

Changing contexts of support for older people in organisations and communities

The dementia-friendly communities initiative to encourage widespread everyday awareness of ways to support the continuing social engagement of people with dementia is just one of many initiatives which recognise how the independence of older people can be promoted or undermined by different features of different contexts. The articles in this issue illustrate how some of these highlight aspects of older lives, which may not have been considered until recently.

Once such less-acknowledged feature, has been domestic violence, now known to be common to many women's lives, crossing ethnicities and classes, but less readily seen as an issue confronting older women and those who work with them. The article by Carthy, Watson and Becker suggests that this in itself may make it less likely that older women can as readily find therapists able and facilitated to address intimate partner violence. However, their qualitative interview study with mental health workers went further in indicating that therapists themselves can experience helplessness, for addressing intimate partner violence in the multidisciplinary working context.

The potential for patient experience of extending some principles of dementia friendly communities to the more specialist environments of a hospital cardiac catheter laboratory is evaluated in the questionnaire study of staff views reported by Ainsworth and Richardson. This study, which is the first to measure attitudes to working with patients with dementia in a cardiac laboratory environment, confirmed impressions that this environment did not lend itself to adapting to the needs of patients with dementia, without appropriate and specific training and resourcing.

Continence is another issue rather differently prioritised by service providers and policymakers and older people with living with disabilities and long-term illnesses in the community and by their carers. This is something which can bring heavy financial as well as emotional costs to those affected. Manthorpe, Drennan and Iliffe have reported on the practice implications of the EVIDEM-C study to improve health and social care practice for people with dementia living at home and drawing on their review of the research evidence on prevalence, and evidence of policies and tools to help primary care professionals. These have highlighted the need for these issues to be recognised and addressed locally in terms of the relevance of quality reviewing and audits of local provision of frontline skills, information, services and commissioning.

The consequences of increasing the range of care services for older people in community may or may not promote their independence, either in relation to the aims of provision or their effects. How people adapt to dependency in these circumstances may involve recognising that people themselves will deploy different strategies which will contribute to the type and quality of health and social care outcomes for them. The qualitative interview study carried out with older people in Sweden by Vingare and Carlsson, highlighted four strategies participants used to continue to actively manage their dignity and safety as they live with changes with their care circumstances. However, they saw their work as raising questions for how to maintain quality of care while respecting the strategies of care recipients.

The work of researchers, practitioners, older people themselves and those collaborating with them to build more supportive contexts of care, is seen here to deepen understanding of how this support can be built in changing circumstances with changing populations of older people.