

# Social History

## How to Collect Life Stories of Older Adults in Long-Term Care Homes

### Quality Palliative Care in Long Term Care Alliance (QPC-LTC)



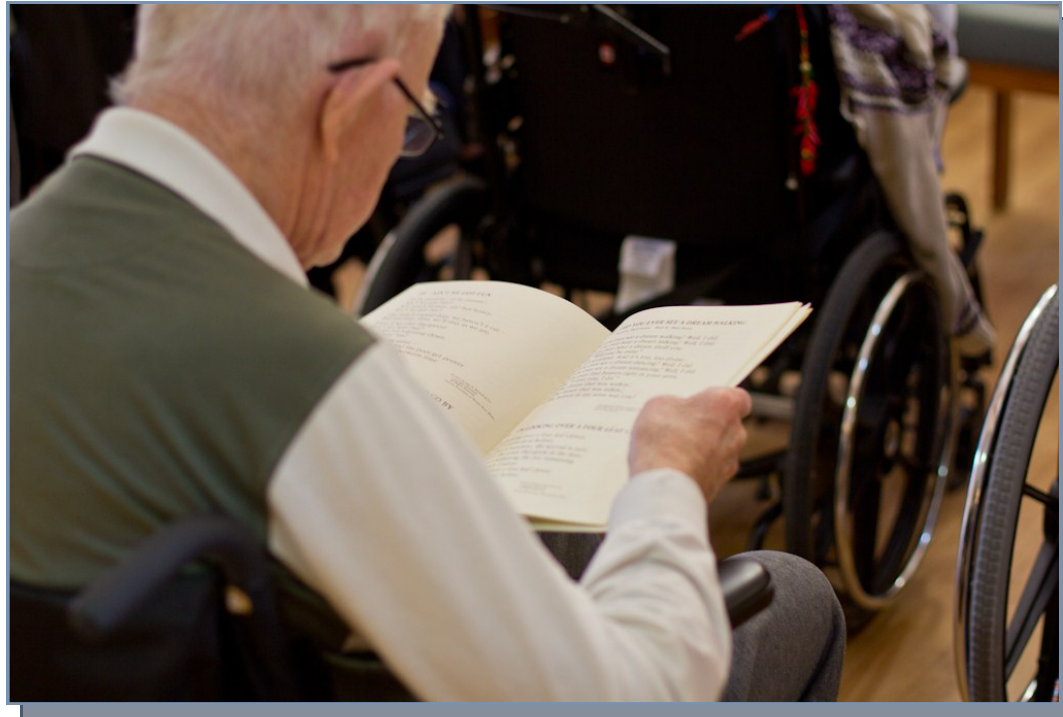
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**Social Histories, Quality Palliative Care in Long Term Care, Version 1, [www.palliativealliance.ca](http://www.palliativealliance.ca).**

For more information regarding the project please visit [www.palliativealliance.ca](http://www.palliativealliance.ca) or email our team at [palliativealliance@lakeheadu.ca](mailto:palliativealliance@lakeheadu.ca)

## Introduction

The information in this toolkit is based on current literature and best practices. It is an introduction to the purpose, process, and benefits of collecting social histories of residents in long-term care. Data was collected from Hogarth Riverview Manor and Bethammi Nursing Home, a part of St. Joseph's Care Group, in Thunder Bay, Ontario.

This toolkit is a result of the research conducted on the project by Principal Investigator Dr. Mary Lou Kelley, Acting Project Manager Jill Marcella, Knowledge Broker Jessica McAnulty, and Social Work Undergraduate Students Patrycja Nowak and Lisa Kushnier, from the Centre for Education on Research on Aging and Health (CERAH) for the Quality Palliative Care in Long Term Care Alliance (QPC-LTC).

*Gathering social histories "provides people with opportunities , if they so desire, to talk about their life experiences -family, friends, work history, hobbies -perhaps using photographs and personal belongings as triggers to these memories"*  
(Adams et al, 1998; Jarvis, 1998, as cited in Clarke, 2000, p.431).

## What is a Social History?

A social history is a compilation of biographical information about an individual. It may include questions about an individual's unique qualities and strengths, spiritual practices, education and employment, hobbies and interests, significant events, and words of wisdom.

Also often referred to as: *life biography, life story, life history*



## Background

Older people are sometimes perceived as being generally the same, even though their experiences may span a generation or more, and are incredibly diverse. Using a biographic approach enables "a fuller understanding of older people as unique individuals, based on their lived experience" (Clarke, 2000, p.432).

Biographic approaches, such as social histories or life biographies are used to help deliver resident-centered care in long-term care. They allow staff to get to know the person behind the resident by learning more about the individual as a person with unique life experiences (Clarke, Hanson & Ross, 2003; Clarke, 2000).

Collecting a social history provides residents with the opportunity to share their life story -their attitudes, interests, and significant experiences that have shaped their lives. Social histories provide staff with greater insight into the residents' needs and goals, and also contribute to dispelling ageist stereotypes (Clarke et al., 2003).

For practitioners working in long-term care, this approach may inform assessment, planning and evaluation. Collecting a social history helps staff see "the person behind the patient" and also helps build and strengthen relationships with residents and their relatives (Clarke et al, 2003, p. 701).



## Why Should Social Histories be Gathered?

### Benefits

#### Personalizes Care:

- Help staff/volunteers to see residents as unique people, based on their lived experience (Clarke, et al., 2003).
- Help staff/volunteers understand residents more fully, by providing a picture of the resident.
- Being listened to strengthens the resident's identity, brings about a sense of meaning and purpose to their life (McKee et al., 2002; Chochinov et al., 2005).
- Help staff/volunteers see residents as real people even though they some have a dementia or cognitive disabilities.
- Most older people in long-term care enjoy talking about their lives.

#### Improves Quality of Care:

- Low cost intervention that improves quality of life for residents and the self-esteem of staff/volunteers (Clarke et al., 2003).
- Helps staff/volunteers learn about the resident's needs and behaviours.
- Helps provide information and insight about the resident and family which may directly affect decisions about appropriate care.
- Helps staff see the person in the context of their whole life, rather than them as a resident of long term care with complex health and physical needs.

*Current literature suggests that "the use of biographical approaches may have a positive effect on the attitudes of staff towards the older people for whom they care, while also enhancing relationships between staff and family carers" (Clarke et al., 2003).*

### Builds and Strengthens Relationships:

- Help staff/volunteers form closer relationships with residents and their families.
- Relatives appreciate staff/volunteers taking an interest in the resident's life and focusing on more than their physical needs.
- Helps get rid of ageist and stereotypical assumptions about older people by helping staff see the person behind the resident (Clarke, 2000).

### **Additional Information**

#### When should social history be gathered?

- A social history should be gathered shortly after a resident's admission, ideally within the first month of admission.
- Depending upon resident schedules, the best time to gather a social history is during down times in the day.
- Before meals is not a good time because residents need to be transported to the dining room.
- Individuals conducting social histories should also consider the resident's mood and willingness to share.

#### Where should a social history be gathered?

- It is best to conduct a social history in a place that the resident feels most comfortable and familiar with.
- Often a resident's room is an ideal place because there is less opportunity for distractions.
- Photographs and keepsakes in a resident's room also may trigger memories and conversations to assist in completing the social history.
- A quiet private place is also recommended; often times residents share personal information that they may or may not want others to hear.

*"Biographical approaches are one way of helping to create a 'caring community'". (Heliker, 1999 as cited in Clarke et al., 2003).*

## How are Social Histories Gathered?

1. **Gather the necessary materials:** Print the Social History Template (See Appendix A); bring a clipboard with additional paper; bring several pens.

*Tip: Bring a hard surface to write on as something may not be available in the resident's rooms.*

2. **Get to know the resident:** Introduce yourself to the resident, and if time allows, try to get to know them before you begin conducting a social history.

*Tip: A resident's photographs or mementos make great conversation starters. Ask the resident about their meaning or significance.*

3. **Ask for consent:** Let the resident know that you are collecting information about their life history and experiences. Inform them that the purpose of collecting the social history is to help front line staff get to know them better. If you are using a recorder, ask for additional consent.

4. **Choose a suitable time and place to conduct the social history:**

Consider the resident's room, their favourite place in the home, or a quiet spot without any distractions. A resident's room is ideal because it often contains photographs and mementos to spark conversations and help jog the resident's memory.

*Tip: Talk to staff about the resident's schedule.*

5. **Begin the social history informally:** Start the social history by engaging in casual conversation, rather than asking questions right away. This helps make the resident and the interviewer feel comfortable.

*Tip: Exclude things that the resident doesn't want to talk about. Avoid abstract questions as these may be hard for resident to answer.*

6. **Begin the interview:** It is not necessary to follow the Social History Template in any particular order, or question by question. Gauge the order of the questions by the direction of the conversation.

7. **Improvise:** Be sure to include all relevant information, even if the resident shares information that isn't included in the template.
8. **Gage the resident's reaction throughout the process:** Watch for questions that upset the resident. Although emotions like sadness or grief are normal, and to be expected during this process, do not push the resident to talk about past painful experiences. If the resident becomes visibly upset, move on to another question, or continue the interview at a later time.  
*Tip: Be prepared as the resident may cry, and you may find yourself getting emotional as well. This is often a normal part of the process.*
9. **Conclude the interview:** Thank the resident for sharing their life story with you.
10. **Create a poster:** With the resident's permission, create a poster (legal size is recommended) that can be kept in the resident's room for easy access by staff, volunteers, and others (See Appendix B). Based on each resident's unique life story, each poster will be different and will include different information. It is up to your discretion to choose the information you feel most represents the resident.  
*Tip: Include pictures in the poster. They can help staff easily identify important points about the resident especially if they do not have time to read the entire poster or social history. They make good conversation starters.*
11. **Show the poster to the resident and/or their family:** Make sure that the resident approves the poster you have created. You want to be sure that the poster is an accurate representation of the resident.
12. **Post the poster by the resident's bedside and include the social history in the resident's care plan:** The final social history and poster will help inform staff and volunteers who care for and interact with the resident.



## Limitations

While there are many benefits to gathering social histories, there are some limitations to be aware of. Integrating this approach into everyday care activities eliminates some of these limitations.

### **Personal Limitations**

- Not all residents' want to talk about their lives.
- Not suitable for individuals who are more reserved.
- Not suitable for residents who have had painful past experiences (Clarke, et al., 2003) that they are not willing to share.
- Forming a trusting relationship with the resident is important prior to working on their social history.
- Challenging to the listener in knowing how to react when people talk about aspects of their lives that are distressing.
- An emotional investment for the listener and the narrator.

### **Organizational Limitations**

- Time must be invested to implement and complete the social histories for all residents.
- Problems getting consent from some people and the difficulty of cooperation with staff.
- For some residents, time must also be invested to build a trusting relationship between the resident and the listener.
- Time must be invested to train staff/volunteers on how to appropriately complete the social histories.
- Privacy and confidentiality barriers.

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# Appendix A: Social History Template

## Getting to Know Me

*This section is like a photograph. It is a snapshot of me and will help you learn who I am.*

Name: *(how I like to be addressed -e.g. nickname, Mr., Mrs., first name, etc.)*

\_\_\_\_\_

*(If you have a nickname, how did you get it?)*

Born Where \_\_\_\_\_  
When/Age \_\_\_\_\_

Languages spoken: \_\_\_\_\_  
Cultural/ethnic background \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse(s) \_\_\_\_\_

When? (date of anniversary) \_\_\_\_\_

Is your spouse living or deceased? \_\_\_\_\_

Do you have any children? *(names, occupations, where they are living, and any other important information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any grandchildren or great grandchildren? *(names, occupations, and where they are living, and any other important information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of other important people: *(any important information about them and your relationship with them)*

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Brother(s): \_\_\_\_\_

Sister(s): \_\_\_\_\_

Significant Others (e.g., friends) \_\_\_\_\_

Pets: *(Types, names, special memories)*

\_\_\_\_\_

\_\_\_\_\_

**Religion/Spiritual Practices:**

Do you consider yourself spiritual or religious? *(What is your faith or belief?)*

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How do you practice your faith (e.g., church, private worship, prayer, meditation, etc.)

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How can your staff support meeting your spiritual needs?

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**Education:** *(Details, experiences, and accomplishments. Include mother tongue and other languages spoken/written)*

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**What jobs have you had** *(occupation, importance of work, details around retirement)?*

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**What are the most important roles you have played in life?**

Volunteering: \_\_\_\_\_

Family: \_\_\_\_\_

Vocational: \_\_\_\_\_

**Are there any accomplishments that you are really proud of?**

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*This section is like a record player. You will learn about the things that I enjoy and make my day go round.*

**Leisure, Hobbies and Interests:** *(favourite music, cards, crafts, sports or sports teams, television shows, books, games, etc.)*

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**What are your favourite holidays/special events you enjoy?**

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**Do you like to be surrounded by a lot of people or do you prefer small group or individual activities?**

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**Are there any activities you don't like such as types of movies, music, TV shows? What are the things you don't like?**

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*This section is like a movie trailer. It captures all the significant highlights of my life.*

Can you share with me some of your important life events/past experiences -e.g., favourite vacations, friends, family events, triumphs, losses, sickness, etc.]?

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Tell me about the best day of your life?

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What have you learned about your life that you would want to pass along to others?

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Are there other things that you would like included in your life story?

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## Appendix B: Sample Social History Poster



### Getting to Know Me



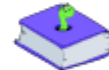
**A Snapshot of Me:** My name is Jane Doe. I was born in Poland and moved to Canada in 1987. I speak Polish, French and English fluently. I have one sister and she is my best friend. I had a dog named Cocoa and a cat named Ramoli. My husband is the light of my life and I married him in Thunder Bay in 1990. I am religious and go to the Roman Catholic mass once a week.



**Things I like:** I like to play Bingo, painting, and reading. I enjoy watching movies, Titanic is one of my favourites. I love to dance, and was a dancer when I was young. I also enjoy cooking - I make the best cedar plank salmon and maple garlic salmon. I enjoy all styles of music, but country and bluegrass are my favourites. I play the piano and saxophone. Garth Brooks is my favourite country singer and would love to meet him one day. I like learning new things all the time.



**Important Life Events:** I was very proud when I graduated from University. I was a Social Worker for most of my working life and loved going to school.



**The Best Day of My Life:** The day my first child Bobby was born.

**Words of Wisdom:** There is no substitute for enthusiasm ~ It takes less than 10 muscles to smile, but almost 100 to frown. Give your mouth a break ~ Shoot for the moon, even if you miss you'll still land among the stars ~ Try almost anything once.



## Key Partners



## Funders



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