

# Editorial: Innovate support for older people to reflect changing governance, values, peer and professional practices and built environments

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It becomes increasingly clear that to successfully innovate support for older people cannot mean simply attending to the technological details of innovation nor assuming that disseminating innovation is a question of 'informing' stakeholders about operational characteristics of any innovation. Instead, as part of the developmental processes involved in innovating, stakeholders, opinion leaders, user groups and communities need also to be engaged with the relevant context of governance, challenges to practice and the constraints and potential of built environments to build contextual knowledge of what may be entailed.

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Prince's short commentary which begins the 25.3 Issue of Quality in Ageing and Older Adults argues the case for considering how applying a developmental governance framework approach in Nigeria can sensitise us to judge what may or may not be feasible to do when seeking to innovate care for older adults to take into account what values and issues of culture may need to be recognised and negotiated to ensure fit rather than conflict around such innovation.

The importance of recognising the value of peer support and knowledge-sharing to ensure their well-being is appropriately attended to as part of caregiving especially when this involves a family member living with dementia, which can often be confusing and highly stressful. Peer support generated by a regional government Expert Caregiver Programme is evidenced in a qualitative observation and interview study by Riera Claret *et al.* in relation to issues and experiences that can intensify or mitigate the inherent stressor of cognitive, functional and behavioural changes, added responsibilities and resource pressures. Peer advice and shared learning strategies could be seen to facilitate an upward spiral in perceived responses of understanding, compassion to counter isolation and gain further access to experientially relevant knowledge.

Continuing, widespread but civic importance given to family caring for older people in the context can be seen as a moral duty rather than solely institutional or economic in southern Spain. Reasons for this are offered by quantitative survey findings from 2024 to 2020, by a Citizen Panel for Social Research in Andalusia reported by Serrano-Gemes. Not only do these results affirm the continuing relevance of these values for older people themselves, but also that caregiver beliefs suggest their belief in that this trend will continue long-term and will need to be taken into account on planning appropriate support for older people in these communities.

Evidence of recent, holistic occupational therapy interventions has indicated the need to support peoples' own physical and nutritional activities rather than simply making

adjustments to home environments, has been evaluated in relation to their implications for home safety by the systematic review by Carrick *et al.* This has highlighted a current lack of professional and community consensus about key components of home safety, while recognising the role of improving activity by strengthening peoples' exercise and mobility.

Randomised controlled trials (RCTs) are increasingly promoted to evaluate the effectiveness of in-home interventions, including early assessment of sensory loss in older people. However, the professional contribution to assessment may also need to be identified and taken in to account. A qualitative interview study has been reported by Haanes *et al.* of Norwegian health professionals' views of their experiences within such an RCT and its findings indicated the value of preventive home visits to identify risk factors and support person-centred measures to pro-actively address these in context, rather than relying on more standardised interventions.

As well as identifying in-home interventions which can promote older peoples' active living in place, the growing rate of innovations in urban design can be noted, often stimulated by urban design competitions. Kotval *et al.* have assessed the results of implementing such innovations by assessing their effective on age-friendliness of 10 small towns in Estonia, while acknowledging that public designs need to consider all age-groups. This suggested that many aspects of age-friendliness were addressed in the re-designs, but that features to promote safe mobility and safe exercise may be less considered and that more involvement of older people in re-designs may help redress such limitations.

The longitudinal and cross-sectional interview study of 75 older people who live in 3 housing with care facilities in England and Wales, carried out by Powell *et al.* found that taking dynamic features of built environments and communal spaces into consideration in relation to their lives and relationships can help strengthen their social connections. These qualitative findings in many ways complement the study by Kotval *et al.* in highlighting what may broaden the activities and social world of older people, while also warning of the need to be alert to potential exclusion of more marginalised groups.

These papers bring valuable lessons for innovators in care to engage more dynamically with a wider context of governance, practice and environments to build the evidence-based knowledge needed to successfully innovate more holistically and interactively.

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