



Life Stories and Digital Learning: A Social Care Approach to Culturally and Linguistically Diverse Ageing

by ECU Social Ageing (SAGE) Future Lab

The Life Stories and Digital Learning Program was funded by the Office of Multicultural Interests and Lotterywest and was a collaboration between MYVISTA and the University of Western Australia.

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Suggested citation:

Baldassar, L., & Sala, E. (2025). *Life stories and digital learning – A social care approach to culturally and linguistically diverse ageing: Evaluation report*. Edith Cowan University, Social Ageing (SAGE) Futures Lab. <https://doi.org/10.25958/7jtt-xd05>

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This brief report has been prepared to provide a written record of the program ‘Life Stories and Digital Learning: A Social Care Approach to CaLD Ageing’ (conducted in 2019 at MYVISTA aged care facility). It presents an evaluation of the program as reported by program participants and facilitators. It ends with brief recommendations and a summary of the learnings from the program.

Funding and Program Team

The program was originally funded (in 2019) by the Office of Multicultural Interests and Lotterywest and was a collaboration between MYVISTA (through Irene Mooney, CEO and Project Officer, Belinda Herring) and The University of Western Australia’s ‘Ageing and New Media Team’ which was led by the Chief Investigator of the Project, Professor Loretta Baldassar together with Project Manager, Dr Emanuela Sala.

The report was produced by Edith Cowan University, Social Ageing (SAGE) Futures Lab (2024).

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Background of Program

The United Nations Department of Economic and Social Affairs (2019) reported an “unprecedented ageing of the world’s population” (iii) with the number of people over 65 years increasing world-wide. Australia is no exception to this. According to the Australian Institute of Health and Welfare (AIHW, 2007) in 2016 there were 3.7 million Australians aged 65 or more, and this number is projected to increase to 11.1 million by 2061. In addition, Australia has one of the most diverse older populations in the world, with one in three older people born overseas (AIHW, 2007).

Ageing well is reliant on an older person’s wellbeing across multiple domains - physical, mental, spiritual, economic and social (Brownie & Horstmanshof, 2012). An often overlooked domain has been the social and relational one, however, research suggests that a critical aspect of successful ageing is maintaining adequate social support (Tkatch et al., 2017). In aged care homes, social (as well as intergenerational) interaction is increasingly understood as significant for residents’ physical and mental wellbeing as well as their quality of life (Earl

& Marais, 2023). However, increasing age is often associated with a decrease in the size of support networks (Wrzus et al., 2013) and older adults are at a greater risk of becoming socially isolated. Living in an aged care home is also often associated with loneliness (Zhang, 2023) even though residents are in contact with other residents and carers. Family and friends may continue to visit, but frequently find it difficult to find interesting things to do with their loved ones. Relatedly, community members often have limited opportunities to engage with older residents in the community.

Alongside the emerging emphasis on the importance of social support is the growth in the use of new technologies to support people in aged care homes. The revolution in communication technologies is transforming the way we access services, information and social support. However, some groups are missing out on this access, including older people. Recent research has identified the important role of technologies in reducing social isolation and enhancing the quality of life of older people (Juul, Wilding and Baldassar, 2019). Furthermore, amongst the factors that contribute to the quality of the ageing experience, older people have identified: health, social resources and the capacity to engage in challenging, meaningful and purposeful activities (Phelan et al. 2004).

This pilot program was designed to facilitate intergenerational interaction through collaborative engagement via the sharing of stories and skills. The program adopted a ‘Social Care Approach’ (or a relationship centred care approach) to ageing, which focused on building social connections and a sense of belonging between people. While there is much to recommend with a *person-centred care approach* (which focuses on the specific needs of the individual), a *social and relationship-centred care approach* considers the individual as a social-relational being. The program helped to foster this relational approach to ageing by looking at the whole person, facilitating meaningful social interactions and so combatting social isolation.

Aims and Objectives

This program made social connection and engagement a key priority. It sought to develop a Social Care Approach to ageing through an inter-generational and multi-lingual life histories and digital learning program. It aimed to:

- Create opportunities for both older people and members of the community to engage in exchanging skills, sharing life experiences and developing greater confidence in using technology;
- Enhance intergenerational interaction;
- Reduce social isolation for older people from CaLD backgrounds;
- Break down the barriers that many older people face in using new technologies.

Program Summary

The Life Stories and Digital Learning Program was conducted at MYVISTA aged care facility in the City of Stirling, Perth WA. The program aimed to support the City of Stirling's age-friendly strategy by increasing social interaction, inclusion and respect and by delivering a project model that could be adapted in other settings. This program was based on a similar pilot program conducted at the City of Belmont (see Baldassar and Andersen, 2018). However, this is the first time this program has been piloted with a bicultural and bilingual sample, primarily Italian residents.

At the time of the program, MYVISTA had 101 residents from 16 different countries of origin. Italy was one of the main countries of birth for MYVISTA residents and Italian was one of the main languages spoken by residents. Because of the high percentage of Italian residents, they were chosen as the target group for the program. Volunteers were recruited based on their Italian language proficiency as well as having a strong interest in older people from different cultural backgrounds. Most residents were Italian migrants and Italian speaking, however, not all of them chose to speak Italian. Support was provided for those who did. Residents chose to speak in the language they preferred, and the sessions were conducted in both languages.

The program ran for 3 months (2 March – 25 May 2019), while recruitment of residents and volunteers began in November 2018. Over a period of 10 weeks, a group of 10 older residents from MYVISTA, and 10 volunteers met weekly for 2-hour sessions. In general, the 2-hour sessions were divided into four components:

1. Life story component;
2. Digital literacy component (incorporated into the life story component);
3. Sharing the progress of the booklets with the group;
4. Afternoon tea (this provided opportunities for the participants to engage in informal conversations) and a sing-along open to all MYVISTA residents (using YouTube to find songs and lyrics).

The residents and volunteers were paired up to work together over the course of the program. Each session incorporated two components: a life story component and a digital literacy component. Together, these components supported intergenerational interaction and the sharing of stories and skills in a safe and supported social context.

For the life story component, the residents shared their life story, while the volunteers recorded and created a life story booklet with them using either an iPad (funded for the program by Lotterywest) or a computer. The booklets included a snapshot of the life of each resident, their migration story, special memories and photos. There were no strict guidelines

as to the themes to cover each week. They could include childhood, migration, settlement, family, visits home, current life, significant moments and happy memories. The final booklets were created and printed in English to be shared with family and friends.

For the digital component, the volunteers shared new technology skills with the residents. For example: learning about and using the internet for information searches for entertainment using YouTube and games for social connection using email, Facebook, Skype and Google maps. This component facilitated the increased digital literacy of the older participants, including their knowledge, confidence and understanding of a variety of internet-based activities and their use of electronic devices. These activities were not separate from the life story component. For example, while the residents were sharing their life stories, the volunteers would search for images of their hometown on Google maps.

Prior to the first session the volunteers were required to participate in a half-day workshop where they received training in qualitative interviewing, training in the creation of the booklets (using PowerPoint) as well as an introduction on the digital literacy component of the program. The program was presented to all participants as an “organic pilot project” that MYVISTA was keen to learn from. All participants were encouraged to give feedback throughout the program.

Overview of Weekly Activities

Who / What	When
Workshop for the volunteers: <ul style="list-style-type: none"> • Project overview • Qualitative interview techniques /verbatim transcription • How to use Power Point to create life story • Timeline tool • Issues of confidentiality • Example of Power Point Booklet • Network analysis tool. • Distribute volunteer survey 	02 March 1145 (morning tea) for 1200 start to 1500 hrs. Lunch at 1330 hrs
<i>Signed consent documents from all project participants.</i>	
<i>Distribution of police clearance forms for volunteers.</i>	
1. Session: Meet and greet (Introduce pairs). <ul style="list-style-type: none"> • Explain project and show video as well as example booklet to both residents and volunteers. • Administer wave 1 survey 	1300 – 1500 hrs, 09 March with afternoon tea at 1430 hrs

- Digital literacy – exploring Google images for cover page (e.g.: image of town). Taking a digital photo of the pair to include as final page of booklet.

Life story: work on cover page and final page of booklet.

2. Session

- Life story: 1st page of booklet
- Digital literacy: YouTube (songs – resident’s choice).

1300 – 1500 hrs, 16 March
with afternoon tea at 1430
hrs

Completing wave 1 surveys

3. Session

- Life story: 2nd page of booklet
- Digital literacy: Volunteers were given tablets (or chose to use own devices). YouTube searching for residents’ favourite songs and Google image search for booklet.
- Completed surveys
- Sharing of resident booklets with group.

1300 – 1500 hrs, 23 March
with afternoon tea at 1430
hrs

4. Session

- Life story: 3rd page of booklet
- Digital literacy: Google maps search (show me where you lived)
- Sharing of resident booklets with group.

1300 – 1500 hrs, 30 March
with afternoon tea at 1430
hrs

Sing-along during afternoon tea (volunteer piano accordion) Reading lyrics online – shown on projector.

5. Session

- Life story: 4th page of booklet
- Digital literacy: Reviewing skills and email (volunteers can show the residents their email accounts and how to download scanned resident photos to be included in booklet)
- Scanning photos
- Sharing of resident booklets with group.

1300 – 1500 hrs, 06 April
with afternoon tea at 1430
hrs

Sing-along during afternoon tea (volunteer piano accordion) Reading lyrics online – shown on projector. Sing-along open to all residents from 2.45pm.

6. Session

- Life story: 5th page of booklet
- Digital literacy: Facebook (demonstration of Facebook page with project photos).
- Sharing of resident booklets with group.
- Sing-along during afternoon tea (volunteer piano accordion) Reading lyrics online – shown on projector. Sing-along open to all residents from 2.45pm.
- Volunteer to submit draft booklets to Project Manager in order to receive feedback on progress.

1300 – 1500 hrs, 13 April
with afternoon tea at 1430
hrs

Beginning of recording for film.

No session – Easter break.

20 April

7. Session

- Life story: 6th page of booklet
- Digital literacy: Games on tablets (e.g., better visit, talking ginger, homescapes, puzzles).
- Final scanning of photos
- Sharing of resident booklets with group.
- Sing-along during afternoon tea (volunteer piano accordion)
Reading lyrics online – shown on projector. Sing-along open to all residents from 2.45pm.

1300 – 1500 hrs, 27 April
with afternoon tea at 1430 hrs

Continuation of project film.

8. Session

- Life story: 7th page of booklet
- Digital literacy: review skills and demonstration on how to resize photos on Power Point.
- Sharing of resident booklets with group.
- Sing-along during afternoon tea (volunteer piano accordion)
Reading lyrics online – shown on projector. Sing-along open to all residents from 2.45pm.

1300 – 1500 hrs, 04 May
with afternoon tea at 1430 hrs

Continuation of project film.

9. Session

- Life story: Final page of booklet - work on booklet/editing (submission to Project Manager)
- Digital literacy: completing online survey – post project evaluation (both volunteers and residents)
- Sharing of resident booklets with group.
- Sing-along during afternoon tea (volunteer piano accordion)
Reading lyrics online – shown on projector. Sing-along open to all residents from 2.45pm.

1300 – 1500 hrs, 11 May
with afternoon tea at 1430 hrs

Continuation of project film.

10. Session

Presentation of booklets to residents and certificates to volunteers.

In attendance:

- Mr David Michael (MLA, BEc) Member for Balcatta (representative of the Minister for Citizenship and Multicultural Interests)
- Sarah Vaglivella, Grants Officer, OMI
- MYVISTA's Board Vice Chair, Mr Angelo Scatena
- MYVISTA's CEO, Irene Mooney
- MYVISTA's staff representatives
- Professor Loretta Baldassar, UWA, Facilitator of project

1300 – 1500 hrs, 25 May
with afternoon tea at 1400 hrs

-
- Dr Emanuela Sala, UWA, Project Manager
 - Residents of MYVISTA involved in the project
 - Volunteers who worked with residents on the project
 - Family of residents involved in the project

During session, demonstration of Skype call. One volunteer had returned to Italy and Skyped the group during this final session.

Program Participants

Ten older residents participated in the program (2 male and 8 female). Their ages ranged from 68 years to 93 years of age. Eight residents were Italian migrants to Australia (the majority migrating to Australia in adulthood) and spoke Italian as well as English. Several chose to speak Italian to the volunteers and their booklets were subsequently translated into English for family and friends. One resident was born in England and migrated to Australia as a teenager and another was born in the Netherlands and migrated to Australia as an adult. The majority of residents migrated post-World War II.

Ten volunteers participated in the program (2 male and 8 female). Their ages ranged from 19 years to 65 years of age. Four were born in Australia and six overseas. Their backgrounds were varied: Australian, Italian, Vietnamese and Iranian. The languages spoken by volunteers included: English, Italian, Spanish, Vietnamese and Persian. The volunteers who participated were either students of Italian, recent Italian migrants themselves, or students with an interest in aged care.

Please note, at week two, two original volunteers withdrew from the program, therefore Dr Sala and Professor Baldassar stepped in as volunteers. Both were fluent in English and Italian and were paired with two Italian-speaking residents.

Program Method

A mixed method design, using both quantitative and qualitative techniques, was used to evaluate the program. Questionnaires were used to measure digital literacy and engagement with residents and volunteers. All pairs were asked to fill in questionnaires at two different stages (at the beginning and end of the program). The initial questionnaire consisted of a set of questions regarding participants' motivations and expectations about the program. In addition, they were asked to indicate which technology they used, and how often, to shed light on their digital literacy. At the end of the program, participants completed an online questionnaire designed to capture their opinions, attitudes and experiences of the program.

Data were also gathered using a mix of qualitative ethnographic fieldwork tools. Participant observation (DeWalt & DeWalt, 2002) was employed in order to observe the residents' and volunteers' behaviour in relation to the program, the screen activities, the life story component and intergenerational interactions. Sala and Baldassar participated in all group activities and were on-site during the whole program. Field notes were taken at the end of the day in order to both reflect on and describe the sessions. In addition, Sala and Baldassar engaged in conversations and informal interviews with residents and volunteers. This helped to gain an understanding of each participant's opinions and experiences. The conversations were recorded as part of the fieldnotes. Additionally, one of the volunteers, who was trained in film production took short videos of the sessions and interviewed each resident/volunteer pair as well as project facilitators. This video tool helped to gather qualitative data and is available on the SAGE Futures Lab website.

These different methods helped to obtain a comprehensive picture of the program.

For additional resources, including a copy of the recruitment flyer, PowerPoint guide, questionnaires (for both residents and volunteers), example copies of booklets, please contact sagelab@ecu.edu.au.

Results

Based on the completed surveys, as well as participant observations and informal interviews, the following results were obtained. A sample of responses from participants has been provided below. These are presented under five main themes:

1. Beginning of the program: apprehension in the use of new technology;
2. End of the program: appreciation of program and new technology;
3. Meaningful friendships and reciprocal support;
4. Bonding and belonging: the sharing of life stories;
5. Increased resident family involvement.

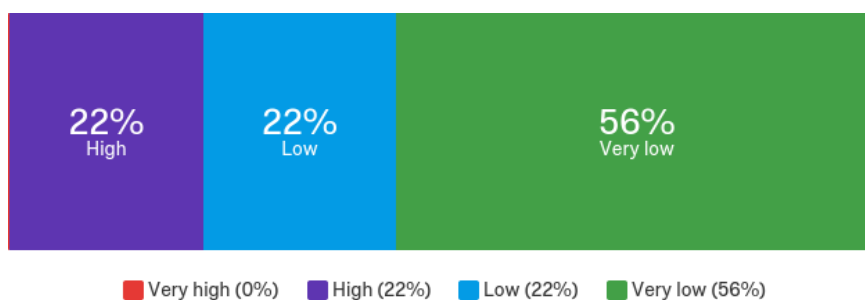
Beginning of Program: Apprehension in the Use of New Technology

“I don't want to learn computers because I don't need it”

At the beginning of the program, most residents reported that their main motivation in participating was to share their life story. Only a minority reported that their motivation was to meet new peers and to learn how to use new media. The life story component was the main attraction of the program, not the digital literacy component. The most frequent comment of the residents was: “I want to share my story with my children and grandchildren and to leave a memory”. Others stated: “to remember my life and my family”; “to remember positive moments”; “to reflect back on my life and to bring things up that I have forgotten”. It

was not uncommon for the residents to express reservations about the digital literacy component, for example, one resident commented: “I don’t want to learn computers because I don’t need it”.

It should be noted that although the majority of residents did not have any knowledge of new media, and were not interested in learning this aspect, three residents did use new technology and had their own devices (either a smart phone or a tablet). Before the commencement of the program, one resident frequently used her tablet to keep in touch with family overseas either through Facebook or Skype. Participants’ responses to their digital literacy proficiency is shown in the graph below.



Question: How would you rate your 'digital literacy' (i.e. your ability to use the internet)?

Informal conversations with the residents revealed that they believed they were not capable of learning something new, especially when it came to using computer devices. Most commented that they were simply “too old” to learn new things and did not have the mental capacity to do so. Others commented that they were happy for family members who visited them to show them photos on their computer or tablet, but they could not learn how to do it on their own, without constant assistance. One resident commented: “No, I am old, my children are technology friendly and that is enough for me”.

Survey data also reflected their unwillingness to ask for help when it came to using new technology and tablets in particular. One resident mentioned “I would (use a tablet), but I would need help, and I think it would be too much bother for helpers”, while another resident commented that she wouldn’t use it “because I wouldn't know how to use it”. In fact, half of the residents thought a tablet could be useful, if they could have help using it. In terms of their responses to the question in the survey: “Would you consider having a mobile device (i.e., smartphone, tablet) which you can use from anywhere around the place you live to talk to your friends and family?”, their responses revealed that they thought having a fixed phone was enough. Although survey results demonstrated a lack of openness to new technology, observations and informal conversations revealed a different scenario for some residents.

End of Program: Appreciation of Program and New Technology

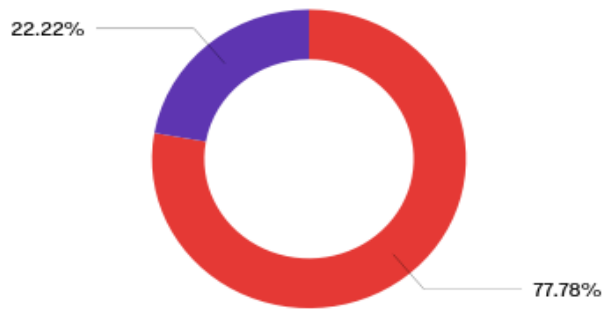
“Doing new things, keeping active and learning”

Despite their apparent lack of interest in new technology as recorded by the survey and informal interviews at the beginning of the program, participant observation throughout the program showed a different scenario in terms of their openness and understanding of the capacity of technology. For example, during one of the sessions, a volunteer was showing a resident a Google images search of different images of her hometown in Italy. After seeing the number of images that came up from the search, the resident quickly remarked “No! not that image, choose another one!” demonstrating not only her awareness of the capacity of the internet, but also her active participation in choosing the right image for her booklet. This resident had a fond love of music and searched many YouTube songs that reminded her of her youth in Italy – a powerful tool to stimulate memory.

At the end of each session, afternoon tea was provided for all. One volunteer brought his piano accordion and the sessions ended with a sing-along. Lyrics of the songs were found on the internet and displayed on a smart digital projector screen for all participants to see. Songs from YouTube were also played. All residents (even those not part of the program) were invited to attend this final sing-along. Despite the residents’ stated lack of interest in new technology, they all greatly appreciated the sing-along on YouTube with the group.

One resident who wanted to withdraw from the program in week two did not want to participate in any digital literacy aspect because he was worried that he would have to make contact with relatives in Italy. He did not want to use the computer to connect to them. He also did not think he was able to use the computer, more generally. After some encouragement from facilitators, he decided to come along to the sessions, but not use the computer at all, just recount his life story. By week five there was a shift in this resident’s attitude, and he began to appreciate what could be done on the computer. By week eight he had purchased his own device and wanted to learn more about using it to keep in touch. By the end of the program, he commented “I would like to participate to more lessons in order to improve my digital literacy”. In week ten, the final week, he and his program volunteer (who had returned to Italy) made a Skype call, marking a significant shift for him from the beginning of the program.

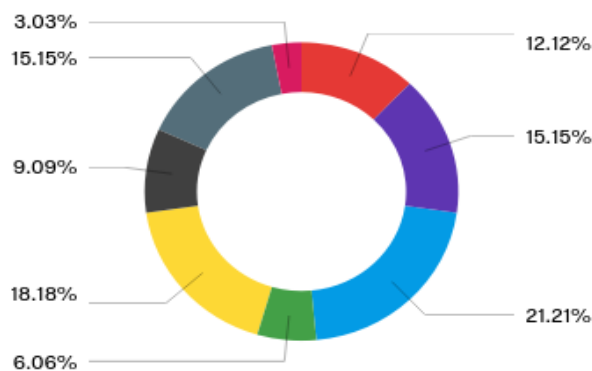
Despite their concerns with the digital literacy component, by the end of the program the residents reported that they had enjoyed it overall, that is, both the life story and the digital literacy components as shown in the survey results below.



- Extremely good
- Somewhat good
- Neither good nor bad
- Somewhat bad
- Extremely bad

Question: How did you find the overall project?

Further, the residents achieved several new skills from participating in the program, including the use of new media. See graph below:



- Meeting peers
- Meeting younger people
- Sharing knowledge
- Being challenged
- Sharing my life stories
- Getting more engaged in my community
- Learn to use new media's (e.g. computer, mobile phone, internet)
- Other

Question: what did you achieve from the project?

The success of the program is captured in one resident's comment at the end of the program on the importance of "doing new things, keeping active and learning". Furthermore, due to the social care approach of the program, both meaningful friendships and reciprocal support were fostered throughout the sessions.

Meaning Friendships and Reciprocal Support

"This Project helped friendships"

Many older migrants in residential care experience a lack of opportunities to engage with community members. Despite the relatively short duration of the program, strong bonds and friendships were created amongst the resident and volunteer pairs. As the weeks progressed, Saturday mornings became a much anticipated time in which the pairs came together to share their life stories and digital literacy skills. One volunteer mentioned: "It's good see, we went there to the project to do something, but in this time, we developed friendships". Her resident also commented: "It's important this friendship – this project helped friendships".

The friendships formed were not only experienced within the program, but also transferred outside the program. For example, a young volunteer kept in contact with her resident outside of program sessions often meeting for a coffee at the resident's house. This particular pair used FaceTime on their mobile devices to keep in touch during the week and met outside of the program to share photos for the booklet if they missed a session. Another volunteer and resident pair have continued to keep in touch via FaceTime years after the end of the program. The program came in a timely moment before the Covid-19 pandemic so this volunteer pair, who spoke frequently during the time of lockdown, were able to support each other and combat the isolation many others felt, proof of the reciprocal support fostered by the program.

The issue of reciprocal support is also evident in the case of one volunteer who lost her own mother only months before participating in the program. She commented that her resident had become like a "surrogate mother" for her. The possibility of participating in a program like this was beneficial for her as she was experiencing sentiments of loss of her own mother. The volunteer commented:

"I feel like I have gotten more out of the project than my resident has. She said to me on the second or third week – I'm so lucky to have been paired with you. And I said to her – No, I'm the lucky one. I really feel blessed to have met this lovely lady".

Feedback from all volunteers indicated that they were grateful for the opportunity to have worked with their resident and to have been able to receive an intimate insight into their life history.

Bonding and Belonging: The Sharing of Life Stories

At the beginning of the program, many residents reported that their main motivation in participating was to share their life story and to share knowledge. However, it is important to note that for one resident in particular the sharing of his life was a challenge to begin with. Nevertheless, by the end of the program he involved himself and found it to be a positive experience, by sharing only that which he was comfortable in sharing with his volunteer.

The majority of residents were pleased with the life story component of the program and, similar to the volunteers, would have liked more time to share stories with the group. In order to see the progression of the life story booklets, the facilitators began to include a time at the end of each session to allow the volunteer to show his/her progress to the rest of the group by using a smart digital projector screen. The stories that were shared with the group not only served the purpose of keeping volunteers on track with the development of the booklets, but were also a way to get to know each other. This created a strong bond amongst all participants, and it was not uncommon for participants to be moved by the stories shared. This was also a way for older migrants and new migrants (several of the volunteers were recent migrants to Australia) to share their different migration stories and created an awareness of their different lived experiences. Similar experiences of leaving family, being a migrant in a new country, language barriers and culture shock were shared.

A sense of belonging was also fostered amongst the residents who were able to share their migration stories. Some of their histories were similar and residents were encouraged to share their difficulties as well as positive and meaningful memories. Sharing these memories created a strong sense of belonging for all residents as well as creating a strong sense of identity (e.g., being a mother, a father, a son, a daughter, a grandmother, a grandfather, an Italian migrant and so on) which is related to overall well-being. Moreover, the program provided social opportunities and gave the residents a feeling of self-worth by recognising the value of their life story.

Increased Resident Family Involvement

Another key finding of the program was that of increased resident family involvement. It is not uncommon for visiting family members to find it challenging to have meaningful conversations with their loved one in a care home, especially with high care residents. The

program, and more specifically the volunteers, acted as ‘social care facilitators’ between the residents and family members to initiate meaningful conversations. The family members were more prone to spend time with their mothers and fathers when a specific task was set – for example, helping provide information for the life story booklet, providing scanned photos, or assisting in the digital literacy component of the program. Many family members also came along either before or after the sessions to personally thank the volunteers for their involvement in the program and their work on the life story booklet.

Some family members participated in all sessions even though it was not a requirement. For example, the daughter of one resident was present throughout the program and worked with her mother and the volunteer by assisting in the provision of family photos as well as assistance with life history components (e.g., recollection of dates etc.). On one occasion, the daughter was unable to attend, so she sent the resident’s granddaughter to attend the session on her behalf. This is a strength of the program as it was able to bridge an intergenerational divide often present between nieces/nephews/grandchildren and grandparents in aged care. Interestingly, at the beginning of the program, this resident commented that she did not like when her nieces and nephews visited her as they spent a lot of time on their phones not interacting with her. The program allowed her niece to share her digital skills which were used to create her grandmother’s life story booklet.

Similarly, family involvement through the use of technology was the experience for another family member who commented to the facilitators that it was hard for him to initiate conversations with his mother during his visits at the age care facility. However, the provision of a tablet during the sessions was used as a way to initiate conversations with his mother. They googled images of his mother’s hometown and chose photos on the internet to be included in the life story booklet. He commented that he learned much about his mother’s life story through the program.

Project Outcomes

The program produced 10 key outcomes which are outlined below.

1. **Increased digital literacy:** The program helped residents familiarise themselves with digital technology. By the end of the program everyone had more knowledge about the benefits that technology can bring, including becoming more socially engaged and mentally active. Participants often expressed surprise and wonder at the content they could find online, especially information about their hometowns and interests.

2. **Relationship building:** The program enriched relationships and increased social connection amongst all participants. Participants learned new things about each other and deepened their friendships, including with care staff.
3. **Increased sense of belonging:** The program fostered a sense of belonging which is essential to feeling at home in residential care. Belonging was fostered amongst the residents who were able to share their migration stories, some of which were similar. Residents shared their difficulties as well as positive and meaningful memories. Sharing memories created a strong sense of belonging and identity for all residents. Moreover, the program provided social opportunities and, by recognising the value of their life stories, gave the residents a feeling of self-worth.
4. **Stimulating memory:** The program activities benefited the residents by stimulating memory as they recalled their life stories.
5. **Increased family and staff involvement:** The program allowed family members and care staff to participate and therefore increased their involvement with loved ones.
6. **Fostering a relationship centred care approach to ageing:** The program helped to foster a relationship-centred care approach to ageing by looking at the whole person in their social and cultural context, facilitating meaningful social interaction and relationship building with significant people in their social networks and alleviating social isolation and boredom.
7. **Reduction in stigma regarding residential care:** The positive interaction between the community members and older people reduced the negative stigma often associated with residential care and thus increased the residents' sense of self-worth.
8. **Staff resources:** The program provided useful resources for the service provider, MYVISTA in the form of life histories (in hard copy and digital forms) that can be read by staff to help them develop a deeper understanding and knowledge of the residents. Having a hard copy of their history in their rooms means the residents now have the opportunity to share their story with their carers, giving staff an opportunity to get to know more about the residents' current lives and to gain insight into their past, thus enhancing their understanding of the resident as a whole person and not just an older person with physical care needs.
9. **Cultural appreciation:** The program gave all participants a better understanding and acceptance of differences across generations and cultures. A presentation on the program was delivered to friends and families of the participants as a way of celebrating and acknowledging their cultural diversity as well as their migration stories.
10. **Volunteer involvement:** The program gave the volunteers an opportunity to learn from the residents, gain skills in life history writing, increase their awareness about life in residential care and potentially decrease the stigma attached to aged care, all important steps in reducing ageism.

Recommendations

The following recommendations are drawn from the overall success of the program and do not represent any specific weakness in the program. They are a summary of the learnings that the authors believe will help to ensure the program can be successfully replicated.

Overall Program Coordination

- Integrate the life story and digital literacy components as much as possible and in particular let the volunteers lead the digital literacy component with their resident one-to-one (as opposed to being led by the facilitators). Encourage older participants and volunteers to collaborate on the writing, development and digital production of the life story booklet.
- Run future programs over three hours, not two hours per week in order to have adequate time to complete all the surveys as well as more time to share life story booklets with the group.
- Make surveys for the bilingual sample shorter and administer initial surveys during the recruitment phase, not during the first session. This will allow the residents to have more of an understanding about the nature of the program - that it includes a digital literacy component as well as a life story component.
- Follow up with residents after the program, especially those residents who became increasingly engaged with tablets and new technology and those who purchased their own devices.

Life History Component

- Facilitate the sharing of stories with the entire group during the course of the program.
- Provide ongoing training for volunteers on how to produce the life story booklet (e.g., how to include scanned photos).
- Build in regular monitoring and support of the volunteers' writing and life story booklet production.

Digital Literacy Component

- Encourage volunteers to use their devices (either tablets or own laptops) for the production of the life story booklets during the session and not at home.
- Foster an *awareness* in residents of what can be done using new technology and not necessarily *competence* in how to use new technology.
- Recruit volunteers with adequate computer skills including, in particular, the use of PowerPoint to create the life story booklets.

Conclusion

The pilot program ‘Life Stories and Digital Learning’ was designed to facilitate intergenerational interaction through collaborative engagement via the sharing of stories and skills. The program adopted a ‘Social Care Approach’ to ageing, which focuses on building social connections and a sense of belonging between people.

Community programs like this one are well placed to facilitate social support and to foster a sense of belonging and inclusion for all participants. Combining a focus on life story writing and digital literacy can create an optimal environment to build support and trust in social interactions and encourage social support network expansion and digital literacy support.

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