Strategies for building and maintaining social connection for long-term care home residents:

Considerations for COVID-19
Why are social connections an important consideration for long-term care homes during COVID-19 and other disease outbreaks?

Coronavirus (COVID-19) has taken a disproportionate toll on people living in LTC homes. Infection control measures put in place to protect residents – such as prohibiting visitors and limiting contact with others in the home – have also negatively impacted their health and quality of life. While there is limited research evidence on effective interventions to build and maintain social connections in LTC residents, and the applicability in the context of disease outbreaks is unclear, strategies are needed to address social connection in LTC both during and beyond COVID-19.

What do we mean by social connections?

In this report, we consider aspects of social connections that have been highlighted specifically for LTC residents.

- **Social Networks**: The web of social relationships that surround an individual and the characteristics of those ties.
- **Social Support**: Emotional, physical, and other help provided by and to others, typically in our social network.
- **Social Connectedness**: Feelings of caring and belonging, the opposite of loneliness.
- **Social Engagement**: Taking part in activities with others, typically in our social network.
How did we identify these strategies?
Knowledge exchange and community participation is fundamental for planning a collective response to COVID-19.\(^5,6\) Research can help to identify strategies for building and maintaining social connections, but LTC communities are key to recognizing potential solutions. This report draws on research (a scoping review of published research focused on social connections for LTC residents)\(^7,8\) supplemented with input generated from a Behavioural Supports Ontario (BSO) led survey to LTC homes in Ontario and input from LTC staff, families and residents.

What strategies might help build and maintain social connections in LTC residents?
The strategies reported here are approaches, identified from observational and intervention research, that may be helpful. They were highlighted as those that are low-risk, low-cost, familiar concepts in LTC homes that can be implemented or adapted by LTC staff, families and residents during COVID-19 and other infectious disease outbreaks.

1. Manage Pain

Eight observational studies tested the association between pain and social connection or loneliness.\(^9-16\) Two studies found that pain was associated with lower social connection.\(^11,14\) One study suggested influence of pain on social engagement may depend on the level of cognitive impairment.\(^9\) Another study showed that, among residents with persistent pain, analgesic use was associated with improvements in social engagement.\(^16\) Of the five intervention studies addressing pain (e.g., with pain management programs or analgesic medication),\(^17-21\) four showed beneficial impact.\(^17-20\) It is always important to ensure pain management procedures are followed and residents’ pain is assessed, treated and monitored accordingly.

2. Sleep at Night, Not During the Day

Two observational studies tested the impact of sleep on social connection\(^11,22\) and one found that LTC residents with more sleep disturbances had lower levels of social engagement.\(^22\) One intervention study tested the impact of a sleep intervention and reported increased social engagement.\(^23\) The components of this intervention included:

- Ensure daily sunlight exposure.
- Increase physical activity during the day.
- Implement a structured bedtime routine.
- Decrease nighttime noise and light.
3. Address Vision and Hearing Loss

Seven observational studies showed an association between visual impairment and lower levels of social engagement. For residents with cataracts, cataract surgery was associated with improvements in social interaction. One randomized controlled trial, assessing the effect of treating uncorrected refractive error by getting glasses showed an improvement in social interaction. Although fewer studies have linked hearing impairment to social engagement, given the apparent influence of dual sensory loss, strategies to address hearing impairment would also be useful. Some ways LTC homes can work with families and residents to ensure residents’ vision and hearing loss are addressed include:

- Ensure residents are screened for vision and hearing loss on admission and on a regular basis.
- Monitor residents’ eye and ear health (e.g., ensuring that wax occlusion is not impairing hearing).
- Encourage and assist residents with wearing their glasses and using their hearing aids. Use cues and reminders that are visual, verbal and/or tactile, (e.g., label storage, establish a consistent routine for using and maintaining glasses and hearing aids, etc.)
- Encourage and assist residents in caring for and maintaining their devices (e.g., cleaning glasses, testing hearing aid batteries, etc.).
- When using videoconference or a telephone to communicate, make sure the volume is adequate and the screen is clean and on full-screen view; and consider using assistive listening/visual devices, adjusting screen size (e.g., tablet or television instead of phone screen) and, if the resident can tolerate headphones, using noise-cancelling headsets.
4. **Find Opportunities for Creative Expression**

Five intervention studies tested the impact of creative expression programs, including art, music and storytelling, on social connection and all suggested some positive impacts. Some ways LTC homes can work with families and residents to find opportunities for creative expression during COVID-19 include:

- When isolation is necessary, develop Isolation Care Plans that include creative activities based on the residents’ personhoods (i.e., hobbies, life experiences, etc.) and that might include drawing, painting, poetry, music and other forms of personalized one-on-one creative expression. Create individual ‘Activity Kits’ specifically for residents that contain a variety of products and resources to keep the resident meaningfully engaged. Invite families to drop off ‘Activity Kits’, or items to go into the activity kits, for residents.

- Encourage creative expression in group and individual formats, including holding hallway music hours with song requests, making art for windows as well as signs with messages for families and friends, creating books of inspirational quotes and using creativity apps on tablets.

- Use window visits from local musicians to provide concerts for residents.

- Create opportunities for singing and dancing, such as physically distant music groups; consider sharing videos with families and friends (with the appropriate consent).

- Involve community-based programs providing virtual music programming via video conference or telephone.

- Encourage family care partners to incorporate creative expression during in-person visits (e.g., singing, dancing, poetry, music, drumming).

*Mississauga Halton Region Long-Term Care Home*

*Right: A Resident and Care Partner Playing Cards*
5. Exercise

Two observational studies and six intervention studies tested the impact of exercise and exercise programs; three intervention studies reported improvement in social connection. Some ways LTC homes can work with families and residents to ensure residents are able to exercise during COVID-19 include:

- Use pre-recorded, freely available online videos to assist with instructing residents in one-on-one exercise or movement (with supervision).
- Involve community-based programs to develop videos to assist with instructing residents in one-on-one exercise or movement (with supervision).
- Build “activity circuits” inside residents’ rooms, incorporating multiple tasks (e.g., bean bag toss, light exercises, folding laundry, etc.).
- Encourage family care partners to include exercise or movement during in-person visits (e.g., stretches, strolls outside).


Three observational studies tested associations between social connection and religious activities, spirituality and faith; two reported religious activities and coping were associated with more social engagement. Some ways LTC homes can work with families and residents to maintain religious and cultural practices during COVID-19 include:

- Use telephone or videoconference to connect residents with their religious communities.
- Offer residents online or pre-recorded videos of religious observances that align with their religious and cultural beliefs and practices.
- Incorporate traditional Indigenous wellness practices, such as residents making cedar tea as an individualized activity.
- Encourage family care partners to include meaningful religious and cultural practices into virtual or in-person visits with essential care partners.
- Facilitate shared religious and cultural observances or ceremonies (e.g., outdoor events where religious/cultural leaders and families can safely partake and residents can observe from indoors).

Wikwemikong Nursing Home - Making Cedar Tea
7. Garden, either Indoors or Outside

Five studies tested the effect of horticulture and indoor gardening programs;\(^{(46-50)}\) three studies that compared the program to usual care found the gardening programs were associated with improvements in social connection.\(^{(47, 49, 50)}\) Some ways LTC homes can work with families and residents to help residents garden during COVID-19 include:

- Expand outdoor gardens to include fresh vegetables.
- Use window sills for flowers and other plants.
- Get outside on garden strolls whenever possible or bring the outdoors inside (e.g., hang colourful leaves on walls and windows).

8. Visit with Pets

Twelve studies assessed the impact of pet interactions and animal assisted therapy on social connection\(^{(51-62)}\) and two more studied robotic animals.\(^{(63, 64)}\) Nine studies suggested pet interaction and animal assisted therapy improved social connection\(^{(51-59)}\) and both studies assessing the impact of robotic animals also saw beneficial impacts on loneliness.\(^{(63, 64)}\)

Some ways LTC homes can work with families and residents to enable visits with pets during COVID-19 include:

- Encourage families to bring pets to window visits or to in-person visits with essential care partners.
- Continue community-based pet therapy programs through window visits; include visits from larger animals (e.g., goats, horses) wherever possible.
- Purchase robotic pets for individual use with residents.
- Search for and play online videos of animals.
- Print and laminate photos of beloved animals and pets.
9. Use Technology to Communicate

Four studies assessed the impact of communication technology, but two were small-scale pilot studies. The two quasi-experimental studies that tested the effect of regular videoconferencing showed beneficial effects for social connection. Some ways LTC homes can work with families and residents to use technology to communicate during COVID-19 include:

- Facilitate videocalls between residents and their families and friends. To facilitate these calls, some LTC homes may find it helpful to create weekly videoconference schedules, with allocated time (e.g., 30-minutes) for each resident.

- Create specific email addresses for families and friends to send emails, photos and videos to residents during times where they cannot visit. Email messages can be printed from inside the LTC Home and delivered to the resident and, in some cases, read aloud by LTC staff to the resident. Photos and videos can also be shared using portable devices, such as tablets.

- Initiate ways for residents to use tablets to respond to emails with short voice and/or video messages.

- Use social media (with appropriate consent), such as Facebook and Twitter, to communicate simple updates to families and friends. In one LTC home, residents shared messages of hope and tips for staying safe then tracked social media engagement (i.e., ‘likes’ and ‘shares’) on a world map.

- Involve community-based programs providing virtual programming via video conference or telephone, such as morning ‘coffee time’ discussions, reading groups, lectures on various topics, trivia and games.

- Use projectors and projection systems to engage in interactive virtual activities.

- Use online games to challenge residents at different homes.

- Continue Residents’ and Family Councils with online

- Use videoconference platforms to engage both families and to participate in recreation programs and projects in a common area.

- Facilitate opportunities for resident to connect with one an co-resident peers across the province. OARC facilitates LTC Resident Forums for residents to connect virtually for peer support and sharing: Ontario Association of Residents’ Councils Resident Forum.
10. Laugh Together

Three intervention studies reported the impact of humour therapy\(^{(69-71)}\) and one of the studies reported decreased loneliness.\(^{(69)}\) Some ways LTC homes can work with families and residents to laugh together during COVID-19 include:

- Add joy and humour to window visits, such as with a ‘kissing booth’, games (e.g., tic tac toe with dry erase markers) and parades from local organisations.
- Tell a joke of the day and invite residents and others in the LTC home to contribute.
- Whenever possible, use the spaces and activities within LTC homes to create vibrant social environments with fun and enjoyment, such as makeshift ice cream trucks, hallway ‘Happy Hours’, decorated ‘Tuck Shops on Wheels’, cultural activities and celebration of events.

11. Reminisce about Events, People and Places

Seven intervention studies tested reminiscence therapy or programs\(^{(72-78)}\) and six of the studies showed improvements in social connection.\(^{(72-77)}\) Some ways LTC homes can work with families and residents to encourage opportunities to reminisce during COVID-19 include:

- Involve community-based programs providing virtual programming via video conference or telephone, such as reminiscence programs on specific topics (e.g., travel, hobbies, etc.).
- Create personalized tools for residents. Consider developing a ‘Talking Points Key Ring’ for residents with laminated cards containing favourite photos, art, sayings and topics that could spark conversation.
- Encourage assigned staff to sit with residents, such as during meal times or one-on-one visits, and taking the time to reminisce about specific topics.
12. Address Communication Impairments and Communicate Non-verbally

Five observational studies showed that impaired communication was associated with reduced social connection.\(^{(25, 29, 30, 79, 80)}\) Some ways LTC homes can work with families and residents to support communication during COVID-19 include:

- Make sure you have the person’s attention before you start to communicate.
- Minimize or eliminate background noise and distractions (TV, radio, other people).
- Keep your own voice at a normal level, unless the person has indicated otherwise.
- Keep communication simple. Shorten your sentences and talk at a reasonable rate. Emphasize key words without “talking down” to the person.
- Pause and give time to speak and respond. Resist the urge to finish sentences or offer words.
- Whenever possible, communicate with drawings, gestures, writing and facial expressions in addition to speech.
- Facilitate and encourage pen-pal programs whereby residents write to each other.
- Encourage letter mail exchange between residents, care partners and friends.
- Support ‘Friendly Letter’ programs whereby individuals outside of LTC home would write to/exchange letters with residents.
- Suggest collaborating with organizations such as the Alzheimer Society or other community groups.

Infographic

To summarize our research findings, we designed an infographic (available in English and French) which is available online and in-print. Please visit [www.encoarteam.com](http://www.encoarteam.com) to download or request a free copy by mail or email Ellen Snowball at ellen.snowball@uhn.ca

Contact Us

Contact us if you have feedback or ideas for this report, please email Jennifer Bethell, Affiliate Scientist, the KITE Research Institute (Toronto Rehabilitation Institute – University Health Network) at jennifer.bethell@uhn.ca

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