care inspectorate

# Meaningful Connection

## Supporting meaningful connection: good practice guidance for care homes

HAPPY TO TRANSLATE

# Contents

# Foreword

**As Minister for Social Care, I am delighted to be able to introduce the Care Inspectorate's new guidance document, 'Supporting Meaningful Connection: Good Practice Guidance for Care Homes', and commend all the hard work that has gone into creating this new, human rights-based guidance.**

The guidance aims to support you as you work to ensure that people experiencing care in adult and older people's care homes get the most out of life, and experience connection which enriches their day-to-day lives and meets their individual needs.

Meaningfully connecting with friends and family lies at the heart of high-quality care. It is not only essential to everyone's health and wellbeing, but also to dignity, identity and personhood. It is a fundamental human right.

Developed as part of the Care Inspectorate's Meaningful Connection, Visiting and Anne's Law Project, this guidance recognises that care homes are above all communities, where relationships are central to daily life. Across Scotland, many homes are already doing remarkable work to foster connection, inclusion and community. This document seeks to celebrate and build upon that good practice, amplifying what works, sharing learning, and supporting improvement where needed.

The guidance is underpinned by human rights principles and aligned with the Health and Social Care Standards. It provides a comprehensive, practical, evidence-based framework for ensuring a culture of connection. It recognises the essential role of families as partners in care, the importance of positive staff and peer relationships, and the need for everyone to feel seen, heard, and valued. It reflects the real voices and lived experience of people experiencing care, their families and friends, and those who support them, and outlines clear strategies for embedding inclusive, relationship-centred practice across services.

The principles outlined in the guidance are embodied in the Care Reform (Scotland) Act's provisions on meaningful connection in adult care homes. This is known as Anne's Law, which recognises in law that spending time with loved ones is fundamental to the health and wellbeing of people living in care homes. It also recognises the essential role that some friends and family play in supporting the wellbeing of people living in care homes.

As we reflect on the lessons of the Covid-19 pandemic, and move forward towards the implementation of Anne's Law, this guidance is a timely and vital tool.

**Tom Arthur**
Minister for Social Care and Mental Wellbeing

# Introduction and background

Meaningful connection is important for everyone. Experiencing connections with others that are valued and meaningful has profound impacts on physical, mental, and emotional health and wellbeing. It is essential to our identity and personhood and is a fundamental part of our human rights. When people do not experience meaningful connections, the negative consequences for their health and wellbeing can be far-reaching.

This guidance intends to support you to ensure that people experiencing care in adult and older people's care homes get the most out of life and experience connection which enriches their day-to-day lives and meets their individual needs, that they are supported to spend meaningful time with people important to them, and to engage in meaningful activities both within and beyond the care home.

The guidance has been informed by research and by consultation with people experiencing care, their families and friends, and providers and staff in the care home sector. It is human rights-based and informed by the Health and Social Care Standards, based on the overarching vision that everyone who lives in a care home should experience meaningful connection in ways that are right for them. We have highlighted throughout the document some of the real life examples and quotes gathered during our consultation with people. We hope that the information, ideas, and strategies contained in this guidance will help support and inspire you in ensuring that everyone gets the best out of life.

## How to use this guidance

This guidance can be used alongside our self-evaluation tool, webinars, factsheets and podcasts, all of which can be found on our website. They can help assess how well meaningful connection is supported for everyone in your service and also help to identify any potential areas for improvement that can be incorporated into your service improvement plan. They can also support staff induction, training and development and assist services to ensure they have policies which support connection.

### Things to consider

Throughout this guidance, we have included some **things to consider**. It may be useful for you and your teams to use these questions to support reflection and self-evaluation. We would suggest that any exploration and reflection is done for the service as a whole, considering all the key themes and including people experiencing care, staff, and family carers.

## Terminology

The term **"people experiencing care"** has been used throughout this document to refer to people who live in adult and older people's care homes. The term **"family carers/essential care supporters"** has been used to refer to immediate and extended family, friends and other close contacts who play ongoing and vital roles in the lives of people experiencing care.

We have included a short glossary at the end of the guidance to define some key terms.

Legislative provisions on the importance of meaningful connection are contained in section 40 of the Care Reform (Scotland) Bill which was passed on 10 June 2025. These provisions, commonly known as Anne's Law, recognise in law that spending time with loved ones is fundamental to the health and wellbeing of people living in care homes. Anne's Law also gives formal recognition to the essential care supporter - the vital role that many families and friends play as partners in care in supporting the health and wellbeing of people living in care homes. Specific guidance related to this will be published by the Scottish Government soon.

# A human rights-based approach

A human rights-based approach to providing care and support is one where people's human rights are placed at the centre of policy and practice. It means people are empowered to understand and access their rights and participate in decisions that affect them in the ways that suit them best, ensuring that all forms of discrimination are prohibited and that people who have a duty to respect and fulfil human rights are accountable.

Care homes have a responsibility to provide for a private home and family life (Article 8, Human Rights Act 1998) which includes meaningful activities, support to maintain relationships, and the right to privacy. They have a responsibility to ensure that preferences, likes and dislikes are listened to and that people can participate meaningfully in decisions about their care.

A human rights-based approach is facilitated by considering the following principles (known as the PANEL principles).

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| Participation | Everyone should be able to be involved and included in decisions that affect their rights. People should be enabled and empowered to participate in decisions that affect them in the ways that suit them best, which includes their needs, wishes and preferences for social connection and relationships. |
| Accountability | People and organisations who provide services are accountable for ensuring human rights are upheld. In order for this to be effective, there must be appropriate, accessible, easy-to-use systems in place for people to raise concerns and have them effectively addressed. Care homes should also take steps to monitor their own performance, to identify where gaps in human rights fulfilment might occur. |
| Non-discrimination and equality | People who live in care homes are often among the most vulnerable and face the biggest difficulties in realising their rights. People who live with dementia, learning disabilities, sensory impairment, communication issues and/or physical or mental ill-health and frailty can face particular obstacles and may require a lot of extra support to enjoy the same opportunities as other people for meaningful connection and participation. People may also have specific needs and wishes in relation to, for instance, culture, language or religion. Specific steps should be taken to provide support and address any difficulties. |

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| Empowerment | People must have access to the services they need to get the best out of life and know about their rights and how to claim them. Again, there is a duty to provide extra support when needed. This could mean providing written information in a format or language that people can more easily understand, or explaining verbally to people in ways that are meaningful to them. |
| Legality | People should be confident that all their human rights are respected and promoted. Attention should be given to actively considering how human rights standards are reflected in care. |

## The FAIR approach

Human rights principles give a strong starting point for decision-making. Situations can often arise in care settings which generate dilemmas around how they should be addressed, and going back to the fundamental principles is a good way to think about whether you're on the right lines.

The FAIR approach has been developed by the Scottish Human Rights Commission to help with decision-making using human rights standards and principles. This involves considering these steps:

- What are the relevant **FACTS** to understand – what is the experience of the people involved? Are they being heard, or do they need help to make their views known?
- **ANALYSE** what human rights are at stake in this situation? Are the rights absolute (such as the right to life) or able to be restricted in certain circumstances (such as the right to private and family life)? If they can be restricted, what is the justification for this? Is it the minimum necessary restriction?
- **IDENTIFY** what needs to be done and who is responsible for it.
- Decide upon actions, and later **REVIEW** and evaluate what has happened as a result. Has/have the person/people affected been involved in the decision?

You can find case studies and worked examples relating to the PANEL principles and FAIR approach in Appendix 1.

## Cultivating a culture for connection

A culture for connection is one in which the service as a whole is committed to ensuring that everyone living in the care home has the best opportunity to reach their potential, be valued as an individual, maintain their important relationships, and develop new ones which enrich day-to-day life. It is person and relationship-centred, valuing people's social and emotional needs and relationships, and supports everyone to get the best out of life in the ways that are right for them. A culture for connection is supported by policies and procedures, including staff training, which value and support connection. Services could consider appointing "connection champion(s)" to promote good practice; a series of Open Badges is also available which staff can use to help reflect on their practice and broaden and deepen their knowledge and understanding.

Everyone has their individual "recipe for connection" which supports their own health and wellbeing, and this is different for everyone. Holistic, responsive, person-centred personal planning helps ensure people can connect in the ways most meaningful to them.

**Things to consider**

Who will be the connection champion(s) in your home?

Research has evidenced how beneficial meaningful connection is to physical, mental and emotional health and wellbeing, and how isolation and loneliness can have profound negative outcomes for people. **Meaningful engagement**, being involved in activities and spending time doing things that are important to us, enhances quality of life, supports personhood and has been shown to increase life expectancy. Many people who live in care homes experience moderate to severe loneliness, and this is linked to a wide range of negative consequences for health and wellbeing. The term **"skin hunger"** vividly describes the experience of being deprived of physical touch.

> 'Eventually, she actually said to me, you know, give me a hug. I said, well, I don't really want to in case I pass anything on, and she just said I would rather get Covid and die than not be able to give you a hug.' (Family carer)

> 'You could see a lot of them declining [during the pandemic] and getting themselves into a little bubble. The mobility, the mental health, nutrition, everything went downhill. It was just a shame to see it.' (Care assistant)

People who experience care often face a range of challenges, such as living with sensory or cognitive difficulties or additional communication support needs, which can affect their ability to connect with other people. This leads to an increased risk of social disconnection and isolation and may result in people experiencing stress and distress. A factsheet is available which discusses strategies for supporting meaningful connection when people are living with dementia.

It's important to find out:

- what matters to people
- how they prefer to connect and communicate
- what barriers and challenges they may experience and how these can be addressed.

## Family carers as partners in care

Families and friends have an essential part to play as partners in care, fulfilling a variety of important roles which support people's wellbeing and personhood, and going far beyond "just being a visitor". They have been described as 'guardians of the identity and dignity of their loved ones'.

Supporting people to maintain important relationships benefits their health and wellbeing and is part of their human right to respect for private and family life. Positive family involvement is associated with better physical, mental and emotional health and wellbeing outcomes for people. When people are cut off from their loved ones, the impacts can be devastating.

The Health and Social Care Standards set out that people will be able to maintain relationships in the ways that suit them best and will always have the right to see and, where appropriate, get support from people important to them, even if there is an outbreak of an infectious disease. This is reinforced by the two standards (5.16 and 5.17) added in March 2022.

This section looks at some of the roles family carers – also known as essential care supporters - play, and explores strategies for facilitating inclusion and making every visit meaningful, supporting family carers to work in partnership with the care home in an atmosphere of trust and collaboration

Of course, not everyone who lives in a care home has regular visitors, and it's important to consider what avenues exist for promoting social interaction, engagement and a sense of community for people who do not have this contact, for instance through involving volunteers and fostering peer relationships and community involvement.

**Things to consider**
How can we support connection, a sense of community and belonging for people who do not have regular visitors?

## Roles of family carers

Family members have often been the main carers for their loved one before the move into a care home, and the ability to maintain this role can be very important for both parties.

Family carers can provide essential **social and emotional support** for people, providing a sense of comfort and belonging, and **supporting personhood and identity** by providing a link to the wider family and community. Interaction with families and friends can provide valuable **mental and cognitive stimulation** for people. They can act as **advocates**, helping to raise any concerns or wishes their relative may have or flag up any issues they observe. They can provide **vital information** about people's life stories, interests, values, and preferences to support person-led care, particularly when people are not able to communicate this themselves. They are often well-placed to **notice small changes** in people, such as in their physical or cognitive functioning, which can help staff respond in a timely manner and support people more effectively.

> "We don't care alone, we care together with the family." (deputy manager)

Family carers can support with **decision-making and personal planning** where appropriate, and often play a valuable role in overseeing and facilitating **practical matters** such as financial affairs or arranging and accompanying people to appointments.

When people have legal powers (Guardianship or Power of Attorney) to act on someone's behalf, this must be clearly documented. Decisions must be made in accordance with the principles of the Adults with Incapacity (Scotland) Act 2000.

Some family carers support people with **direct care** such as help with eating or personal care – this is also often associated with better outcomes for people experiencing care. It should be supported and included as part of personal planning when this is what people experiencing care and their family carers want. Some services have supported families to be involved by, for instance, including them in staff training in moving and handling.

**Things to consider**

- Does the culture value and welcome family inclusion? Is this written into policies and procedures and promoted in staff training?
- Do regular visitors have the door codes to enable them to come and go freely?
- Are family carers enabled and supported to be involved in the day-to-day care and support of their relative, if that is what they both want?
- Are people able to have their meal with their family carer, or people they are close to, if they want to?

> 'I help him with his lunch, because that's continuity. There's great love in it. He can't hear very well, but I play music, our favourite tunes, and it brings back memories we shared. I'll say, do you remember they played that song in, wherever it was.' (Family carer)

Many family carers contribute to the care home community as a whole in various ways, such as participating in relatives' meetings, activities, and fundraising.

We would expect family carers to be able to visit without restriction, including regular visitors being provided with door codes to have the freedom to come and go independently.

> 'We don't expect family members to wait outside, they know the codes, because you'll take us as you find us. People feel welcome, they know they can come in.' (Care home manager)

## Strategies for facilitating partnership

Services can promote inclusion and help make visiting as meaningful as possible in many ways. Family carers have described some of the things they value and which help support inclusion and partnership. These include:

- **feeling welcome**, for example, ensuring regular visitors have the door entry codes to enable them to come and go freely, or inviting them to stay to share a meal with their loved one.

> 'Sometimes when new residents come in, families are afraid of interrupting meals, they're surprised if we invite them to stay for lunch. But people are welcome to come in at any time.' (Care assistant)

- **being kept up-to-date**, both about their relative and about matters affecting the care home as a whole, with clear, accurate, transparent, and jargon-free communication. This includes having the opportunity to attend relatives' meetings, gain information, and express their views. Newsletters, noticeboards, emails and social media are all useful ways to help keep people informed; however, not everyone uses email or accesses social media, so this should not be the only method used. Services should ensure personal plans contain clear guidance for staff about who should be informed, about what, under what circumstances, and how they should be contacted, clarifying what level of information people want and are entitled to receive about their relative.

> 'They let you know if there's anything wrong or any changes or anything we should know about, they explain everything.' (Family carer)

- **being included**, for example, being invited to join in activities or being able to stay for a meal – many people value this opportunity. Some family carers with particular skills and interests are happy to share their knowledge; for instance, some run art or exercise activities in the care home.

> 'We encourage people to come and they can have a meal. We'll say to people, pop in and have your tea one night with your mum or your granny. We say to residents, this is your house, so if you would normally have your granddaughter over for tea on a Friday, still have her over and we'll make the tea.' (Care home manager)

- being involved in **personal planning and decision-making** at all stages when this is appropriate, such as through being involved in developing, reviewing and monitoring personal plans, and being enabled to participate meaningfully in regular reviews for their loved one and the service as a whole. People's involvement can be sought and welcomed both through formal mechanisms like questionnaires or relatives' meetings, and informally on a day-to-day basis.

- being able to visit flexibly and without restrictions, in normal circumstances, is vital to many people, particularly those who have experienced restrictions in the past. Ensuring that people know they are free to come in at any time helps people feel welcome and promotes trust.

> 'I like the fact that you can come anytime, whether it be morning, afternoon, without any objection from anyone. You please yourself when you want to come. We're free to be together every day.' (Family carer)

- having a **choice of where to spend time** during visits and having **clear information** about the options available, for example, to go outside for a walk or to sit in the garden, to sit in a bedroom, main lounge or smaller lounge, make a hot drink, join in an activity, or go out for a run in the car. This can be particularly important when people experiencing care are living with dementia or have communication difficulties; a visit may be more meaningful when people can go outside into the garden or engage in an activity together. Some people whose relative had moved in during or after the pandemic have expressed uncertainty about what they are "allowed to do", and said they would appreciate more information about different options for spending time together.

> 'I'd like them to ask where it would be most convenient to spend time with my friend. I'd prefer her own room or the dining room, but we usually have to sit in the sitting room with a loud TV and other residents.' (Family Carer)

- **positive and constructive relationships with staff** who are warm, friendly and approachable. This helps to build trust and confidence that the person experiencing care is well looked after and that any concerns can be raised openly. Communication must be open and clear, both between family carers and staff and within the staff team, ensuring that information is passed on.

> "When I leave here, I know that they're looking after Dad. Staff greet you with a smile and they greet you by name, and they ask how you are and they know all the family." (Family carer)

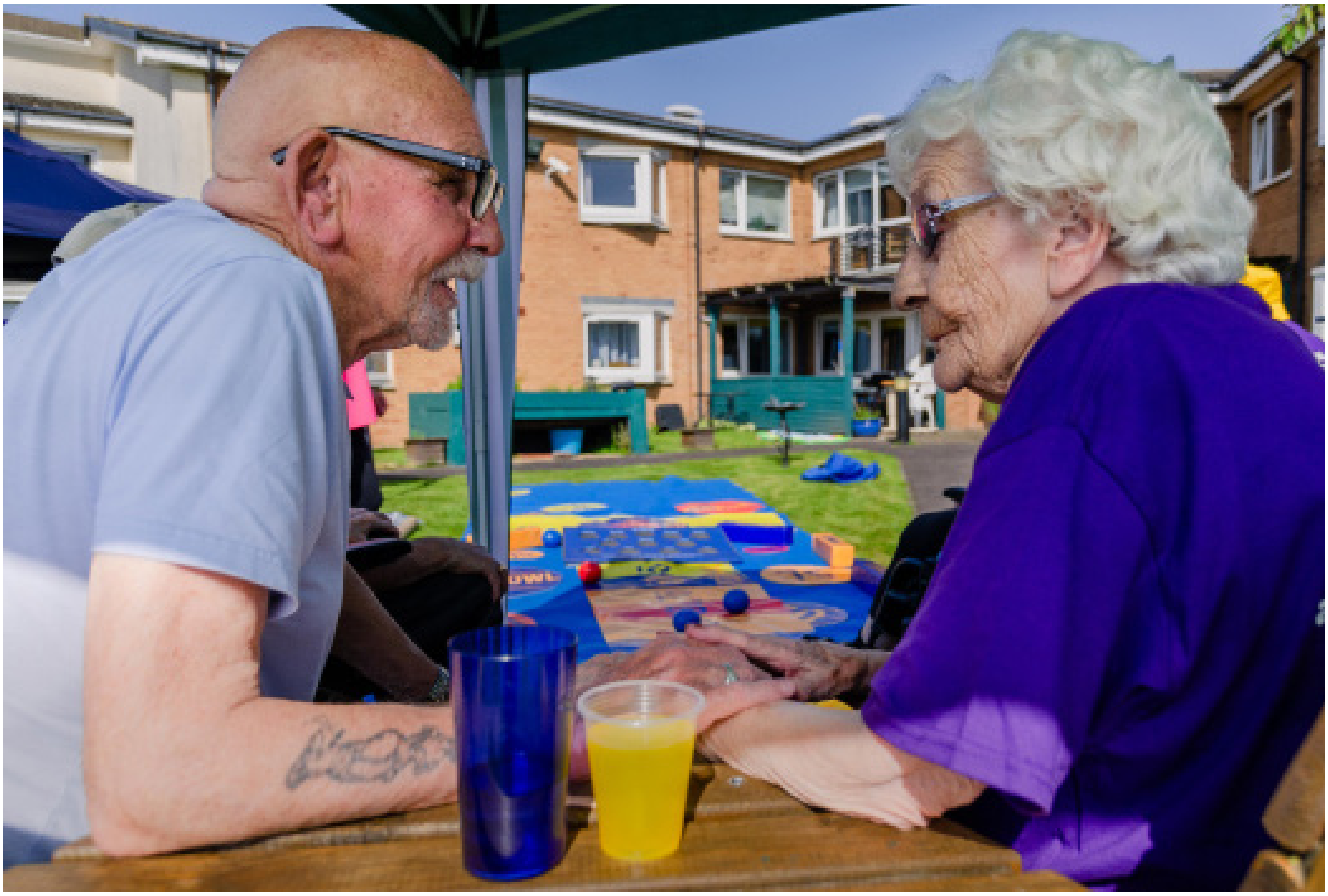
- being able to **freely raise any concerns** and feel confident that they will be taken seriously, addressed and documented. Partnership and good relationships are promoted when people are enabled, empowered and welcomed to ask questions and raise issues and concerns, and are reassured that they can do so without risking negative consequences. Often, this can prevent issues escalating which could have been resolved at a much earlier stage.

- **feeling confident** that staff know their loved one well and care about them.

> 'They always seem genuinely glad to see you and they show that they enjoy my husband being here. They show they care about him. They're always offering cups of tea, sometimes bring me soup when they bring his soup. They're very welcoming and thoughtful in every way. They are so reassuring. They totally understand.' (Family carer)

All of the above are facilitated by an **organisational culture** which is relationship-centred and actively values and welcomes inclusion and collaboration with family carers. This includes having **policies and procedures, including staff training**, which support and recognise the importance of family involvement. Staff roles and responsibilities must include an understanding of families as equal partners, where all staff are expected as a core part of their job to get to know people's families and friends and build rapport with them.

Relatives in some services have benefited from participating in a **mutual support group** which was initially facilitated by the care home. People valued the opportunity this provided to share experiences and gain support from others in a similar position.



### Things to consider

- What methods are there for keeping everyone in touch with what is happening in the home? Newsletters, noticeboards, social media?
- How are family carers enabled to feel empowered to raise any concerns, and do they know who to speak to about any issues?
- What information are family carers given to support their visit, for instance different options of where to spend the visit, how to access the garden, or how to make a hot drink?
- What information do people get when they move in? Is there an information pack for people experiencing care and family carers?
- Is information clearly recorded about how, when, and about what family carers wish to be contacted?
- Does the home have a meaningful connection and visiting policy in place, and have residents and family carers been consulted on this?

## Barriers to inclusion

- An **organisational culture which does not value inclusion** may result in people and family carers feeling that their input is not valued or wanted. They may be reluctant to raise concerns for fear that it could impact negatively on their relative, damage relationships with staff, and/or result in them being seen as troublemakers. This can result in concerns escalating, trust declining, and needs not being met.
- **Conflict and miscommunication in relationships with staff** can generate a lack of trust on both sides which can damage relationships. It is helpful for staff to have an awareness of the emotions, including loss, grief, anxiety and guilt, which family carers may be experiencing around their relative moving into a care home or changes in their condition, and how this may impact on their communication.
- **Service- or person-specific factors** like the location of the care home or the personal circumstances of family carers can inhibit the ability to visit. These may be hard to change and will depend on specific conditions, but services should consider any ways of addressing obstacles and signpost families to other sources of support where needed.
- **Difficulties in the relationship between the person experiencing care and their family carers** can make people less inclined to visit, if visits are experienced as difficult or distressing, or perceived as not benefiting the person experiencing care. Giving the opportunity to discuss with a suitably skilled member of staff, such as a dementia champion, and/or signposting to other sources of information and support can help people on their journey. Ensuring people know the options for spending time together within or outside of the care home, such as joining in activities or attending entertainment together, can help promote a more relaxed and meaningful experience.
- A **policy of protected mealtimes**, when this is interpreted to mean that family carers are discouraged from attending at this time. While it is appropriate to minimise non-essential interruptions to mealtimes, families have often shared meals together for a lifetime, and their presence or support can

make meals a more enjoyable experience. It can reinforce familial bonds, support the staff team, and can often result in improved nutritional intake. Enabling and encouraging family carers to share meals with their relative and support them with eating where needed, if this is what people want, should be facilitated by services and included in personal planning.  Barriers to supporting this may include, for instance, concerns about disruption to others' meals; services can consider strategies to address this, such as the layout of dining areas.

### Things to consider

- **What supports are available from the home to family carers?**
- **What supports are available within the community for family carers?**
- **Would there be a benefit to setting up a support group for family carers within the home?**
- **Are family carers welcomed to join their loved one for their meal?**

## Further resources

The Care Inspectorate leaflet Come On In contains tips to help families and friends stay connected. The National Activity Providers Association (NAPA) have also produced a Guide to Meaningful Visiting for Friends and Family.  A poster has been produced for services to display, which informs people experiencing care and their families and friends about their rights to have visits and go out.

# Relationships experienced by people living in care homes

Moving into a care home can change people's social networks, often bringing challenges to maintaining existing relationships, but also the opportunity for new friendships to form. It's important to consider both how existing relationships can be supported, and positive new relationships facilitated. These can include with peers, staff, and the wider community, which all have the potential to enhance daily life and support identity, personhood and wellbeing. Not all people experiencing care want or value these types of relationships, and some prefer to spend time alone or just with family.  However, it is important that people still have opportunities to spend meaningful time with others if they choose to do so.

## Peer relationships

For many people who live in care homes, friendships with others who live in the service can enrich everyday life and contribute to a sense of belonging. People have described how forming these positive relationships benefited them.

> 'Just a few girls in here and we have sort of matched together, we have meals together all the time and we just do silly things, have a giggle.  And that gets you through the day.' (Person experiencing care)

Research among people living in care homes found that many wanted more opportunities to socialise within the home and develop friendships and communities with their peers. However, in practice, few people described having close relationships of this kind. Factors which positively influence the development of friendships include shared interests and experiences, physical proximity, and personality.

### Things to consider

- **Are people introduced to their neighbours when they move in?**
- **Are people experiencing care, staff, and family carers, supported to connect through shared interests?**

**Personal planning** should seek to find out about and record people's social preferences and interests. **Identifying commonalities** such as shared interests or experiences, occupational background or places where people have lived, can help staff foster friendships by introducing people to each other. Living with **sensory and/or cognitive impairments** can have a major impact on people's ability to communicate and interact, so personal planning should consider how this can be addressed to provide optimal conditions for people to be socially involved. Small things like checking hearing aids and glasses can make a big difference. Personal planning guidance can help support services with developing effective plans which enhance people's daily lives.

> 'It's like a jigsaw for me because I have to think, oh, who can I put together? Who would like to sit together?' (Activities co-ordinator)

### Things to consider

- How do we find out information about people's life histories and interests, and how is this used to help support relationships and activities?
- Do people's personal plans detail their "recipe for connection"? (This describes the different "ingredients" that fit together to generate each individual's unique "recipe", which best meets their connection needs, wishes and preferences.) For instance, when and how do they like to spend time with families, friends, staff, others? Do they prefer group or one-to-one activities? What community links are important to them?
- How might personal plans be enhanced further?
- What preferences do people have for activities and is this captured in their personal plan?

> 'I found out that he had been part of a dominoes team, and we encouraged this on a daily basis with other residents with similar interests.' (Senior carer)

**Mealtimes** are a traditionally social time when people connect with families and friends, and there is evidence that nutritional intake often improves with increased social interaction. Interaction can be encouraged by considering seating arrangements, talking points like menus or mealtime themes, involving people who want and are able to help prepare or serve food or lay the table, or by staff sitting with people to support conversation, all of which can enhance the dining experience.

### Things to consider

- Does the mealtime experience promote interaction? How might this be enhanced?

Well-planned **group activities** can help build and maintain positive relationships, helping to generate a sense of belonging and purpose. **Participatory arts activities** such as music, drama, seated dance, and group reminiscence activities have been found to be particularly helpful in enhancing social connectedness, including for people with cognitive impairments, for whom the ability to express themselves creatively can make it easier to engage with others. Some services have found external **community arts organisations** helpful in running activities or providing training for staff to help them deliver these sorts of activities – many have a remit to promote and widen community engagement. For instance, Luminate works with older people's care homes to promote the arts and creative engagement across Scotland, enhancing people's wellbeing and quality of life.

> 'One gentleman stood out as someone who stayed on his own and had never really been interested in joining a group, but he responded so well to the music and joining in with playing music and singing with others. He loved it and it made a massive difference to how he felt day-to-day and how he engaged with other residents.' (Activities co-ordinator)

Some services use a **buddy system**, particularly for new residents, giving them the chance to get to know each other and settle in.

> 'We got introduced at the start, she said I'll take you round a bit, show you what it's like.  I couldn't do without her now and she couldn't do without me.  She doesn't have family of her own but she's one of my family now.' (Person experiencing care)

**Shared activities** provide greater opportunities for meaningful interaction and contact, creative expression and developing friendships, fostering a sense of community. When people have opportunities to take on different roles and to support, encourage, praise and advocate for each other, this promotes a feeling of reciprocity, helping people feel valued and supporting their personhood.

**Events**, including personal ones like birthday parties or public ones like festivals and holidays, can give people opportunities to interact and reminisce together.

Research shows that friendships are easily disrupted when people no longer have independent access to their friends, for instance due to a **change in health and support needs**. Good personal planning which values relationships will flag up and address where a change in circumstances might impact relationships.

> 'We had a lady who came in and was quite mobile, and she always used to go through and see one of our ladies who has very advanced dementia. She would sit with her and give her a bit of company. It was really nice. And then she went off her feet. So now as a staff, every day we'll take her along.' (Deputy manager)

A **physical environment** which provides a range of well-planned indoor and outdoor spaces for socialisation helps foster relationships. High levels of background noise, for instance, can have a profound impact on the ability to interact meaningfully with others.

Some services have **designated an area as a café or pub** where people can gather for events such as quizzes, watching a sporting or other event on TV, or just for a chat.

> 'It's a community and there are fishermen and farmers and things like that. And that's what they used to do, going to the pub at the end of the week and talking. So I created this little pub area, and we'll meet there and talk and have a quiz.' (Activities organiser)

Opportunities for small group living, where people have more chance to get to know each other, can enhance people's experiences of care home life.

### Things to consider

- **Does the environment maximise opportunities for people to interact and communicate with each other, or to spend time alone when they choose to do so?**
- **Are people free to spend time where they want? Do they know all the options available?**

**Loss and grief** can impact people powerfully when they lose a friend, whether through death or moving elsewhere, so it's important to recognise this and provide appropriate support and information. Everyone experiences grief differently, but acknowledging the loss and providing a listening ear, supporting people to attend funerals if they wish, or organising remembrance ceremonies or activities within the home, such as lighting a candle and talking about the lost person, can provide comfort and help people grieve.

### Things to consider

- Do you know what are the personally important dates for people, such as wedding anniversaries and birthdays of loved ones? Are people supported to mark these occasions, for instance by sending cards?
- How are these dates recorded, for instance in staff diary?
- How can staff ensure people's friendships are supported even if circumstances change?
- Are people supported to say goodbye when a friend is nearing the end of life?
- How are people supported with loss and grief?

## Staff relationships

The quality of relationships with staff has a huge influence on how people experience their daily lives and is fundamental to high-quality care. Positive, consistent relationships enhance daily life and help staff understand people's preferences, needs and values.

People experiencing care have described the qualities they value in staff. These include:

- being patient
- being friendly
- being approachable and genuine
- treating them with respect and dignity
- recognising and acknowledging their uniqueness
- making them feel comfortable about needing assistance.

Continuity of staff and the opportunity to get to know each other and have a laugh together is also highly valued by many people experiencing care.

> 'Some days we just have 'stupidity time' as I call it. We just have a laugh, and it brightens the day up. It's brilliant, it really is.' (Person experiencing care)

Good relationships are supported when there is an atmosphere of mutual respect and reciprocity. For instance, when people experiencing care have opportunities to share their skills, knowledge and experience, and to enjoy social chat with staff both during and out with care activities, this can really contribute to wellbeing and a greater sense of equality and mutuality in the relationship. Engaging in activities together, particularly creative activities, have been shown to contribute to positive relationships with staff, especially when both are trying something new and have opportunities to support and encourage each other.

Consistent allocation of staff, wherever possible, increases familiarity and continuity and fosters more person-centred care, as people have greater opportunities to get to know each other. Many people experiencing care value the opportunity to get to know staff better and hear a little about their lives outside of work, generating a more personal connection. It is important that staff have knowledge and guidance on developing and maintaining positive, enriching relationships with people experiencing care, while maintaining an awareness of appropriate professional boundaries.

> 'Most staff have been here quite a while, you get to know their backgrounds and they kind of relate bits and pieces and you get to know each other a bit more, find out about their lives.' (Person experiencing care)

### Things to consider

- **What are some of the ways staff can build positive relationships with people experiencing care?**
- **Are people and their keyworkers linked based on shared interests?**
- **Do keyworkers have time to spend one-to-one with people, to get to know each other and develop the relationship, when this time is not used for carrying out routine tasks?**
- **Are people supported by the same staff?**
- **If someone is admitted to hospital, are they able to maintain contact with staff?**

Opportunities for people and staff to spend time together carrying out tasks within the home, if they wish to do so, also helps to build positive relationships, a sense of purpose, and reciprocity. Enabling and supporting people to do things they may have always done, such as helping prepare or serve food, setting or clearing the table, folding laundry and gardening, maintains existing skills and supports personhood. People may also gain satisfaction from learning new skills. Many people valued a sense of being included by staff in daily activities or enjoyed it when staff sat with them to complete their paperwork or electronic notes.

> 'Dad didn't really like coming out of his room very much, but he loved it when staff came in to talk to him.' (Family carer)

**Sharing activities and occasions** with staff can also be a good way of supporting strong relationships, particularly when people have opportunities to be involved in planning and/or taking a role in the event.

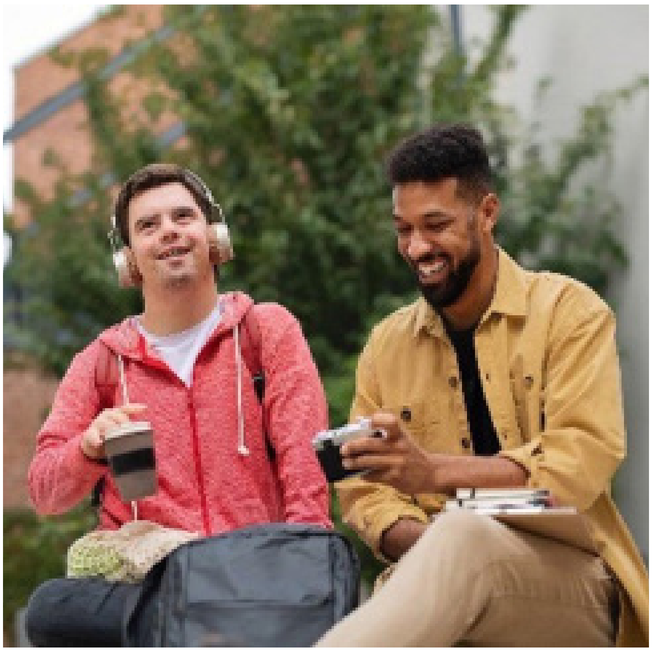
One care home for older people held a baby shower for a member of staff who was going on maternity leave, providing an opportunity for people experiencing care to be supported to give small gifts and share their own memories.

> 'They reminisced about when their kids were small, and they were just delighted to see all the baby things.' (Care home manager)

Staff induction and training should include the importance of developing and maintaining positive and supportive relationships with people experiencing care. A series of SSSC Open Badges on different aspects of meaningful connection is available for care staff, providing an opportunity to reflect upon, develop and evidence their understanding of and commitment to supporting meaningful connection. These can be used during staff induction and training and will help staff evidence their Continuous Professional Learning.

### Things to consider

- **Are people supported to help around the care home if they wish, such as with setting tables, tidying up, tending to the plants and garden, and so on?**



## Relationships with the wider community/getting out and about

Connecting with the world outside the care home, whether through going out and about or bringing the outside world in, is an important contributor to people's wellbeing and identity. It supports people to remain active citizens, helping to keep in touch with the world beyond the care home and fostering greater inclusion and reciprocity. It is important to recognise that "community" can take many different forms and is not necessarily restricted to a geographical area.

**Getting outside into the open air**, even just for a short time every day, is known to have a positive impact on health and wellbeing. People who are living with dementia, for instance, often experience significant benefits from engaging with the natural environment. This could be through spending time in the garden, going for walks around the local area, or trips further afield. People should be enabled to benefit, without restrictions, from outside spaces which are safe and easily accessible. Those who are unable or do not choose to go outside can still be supported to connect with nature by "bringing the outdoors indoors", for instance via indoor gardens and contact with animals.

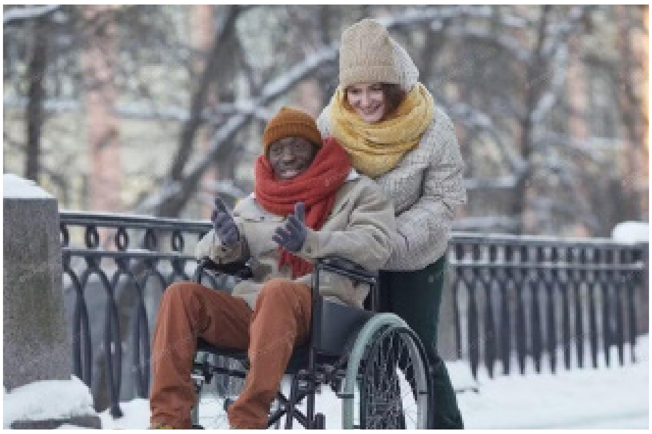
### Things to consider

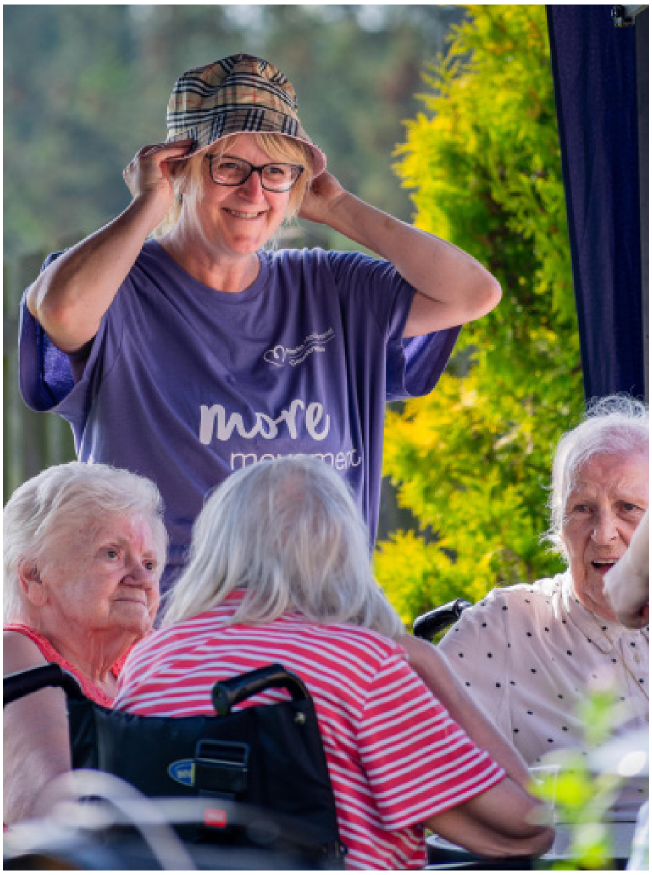
- **Can people go outside and spend time in nature if they want?**
- **Are people encouraged to tend to the garden, if they wish to do so?**
- **How can we 'bring the outdoors indoors'?**

Intergenerational contact, via partnerships with, for instance, schools, nurseries, Guides or Scouts groups or further education establishments, has numerous benefits. It often has positive impacts on wellbeing and engagement, particularly when it is regular and sustained, enabling people to develop relationships and experience interactions which enrich everyday life. It fosters inclusion and understanding between generations, benefiting the whole community. Involving people experiencing care in activities, such as reading to children or hearing them read, can promote a sense of reciprocity.

> A care home for older people had positive links with a nearby day service for young people with learning disabilities, who would visit the home regularly to spend time chatting, playing games and participating in indoor and outdoor activities with residents, developing valued relationships and providing rewarding reciprocal experiences for both groups.

Facilitating opportunities for people to become involved in **activities which benefit the wider community and/or the care home community**, also helps foster a sense of usefulness, satisfaction and reciprocity, and often enables people to use or develop their skills and knowledge in a practical and productive way. For instance, some services have been involved in planting, litter picking, or making and selling jam, pot plants or crafts to raise funds for charity or for the care home residents' fund.





**Going out on trips** such as to local community events, cafés or garden centres, coffee mornings, places of interest or just for a bus run around the area provides positive experiences for many people. Involving volunteers or family members to help support outings, where possible, can help to increase people's opportunities to get out and about.

**Connecting with the local community**, such as links with religious or community groups, businesses, and other local services like day services, sheltered housing or other care homes can help foster inclusion and widen people's social networks. **Mapping the local area** can help identify where opportunities exist, building up a network of potential resources such as groups, organisations, projects, classes, services, places of interest, and so on. Some areas already have directories of community resources which can provide a good starting point. Involving families, staff, other professionals, and so on, who can share their own knowledge about what's available locally, can help build an invaluable knowledge base.

> 'We have our community café once a month, which brings people from the community or friends.  You've got lots of people that come from the sheltered houses.' (Activities co-ordinator)

**Barriers** to getting out and about include person-specific factors like mobility issues, and service-specific ones such as staffing and resources, particularly transport.

While not all people experiencing care may wish or choose to go out, it is important to find out and understand any **individual factors** which may be influencing this and how these can be addressed. For instance, are some people reluctant to go out on the bus due to anxiety that they will not be able to get to the toilet when needed? If so, what can be put in place to overcome these barriers? For instance, scheduling in toilet stops and offering reassurance.

> '[Person experiencing care] can find it very difficult to come out of her room, she finds it very hard meeting strange people. But she had a great day last week. She went out for an ice cream with three other people on the bus. Three people who are familiar to her that she's seeing near her room all the time, and her keyworker who she's extremely fond of and got that rapport with. And she's agreed to go out before and it hasn't worked, she immediately got very distressed and wanted straight back to her room. But her keyworker had the idea to include just these few people and it really worked. It was fantastic. There's a video of her laughing and singing at the top of her voice on the bus, and that's the first time she's ever been on the bus. We just thought, how can we make this work?' (Care home manager)

Some services have **struggled to rebuild community links** which had fallen away during the pandemic, and this is an ongoing process. Particularly for many people with learning disabilities who live in care homes, opportunities for external work or other activities have been severely impacted, affecting people's ability to connect with the community and their peers as well as their opportunities for meaningful activity. This can have profound impacts on people's health and wellbeing, and their ability to remain active citizens within the community.

> "I'd like to get out on the bus more... I'd be the first one on the bus!" (person experiencing care)

Many services have had positive experiences of involving families and volunteers to help support outings. For instance, Cycling Without Age uses volunteers across Scotland to support older people and those with mobility challenges to get out and about on trishaw (similar to a rickshaw, with the passengers sitting at the front) rides.

A student on placement in a care home for older people organised a bus trip, asking all the residents if they would like to go. The level of uptake surprised the regular staff and the trip was very positive.

> 'At least half of the folk that were on the bus run, we wouldn't have expected to go. Staff were saying, oh, I don't think he'll go, I don't think she'll go. Shame on us. So that was a learning experience.' (Care home manager)

## Things to consider

- What opportunities and possibilities are there for involving volunteers in activities within and outside of the care home, for instance, families and friends, students, community groups?
- Is the home part of the wider community? What opportunities could this bring, and how could this be strengthened?
- How can we build intergenerational links?
- How can you map the local community to build a network of resources such as clubs, churches, etc.?
- How might you address and overcome barriers to enable people to spend time outside of the home?

Contact with animals has benefits for many people experiencing care. Although not everyone likes or wants to be around animals, the opportunity to pet, handle and/or be involved in caring for animals can have positive health and wellbeing outcomes for many. These can include reducing stress, generating a sense of purpose and belonging, and promoting increased social interaction with peers, staff and volunteers. Resident animals such as cats, rabbits, chickens, etc can provide the opportunity to form emotional bonds and contribute to the animals' care, when this is what people want. For many people, animals have been important throughout their lives and contact with them is highly valued and beneficial. However, others may fear, dislike, or be allergic to some or all animals, so it's essential that thorough risk assessment takes everyone's needs and wishes into consideration.

> 'My mum had a cat, so she's got an attachment to the cat that lives here and that's made her feel more at home.' (Family carer)

### Things to consider

- What opportunities do people have for contact with animals, and what are the outcomes from this?
- How could people be supported to have opportunities to be involved in looking after animals, if this is what they want?
- If people prefer not to have contact with animals, how are their needs and wishes addressed?

## Further resources

The Care Inspectorate's Guide for Providers on Personal Planning looks in detail at personal planning. The resource Animal Magic considers the role of animals across a range of care settings. Arts in Care has guidance and tips on using the arts and creative engagement to enhance wellbeing and quality of life. MIND has tips and ideas for getting outside and connecting with nature.

## Using technology to support communication

Technology can enhance connection when it is used in a meaningful and person-centred way. The use of **communication technology** became increasingly important during the pandemic when visiting was restricted, requiring many staff, family carers, and people experiencing care to develop skills to try to remain connected. Access to digital connection is increasingly becoming regarded as a human right, which can enhance people's experiences and improve their health and wellbeing. The use of video calling can be a positive and enriching experience for some people, enabling them to connect with loved ones who they cannot see in person.

> 'I can see the grandchildren and the animals [in the USA], it's amazing. I never could have done this in the past.' (Person experiencing care)

Technology can enable people to **engage with the wider community** in new and creative ways, such as by attending "virtual" events with family, or wider community events, classes or religious services. It can also support connection within the care home, by enabling activities which encourage interaction.

However, technology brings its own **challenges**. Video calling in particular is not appropriate for everyone, and this can particularly be the case for people who live with sensory and/or cognitive difficulties. It can cause stress and distress for some people, and more familiar or traditional methods of communication, such as telephoning or writing letters, can be associated with better outcomes.

> 'Some people didn't understand, they thought it was a photograph or video. Some thought it must mean there was something wrong, it just caused them more anxiety. And for some, it was a godsend.' (Care home manager)

Services must ensure technology is used in a person-led way and that people's needs, preferences, aspirations, and individual outcomes are clearly recorded in personal plans and implemented in day-to-day practice. For instance, use of a headset, where appropriate, can help reduce external noise and support clearer communication.

### Things to consider

- **Are people's individual needs, preferences, aspirations, barriers and challenges regarding use of technology recorded in their personal plan, and regularly reviewed?**
- **How might you know someone is experiencing stress or distress while using technology, and how could this be addressed?**
- **How can you use technology in creative ways to support meaningful activity and connection with the wider community?**

The right to respect for **private correspondence**, which includes phone and video calls, is a fundamental human right (Article 8, Human Rights Act 1998), and people should be supported to communicate privately with families, friends and others, if that is what they want.

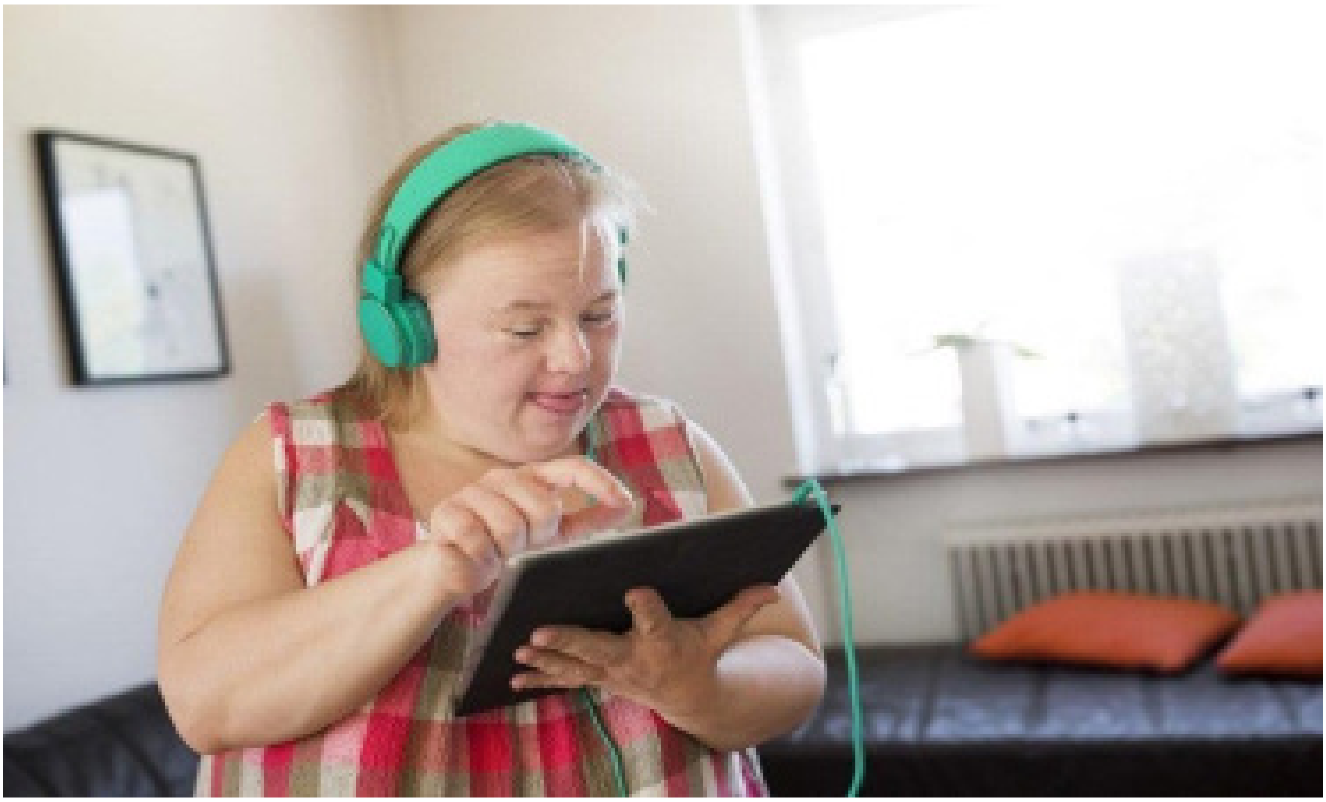
It is good practice for all staff to be able to develop their skills in using technology in person-led and creative ways. For many staff, research has indicated that they do not feel confident in this area, and during consultation more than half of those asked expressed that they would benefit from further training.

### Things to consider

- **How confident are staff in supporting people to use technology, and what is needed to enhance this?**
- **Are people supported to communicate privately, if that is what they want?**

## Further resources

The Care Inspectorate has produced a good practice guide which provides information, guidance and good practice examples around using technology to support positive outcomes for people experiencing care.



# Supporting meaningful connection during exceptional circumstances

People experiencing care in care homes have the right to see, spend time with, and where appropriate be supported with day-to-day care by the people who are important to them, even in exceptional circumstances such as an outbreak of an infectious disease. This is supported by the Health and Social Care Standards. The Care Inspectorate has published a factsheet which provides further information about care home visiting in normal and exceptional circumstances.

**Things to consider**

- **Do personal plans contain information to help support people if visiting is restricted at any time? Who are the named visitors? What individual supports may people need?**
- **Do you have a policy in place to ensure people's rights are respected and needs met if visiting is restricted at any time?**

Having a **communication plan** in place to ensure family carers are informed from an early stage of any outbreak and what this means for them in practice is vital. The service must regularly update people experiencing care and family carers regarding any changes to visiting arrangements, monitoring, and individuals and organisations involved in the decision-making process. If restrictions are required, the likely timeframe for these being reviewed must be clearly communicated to people and family carers. Staff should be aware that being informed of an outbreak may trigger trauma responses in some people based on previous experiences or anxieties they have, and staff should be sensitive to this.

Services must ensure people **receive information in the ways that suit them best**. While social media can be a helpful tool, this should not be the only means of communicating important information.

If people require to **self-isolate** at any time, this must be for the shortest possible period and consideration given to how their individual psychological wellbeing can be supported during this time. For instance, enhanced staffing may be required to support interaction. People must still be able to see named visitors, in line with the relevant guidance.

Supporting **people living with dementia or other cognitive impairments** to remain connected during an outbreak can require some specific consideration (although this may also apply to other people, too). Some people may not understand why they are expected to remain in their room, and it is important that staff have the information they need to support people in ways that are person-led and respect their human rights, as well as considering their safety and that of others. A detailed individual **risk assessment and personal plan** for each person helps minimise risks and alleviate potential stress and distress. This could include, for instance, providing activities meaningful to the individual which can be carried out either alone or with distancing in place, such as music, art, indoor or outdoor gardening, reminiscence, or going outside for a regular walk. It must also include information to support visiting during an outbreak and contacting loved ones remotely when appropriate.

### Things to consider

- Can the environment be managed to allow people who are used to walking with purpose to continue to do so safely?
- What types of activities could be carried out in your home should an outbreak occur?

The use of Personal Protective Equipment (PPE) can make **communicating with people experiencing care** more difficult. It can cause distress and anxiety for people, and this should be considered in the personal plan so staff can use person-led strategies to minimise this and aid communication. The use of transparent face masks, where possible, can be helpful.

Verbal communication can be muffled when wearing a face covering and non-verbal communication via facial expression is largely hidden. It is also harder to recognise people.

Some strategies include:
- Ensuring the environment is quiet and well-lit and the speaker is positioned to be clearly visible.
- Speaking a little more loudly and articulating more clearly can also help, as can slowing down the rate of speech.
- Using gestures and body language can help to supplement verbal communication. Research has found using meaningful and easily understandable gestures such as "thumbs up/down" or miming a drink, for example, to be beneficial for people with communication issues.
- Visual supports, like written words or pictures, can also help to supplement communication, as can using large name tags or name tags with photographs.

### Things to consider

- What communication aids are already in place, and how could these be enhanced?
- If PPE is needed, particularly masks, how can staff minimise the impact on communication?
- What types of activities could be carried out in your home should an outbreak occur?

# Glossary

**Essential visits** are visits when people are supported to visit at the end of life, and/or to alleviate or avoid stress or distress for people experiencing care or their family carers. Essential visits should be supported under all circumstances and without any restriction on number of visitors, frequency or duration.

**Family carers/essential care supporters** are immediate and extended family, friends and other close contacts who play ongoing and vital roles in the lives of people who experience care.

**Human rights** are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.

A **human rights-based approach** is an approach which enables people to know and claim their rights and participate in decisions that affect them, based on the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legality.

**Meaningful connection** is about all the connections, such as with families, friends, staff, pets, the wider community, our environment and belongings, which people experience as valued and meaningful and which support emotional, mental and physical health and wellbeing.

**Named visitors** are those nominated by people experiencing care to continue visiting during an outbreak, in line with the current guidance. This does not replace essential visits which are always supported.

**Organisational culture** are the values, attitudes, expectations, systems and policies of an organisation, which influence people's behaviours and experiences.

**Peer relationships** are the interactions and friendships people have with others living in the care home, or potentially in other homes. When these are positive and meaningful, this contributes to quality of life and thriving.

**'Recipe for connection'** refers to the ingredients that fit together to generate each individual's unique recipe for best meeting their connection needs, wishes and preferences.

**Reciprocity** refers to social interactions where each participant is enabled to contribute and give something back.  It is a shared experience which supports people to feel valued, included and seen, and promotes personhood and wellbeing.

**Skin hunger** is a term from research that describes how people feel without experiencing physical touch, such as hugs or holding hands.

# Appendix 1: PANEL Principles – case study

**Several people living in the care home like to spend time sitting in comfy chairs in the receptoin area. They can see and speak to people coming and going and chat to each other - it is an important social part of their day. The management has concerns about safety hazards due to walking aids taking up space in the area, and is considering how to address this, such as by removing the chairs so people can no longer sit there.**

**Which of the PANEL principles – Participation, Accountability, Non-Discrimination, Empowerment, Legality – are relevant here and why?**

- **Participation** – people should be able to participate in decisions, large or small, affecting their care and support and therefore should be involved in any decision made. Participation does not necessarily mean people will always get their preferred outcome, but they should have genuine meaningful input into decisions that affect them.
- **Accountability** – People should have accessible, easy-to-use systems to raise any concerns and have them addressed.
- **Non-discrimination and equality** – this could be considered discrimination on grounds of disability. It may be assumed people are not able to express their views or that it is enough to ask others, for example, family carers, to speak on their behalf. Where people are more vulnerable or marginalised, there is an extra duty to ensure they are supported and given opportunities to express their views and have them listened to.
- **Empowerment** – are people empowered to understand their rights to participate in decisions that affected them, and to claim their rights? Again, additional support should be provided when this is needed, in whatever form people require it.
- **Legality** – Article 8 of the Human Rights Act, which covers areas like the right to wellbeing through autonomy and choice, and the right to respect for the home life of an individual, may be relevant here.

# Appendix 2: FAIR framework – case study

**Staff have noticed that Alice, an 85 year old lady who has no regular visitors, is becoming increasingly withdrawn and is spending most of her time in her room, having previously been very sociable. The staff would like to encourage her to engage more socially, as they believe it would improve her wellbeing, but also want to respect her autonomy.**

1. What are the relevant **FACTS** to understand? What is the experience of the people involved?

Alice used to be sociable, but has recently withdrawn due to the loss of a close friend in the care home. She no longer wants to participate in activities which she previously enjoyed such as music and crafts. There is a risk that she becomes increasingly isolated.

2. **ANALYSE** what human rights are at stake in this situation.

- Right to autonomy – Alice has the right to decide how she spends her time and whether or not to participate in group activities.
- Right to wellbeing – The care home has a duty to support her emotional and mental health and wellbeing by offering opportunities for connection with others.
- Right to dignity – Efforts to encourage her involvement must be respectful and not make her feel pressured or embarrassed.

3. **IDENTIFY** what needs to be done and who is responsible for doing it.

Consider what actions can be taken, such as:

- Speak with Alice to understand her feelings and barriers to participation. Has she been supported to grieve for her friend?
- Explore tailored approaches to reintroduce connection, such as one-to-one or smaller group activities.
- Offer a gentle transition by involving her in roles that align with her interests.

4.**REVIEW** and evaluate what has happened as a result.

- Gather feedback from Alice and staff as to whether Alice feels more comfortable and whether her sense of connection and overall wellbeing improves.
- Refine the approach as necessary, ensuring Alice’s preferences remain central.

# Acknowledgements

We would like to thank all the people experiencing care, family carers, care home managers and staff who have given their time to share their views and experiences with us. We would particularly like to thank the residents, relatives and staff of Glennie House, who appear in some of the images used in this document. Discussion with the Scottish Human Rights Commission regarding a human rights-based approach was also much appreciated.

# Useful resources

Further information on many of the areas discussed can be found by following the links below, all of which are free to access and may prove useful in finding new ways to support meaningful connection in your service.

Visiting, Meaningful Connection and Anne's Law webpage

Meaningful Connection self-evaluation tool

Meaningful Connection Literature Review

Guide for providers on personal planning

Using technology and digital devices: Practice guide

Health and Social Care Standards

Report on engagement visits to care homes

Care home visiting factsheet

Arts in Care

Luminate Scotland

Come on in - Staying connected - Leaflet

Bringing Generations Together

Animal Magic: the benefits of being around and caring for animals across care settings

Supporting wellbeing through meaningful engagement

Care About Physical Activity resource pack

Make Every Move Count resource

Make Every Moment Count guide

Restoring Relationships (TIDE)

Cycling Without Age Scotland

Family - NAPA Guide to Meaningful Visits for Friends and Family.pdf (napa-activities.co.uk)

NAPA Toolkit for Activity Providers Meaningful Visits.pdf (napa-activities.co.uk)

National Infection Prevention and Control Manual

Open Badges

The Bradford Wellbeing Profile

Scottish Human Rights Commission: Care about Rights

Anne's Law factsheet

Supporting meaningful connection when people are living with dementia

Reading is Caring

Playlist for Life

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