Designing for Continuity: Supporting Older Adults' Social Connection Through AI-Assisted Follow-Up Infrastructure in Therapeutic Arts Workshops

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Abstract

Older adults' social isolation often stems not from a lack of activities, but from the absence of mechanisms that transform one-off participation into sustained connection. This paper argues that the key value of generative AI in therapeutic group activities for older adults lies not in automated therapy or social companionship, but in serving as a continuity infrastructure—a facilitator-mediated support layer that preserves individual expression, surfaces collective meaning, and sustains social connection across sessions. We propose an AI-assisted Continuity Framework comprising five stages (Entry, Expression, Interaction, Collective Zone, and Transition), in which AI takes on four low-risk roles: generating contextual prompts for facilitators, recording participants' creative traces, supporting the formation of a group-visible collective memory space, and providing optional follow-up cues between sessions. Horticultural therapy workshops at a community learning center serve as the design probe. Our goal is not to demonstrate that AI reduces loneliness, but to explore how AI-supported continuity infrastructure can enable short-term group activities to develop into sustained social connection.

Keywords

Social isolation among older adults; Continuity infrastructure; Therapeutic group activities; horticultural therapy; generative AI; age-friendly HCI design.

1 Introduction

Social isolation and connectedness among older adults have long been recognised as key determinants of well-being[12]. Prolonged loneliness significantly increases the risk of chronic illness and mental health disorders[24], and structured group interventions—art workshops, Tai Chi, museum visits—show potential for enhancing social connectedness, though their effects are often unstable and session-dependent[9] [7]. In HCI, age-friendly design has focused on interactional accessibility (touch, haptic feedback, AR/VR) [26], yet evidence that such features foster sustained everyday connection remains mixed [15] [31]. The key issue in therapeutic group activities for older adults is therefore not whether activities are available, but how the connections they generate can be sustained beyond the immediate setting. Many group activities create positive in-situ experiences—participants complete creative works, share memories, and communicate with peers—yet these experiences often dissipate once the session ends. Research on social technologies for older adults shows that older adults value emotionally meaningful, personalised, and focused interactions over brief, fragmented exchanges [28]. Without mechanisms to preserve, revisit, and reactivate artifacts, memories, and exchanges produced during a session, each subsequent activity risks starting from scratch rather than deepening existing connections [23] [14] [33] . It is important to note that the "lack-of-mechanisms" diagnosis proposed here does not seek to account for all causes of social isolation. Transportation barriers, physical health limitations, and financial constraints all prevent sustained participation and require separate interventions. This paper focuses on a specific attrition scenario: older adults who have already participated and generated positive on-site experiences, but whose connections dissipate afterwards because there is no structural support to sustain them, not because they do not want to continue. It is precisely in this scenario that the design intervention of continuity infrastructure becomes meaningful. Interventions in social activities that are grounded in a clear theoretical framework and centered on the group can produce positive outcomes [5]. This paper adopts Social Prescribing as a theoretical reference. Social prescribing emphasizes connecting individuals to community resources through a trusted entry point, while forming a closed loop through continuous follow-up and support, including guidance, entry, participation, and follow-up [17]. Unlike behavior-change theories or habit-formation theory—both of which presuppose the individual as an active agent [25] [11]—social prescribing distributes the responsibility for connection to system-level support structures such as link workers, community resources, and follow-up mechanisms [17] [11]. This aligns with our core concern: when older adults struggle to maintain connections independently, external organizational support is what makes the difference. Therefore, social prescribing provides not only a three-stage structure for activities, but also a design philosophy of sustaining connection through external support, which serves as the starting point for the framework proposed in this paper. Based on this, the paper proposes an AI-assisted Continuity Framework, which translates the guided entry–participation–follow-up logic of social prescribing into five

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design stages: the Entry Zone, Expression Zone, Interaction Zone, Collective Zone, and Transition Zone (Table 1).

2 Related Work

2.1 Engagement should not be understood merely as "in-the-moment participation," but as the establishment, maintenance, and continuation of connection

HCI research treats engagement as a multidimensional concept encompassing sensory appeal, feedback, perceived control, interest, and affect [6]—a relational process continuously established and adjusted through interaction [18]. Group activities can reintroduce visible challenge, goal-setting, and accomplishment for older adults who have lost everyday sources of purpose [19] [22]. However, engagement is a necessary but not sufficient condition for continuity. High-quality in-situ engagement can generate strong emotional resonance, yet without mechanisms to preserve and reactivate those experiences, each subsequent session requires participants to rebuild relationships from scratch rather than deepening existing ones [34] [21]. Existing engagement research primarily explains how participation takes place on site; continuity asks what remains after participation ends.

2.2 Continuity, Meaningful Activity, and Technology for Older Adults

Research on technology design for older adults has gradually shifted from "compensating for decline" toward supporting meaningful activities, agency, and sustained participation in later life. Through participatory design workshops and follow-up interviews, Zhao et al. explored how older adults imagine future technologies and found that their understandings of meaningful activities are far from uniform. Older adults identified five categories of meaningful activities in everyday life: personal interests and hobbies, social interaction, physical activities, learning and enrichment experiences, and entertainment and relaxation [33]. Everyday activities such as gardening, handicrafts, and family interaction were often assigned different forms of meaning by participants. This suggests that, for older adults, the social significance of an activity does not lie in whether it is explicitly labeled as "social," but in whether it can reactivate existing life experiences and relational networks, allowing the activity content to become a medium that can continue to be shared, narrated, and interacted with in daily life [33] [2].

Continuity is not sustained simply through new activities or new technological entry points, but through the social mechanisms surrounding the activity [22]. A study on older adults' habitual use of technology shows that sustained participation requires technology to be integrated into existing everyday routines, rather than demanding entirely new patterns of behavior [27]. At the same time, older adults hope to use technology to support the continuation of activities, including maintaining continuity in self-understanding, everyday life, values, and activity practices [28] [33]. However, meaningful activities are highly individualized, and there is no one-size-fits-all solution for all older adults. Such activities need to accommodate differences in fitness levels, chronic conditions, cognitive status, and physical abilities [33] [10]. Therefore, age-friendly design is not merely about lowering barriers to technology use; rather, it is about enabling technology to understand older adults' bodily, cognitive, and situational changes. Technology should function as a support system that can continuously sense states, interpret changes, and adapt its interventions accordingly, while allowing for absence, fluctuating rhythms, temporary pauses, and creative gaps [20] [8].

Therefore, continuity requires a low-threshold activity medium with a degree of flexibility. Plant-based activities inspired by horticultural therapy thus serve as an appropriate design probe through which to instantiate the framework proposed in this paper.

2.3 Plant-based activities inspired by horticultural therapy are suitable as a design probe because they are inherently low-threshold, embodied, and continuous

Therapeutic Horticulture (TH) is one of the few modalities shown to be effective across care settings from community programs to hospice care, improving memory, task initiation, socialization, coordination, and balance [4] [29]. Plant-based activities function simultaneously as sensory, expressive, and relational media, and their natural growth cycle provides a cross-session temporal structure—four to eight weeks is considered an optimal intervention window precisely because participants witness plant life cycles [13] [32]. However, this material continuity does not automatically translate into social continuity: participants' sensory experiences, peer responses, and shared themes may still be forgotten without recording and reactivation mechanisms. The necessity of AI in this paper lies not in replacing horticultural activities, but in supporting facilitators with the organizational work that is crucial for continuity yet difficult to sustain in real-world community settings.

3 Position: AI should function as continuity infrastructure

This paper advances the following position: in therapeutic group activities addressing social isolation among older adults, the core value of AI lies not in automated therapy, emotion recognition, or social companionship, but in functioning as a facilitator-mediated continuity infrastructure—a support layer that spans the temporal gaps between sessions and connects individual expression, collective meaning-making, and sustained social relationships. This entails three operational constraints: (1) AI must not evaluate participants' psychological states, only describe observable activity conditions; (2) AI-generated content functions as facilitator cues—suggestions to adopt, modify, or ignore—not instructions directed at participants; (3) AI should priorities continuity over novelty, preserving traces of expression and generating cues for subsequent sessions.

How to embed computational systems into everyday activities without disrupting the activities themselves has long been a design challenge in HCI. Weiser's notion of ubiquitous computing positions technology as an "invisible infrastructure" embedded in the environment, operating without requiring users' active attention [30]. This idea provides a direct design reference for the positioning of AI in this paper: AI should not become a foregrounded tool that older adults must actively learn and operate. Rather, it should

Table 1: Mapping between social prescribing logic, continuity framework stages, and technical instantiations.

Social Prescribing Logic	AI-assisted Continuity Framework	Technical Instantiation
Guided entry	Entry Zone	AI recalls prior session; facilitator prompt generation
Participation	Expression + Interaction	Facilitator-initiated recording
Community resource	Therapeutic group activity	Therapeutic horticulture workshop in Kunshan
Follow-up	Transition Zone	Personalized follow-up cards
Community connection	Collective Zone + continuity	Plant Spectrum Map

function as a low-disruption background layer that embeds sensing, recording, and prompting into the activity process itself, allowing "connection to be sustained" within the natural rhythm of the activity. However, Weiser's vision faces an additional challenge in the context of therapeutic group activities for older adults. Ubiquitous computing often presupposes users' capacity to actively trigger and respond to computational systems. In group therapeutic activities, if the system relies too heavily on participants' active input, frequent clicking, or direct conversations with AI, it may increase cognitive load and interrupt the embodied, material, and social process of making [30] [1]. Therefore, building on the idea of "calm" or "invisible" computing, this paper further specifies that older adults' engagement with AI should be mediated through artifacts, materials, and collective discussion, rather than through direct prompt input.

Before further elaborating the framework, it is necessary to address a central question: why is AI needed at all, rather than an activity record book, a trained facilitator, or a simple photo-sharing group?

These alternatives can indeed address the problem in part, but they face sustainability limitations in real-world community settings. An activity record book requires someone to systematically organize, archive, and retrieve information after each session. In a setting with a relatively large number of participants, such as 10–20 people, this may involve an additional one to two hours of organizing work after every activity. A photo-sharing group can preserve visual records, but it cannot automatically generate personalized cross-session cues, nor can it easily transform dispersed individual expressions into a collectively visible space of meaning. A trained facilitator comes closest to the ideal solution, but facilitators in community-based programs for older adults are often part-time volunteers or social workers, making it difficult for them to take on continuous personalized follow-up work beyond the activity itself [16]. Therefore, the value of AI does not lie in replacing these alternatives, but in automating and structuring the necessary organizational work that is otherwise difficult to sustain, allowing facilitators to focus their energy on aspects that genuinely require human judgment: emotional response, relational mediation, and in-situ decision-making.

In this way, generative AI serves older adults without extracting them from the activity and turning them into system operators. Instead, it functions as a low-disruption support layer that helps their expressions, artifacts, and interactions be preserved, organized, and carried forward.

4 AI-assisted Continuity Framework

In this paper, social prescribing is not treated merely as a background theory, but as a structural lens for rethinking therapeutic group activities. As discussed above, the value of community-based activities does not reside only in the activity session itself; rather, it is distributed across a longer chain of support. For therapeutic group activities for older adults, this perspective allows us to move beyond understanding activities as isolated sessions and instead conceptualize them as a continuous process that spans before, during, and after each activity session (Figure 1).

4.1 Entry Zone

Entry refers not only to physical arrival but to whether participants can enter in a low-pressure, emotionally safe manner. AI generates opening cues for facilitators based on records from the previous session, the current theme, and available materials. For example, if a participant selected "companionship" as a keyword previously, AI may suggest the facilitator begin with that participant's prior artifact rather than introducing an entirely new question. For first sessions, AI generates low-pressure, material-based prompts:

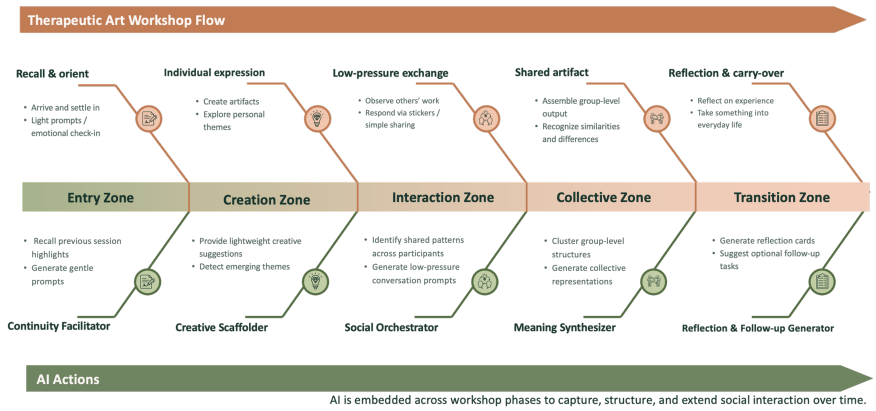
Example: *'"Last time, P1 chose sweet potato as the material and described feeling relaxed. What changes can be observed in the sweet potato this time?'*

Facilitators decide whether to use, adapt, or ignore any suggestion. Entry remains a human-led, contextualised process—AI provides the memory layer; the facilitator provides the relational judgment.

4.2 Creation Zone

During creation, participants select, touch, smell, and arrange plant materials. Facilitators photograph the on-site state at key moments (e.g., after material selection, when artifacts take shape) and log material choices, sensory words, and activity stage in a structured form. This facilitator-initiated recording—rather than automatic continuous image capture—ensures data quality while avoiding surveillance of participants.

AI generates low-risk prompts at four levels of depth: sensory ("what does this plant remind you of?"), associative ("which season does this colour evoke?"), memory-based ("have you encountered this plant before?"), and relational ("who would you give this artifact to?"). Facilitators select the appropriate depth based on observed emotional states and relational histories, consistent with horticultural therapy's emphasis on clinical judgment [29].



(a) AI-assisted Continuity Framework

(b) System Workflow

Figure 1: Overview of the proposed framework and system design.

4.3 Interaction Zone

The Interaction Zone focuses on how individual expression enters peer exchange. After artifacts are completed, facilitators photograph each work and record its title, a one-sentence expression, and keywords. AI generates open-ended group discussion cues—for example, if several artifacts share themes of "change," "waiting," or "care," AI may suggest: "It seems some form of change appears across your works—would anyone like to share where this change began?" For quieter groups, AI offers lower-pressure alternatives: "Could each person share one word for the feeling they most want to take away today?" Interactional traces are recorded as part of the Collective Zone, not to quantify relationship strength, but to preserve small peer responses so they may reappear in later collective discussions.

4.4 Collective Zone

The Collective Zone is the framework's core stage: bringing individual artifacts, material choices, sensory keywords, one-sentence expressions, and peer responses into a collectively visible, discussable, and extendable space of meaning. It takes two coexisting forms. The first is an on-site physical "memory wall": facilitators print or project participants' artifact photos, keywords, and one-sentence expressions in a shared area, forming a display that anyone can approach, read, and discuss without operating any digital device. The second is an AI-assisted "community plant life map": with time as the horizontal axis (plant growth stages or activity themes across sessions) and plant species, colours, scents, textures, participant keywords, and social cues as the vertical axis, it forms a collective memory archive that facilitators consult when planning and selectively surface to participants at session openings.

Drawing on co-creation research with older adults in China [3], plant artifacts in this paper are not merely activity outputs but tangible media connecting individual experience, group discussion, and subsequent continuity. Older adults interact with the Collective Zone primarily through the physical memory wall; AI undertakes background organisation and generation, requiring no direct digital operation from participants.

4.5 Transition Zone

The Transition Zone carries session experiences into everyday life and into the next session—the framework's most critical continuity mechanism. AI generates two outputs. First, a personal continuity card: based on a participant's material choices, artifact title, keywords, and one-sentence expression, AI produces a non-diagnostic, low-pressure cue, such as "This week, you might notice whether your plant has undergone a small change," or "When you see it next time, what word would you like to add?" These function as lightweight memory prompts, not homework. Second, a cross-session summary for facilitators: a brief recap of keywords, artifact themes, and interaction records from the current session, ready for use in the next Entry Zone. Without transition, activities remain one-off; with it, artifacts, materials, keywords, and collective memory become entry points for what follows.

5 Conclusion

This paper approaches older adults' social isolation from a perspective underexplored in existing research: the problem is not a lack of activities, but a lack of mechanisms that transform in-situ connections into sustained relationships. We propose that the core value of generative AI in therapeutic group activities lies in serving as a facilitator-mediated continuity infrastructure—preserving individual expression, making collective meaning visible, and reactivating social connections across sessions. The AI-assisted Continuity Framework translates social prescribing's support logic into five design stages, with AI taking low-risk, background roles throughout and facilitators retaining primary relational judgment. Horticultural therapy workshops serve as the design probe, but the framework is transferable to other expressive activities with material and cross-session temporal structure.

The theoretical contribution is to introduce continuity as a distinct design dimension in older adults' HCI research: a single instance of high-quality engagement does not counter long-term social isolation; connections must be preserved, revisited, and reactivated to sediment into relationships. The framework remains conceptual. A four-week pilot study at a university for older adults

in Kunshan—comparing experimental and control groups using the UCLA Loneliness Scale, a social isolation scale, peer interaction coding, and qualitative interviews—will provide initial empirical evaluation. We invite workshop participants to critically examine the framework's assumptions and explore its transferability to other expressive activity forms.

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