Giving staff the opportunity and time to help clients sustain their relationships on a regular basis (e.g. helping them with writing letters, calling loved ones, and inviting people to visit or dine with them)
- Making friends and family feel welcome and comfortable engaging with the service provider's community, whether during in-person visits or through other interactions like phone calls
- Familiarizing service providers with network facilitation and supporting a deeper understanding of how to enable better network facilitation in their organizations, perhaps by allowing service staff to take part in social or community activities that clients are a part of
- Form partnerships with community groups

Qualities addressed: maintain the size and quality of engagement with existing social networks

"Facilitation"

This element discussed a number of considerations for social network facilitators to keep in mind:

- Each network will be different

- Networks will change and evolve over time as life changes unfold for those in a
   social network

- There may be a need to periodically help the network maintain its momentum

PLAN also offers a social network facilitation course for friends, family, and workers who

engage with socially isolated people, whether due to disabilities, old age, etc. (PLAN

Institute, 2012).

11. Opportunities for innovation and improvement

11.1 Overview

In order to synthesize findings from the horizon scan, parallel models, and interviews, the various solutions and principles were organized according to their relevance for pre-crisis and post-crisis application, as well as which of the three qualities supporting resilience they pertained to.

Figure 13: General journey of older adult following a reactive path

Figure 14: Qualities supporting social network resilience
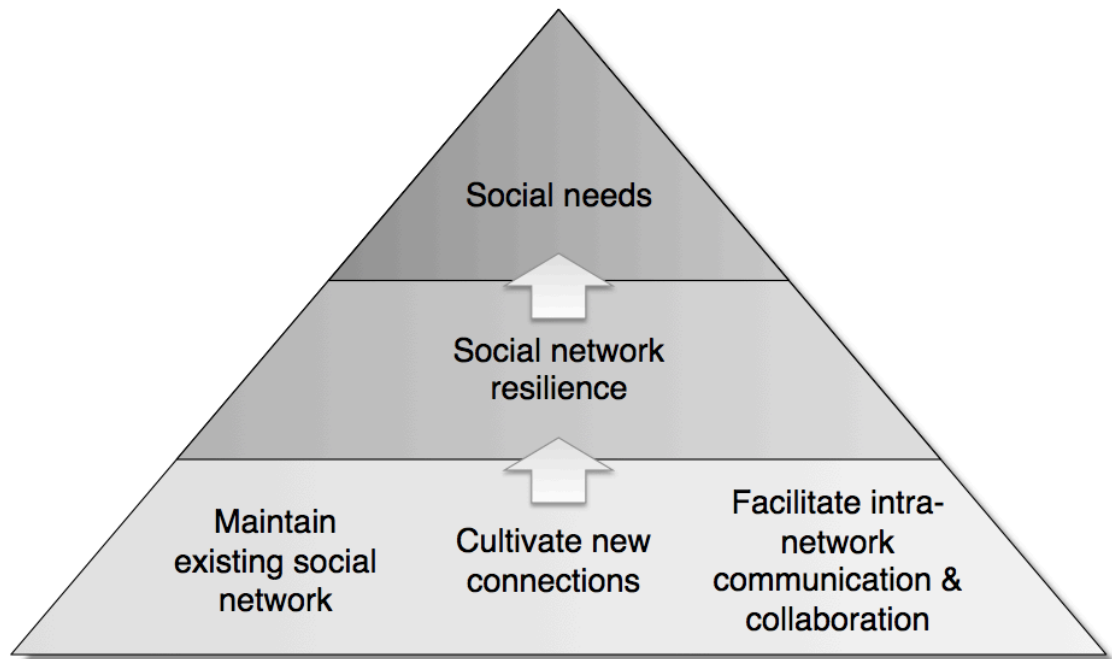
What follows are a series of guidelines, principles, and illustrative suggestions for service providers, as previously defined, to consider in order to support social network resilience. It should be noted that due to the diversity of social attitudes, interests, and decision-making styles of older adults, among other attributes, these guidelines may or may not apply to a given older adult or group of similar older adults.

The ideas are presented in a pre-crisis context followed by a post-crisis context, grouped by qualities supporting social network resilience. The ideas were then further sorted and abstracted into logistical, structural, or activity-related guidelines. The intention was to group guidelines that pertained to timing and scheduling into a set under "logistical" for service providers to consider. Next, the "structural" set pertained to infrastructure and resources. The "activity-related" set pertained to specific activities, events, or programming ideas.

11.2 Pervasive considerations

Learning from PLAN Institute's element of "facilitation," a number of considerations that should be kept in mind are reiterated below (Rother, n.d.):

- Each network will be different
- Networks will change and evolve over time as life changes unfold for those in a social network
- There may be a need to periodically help the network maintain its momentum

Learning from interviews, four activity-related themes are reiterated below:

Theme 3 – the value of contributions of being and unstructured time

Theme 4 – established activity preferences driven by past interests and culture

Theme 6 – simple, practical activities as enablers of social interaction

Theme 7 – exchange of knowledge and information as enablers of social interaction

11.3 Pre-Crisis

Figure 15: Pre-crisis experience

Overarching (logistical) guidelines

Life expectancy in Canada is also rising (Service Canada, 2012) and older adults are increasingly entering retirement gradually, via phases via part-time or freelance arrangements (Ipsos North America, 2012), so services and programs will need to be mindful of their schedules.

Maintain the size and quality of engagement with existing social networks

Logistical guidelines

Learning from digital care coordination tools, creating a centralized, shared place for members of a social network to plan activities regularly would be valuable for managing logistics. However, since adoption of such tools have been typically post-crisis, service providers could explore ways to develop coordination, scheduling, or planning tools that are less overt and perhaps paired with existing systems being used in a social network (e.g. offer activity calendars in Google Calendar or Microsoft Outlook).

Establish regular routines, rituals, artifacts, or reasons for gatherings, so older adults can invite their networks to an event (e.g. monthly music group performances, group art show, etc.).

Consider creating a set of monthly activities to share with the network so people in the network can join in with various activities.

Structural guidelines

Create ways for older adults and their social networks to document and capture events so memories can be shared and contributions can be highlighted (e.g. encourage people to bring cameras to take photos at events and create newsletters).

Train staff to strive for a respectful, inclusive, and welcoming attitude (e.g. sensitivity to labels and terminology such as "members" vs. "seniors" and helping friends and family feel comfortable participating in the group's activities)

Activity-related guidelines

Taking inspiration from housewarming parties, service providers could provide venues, packages, etc. for older adults to host celebratory events (e.g. retirement, paid off mortgage, downsizing, children have graduated, etc.) to help build continuity with members of a social network.

Cultivating new social connections

Logistical guidelines

The most notable logistical guideline was the overarching one relating to timing of when activities or events are offered. Because social connections take time to develop and older adults may need flexible events/activity times, the suggestion would be to ensure that events be scheduled in short time periods, recurring, and allow for drop-in flexibility (vs. a narrow window of opportunity to register for a set of classes), offered at various times of the day.

Structural guidelines

Supporting shared, community-based activities that are as self-regulated or self-organized as possible are ideal for creating opportunities for new social connection.

Taking inspiration from new immigrant community programs involving information sessions, as well as club fairs from University orientation weeks, service providers could create casual information fairs for older adults to learn about activities and events. These events could allow for informal networking and social connections to form around shared interests, perhaps pairing new activity partners so new members of a community can attend their first event or session with someone they have met beforehand.

Taking additional inspiration from University orientation week "frosh kits," service providers could create welcome packages for new members to generate excitement, a

sense of belonging, and incentive to visit local businesses (e.g. branded yoga gear and coupons to a local tea store).

Taking inspiration from new immigrant employer support programs such as mentorship programs, members of existing activity groups could be designated to be hosts that introduce new members into groups.

Taking inspiration from career relocation services, service providers could offer a central place to find information in a friendly concierge style format, as well as the option to access "quick start orientation" information in a self-serve format, and perhaps the option to schedule a tour to see facilities and activities in progress.

Taking inspiration from PLAN Institute's "Pathways to contribution," (Rother, n.d.), service providers could even host events structured to be a casual atmosphere for trying various activities, so older adults can experiment with possibilities before committing to a full class (e.g. an event where people can try karaoke, ping pong, knitting, etc. in an informal atmosphere).

Activity-related guidelines

Taking inspiration from University orientation weeks, older adults joining a community for the first time could take part in "get to know your other club members" activities, such as entertainment events, charitable efforts, meals, as well as tours or activities in the community.

Taking inspiration from POGO, older adults could be offered courses or workshops involving collective learning, so social relationships can develop as learning unfolds.

Facilitating communication and collaboration between members of the same older

adult's social network

Logistical guidelines

Similar to the guidelines for maintaining existing networks, service providers could explore

ways to develop coordination, scheduling, or planning tools that perhaps pair with existing

systems being used in a social network (e.g. offer activity calendars in Google Calendar or

Microsoft Outlook) to increase the chances of group consensus building and planning.

Establishing regular routines, rituals, artifacts, or reasons for gatherings, so older adults can

invite their networks to an event (e.g. monthly music group performances, group art show,

etc.) in a shared location can allow for members of the same social network to meet each

other and connect.

Structural guidelines

Taking inspiration from PLAN Institute's "Listening well and always," element (Rother),

service providers can create mechanisms for receiving feedback from older adults, as well

as members of their social networks to encourage open communication and collaboration

(e.g. monthly news updates sharing collective feedback received and perhaps a brief

discussion to decide on next steps for addressing feedback).

Make memories and events easy to share, so they can support continuity and shared

understanding. Similar to the guideline for supporting existing networks, service providers

can create ways for older adults and their social networks to document and capture events

so memories can be shared and members of a social network can be kept informed of

news (e.g. encourage people to bring cameras to take photos at events and create

newsletters).

Activity-related guidelines

Encourage consensus-building activities among social networks (e.g. a surprise birthday

planning meeting or a vacation planning group).

Taking inspiration from housewarming parties, service providers could provide venues,

packages, etc. for older adults to host celebratory events (e.g. retirement, paid off

mortgage, downsizing, children have graduated, etc.) so that members of the same social

network have an opportunity to meet and connect.

Social networks could be encouraged to periodically (perhaps once a year) gather together

to celebrate accomplishments within the network and share memorable stories to build

shared understanding and appreciation.

11.4 POST-CRISIS TRANSITION

Figure 16: Post-crisis experience

Overview

Despite impairments or new conditions arising from a crisis, service providers should be mindful that offering older adults choices and control over their situation (Nick, 1992; Gibson, 1998; Byrne, Frazee, Sims-Gould, & Martin-Matthews, 2010), as much as possible, is valued by older adults.

Maintaining the size and quality of engagement with existing social networks

Logistical guidelines

Similar to pre-crisis guidelines, care coordination tools that offer a centralized, shared place for members of a social network to plan activities regularly would be valuable for managing logistics. Service providers could explore ways to develop coordination, scheduling, or planning tools that pair well with the capabilities and preferences of members in a social network.

Service providers should engage with older adults and their social networks to understand pre-existing social activity routines (e.g. weekly family meals, errands with loved ones, etc.), so as to integrate those activities and connections into a new care arrangement as best as possible. It may also be possible to adapt previous activities to the new care

arrangement (e.g. weekly family meals at a preferred restaurant could be replaced with weekly family meals at a location closer to the older adult to minimize travel).

Another option is to establish regular routines, rituals, artifacts, or reasons for gatherings, so older adults can invite their networks to an event (e.g. monthly movie screenings, family and friends social events, group performances, etc.). Service providers can also consider creating a set of monthly activities to share with social networks so people in the network can join in with various activities.

Service providers may also host informal gatherings for social networks of various community residents to meet each other. In cases where the older adult is living with other older adults, social connections may form between members of their respective networks to allow for a collective routine (e.g. the older adults' children may become friends and take turns dining with both of the older adults, say older adult A's child dines on Mondays, Wednesdays, Fridays, and older adult B's child dines on Tuesdays, Thursdays, and weekends).

Structural guidelines

When transitioning into a new care arrangement, service providers can facilitate discussions with the older adult and their social network to develop a shared understanding of the older adult's values and life objectives so the social network can be mindful of them.

Similar to pre-crisis guidelines, create ways for older adults and their social networks to document and capture events so memories can be shared and contributions can be highlighted (e.g. encourage people to bring cameras to take photos at events and create newsletters).

Service providers can also encourage friends and family to engage with older adults by helping them feel welcome and comfortable interacting with the service provider's community, whether during in-person visits or through other interactions like phone calls with staff.

Activity-related guidelines

Taking inspiration from housewarming parties, service providers can offer older adults assistance and spaces to host celebratory events (e.g. moving into a new home at a co-housing community, etc.) to help build continuity with members of a social network. Such events could involve showing visitors around the new home and familiarizing members of a social network with the new location and environment, so they know where to visit the older adult and how to get there.

Taking inspiration from POGO, service providers could support families in their efforts to plan vacations, activities, and special occasions that include older adults (e.g. coordinating a birthday party in a convenient location for the older adult, etc.).

Taking inspiration from PLAN Institute, service providers can also offer staff the time and opportunity to help older adults sustain their relationships on a regular basis (e.g. helping them with writing letters, calling loved ones, and inviting people to visit or dine with them).

Cultivating new social connections

Logistical guidelines

Similar to the pre-crisis guidelines for cultivating new social connections, it is important to allow for recurring activities to accommodate for the need for time in developing new social connections.

Structural guidelines

Taking inspiration from PLAN Institute's "Hospitality and the art of asking" element (Rother), service providers could aim to help older adults and their social networks identify prospective connections (past connections, caregivers, individuals who are well-connected in other communities, clubs, or associations, etc.) who may want to (re)connect with the older adult in their new care arrangement.

Taking inspiration from new immigrant community programs and career relocation services, service providers could offer older adults introductory information on the attributes or history of sub-communities within a new community (similar to neighbourhood profiles in a new city), so as to help them identify which sub-communities may suit them best.

Taking inspiration from new immigrant community programs involving information sessions, as well as club fairs from University orientation weeks, service providers could create casual information fairs for older adults to learn about activities and events offered

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in their new care arrangement. These events could allow for informal networking and social connections to form around shared interests, perhaps pairing new activity partners so new members of a community can attend their first event or session with someone they have met beforehand.

Taking additional inspiration from University orientation week "frosh kits," service providers could create welcome packages for new members to generate enthusiasm, a sense of belonging, and incentives to try new things (e.g. two tickets to a show, a voucher for a free massage, etc.).

Taking inspiration from new immigrant employer support programs such as mentorship programs, members of existing activity groups could be designated to be hosts that introduce new members into groups.

Taking inspiration from career relocation services, service providers could offer a central place to find information in a friendly concierge style format (e.g. via designating a receptionist as also a concierge), as well as the option to access "quick start orientation" information in a self-serve format (e.g. meal times, facility locations, etc.), and perhaps the option to schedule a tour to see facilities and activities in progress.

Taking inspiration from PLAN Institute's "Pathways to contribution," (Rother, n.d.), service providers could even host events structured to be a casual atmosphere for trying various activities; so older adults can experiment with possibilities before committing to a full class

(e.g. an event where people can try karaoke, ping pong, knitting, etc. in an informal atmosphere).

Activity-related guidelines

Similar to the pre-crisis guidelines, service providers could take inspiration from University orientation weeks, older adults joining a community for the first time could take part in "get to know your other club members" activities, such as entertainment events, charitable efforts, meals, as well as tours or activities in the community.

Taking inspiration from POGO, older adults could be offered courses or workshops involving collective learning, so social relationships can develop as learning unfolds.

Also taking inspiration from POGO, service providers could organize welcome parties to create a positive ambience through a celebration for the new older adult joining the community.

Facilitating communication and collaboration between members of the same older adult's social network

Logistical guidelines

Similar to the guidelines for maintaining existing networks, service providers could explore ways to develop coordination, scheduling, or planning tools that perhaps pair with existing systems being used in a social network to increase the chances of group consensus building and planning.

Establishing regular routines, rituals, artifacts, or reasons for gatherings, so older adults can invite their networks to an event (e.g. monthly movie screenings, group meals, etc.) in a shared location can allow for members of the same social network to meet each other and connect.

Structural guidelines

Taking inspiration from PLAN Institute's "Listening well and always," element (Rother, n.d.), service providers can create mechanisms for receiving feedback from older adults, as well as members of their social networks to encourage open communication and collaboration (e.g. monthly news updates sharing collective feedback received and perhaps a brief discussion to decide on next steps for addressing feedback).

Make memories and events easy to share, so they can support continuity and shared understanding. Similar to the guideline for supporting existing networks, service providers

can create ways for older adults and their social networks to document and capture events so memories can be shared and members of a social network can be kept informed of news (e.g. encourage people to bring cameras to take photos at events and create newsletters).

Activity-related guidelines

Taking inspiration from housewarming parties, service providers can offer older adults assistance and spaces to host celebratory events (e.g. moving into a new home at a co-housing community, etc.) so that members of the same social network have an opportunity to meet and connect.

Social networks could be encouraged to periodically (perhaps once a year) gather together to celebrate accomplishments within the network and share memorable stories to build shared understanding and appreciation.

12. Concept prototype

12.1 A visual toolkit

How might the guidelines and qualities supporting resilience be communicated to service providers in a way they will be receptive to new thinking and change? What incentives might there be and will they be sufficient? Will the guidelines resonate with the organizations? All of these questions highlight the uncertainty with which the proposed guidelines (in their current format) may be received by service providers.

In order to maximize exposure of the guidelines, the initial prototype was conceived in a self-sufficient format as a visual toolkit in the form of a booklet to start. It is possible that delivering the guidelines and other content via a facilitation toolkit paired with a trained facilitator could increase adoption of guidelines and success, however, this initial prototype was created with simplicity and self-sufficiency in mind.

Since members of service provider organizations will need to be supportive of the guidelines and any new initiatives in order for most of them to materialize, the initial prototype of a toolkit could be presented as a tool to empower service providers to bring about change in their organizations that meets both their business objectives and client needs, both of which will be considered in the toolkit itself. It would be partly an educational tool through content around the importance of social needs and social networks, partly a standalone step-by-step facilitation tool, as well as a brainstorming tool, using the guidelines as inputs and catalysts for organizations to generate multiple ideas. The toolkit takes inspiration from Gleicher's formula for change (Dannemiller, 1992),

reiterated below, and serves as a step-by-step change facilitation and planning aid in the form of a booklet.

In order to overcome resistance to change, service providers will need to develop dissatisfaction with the current state, see a vision for a better alternative, and have a set of actionable first steps (Dannemiller, 1992). The toolkit is outlined next, visually, with key elements of Gleicher's formula for change labeled.

Figure 17: Concept prototype of a visual toolkit for service providers
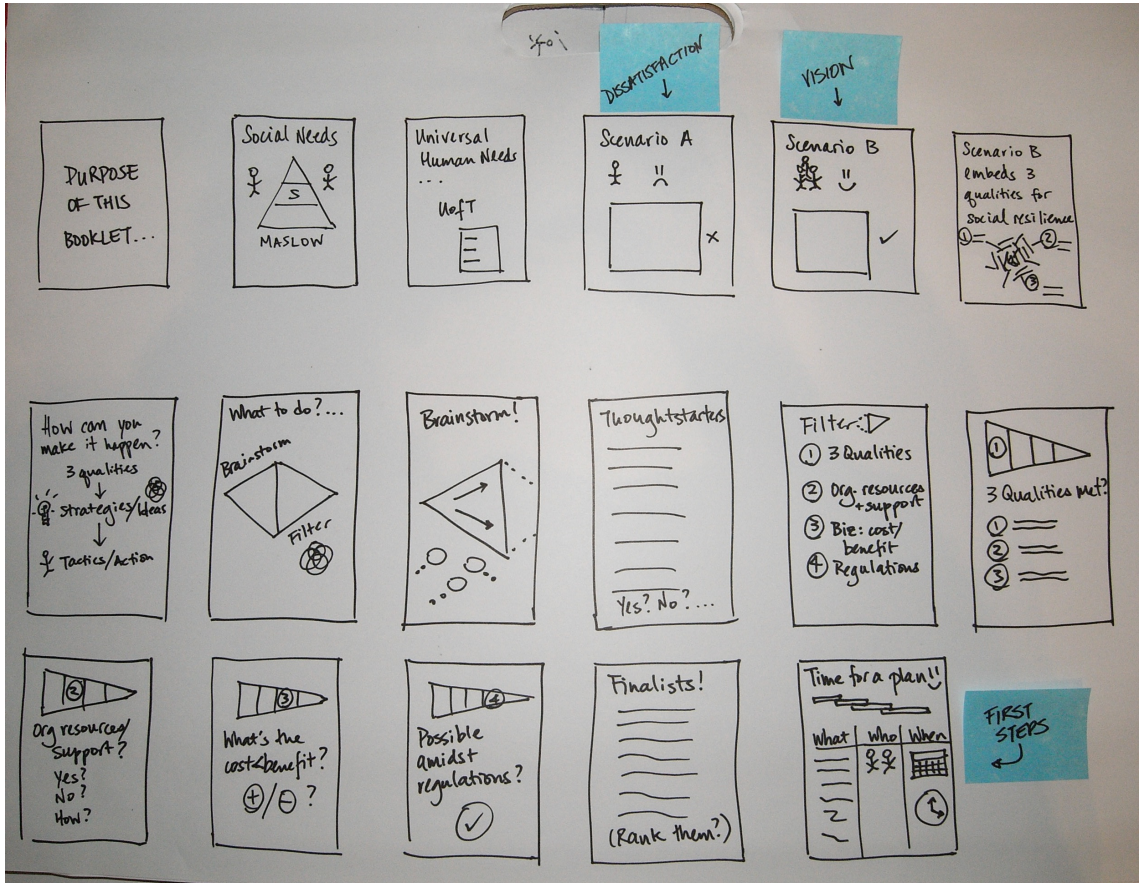
The toolkit starts by introducing its purpose (change facilitation guide for service providers to help clients live more socially engaged, healthier lives), and then introduces the notion that humans share a set of universal social needs:

Figure 18: Toolkit introduction
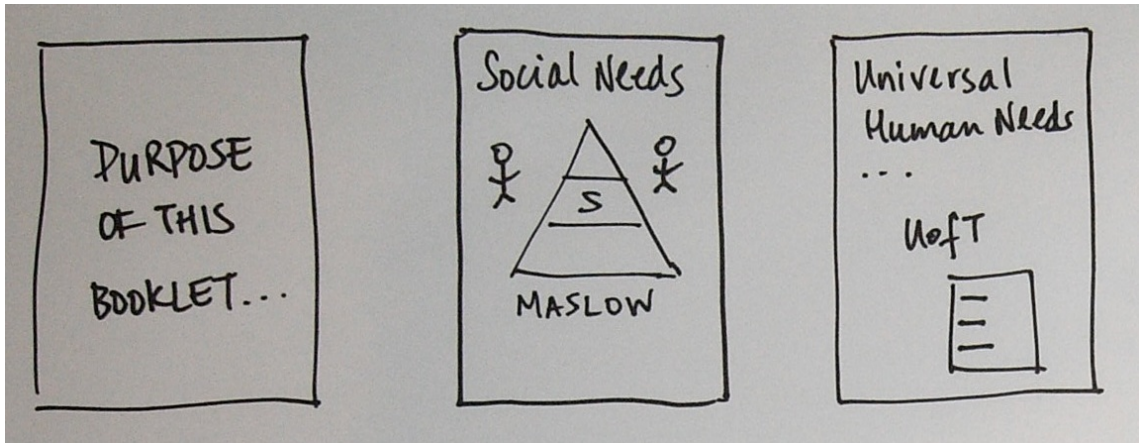
Next, to begin cultivating dissatisfaction with the current state of how older adults may be

aging in isolation, a vivid scenario will be depicted to quickly help the reader empathize

with the unhappiness of being a lonely older adult. In contrast, a second scenario will

depict the experience of a happy older adult who has a strong and vibrant social network

around them, inspiring a vision of an alternative reality in the reader. The next page would

then explain that the second scenario embodies three qualities supporting social resilience

(opportunities to form new social connections, ways to maintain existing networks, and

ways to foster connections within the same network).

Figure 19: Toolkit scenarios and introduction to qualities for social resilience
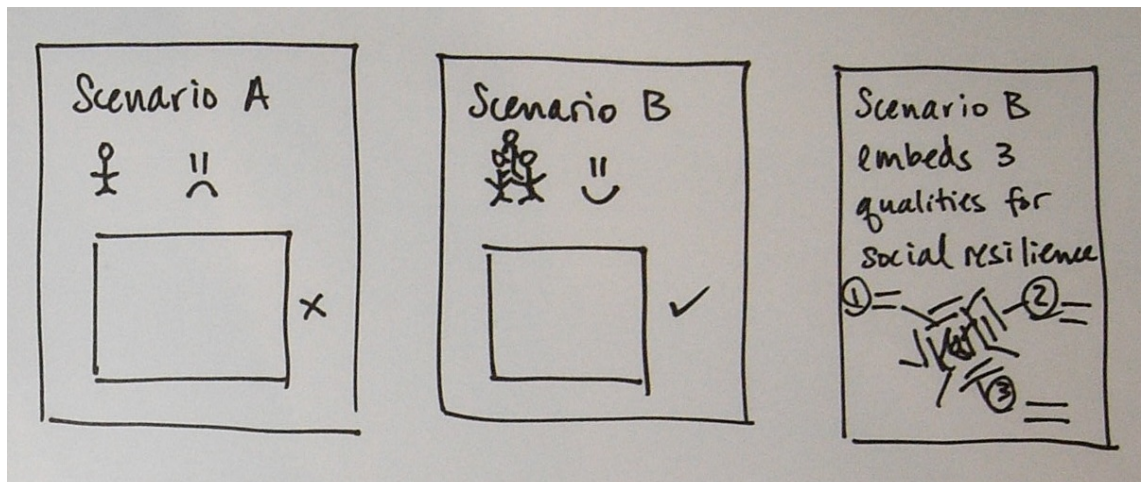
The next page would show at a high level, how the service provider could support those

three qualities, which could be equivalent to a set of objectives. Those objectives could be

addressed through a set of ideas or strategies, which could be realized through a series of

tactics or actionable steps. What follows is a step-by-step walkthrough of how to generate

ideas and filter the most compelling ones to implement.

Figure 20: Toolkit discussion of high-level approach to move from ideas to actions
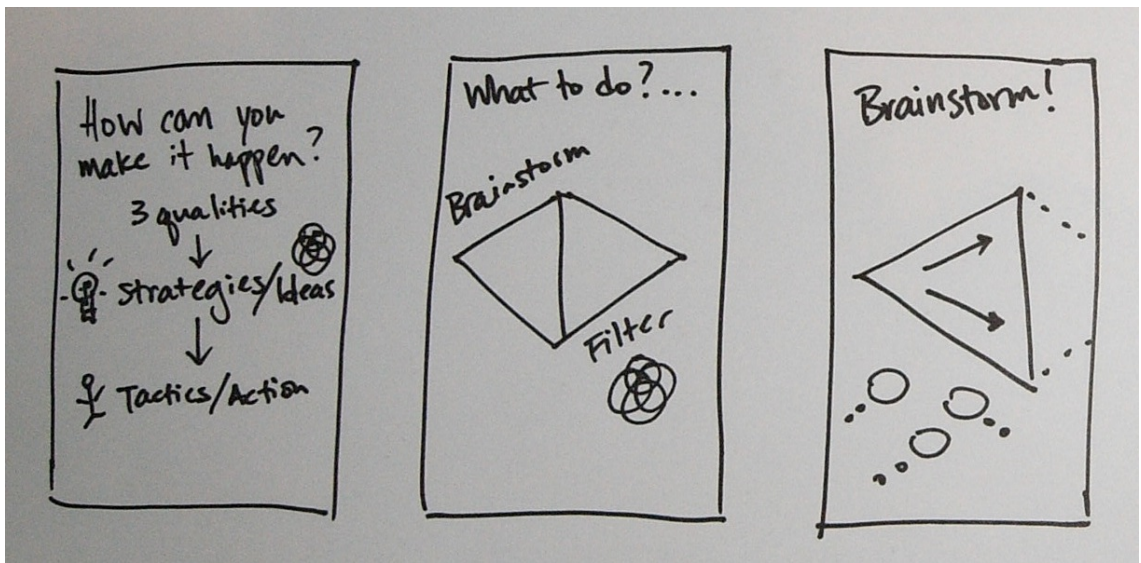
Offering fodder to the brainstorming of ideas, a set of thought starters would be included,

which would be adapted from the guidelines articulated earlier. They could be presented

as cards, with tags to highlight which of the three qualities supporting social network

resilience it would address to remind service providers of them. The thought starters or

guidelines could be considered, retained or discarded, and then used for inspiration for

new ideas. In future iterations of the toolkit prototype, the guidelines could be grouped and

curated according to different types or services providers and their mandates or challenges.

Another option would be to explore ways to group guidelines according to attributes of

older adults who make up key clientele of given service providers. Subgroups of older

adults could be segmented by various means, for example by financial health or the

decision-making styles identified by Maloney, Finn, Bloom, & Andresen, as being

"scramblers" who are most reactive, changing due to severe crises; "Reluctant Consenters"

who are also reactive, tending to change only when there is substantial encouragement

around them to change; "Wake-up Call" decision makers who change after encountering a

near crisis experience; and "Advance Planners" who proactively research and plan for the

future before crisis occurs (1996).

Figure 21: Toolkit brainstorm inspiration for service providers and the four-step filter
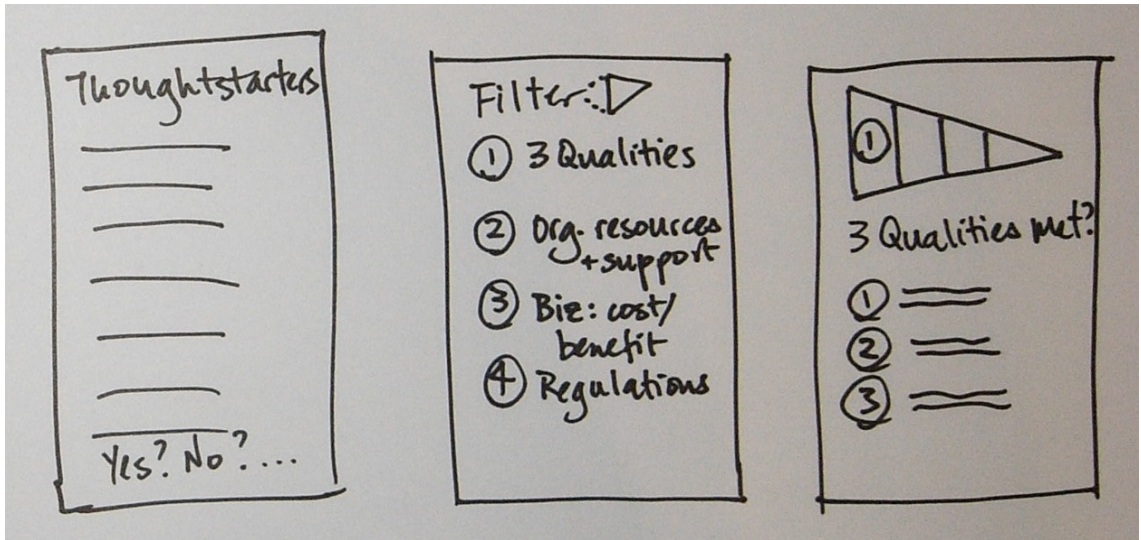
The next page would introduce four filters for surfacing the most compelling ideas.

Adapted from a strategic framework by Leona Hobbs (2012), which argues that strategies that will be both effective at achieving goals and easiest to implement are those that align business objectives, audience needs/wants, regulatory considerations, and organizational readiness.

Figure 22: The Strategic Sweetspot (Hobbs, 2012); Photo Credit: Jennifer Chow
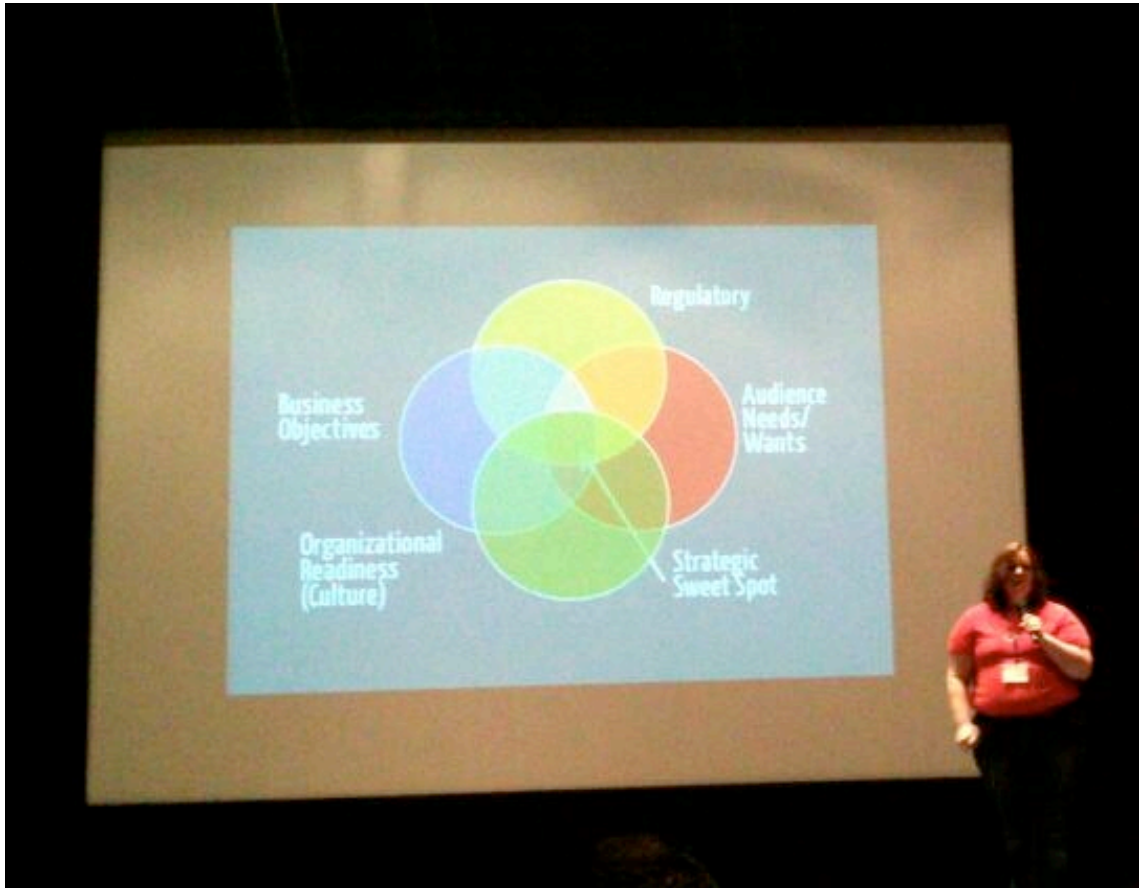
The adapted framework would consist of four filters for ideas: the three qualities for supporting social network resilience, organizational resources and support, business feasibility (cost-benefit), and regulations. The toolkit would then walk service providers through the filters step-by-step. The first would be an evaluation of whether or not at least one of the three qualities for supporting social network resilience would be addressed. For ease of reference, the qualities were: maintain the size and quality of engagement with existing social networks (retains a core group of existing connections, since new social connections can take time to develop); cultivate new social connections (expands the

network or allows for new members to fill the roles of members who leave); and facilitate

communication and collaboration between members of the same older adult's social

network (strengthen connections within the network).

Next would be organizational resources and support. If organizational resources or support are not readily available, there would be a prompt to consider how the service provider might rework the idea in such a way to gain organizational support. Perhaps in parallel or immediately afterwards, the cost-benefit analysis of the idea would be considered. Finally, regulations would be considered to determine how an idea might be conceived in a way that complies with any applicable regulations.

Figure 23: Toolkit four-step filter continued
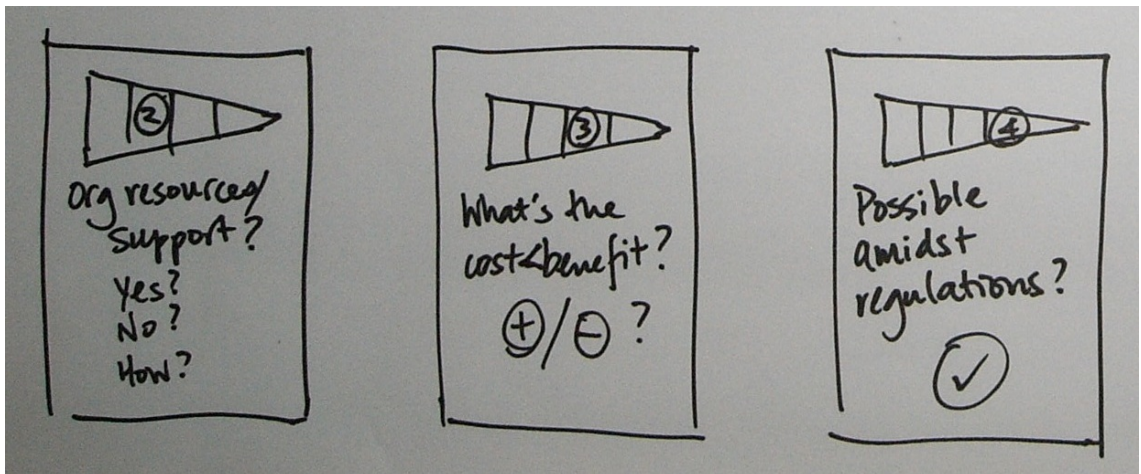
After being filtered, there would be a final set of ideas, which could be prioritized into

long-term vs. short-term initiatives, if desired. Then, the toolkit would offer service

providers with worksheets for creating first steps for realizing the new initiatives via an

action plan with actionable tasks, roles, and timelines.

Figure 24: Toolkit shortlisted ideas and action plan
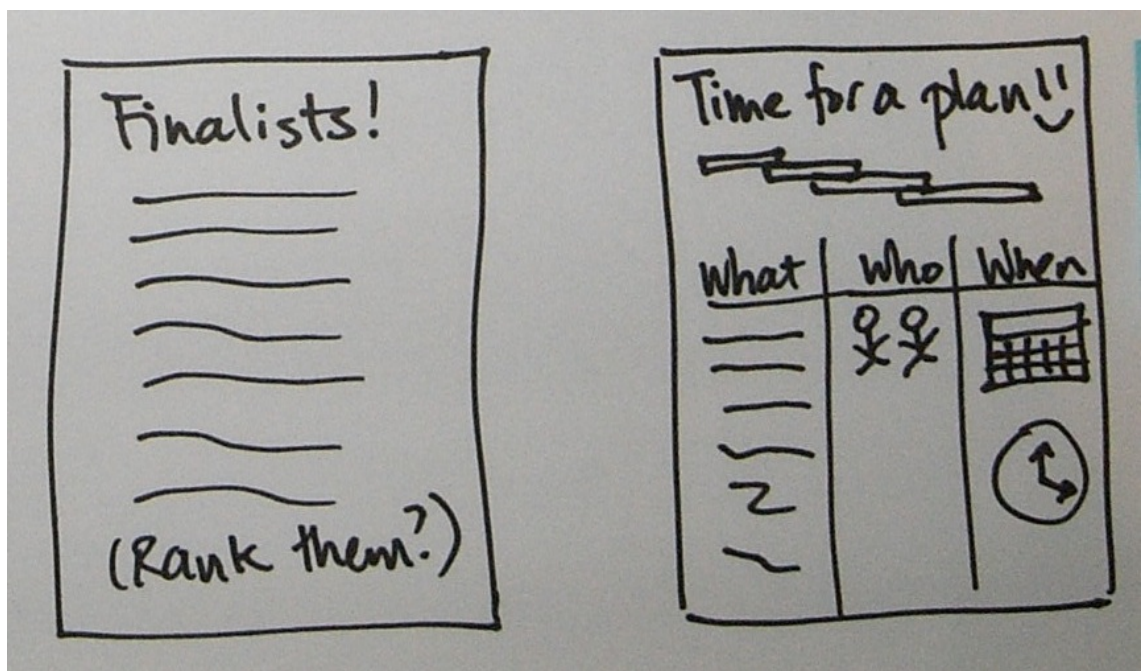
As this toolkit prototype was an initial concept, it is a starting point for further

refinement and stakeholder feedback should be sought out before developing a more

finalized deliverable. However, due to the timeframe of this project and limitations of

the research ethics protocol, which did not anticipate gathering feedback from service

providers when it was created, stakeholder feedback on the prototype was not

gathered as part of this project and would be worth exploring further in future studies.

It should be noted that while the toolkit prototype was focused on service providers, it could have potential to be repurposed to serve other user groups, who have not yet been unexplored, due to time constraints. Some promising examples include policy makers, care coordinators, social workers, and perhaps financial planners.

13. Limitations and recommendations for future research

The horizon scan by its nature is not exhaustive and may not have captured all existing and emerging models of care available or in use. Due to the access of interview participants and research referrals originating from many North American sources, it may not have a substantial number of models outside of North America.

Research with friends and family of older adults, and older adults were with participants in the GTA. Service providers interviewed were all Canadian, and experts were American or globally oriented. On average, about 3 participants from each group were interviewed, which could be augmented in size and diversity of participants to improve upon and validate research insights. In particular, it would be worthwhile to engage with older adults in post-crisis stages to investigate their experiences and needs with more accuracy. Other research methods could be employed in future research, such as participant journaling to capture more data about social interactions and activities.

The challenge of how to encourage older adults to move from being reactive to proactively planning for crises or changes in their care needs was not addressed in this study, however, is worthwhile to research further.

While this study proposed three qualities for supporting social network resilience, the causality between the qualities being present and the resilience of a social network is an area that could be supported with additional research. It may also be worth exploring what weighting of the three qualities might be optimal, if any. One other potential limitation of

the three qualities proposed is that they may have limited effect on social networks of individuals who are challenging to engage with socially due to personality, character, psychological condition, etc. Exploring how social network resilience could be strengthened for that group of individuals could be done as well.

As mentioned in the prototype section, gathering feedback on the prototype from stakeholders was not possible. Time constraints did not allow for sufficient time to gather feedback from older adults and friends or family of older adults, as well as document and synthesize data. The project's research ethics protocol did not anticipate seeking feedback from service providers in the prototyping phase, as the direction of the project adapted to research findings, so feedback from that group was not possible to gather. It would be a very worthwhile next step to engage with a group of service providers to test and iterate on the design of the initial prototype. Feedback on how best to distribute the final deliverable would also be worth gathering (i.e. would it be best to offer the toolkit in both digital and physical formats? Who would be key figures to share the toolkit with in various service provider organizations? Etc.). The guidelines developed in this study, which were suggested to be included as thought starter considerations for service providers when using the toolkit to brainstorm initiatives for their organizations is also a section of the prototype that could benefit from refinement based on feedback. Eventually, the toolkit could potentially be tailored to various different service provider types, with customized guidelines (e.g. guideline ideas for community centres versus long-term care facilities).

It would also be worth working with some service providers and policy makers to investigate what potential barriers there may be in creating initiatives to address the proposed qualities to support social resilience, pertaining to organizational culture and attitude, funding, or regulations, as any recurring challenges could be documented and shared with other service providers in order to prepare them to proactively manage those potential barriers more successfully.

Other areas that could be researched further are innovations for helping older adults and their social networks navigate through crisis experiences, whether through needs assessment tools, or care arrangement assessment tools. It would also be worth researching ways in which social isolation can be detected for cases where it gradually occurs.

14. Conclusion

The first goal of this project was to aggregate a variety of models of care to serve as a resource for improving awareness for these models of care, paired with a secondary goal of exploring social needs assessment tools, which was addressed and for which further research could be pursued. The horizon scan performed to aggregate models of care resulted in eleven model patterns or emergent themes based on similar attributes. While an initial intention was to generate more awareness for these models of care in order to help older adults better understand their options, secondary research combined with interview research data from service providers, older adults, friends and family of older adults, and experts led to the realization that the majority of older adults do not proactively plan for a transition or adoption of new models of care. Instead, most are reactive and require a culmination of factors or a crisis to accept change in one's living arrangement, services used, etc. This insight suggested that shifting older adults from reactive mindsets to proactive mindsets could result in better outcomes for older adults' social needs. While this insight addressed the second goal of this project to uncover insights about how to better support the social needs of older adults as they age, the challenge was too ambitious to be addressed in this project.

A second major research insight from this study was that building social network resilience could allow for older adults' social needs to be better addressed. Three qualities were proposed to support social network resilience: maintain the size and quality of engagement with existing social networks (retains a core group of existing connections, since new social connections can take time to develop); cultivate new social connections (expands

the network or allows for new members to fill the roles of members who leave); and facilitate communication and collaboration between members of the same older adult's social network (strengthen connections within the network).

Corollary to the findings about reactive tendencies of older adults, a general journey of an older adult who follows a reactive path was abstracted: pre-crisis experience (defined as retirement or empty nesting to the point of crisis), crisis, and post-crisis experience (defined as a transition stage into new care arrangements). As a result, two design challenges were articulated for increasing social network resilience, with one focusing on the pre-crisis experience and the other on the post-crisis experience, with the crisis experience itself excluded from the scope of exploration due to time constraints primarily. The challenges were posed to service providers, which were defined as any organization that offers services, activities, or programming to older adults (e.g. recreation clubs, community centres, tourism groups, in-home care service providers, long-term care centres, etc.). The reasoning for that focus was that they would have direct contact with older adults and have numerous opportunities to adjust programming, services, and experiences.

Elements of models collected in the horizon scan that could potentially support any of the three qualities were highlighted and combined with elements of models with parallel challenges to develop a set of guidelines for service providers to improve the social network resilience of older adults during the pre-crisis experience and post-crisis experience, presented as logistical guidelines, which addressed considerations around scheduling primarily; structural guidelines, which related to service infrastructure, format

of delivery or execution; and activity-related guidelines, which related to events, programming, etc.

While the guidelines were informative, a prototype for disseminating them among services providers was developed in the form of a toolkit to empower staff to bring about change in harmony with their organizations and regulations. The toolkit took inspiration from Gleicher's formula for change (Dannemiller, 1992) by generating dissatisfaction with the current reality (potential social isolation), envisioning a better alternative (resilient social networks and social needs well-addressed), and arriving at a set of actionable first steps to move toward the new alternative. It takes a step-by-step approach and guides service providers through a brainstorming process as well as a four-stage filtering process to arrive at a set of initiatives to pursue and for which to create action plans. Stakeholder feedback was not possible to gather, so this first prototype could be further refined and improved upon before distribution.

15. Glossary

Empty nest syndrome – the experience of a parent when their children leave the family home to live independently, e.g. for post-secondary education or after marriage (Myers & Raup, 1989).

Model of care – care services offered by a service provider, formal care arrangements, informal care arrangements, communities with care services, and care networks facilitated by a system or tool.

Older adult – for this study, older adults were broadly interpreted to include adults in a later stage in life who have gone through a life transition (e.g. empty nest, retirement, relocation, etc.), and are at least 60 years old.

Resilience – a person's ability to "flourish" amidst adversity (Hildon, Smith, Netuveli, & Blane, 2008).

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Appendix A: Interview guides

Experts (Academic/Community)

Artifacts involved:

Visual representations of models of care/services, based on horizon scanning and literature reviews

Introductions (5 minutes):
Hi, my name is Jen. It's nice to meet you. Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Walkthrough of models of care and services I have come across already (5-10 minutes):

Great, first, I'd like to share with you some of the models of care and services that I have come across in my research so far. You can feel free to add or comment as I go through them.

[Introduce briefly some select models of care and services that I have learned about through horizon scanning and literature reviews]

[Document any comments the participant may offer]

Thanks. So now I'd like to ask you a few questions to learn more about the services and models of care that you have encountered from your experience in this domain.

Interview questions (30 minutes)

1. What models of care or services have you heard about or seen that you think I should have a look at? They can be ones I mentioned and also ones I haven't mentioned.
2. Do you know of any structured/formal tools, questionnaires, or similar aids that are being used to assess an aging individual's social needs and recommend appropriate support services?
3. Do you know of any unstructured/informal tools or methods that are being used to assess an aging individual's social needs and recommend appropriate support services?
4. Do you have any suggestions on other individuals or stakeholders I should interview to learn more about this domain?

Thanks for sharing your thoughts with me today. Do you have any questions for me?

If you think of any questions later, feel free to contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by June 16, 2012.

Service Providers

<u>Artifacts involved:</u>

"Day in the life of a client" worksheet for participant to fill in:

A Day in the Life of a Client

Type of client:

Time of day	Activities	People
Waking up		
Breakfast		
Morning		
Lunchtime		
Afternoon		
Dinnertime		

Evening activities		
Bedtime		
Other		

Introductions (5 minutes):
Hi, my name is Jen. It's nice to meet you. Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Great, thanks. I've read about your services on your website and would like to learn more. To start things off, I'd like to ask some questions to learn about the day-to-day experience of a client.

Interview questions (30 minutes)

1. Firstly, can you tell me a bit about the types of clients you have?
2. I'd like to share a framework with you from a branch of design called service design. It's like mapping a customer journey, if you're familiar with what that is. [Show the participant a service design blueprint diagram with key touchpoints between an organization and a client, etc. Walk them through how there are touchpoints and key figures, as well as a timeline]. I have a blank template here for you to write on during our session if it's helpful to use.
3. [If clients are all quite similar] Keeping this kind of blueprint in mind, how would you describe your clients' experiences day-to day from start to finish? Feel free to include information on how people from outside of your organization would come into the picture too (e.g. family members etc.)
4. [If clients are divided into a number of types] Keeping this kind of blueprint in mind, how would you describe the day-to-day experience for clients who are [type 1, 2, 3, …]? Feel

free to include information on how people from outside of your organization would come into the picture too (e.g. family members etc.)

5. Do you have any suggestions on other individuals or stakeholders I should interview to learn more about this domain?

Thanks for sharing your thoughts with me today. Do you have any questions for me?
If you think of any questions later, feel free to contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by June 16, 2012.

Older Adults
Session 1 – semi-structured interview

<u>Artifacts involved:</u>

Visual representations of models of care/services, based on horizon scanning and literature reviews, expert and service provider interviews

<u>Introductions (5 minutes):</u>
Hi, my name is Jen. It's nice to meet you. Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form, including the section asking if they are comfortable having me contact them for a second session for feedback on new prototypes]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Thanks. So now I'd like to ask you a few questions to learn more about your day-to-day experiences.

<u>Interview questions (25 minutes)</u>

1. In the past week, what were the top 3-5 things you enjoyed doing with people or conversations you had, if any?
2. [Optional follow-up questions to the previous question] Can you tell me more about who was involved? Can you tell me more about what activities were involved?
3. In the past week, what were 3-5 things you didn't enjoy doing with people?
4. In the past week, what were some of the things you would have liked to do with people?
5. In the past week, is there anyone you would have liked to talk to? Who are they and why/what would you have wanted to talk to them about?

Great, thanks for sharing your experiences with me! Do you have any questions for me?

[Address any questions the participant may have]

In my research so far, I've been collecting information on services and arrangements that keep people socially active. I'd like to show you some of them and hear your thoughts on them.

<u>Walkthrough of models of care and services I have come across from previous research (15 minutes):</u>

You can feel free to comment anytime.

[Introduce briefly some select models of care and services that I have learned about through horizon scanning and literature reviews]

[Pause after each model of care or service is introduced and ask the participant for feedback]

What do you think of this kind of service or arrangement? (Do you think it's valuable?)

[Document any comments the participant may offer]

Thanks for sharing your thoughts with me today. Do you have any questions for me?
If you think of any questions later, you can contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by June 16, 2012.

Session 2 – prototype feedback

Artifacts involved:

Prototype – format to be determined after field research, analysis and synthesis phases of the project
Introductions (5 minutes):
Hi, it's nice to see you again.
Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Thanks. I'd like to walk you through some ideas and get your feedback on them.

Prototypes discussion (20 minutes):

[Introduce the prototype(s)]

1. What are your initial thoughts on this/these?

2. What are some of your favourite qualities of this/these?

3. What would you change about this/these?

[Document comments]

Thanks for sharing your thoughts with me today. Do you have any questions for me?
If you think of any questions later, you can contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by July 15, 2012.

Friends & Family of Aging Individuals
Session 1 – semi-structured interview

<u>Artifacts involved:</u>

Visual representations of models of care/services, based on horizon scanning and literature reviews, expert and service provider interviews
<u>Introductions (5 minutes):</u>
Hi, my name is Jen. It's nice to meet you. Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form, including the section asking if they are comfortable having me contact them for a second session for feedback on prototypes]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Thanks. So now I'd like to ask you a few questions to learn more about your day-to-day experiences with older adults in your life.

<u>Interview questions (40 minutes)</u>

1. Can you tell me who is in your life who is an older adult, who you interact with regularly or somewhat regularly?
2. For each person mentioned:
   a. What are the most common things you do with each of them, say in the past week or so?
   b. [Optional follow-up questions to the previous question] Can you tell me more about who was involved? Can you tell me more about what activities were involved?
   c. What are the top 3 things you like doing with them?
   d. [Optional follow-up questions to the previous question] Can you tell me more about who was involved? Can you tell me more about what activities were involved?
   e. What are some of the things you do with them that you least enjoy?
   f. In the past month or so, were there any activities you wish you had done with them?
   g. What were some of the reasons that those didn't happen?

Great, thanks for sharing your experiences with me. Do you have any questions for me?

[Address any questions the participant may have]

In my research so far, I've been collecting information on services and arrangements that keep people socially active. I'd like to show you some of them and hear your thoughts on them.

Walkthrough of models of care and services I have come across from previous research (15 minutes):

You can feel free to comment anytime.

[Introduce briefly some select models of care and services that I have learned about through horizon scanning and literature reviews]

[Pause after each model of care or service is introduced and ask the participant for feedback]

What do you think of this kind of service or arrangement? (Do you think it's valuable?)

[Document any comments the participant may offer]

Thanks for sharing your thoughts with me today. Do you have any questions for me?
If you think of any questions later, you can contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by June 16, 2012.

Session 2 – prototype feedback

Artifacts involved:

Prototype – format to be determined after field research, analysis and synthesis phases of the project
Introductions (5 minutes):
 Hi, it's nice to see you again.
Thank you for coming today. Before we start, I would like to walk you through a few things.
[Walk through each section of the invitation/consent form]
Do you have any questions so far?
[Answer any questions the participant may have]
So before we start, I just want to remind you that you can decline to answer any of the questions I ask and we can stop at anytime if you like. I want to make sure you feel comfortable. If you have any questions along the way as well, please stop me and ask.
If you'd like to take a moment and review the consent form, please do. When you're ready to start, please sign both copies. We can each keep a copy.

[Wait for participant to read and sign the consent form and agree to start]

Thanks. I'd like to walk you through some ideas and get your feedback on them.

[Introduce the prototype(s)]

1. What are your initial thoughts on this/these?

2. What are some of your favourite qualities of this/these?

3. What would you change about this/these?

[Document comments]

Thanks for sharing your thoughts with me today. Do you have any questions for me?

If you think of any questions later, you can contact me or my faculty advisor. Our contact information is here on the consent form. If you decide to withdraw from the study, please contact me by July 15, 2012.

Appendix B: Horizon Scan

Topic	Description
Computer terminal-based technologies	
Virtual Care Service (2012)	Digital terminal that serves as a remote portal for social activities.
Connected Living Network (2012)	Web-based social platform involving desktop and/or tablet technology networks that offer access to social networking, e-learning, community menus, calendars, and e-commerce. The platform supports programming such as weekly discussion groups, online activities, social clubs, etc. and focuses on senior living communities.
Virtual intergenerational mentorship programs (Torres, 2012)	Brenda Torres is a Certified Therapeutic Recreation Therapist who uses technology such as Skype teleconferencing to facilitate intergenerational mentorship programs.
Telikin (Venture 3 Systems LLC, 2012; D. Carter, personal communication, June 7, 2012)	Computer terminal that integrates facebook, gmail, skype, newsfeeds, etc. in a simplified visual interface for those aging in place to access and engage with those networks/services. It offers features called Tech Buddy that allows for the user to offer screensharing/remote desktop access to friends and family for technical assistance.
Digital care coordination tools	
Tyze Personal Networks (2010)	Online social networking site for building private support networks.
Lotsa Helping Hands (2012)	Online social networking site for building private support networks.
The Care Tools (2012)	Care coordination tool.
Multi-stage campus-based communities (retirement homes, assisted living, LTC, in one community)	
Landis Homes (2010)	The community offers varying levels of care to residents, depending on their needs, ranging from independent living to assisted living, and long-term care.
Seniors' Co-housing Communities	
Solterra Co-housing (2012)	Communities that are co-owned and actively managed by resident who are 65+ who cohabit a home with 4-6 other residents. (The homes include a "house mom" who is typically about 50 years of age and provides assistance with basic housekeeping and cooking.)
Wolf Willow (Anderssen, 2012)	Co-housing project in Saskatechewan, designed by a range of people who have been caregivers and don't like long-term care.

Abbeyfield Houses Society of Canada (2012)	Co-habitation arrangement pattern where each house has about 4 people co-habiting, each paying a share of the costs, and the home has a housekeeper who provides meals and general care for residents..
Canadian Senior Cohousing Society (2011)	Non-profit organization supporting seniors' cohousing in Canada.
Seniors' Communities	
Naturally Occurring Retirement Communities ("NORCs") (Masotti, Fick, Johnson-Masotti, MacLeod, 2006; Winchester, 2010; Jewish Federations of North America Inc., 2012)	Emergent communities of aging adults who are aging in place.
Seniors' community programs	
Jewish Association Serving the Aging (2012)	The organization operates 23 senior centres in New York, which offer culturally sensitive meals, hosts discussions relating to current affairs and history, exercise programs, as well as trips, celebratory events, and classes including dance, music, art, and writing.
Circle of Care (2011)	Support groups, diners club (monthly lunch and conversation group), etc.
Suffolk Circle (Suffolk Circle CIC, 2012a; Suffolk Circle CIC, 2012b)	Group that has a shared activities calendar and allows for group activities, ride sharing, and access to helpers in the community to perform basic housekeeping tasks to enable aging in home.
University Settlement (2011)	Senior programming including music, dance, and calligraphy classes, as well as tai chi, karaoke, and table tennis are activities that are offered at the facility during daytime hours.
Mon Sheong Foundation (2008)	Although intended for older adults with special needs or assistance, their Adult Day Program offers daytime activities and meals.
Java Music Club (2012)	Group music program for older adults, caregivers, and staff in seniors' homes.
Intergenerational community programs	
Santropol Roulant (2012)	Meals on wheels program that encourages inter-generational interaction within the community with youth volunteers, 75% of which are less than 35 years old, delivering meals to seniors.

	The service also supports aging in place for those who may need assistance with food preparation.
In-home companionship care services	
Bayshore Home Health (2012)	In-home service provider that offers companionship services.
Home Instead Senior Care (Home Instead Senior Care, 2012)	In-home service provider that offers companionship services.
One to One Home Health Care (2010)	In-home service provider that offers companionship services.
PACE Homecare (2012)	In-home service provider that offers companionship services.
Evangelical Homes of Michigan (2012)	In-home services: care services, care management, in-home assisted living technology, etc.
Seniors Helping Seniors (2012)	In-home care services organization that employs seniors to provide non-medical services including companionship, light housekeeping, cooking, gardening, transportation, and other services to other senior clients. (Staff have to be 50+).
Combined daycare and long-term care	
Grace Living Centers (2002)	Facilities that combine daycare and long-term care with a focus on interaction with people and surroundings.
Multi-generational communities with a focus on socio-cultural activities	
BOOM (Beck, 2011; Minner, 2011)	A gay-friendly multi-generational community that unites members through social and cultural activities. The community focuses on offering social interaction and privacy, as well as an urban lifestyle paired with health and wellness.
Multi-generational co-housing	
Yarrow EcoVillage Society (2012)	Multi-generational co-housing community in Yarrow (Chilliwack), B.C. that includes a seniors co-housing as well.
Dragonfly Cohousing (2012)	Multi-generational co-housing community in Calgary, Alberta.
Prairie Sky Cohousing	Multi-generational co-housing community in Calgary, Alberta.
Metric Homes (2006)	This housing developer offers a "Home Within a Home" model, which includes two separate homes in one unit, with some shared facilities, allowing for multi-generational homes with privacy for residents.

Appendix C: Initial analysis of interview data

Service providers

Transitions impact a caregiver's relationship with care recipient

When care giving increasingly dominates a primary caregiver's life, the care recipient's transition to a new living arrangement can be stressful, negative, and aggravate caregiver resentment, resulting in caregiver neglect after the transition.

Basis: an interview participant described the experiences of multiple residents who joined a co-housing community and the nature of the residents' primary caregivers' experience before and after the resident transitioned into the co-housing community.

Social networks develop over time

It takes time to build social networks.

Basis: an interview participant from a care coordination service provider spoke about how new members require some time to build their social networks on the care coordination service platform, as it can require time to invite new acquaintances, neighbours, existing friends and family.

Crisis event as catalyst for collective support

Social networks are more likely to assemble when a crisis strikes. Change often happens when there's a major crisis, event, or culmination of issues, making change feel unavoidable. It often requires a major crisis, event, or culmination of issues to spur change.

Basis: The care coordination service provider noted that networks were often created around an acute need. The co-housing founder noted that often it's a major life event that causes older adults to transition into a co-housing living arrangement (e.g. spouse dies, major accident, etc.).

The capacity to contribute by being vs. doing

There are two kinds of contributions: contributions of being and contributions of doing.

Basis: Based on the care coordination service provider's experience, there are two kinds of contributions: doing and being. The latter is often overlooked and can take the form of inspiring another person or allowing them to feel comfortable to reveal difficult information. The co-housing interview participant noted that some co-housing residents appreciate in-person visits more than phone calls perceive a substantial difference, further suggesting that being present with another person can be a contribution in itself.

Innate human desire for reciprocity

The language of caregiver and care recipient can suggest a one-way relationship lacking reciprocity.

Basis: The care coordination service provider actively creates opportunities for its members to contribute to their network via intangible means, via story sharing, memory sharing, life updates, etc.

Fear of isolation from social network after transition

The biggest fear older adults have about transitioning to a home with other older adults is that their children will no longer visit and they will be alone. Unfortunately, it has been found to be a self-fulfilling prophecy for those who have caregivers who are driven to exhaustion leading up to and during the transition into the new living arrangement. Caregivers can be stripped of independence and desired lifestyle balance while caring for another individual, which can accumulate resentment, loneliness, and exhaustion, leading to a sense of immense relief when a care recipient makes a transition into a new living arrangement.

Basis: The co-housing interview participant spoke about how in surveys they have found that the number one fear of older adults transitioning into their co-housing community is that their friends and family will no longer visit them and that they will be isolated. It was also noted that from observations of residents and their caregivers, the feared outcome of isolation has become a reality in many cases.

Caregivers have limited capacity to care

In social networks, there are often part-time caregivers that may not even self-identify as being caregivers.

Basis: The care coordination service provider explained that people have a natural capacity and desire to help each other; they just need opportunities to engage in helpful acts for others, without having to commit to being a primary caregiver.

Change initiator can be anyone

Either care recipients or members of their social networks can initiate change.
Basis: from discussions with the care coordination service provider, both care recipients and members of their social networks can initiate changes, with no dominant pattern in who initiates change.

Social character of older adults

Some people are more engaged and participatory in activities while some are less. Some also have strongly formed opinions of what they like and don't like.

Basis: the co-housing interview participant has observed that although there are many activities offered and organized among co-housing residents, some residents are more active while others are less, and some have strongly oppose certain activities based on personal preference or values.

Human cautiousness about adopting something new

Opportunities to experiment before making commitments can ease transitions.

Basis: service providers interviewed all offered some form of trial before commitment (e.g. try before you buy into co-housing or one-month free trial for the care coordination service).

Basic activities for daily living as an enabler of interaction

Engaging members of a social network in the day-to-day activities of an older adult can create opportunities for social interactions.

Basis: on the care coordination service platform, members of a social network can offer to help with basic activities for daily living like grocery shopping, mowing the lawn, etc., which create opportunities for social interaction. Residents of the co-housing community interviewed can invite friends and family to dine with them for a nominal fee, offering an opportunity for social interaction while sharing a meal.

Older Adults

The tendency to be satisfied with the current state

Older adults tend to be content with their social lives, regardless of volume or frequency of stimulation or interactions.

Basis: All the older adults interviewed felt content with their current social activities and lifestyle, even though social interactions ranged from two to three per week to at least one interaction a day. On occasion, older adults mentioned the capacity and interest for some additional social interaction with family members, but overall, felt satisfied with the current amount of social interaction.

Making transitions with others by our side can reduce resistance to change

Taking on change and transition alongside others in our social network can increase the chances of a transition occurring with less resistance. Adopting new technology was also less daunting when others were around to provide support.

Basis: One older adult spoke about how her transition into a retirement home community took place alongside her husband, so the two of them made the transition together. Another older adult spoke about how she and her close friends have often talked about how it would be fun to create their own nursing home named after their social group so they can continue to share each other's friendship and company in old age. Another older adult spoke about an interest in trying new technology because her children and friends were available to offer guidance.

Social networks can form during shared circumstances

Of the older adults interviewed, it was found that the closest members of their social networks shared similar lifestyle attributes when they met and social connections were formed.

Basis: One older adult spoke about how her closest group of friends met each other while they were working together at the start of their careers, when all of them were learning how to navigate their shared, early career challenges. Another older adult spoke about how she met her first friends when she immigrated to Canada through the immigrant community of her ethnic background. The same woman spoke about how she met her day-to-day social group through the retirement home community she now lives in. Another older adult spoke about how she's met friends by taking a bus to a casino because the people who go to the casino tend to be looking for an activity and come from a shared cultural background.

Social networks tend to stop growing

Of the older adults interviewed, none had growing social networks.

Basis: none of the older adults I spoke with had growing social networks and one mentioned that she had limited contact with some former friends due to geographic distances since moving into a retirement home.

Crisis event as catalyst for collective support

A crisis event was found to be a catalyst for a social network to assemble.

Basis: one older adult spoke about how her group of close friends rallied together to support one of the friends during a challenging time when her husband was ill, with the friends taking turns to offer support on a regular basis.

Social buzz and curiosity as an enabler for new technology adoption

From discussions with the older adults, there was a larger appetite for trying new technology when friends, family or media increased awareness of it and its benefits, while also highlighting ease of use.

Basis: one older adult is an avid email user because all of her close friends use it. Another older adult expressed interest in learning to use a new computer operating system and when her children expressed some doubt around the idea, she explained that she's heard many good things about it and that if her sister-in-law can learn it, she can too. Another older adult expressed interest in buying and learning how to use a tablet since her friends have them and have shown her how they use them in ways that she would find valuable as well.

Knowledge exchange as an enabler of interaction

Through interviews with older adults, it was found that exchanges of various kinds of knowledge were central to many social interactions with others. Implicit in the idea of exchanges is that there was reciprocity between the older adults and their social network in terms of knowledge that was exchanged. In some cases, knowledge exchange took place due to information asymmetries (e.g. level of expertise in a domain).

Basis: exchange and reciprocity of knowledge took the form of advice, stories, cultural heritage, humour, health information, etc. One older adult spoke about how her printmaking studio community consists of a range of artists in terms of age and years of experience, so they all share thoughts and experiences with each other. She also recalls a time when she would ask her mother various questions that she now feels younger generations find answers to via Google instead, resulting in some lost opportunities for social interaction.

Basic activities for daily living as an enabler of interaction

Meals and special occasion events were by far the most common activity that older adults shared with others in their social networks, whether those consisted primarily of friends or family. Aside from meals, most other activities for daily living involved family members, typically consisting of errands such as grocery shopping, shopping for something specific, going to doctor's appointments, etc.

Basis: One older adult's social activities outside of leisure activities are mostly weekly meals with her son and daughter-in-law on Wednesdays, periodic dinners with other family members on weekends, and family dinners for special occasions. She also talked about how her son or grandchildren would go grocery shopping with her from time to time. Another older adult spoke about how she often eats with her daughter and son-in-law, and her daughter will take part in errands.

Hobbies as opportunities for social interaction

Hobbies offered older adults with an activity to spend time with others, socialize, and maintain social interactions regularly. Some allowed for general conversations, while others allowed for knowledge exchange (e.g. printmaking tips).

Basis: Among some of the leisure activities mentioned in the group of older adults interviewed were mahjong, trips to the casino, curling, printmaking, gardening, travel, bridge, and photography.

The use of technology to facilitate communication and in-person interactions

The majority of older adults interviewed used email to keep in touch with friends and family, as well as initiate and coordinate social gatherings and/or activities.

Basis: One used emails to coordinate support for a friend with other friends and disperse information updates quickly to a large group of people. Two others used emails to provide brief life updates and coordinate more in-depth in-person meetings.

Social character of older adults

People who take on a positive outlook or orientation tend to have an easier time cultivating social networks

Basis: One older adult noted that older adults who more often than not complain and take on negative perspectives are unpleasant to spend time with and difficult to develop social connections with.

Validation of Activity Theory

Older adults who transition from having influential and important roles in their careers to not having a similar or equivalent role tend to experience decline in social engagement.

Basis: One older adult spoke about her observation that many of the male older adults she has met who once held high profile, influential roles in their communities or careers, tended to decline more rapidly in terms of their social engagement and physical health than others who held less influential roles, or who took on new roles in retirement.

Friends and Family of Older Adults

The capacity to care and the role of routines and schedules

Friends and family of older adults interviewed demonstrated an interest and willingness in spending time with older adults in their lives, though all of them noted that they have limited time during their busy lives to devote to older adults. Time management was identified as a challenge in the lifestyles of all friends and family interviewed.

Basis: All spoke about their multiple demands, whether work, school, or other commitments that left less time than desirable for spending time with older adults. Each participant noted that they valued the time they spent with older adults, but felt it would be stressful to take on more activities than they currently engage in. Some made mention of the use of schedules or calendars to ensure that they would make time for the older adults in their lives, whether through scheduled events or regular routines.

The capacity to contribute via being vs. doing

Most interview participants openly appreciated simply being around older adults.

Basis: One participant specifically spoke about how she found enjoyment even in sitting near her grandparents in their living room, just being around them. Another spoke about the enjoyment of being on the phone with her mother, gossiping etc.

Knowledge exchange as an enabler of interaction

Exchange and reciprocity around knowledge and information due to information asymmetries between older adults and others afforded opportunities for social interaction.

Basis: Of the social activities mentioned by friends and family of older adults, many listed sharing stories, cultural heritage, family history, humour, and other knowledge or skills, such as gardening and cooking due to different levels of expertise between older adult and friend or family member.

Basic activities for daily living as an enabler of interaction

Friends and family of older adults frequently mentioned basic activities for daily living as being activities they took part in with a social dimension.

Basis: Meals, special occasions (birthdays, holidays, etc.), grocery shopping, shopping for necessities, going to doctor's appointments together were all examples of activities that were frequently mentioned by interview participants.