

Fiona Poland

Building and rebuilding relationships through virtual, physical and social activities

The contemporary trends in fragmenting and reorganising communities, now heightened by worldwide responses to the coronavirus pandemic, also raise the paradox of older people running ever higher risk of social isolation, and ultimately of hospitalisation, at a time when people may be seen as hyper-connected in many other ways, including internet and digital communication. The tensions here can be contextualised here in the UK case study of Dacombe who examines a novel pilot intervention based on “Circles of Support”, which aims to challenge policy assumptions that “ageing in place” is in itself likely to be the most beneficial option for older peoples’ quality of life. The impact of this is critically examined through the case study example which identifies the corresponding importance of attending to practical ways of helping people rebuild confidence and trust in their social networks. This is an ongoing collaborative task in which we may all need to continuously engage.

In sustaining social networks, it is highly pertinent to examine critical cases of managing some kinds of contact with experiences commonly seen as disgusting and shameful, and through stigmatising may discourage relationship building, such as faecal incontinence in dementia care. Explicit discussion and evidence and of the stigmatising and difficult issues raised here are provided by Hewer–Richards in her scoping review. While underlining that this is something that “everyone does”, she details reasons for the stigma that has developed in dealing with it and what may be the implications for practice may be. People living with dementia and their carers may need to manage embarrassment and upset that can arise but may be amplified in care practice. These can then generate other care problems such as failure to address the detriments to health and well-being. As the author observes, this is not a trivial problem to be easily or usefully hidden, as people living with dementia who may already be facing stigma related to their cognitive impairment which may in turn reduce their capacity to articulate those issues as they relate to their own concerns.

A further example, challenging these assumptions in relation to characteristics of living with frailty this time from Japan, is given by the literature review conducted by Ozaki, Chiba and Ohashi, considering the relationship between sleep disturbances in frail older adults and sarcopenia (muscle loss). While it may be widely assumed that frail older people will sleep longer and may “need” the extra sleep, this study indicates that greater muscle mass may neither be inevitable nor encourage beneficial sleep. They find that both shorter and long sleep may be associated with higher risk of frailty and risk of sarcopenia and that daytime or night time sleep disorders can themselves be associated with higher mortality risks, suggesting that attending to exercise and also to sleep may be important to address risks associated with frailty.

The review of best evidence by Lewis is the first to draw together a range of types of evidence about exercise for people living with dementia and its effects on their health and well-being, to indicate whether and what types of exercise may be recommended. This found that multimodel exercise could have benefit peoples’ cognitive, physical and mental health. But importantly, when considering ways of improving lifeways and relationships of older people, there appeared to be a relatively straightforward and increasing association between amount of activity and greater benefit including quality of social relationships and including with their caregivers and family.

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The current COVID-19 virus crisis has highlighted especially brightly, the importance of the volunteer contribution to many aspects of community support. The multiple case study report by Cameron, Johnson and Willis *et al.* explores through 94 interviews with people variously involved in organising, supporting and undertaking volunteering, in seven social care organisations, so as to identify and compare three distinct models of contribution to social care services. While references to volunteering in public life may assume freedom, spontaneity and the substitutive nature of the volunteer contribution, this study highlights the distinctive and complementary role that volunteering plays in working alongside other people to enhance services and community activities. The findings therefore underline how it is essential of putting in place sound management and support structures for volunteers to if they are to add and gain worthwhile experiences through their activities with older people. The course of the current crisis has amply demonstrated providing such support and coordination for volunteering is even more vitally important in the face of many new changes and pressures which may otherwise risk disconnecting volunteer motivations and efforts from the communities they may seeking to serve.

In our globally interactive world, therefore, including, recognising and valuing the complex relationships and relationship-building work which involve older people, is being shown daily and dramatically to be not optional but central if we are to safeguard the health, well-being and lives, of us all. Evidencing how we can do this well must be a constant and central concern of *Quality in Ageing and Older Adults*.

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