

Communicating and connecting with identities, selves and other groups in older peoples' lives and work

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Older people and those building relationships with them including providing their care are ever-more intensively faced with the need to establish, maintain and review their connections and communications with the world around them. As different groups become involved with each other in life transitions, changing health and abilities and in forming or re-forming support networks, and care services and systems, this demands work which needs to be recognised and resourced, if connections are to become or remain responsive to and respectful of older peoples' life priorities.

Pre-empting health problems by providing environments which may improve wellbeing is explored by Petersen *et al.*, specifically in relation to older peoples' access to urban green spaces. This survey of a sample of 272 adults in Hamburg is one of the first to test assumptions that having urban green spaces may affect their physical activity and their health-related quality of life. As having this access does indeed seem to make a difference, this may have implications for both urban planning and also for challenging stereotypes about inactivity in ageing as opposed to how far their living conditions may or may not encourage activity.

Expectations and components of "quality ageing" will also change with generations. In an age when more people are taking a university education for granted as part of enhancing their lives as well as their prospects, Hardy *et al.* interviewed 265 Australian people born between 1945 and 1966, often known as the "baby boomer" generation, about their views on the desirability of university study in their lives. Findings highlighted the value this group placed on mental and social as well as physical activity in contributing to their quality of life and counterbalancing notions that such a late investment of time and money might be wasted.

The changing social landscape increasingly includes older people who may be members of migrant groups. This means that increasing members of ethnic minorities in the population needing care services therefore to needing to communicate with the health care workers providing these services. The qualitative study by Likupe, Baxter and Jogi, interviewing a purposive sample of ten health care workers in nursing homes in a city in North East England, highlighted some of the gaps in their cultural knowledge which may lead to misinterpretation and misunderstanding of older peoples' language and non-verbal communication and, in turn, to misunderstanding their needs. Implications could include bringing more inclusive cultural competences into care staff training.

While rates of infectious diseases in western countries may be reducing, older people may suffer threats to health ageing in place from non-communicable diseases linked to housing conditions, particularly respiratory health problems and bone and joint conditions. This is strongly indicated for the population in Ireland by Gibney drawing on data from the Health and Positive Ageing Initiative Age-friendly Cities and Counties Survey. This found poor housing and poor heating linked strongly to respiratory health problems and poor housing with bone and joint conditions. This suggests the need for strategies for health ageing in place need to be linked to policies that also improve older peoples' housing.

The articles in this issue all problematise in different ways issues which can challenge person-centred care for older people if a person's needs are not understood in context. Horton and Horton's paper argues for using a critical discourse analytic approach to understand those contexts which may configure or fragment "subjects, objects and practices" to recognise the identities of older people as more or less visible and more or less empowering and more or less supportive of continuing self and normality for older adults through the transitions of ageing. This kind of approach may offer powerful lessons in gaining and acting on such awareness within society and institutions to build more authentically person-centred health and social care for older people, through more mutual recognition in connections and communications.