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Access to learning opportunities for residents in care homes: reviewing the challenges and possibilities.

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1. Introduction

1 Learning is a human right as set out in Article 26 (1) and (2) of the United
2 Nations (UN) Declaration of Human Rights (1948) [1]. This citizen's right has been
3 well documented, for example, in 1991, the UN stated that older people should have
4 access to appropriate educational programmes [2] and nearly thirty years later, in
5 2019, the Scottish Government pledged to make education accessible to all ages [3].
6 Despite the wealth of compelling policy documents, some cited in this paper below,
7 on the benefits of learning in later life and of the positive contribution that
8 engagement in learning can make to healthy ageing, people residing in nursing [care]
9 homes can find themselves cut off from their local community and unable to access
10 the so-called lifelong learning opportunities available to those who are able to
11 continue living independently in the community. Why the benefits of lifelong learning
12 for older people are not conveyed to those in long term care settings could be because
13 of attitudes concerning long term care settings. These are frequently viewed as a place
14 where people go to end their lives, not reach their potential. The average life span of
15 those who are acute admissions to long term care is 18 months. So the attitude
16 prevails that they are to be 'done for' and not facilitated to continue to pursue their
17 learning interests. Yet every individual has the right to learn should they wish and the
18 right to enjoy the rest of their lives, regardless of however long this will be or the
19 physical and/or cognitive challenges they may have. The pervading belief that
20 learning opportunities are not viewed as relevant or necessary to older people in long
21 term care [4] need to be challenged. Age and ability have no correlation and learning
22 opportunities should be available to every citizen wherever they live [5]. These
23 opportunities can be tailored to the abilities of each person. This paper seeks to
24 explore factors involved in providing a learning environment for residents, by
25 carrying out a scoping review on work that has already been done in this area and to
26 recommend that a learning environment can be a reality if community resources are
27 inclusive of nursing [care] homes.

34 WHO [6] stress that in long term care, formal and informal carers have the
35 duty to "ensure that a person who is not fully capable of self-care can maintain the
36 highest possible quality of life, according to his or her individual preferences, with the
37 greatest possible degree of independence, autonomy, participation, personal fulfilment
38 and human dignity". Providing learning opportunities for people in long term care,
39 supported by existing community resources, has been carried out in some areas [7-12]
40 and could be rolled out to infuse a culture of leaning in the nursing [care] home
41 sector.

44 Such an innovative approach addresses a recent call for action in a report from
45 Nesta [13]. The report highlights that the challenge today for sectors such as social
46 care is to focus more on raising their quality of care rather than improving their
47 efficiency. The report goes on to suggest a transformative industrial strategy with
48 "radical social innovation" at its heart which would need to include an exploration of
49 new models of care that include giving care workers the opportunity to use their
50 creativity, and consult with residents, in order to provide more holistic care [13]. In
51 light of this call for increased innovation and creativity in the social care sector, and
52 mindful of the positive impacts of engagement in learning throughout the lifespan, the
53 authors sought to explore the literature on the current provision of learning
54 opportunities for older people living in long-term care facilities. The focus of this
55 paper centres on active learning for residents in nursing [care] homes, targeted to an
56 individual's learning requirements, rather than leisure activities, decided by staff, in
57 which people are either passive observers or recipients. This distinction is important
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1 to make [11, 13, 14], because learning embraces healthy ageing; it involves purpose,
2 engagement, self-development, fulfilment and growth. It also serves to address the
3 stereotypical assumptions that ‘old’ people have lost the capacity to learn. Such
4 attitudes are ageist and without foundation [15] and are more pronounced towards the
5 population in nursing [care] homes.
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7 **2. Aim of the Paper**

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10 The overarching aim of the paper is to explore what is known from a scoping
11 review about the provision of learning opportunities for all people in nursing [care]
12 homes, regardless of their physical and/or cognitive abilities, in order to provide the
13 authors with a foundation for the development of a research project. This project will
14 seek to involve the nursing [care] home sector and local community partnerships in
15 the creation of a toolkit to link learning opportunities tailored to the needs and
16 preferences of the residents living in the care home. The working definition of
17 learning for this paper is the ‘broadening and deepening of knowledge’ [10].
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20 The specific objectives are to:

- 21 • Identify the types of learning opportunities that have been provided in care
22 homes;
- 23 • Gain insights into the facilitators for, and barriers to, learning provision in care
24 homes;
- 25 • Explore lessons learned and identify areas of good practice.
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31 **3. Scoping Review**

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34 Arksey and O’Malley’s [16] stages for conducting scoping studies provided a
35 practical framework to guide the study design and approach. Whilst dated, it remains
36 a seminal work on scoping reviews. Given both the ultimate goal of establishing a
37 project to equip care homes to offer learning opportunities for their residents and the
38 scarcity of literature on the topic, a scoping review, rather than a systematic review,
39 offered a method for mapping the results and identifying the gaps in the evidence base
40 [16]. The guiding framework comprises six stages, with the sixth (consultation) as an
41 optional component. Consultation is recommended by later works on scoping reviews
42 [17], but not overtly referred to in more recent work by Munn et al [18]. In this
43 review, a consultation exercise was conducted and found to be illuminating and so the
44 6 stages, detailed below, were employed in this study.
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51 *3.1 Stage 1: Identifying the research question*

52 From the outset it was clear that there is a wealth of literature in both education and
53 health and social care journals on learning in later life and learning as a means of
54 maintaining healthy ageing. Given the specific interest on learning in the nursing
55 [care] home context, and to avoid a large number of irrelevant references [16], it was
56 important for this work to be steered by a key focus on nursing [care] homes. Given
57 the paper is about people in long term care, no distinction was made between those
58 with a diagnosis of dementia and those classed as frail. To this end, the following
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1 research question was formulated to guide the study: *What is known from the*
2 *literature about the provision of learning opportunities for older people residing in*
3 *nursing [care] homes?*

4 5 3.2 Stage 2: Identifying relevant sources

6 To underline the point that learning is a human right, relevant organisational websites
7 were consulted to identify policy documents and key reports over the past 30 years
8 (1990-2020), because the United Nations Principles for Older People was published in
9 1991. It specifically addresses the rights of older people, with principle 4 stating that
10 older people should have access to appropriate educational and training programmes
11 [2]. This resulted in 19 documents contributing to the review to support the message
12 that residents have the human right, should they so wish, to engage in learning
13 opportunities. Particular interest was on the call for learning, as opposed to
14 recreational activities (See 4.1). These documents served to augment and authenticate
15 the results from the thematic analysis of academic literature reviewed.
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19 In searching the academic literature, the MEDLINE and CINAHL databases were
20 used as these are key repositories for social care articles. Searches were undertaken
21 using the limiters: articles written in English and published in journals between 2002
22 and 2020. The 2002 start date was selected as this marked the date of publication by
23 the World Health Organization of “*Active Ageing: a Policy Framework*” [19]. Key
24 terms associated with ageing (or aging), learning (or education) and care home (or
25 nursing home, or residential home) were included in the search strategy.
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28 29 3.3 Stage 3: Study selection

30 Searches were carried out in the two databases (MEDLINE and CINAHL). A
31 PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) has
32 been incorporated (Figure 1). The small volume of articles falling within scope for our
33 study perhaps serves to highlight that learning is an overlooked dimension, or an
34 under-researched area, in the care provision of residents in care homes. In keeping
35 with Arksey and O’Malley’s [16] methodological framework, some additional articles
36 were sourced through the reference lists of the selected articles and through scrutiny
37 of the journals in which the selected articles were published. The small number of
38 publications without full text available was not used.
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42 INSERT FIGURE 1
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45 3.4 Stage 4: Charting the data

46 A data charting form was created [16] to record basic data regarding the articles
47 selected (see section 4.3) including author(s), year of publication, study type,
48 geographical location, learning opportunity, the motivation for the intervention, type
49 of learning opportunity and the people involved in the learning delivery.
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52 3.5 Stage 5: Collating, summarising and reporting the results

53 Thematic analysis of the papers sourced was undertaken. The results of this are
54 reported in section 4.2.
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57 3.6 Stage 6: Consultation

58 A consultation was carried out and undertaken with i) the chief executive of a care
59 home chain and five of their six care home managers and ii) with two octogenarians
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1 (as separate conversations) who were currently living in sheltered housing complexes.
2 These two people were members of our Ageing Research Network at our place of
3 work. Because this was not a research project, we were not able to speak to people
4 residing in nursing [care] homes. However, both admitted that they knew that it was
5 possible their next move would be to a care home and thus their interest in this work.
6 This is reported on in section 4.3 below.
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8 **4. Results**

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10 The different sources of information informing this paper were 15 articles, 19 policy
11 papers and a small consultation exercise. These are reported on in Table 1 below.
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14 INSERT TABLE 1 SOURCES HERE
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17 *4.1 Policy and Key papers, recommendations and guidelines*

18 The papers have been summarised in Table 2. The United Nations Universal
19 Declaration of Human Rights [1] clearly states that learning is a human right. In 1991,
20 the UN published a policy document specifically referring to older people and the
21 rights they should have to access educational and training programmes [2], with a
22 further policy paper in 2011 calling for full integration of older people in society [20].
23 No reference was made specifically to people living in nursing [care] homes and this
24 is understandable, because there should be no demarcation between ‘older people’ and
25 ‘older people living in care’. To make such distinctions is perhaps a different form of
26 ageism, or even ableism. A UK policy document [21] set out a series of rights for UK
27 citizens, based on the UN Declaration of Human Rights, which states that all citizens
28 should be protected from discrimination. Concerning learning, a European document
29 [22] highlighted that people should have access to learning throughout their lives as it
30 is a key component of personal confidence and social inclusion. A point reiterated in
31 the Marmot Report of 2010 [23] and 2020 [24]. In 2019, the Scottish Government
32 pledged to make education accessible to people of all ages [3]. In 2020 a European
33 report called for the rights of residents in care homes to be addressed, stating that
34 people need to be involved in learning activities which promote the preservation of
35 their identity and contribute to their well being and development [25]. Furthermore, a
36 UK report in 2020 [26] recommended that nursing [care] homes should become
37 centres for community activities, services and facilities.
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39 In summary, for 70 years there has been a call for protecting the human rights of all
40 citizens, with one of these rights being access to lifelong learning. It is possibly only
41 in the last 20 years that vulnerable older people in care settings have been explicitly
42 addressed in policy documents [6].
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48 INSERT TABLE 2 POLICY TABLE HERE
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51 *4.2 The consultation exercise:*

52 The authors undertook a small consultation exercise with the Chief Executive of a
53 nursing [care] home and home care business and five of their nursing [care] home
54 managers. They also spoke to two women in their eighties, both of whom lived in
55 (different) sheltered housing complexes.
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58 *4.2.1 Chief Executive and 5 nursing [care] home managers*

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1 The Chief Executive was keen to establish a learning environment in the six homes
2 she managed, with a view to extending learning opportunities to older people
3 receiving care at home. She felt that a research project on learning opportunities for
4 residents would augment some of the work the homes were already undertaking. She
5 arranged a meeting for the authors, with herself and five of the six managers. Each
6 care home had its own active locality and one manager had successfully made links
7 with a number of community projects, which opened up access to learning events for
8 the residents in her nursing [care] home. These included a book club and talks by
9 local historians. Another home had good links with a local primary school and said
10 that the children visited the home once a week. This did not constitute a learning
11 activity per se, but it could have the potential to become one. Currently it added life
12 and interest for the residents as the children and residents took part in arts and crafts
13 activities. All participants agreed that local learning opportunities should be identified
14 and made known to the residents, so that those interested could be involved. Given
15 that many people enter into a care home because of frailty and or cognitive
16 impairment, it was felt that the community opportunities should take place within the
17 nursing [care] home. The managers all agreed that a link person between the home
18 and the local community would be essential in establishing a learning culture within
19 the home. This person would need to have excellent links to the community and
20 knowledge of the various learning activities that could be available to residents or
21 could take place within the home. One manager pointed out that the locality of the
22 home she managed had many people living alone and she felt these individuals could
23 be involved in learning projects in the nursing[care] home. Such involvement would
24 have mutual benefits.
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30 *4.2.2 Discussions with two octogenarians who lived in separate sheltered housing* 31 *complexes.*

32 Mrs A said that she was learning a language online and she also attended a bridge
33 club. She also said she had once enjoyed knitting, but due to arthritis this was no
34 longer possible – but she would love to learn how to use a knitting machine. She went
35 on to say that she would miss the networks she had established if she could not pursue
36 these activities on entering a care home. Mrs B was able to attend talks of interest at
37 the local library and she was an active member of a book club. She suggested that
38 people never want to stop learning, but that no one expected learning opportunities in
39 nursing [care] homes - they were viewed as a place to go when independence was
40 lost. People were frightened of long term care and she said that many people who
41 entered a nursing [care] home did not want to be there. However she said she had a
42 friend in a local home and it was ‘wonderful’. She suggested that people, especially
43 those who had lived alone for many years, had no idea how to adapt to communal
44 living and stated that unless they had instruction – even in the form of a learning
45 module on how to adapt to life in care - they would not have the capacity nor the
46 motivation to start engaging in learning. This discussion highlighted that older people
47 in assisted living facilities were able to access community learning groups. Both felt
48 they would lose this opportunity should they have to move into long term care.
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54 *4.3 Thematic analysis of the articles*

55 The 12 articles sourced through the literature search plus the 3 additional papers were
56 examined by both authors independently. A charting data form was created [16].
57 These were discussed in conjunction with what had been identified in the policy and
58 key documents and also with the consultation exercise (See Table 3).
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1 INSERT TABLE 3 ON ALL ARTICLES HERE
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4 Seventeen key points were identified. Following discussion, the authors agreed that
5 these 17 points fitted into four main themes, each with tensions, and these were;
6 Culture of learning vs culture of care; Learning vs recreational activity; Surviving vs
7 thriving in care and Outside vs care home communities. (See Table 4)
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10 INSERT TABLE 4 ON THE THEMES HERE
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12 *4.3.1 Culture of learning vs culture of care*

13 It is widely acknowledged that transition into a nursing [care] home can be a
14 traumatic experience for an older person, leading to feelings of loneliness, isolation,
15 and being cut-off from former independent living, family, friends and wider
16 community. Too often this transition also entails a dearth of meaningful mental
17 stimulation as the provision of “bed-and-body” [27] physical support and daily care
18 becomes the priority for care home staff. The focus on developing, and delivering on,
19 a culture of care, leaves little room for the fostering of a learning culture. Yet, as
20 March [10] suggests, the process of adjusting and acclimatizing to that culture of care
21 is in itself a “learning challenge” for some resident. It seems reasonable to suggest
22 further, that unless this challenge of acclimatisation is addressed, then residents are
23 likely to withdraw into themselves, rather than embrace opportunities for social
24 interaction or engage positively in learning activities designed to enhance their
25 wellbeing, provide mental stimulation and contribute to the process of healthy ageing.
26 Recognition that this crucial learning challenge needs to be tackled at the point of
27 transition into a nursing [care] home should form the foundation of efforts to develop
28 a learning culture in a nursing [care] home. Initiatives involving structured
29 reminiscence or story-sharing, such as those described by Housden [28] and Heliker
30 [27] could prove a useful means of drawing new residents into a home’s learning
31 culture, helping them to sense there is more to their life there than care for their
32 physical needs, and that their prior learning, skills, knowledge and experiences can
33 transition with them into the home and continue to be part of their life in that new
34 context. The interactions between trainers and residents highlighted the benefit of
35 social engagement with others who were not carers [4], which afforded a sense of
36 agency to the resident. In addition, the culture of learning was seen as one that
37 provided a respectful learning environment, a knowledge by the trainers of age related
38 changes, gave time for residents to reflect on emotions evoked by the learning
39 experience and acknowledged each resident’s individuality [7].
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47 *4.3.2 Learning vs recreational activity*

48 The concept of learning is used interchangeably with activity [29], but learning must
49 provide mental stimulation, creating a broadening and deepening of knowledge that
50 will lead to a sense of pride and achievement [8, 11, 30, 31]. Yet the focus on good
51 care in nursing [care] homes is on providing activities to alleviate boredom, rather
52 than the provision of mental stimulation in the form of learning [31]. Learning is more
53 than just a distraction from boredom or providing entertainment, it is a capacity for
54 growth [8, 9, 29, 32, 33]. People need a challenge, enjoyment and a sense of purpose
55 [10, 33, 34] and learning enables individuals to live lives that are fulfilling [10,12,
56 28]. Ageing implies a lack of previously enjoyed past interests [33] and there is a need
57 to empower older people to have authority over their lives [30]. In providing learning
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1 activities for residents in care homes six articles included arts and crafts [8, 10, 32,
2 34], with two specifically referring to learning and teaching peers and six stating that
3 the type of learning had to be selected by the residents (10, 11, 30, 33, 34, 35).
4 Intergenerational learning activities were highlighted in one article, with residents and
5 children learning together [8], providing a sense of well being through reciprocity
6 [11].

7 Three articles highlighted the social aspects of residents learning about each
8 other, the staff and visitors – which served to create bonds and a sense of community
9 that had not been apparent before [27, 28, 35], but all articles alluded to this sense of
10 getting to know people. Three articles addressed learning in the form of acquiring new
11 skills, these were on internet use [9], photography [12] and bespoke programmes
12 selected by residents [10].
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15 16 *4.3.3 Surviving vs thriving in care*

17 Transitioning into care can lead to a loss of meaning in life, a sense of threatened
18 identity, powerlessness and loneliness [9, 12, 27]. Many residents in nursing [care]
19 homes are reported to suffer from depression and need to have a vibrant community
20 that they feel is worth living in [33]. Neglecting people’s learning needs is a form of
21 abuse by omission [30] and if people are expected to be passive and frail they will be,
22 but if they are expected to contribute, then they will [27, 30]. All articles reported the
23 positive effects of engaging in learning, but clearly learning opportunities need to take
24 into account any physical or cognitive deficits in order to enable people to participate
25 and not merely be observers. Given the frailty of the nursing [care] home population,
26 the abilities of the residents were discussed in five articles [10, 12, 29, 33, 34], with
27 one article taking into account fluctuating abilities of the resident [29]. So rather than
28 just survive in care, people need to be encouraged to thrive [9, 30, 32-34]. Thriving
29 denotes human development and growth and is directly related to quality of life [35].
30 Learning, as opposed to activities, facilitates development and growth and provides a
31 strong sense of thriving [7, 35].
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36 *4.3.4 Outside vs care home communities.*

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39 Whilst the notion of lifelong learning is a familiar one, and its positive contribution to
40 healthy ageing is widely recognised, the paucity of articles on the subject suggests
41 that learning is a neglected area in the care home context [29]. This is, in part,
42 explained by the fact that “all too often the doors of care settings are closed, which
43 locks residents in and the local community out” [10]. This can leave residents
44 disconnected from the learning activities they engaged in when living independently
45 in the community [7]. Viewed from a policy perspective, the care home door
46 effectively represents a transition from an education policy priority which “favours
47 qualifications for those who can contribute back financially to society with improved
48 job prospects or higher earning power” and health and social care policy priority
49 which “sees learning as a peripheral need” [10]. Ashurst [12] also indicates the link
50 that is all too often made between lifelong learning and gaining employment-related
51 qualifications. Benefits of involving the local community in the provision of learning
52 for care home residents included: intergenerational connections and interaction [8,
53 29], drawing on the community-based experienced teachers and instructors [7, 9],
54 opportunities for volunteering [9, 11] and positive contribution to residents’ thriving
55 [4, 35]. Lifelong learning needs to be for *life* [4] and this could be achieved through
56 greater connectivity between different policy areas, as well as a greater sense of a
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nursing [care] home being part of a community, not simply a closed building located in a community.

5. Discussion

The objectives of the paper were to identify the types of learning opportunities that have been provided in care homes; gain insights into the facilitators for, and barriers to, learning provision in nursing [care] homes and explore lessons learned with examples of good practice.

In line with policy, dating back from the Universal Declaration of Human rights in 1948 [1], it is clear that the past 30 years have provided a wealth of documents that espouse the rights of all people, regardless of their cognitive and/or physical deficits, to have access to appropriate, tailored learning commensurate to their wishes and enjoyment. These documents also point to the seemingly hidden lives of people in long-term care.

Recommendations from the consultation with two octogenarians underlined the importance of helping older people deal with transition into care, which was a point made by March [10] and we found no evidence that helping residents transition into long term care was addressed and this in itself is a learning process. In order for people to be motivated to learn (and one of the women had a wish to learn how to use a knitting machine), they need to feel a sense of belonging in their new residence. They also need the opportunity to maintain their existing community activities and the accompanying social networks if at all possible.

The four themes identified from the sources informing this paper have a chronology and include people with dementia and those who are classed as frail. A learning culture is required to make lifelong learning a reality, activities – whilst enjoyable for many, should not negate a person's desire to learn. The papers reviewed used 'activity' and 'learning' interchangeably and perhaps this is where distinctions need to be made. Life in a nursing [care] home can be one of surviving rather than thriving for people who feel their needs are not being met. Learning contributes to a feeling of worth and identity, it is about undertaking an 'activity' that is doable, of importance to the individual, will captivate their interest and usually a sociable endeavour. There is huge potential for local communities to engage with nursing [care] homes and contribute to meaningful learning opportunities, tailored to the individuals' interests. The successful learning projects reviewed in this paper showed the benefits of community engagement, a point well made by Edwards [36].

The call for lifelong learning for all, regardless of age or abode, has been made in many policy and key documents. In sourcing information on learning, it appears that learning is often confused with recreational activity; this can lead to unstructured provision [10]. For structured and focussed learning, trainers with expertise in the topic are required. Sensitivity is also required to take account of frailty that can make learning difficult and frustrating for residents and impact negatively on a resident's morale and self-esteem [4, 12]. In assisting with what people want to learn, the strengths of frail older people can be realised, providing a sense of purpose and achievement for the individual.

There are several limitations to this work. The scoping review included only two databases and the policy documents selected were few, considering the increasing interest in providing all individuals with learning for life opportunities. The two people consulted were from sheltered housing complexes because access was not

possible to nursing [care] home residents. However, this work provides a springboard for research projects, in which the views of residents can be sought.

6. Recommendations

The authors propose to use the four themes identified in this paper as a bedrock for exploring the creation of a learning culture in nursing [care] homes. This culture must take into account the time needed for residents to learn to acclimatise to a transition into care. Programmes of learning (not just recreational activities) based on individual preferences, need to include local community involvement. Innovation and creativity are needed to find new and sustainable ways of working [13]. Co-creation will be key, involving local community volunteers, care home staff, residents, relatives and visitors.

A culture of learning needs to be fostered: at policy level, including joining up educational and social care policies which are acknowledged by care home regulators; at community level, which is a valuable resource that is under-utilised by nursing [care] homes; and at the level of individual nursing [care] homes. In involving the local community in the nursing [care] home, a vibrant culture can be created, giving residents a feeling of hope and quality of life in their place of residence.

This paper has highlighted a number of gaps in the literature that are worthy of further investigation. For those individuals who wish and are well enough to undertake learning activities, there is very limited mention made of how to identify and /or review their learning needs/desires when they enter a home. In addition, little mention is made of the provision or design of learning spaces in homes to facilitate learning events. Finally and perhaps of greatest importance, is that there is little mention of the additional skills and community connections that staff may have that could be drawn upon to help facilitate learning.

7. Conclusion

If the right to lifelong learning and healthy ageing are to be upheld, then efforts are needed to find new ways of working to embrace learning in nursing [care] homes. Innovation and creativity are needed that involve staff, residents, families, visitors and local community volunteers. The doors of nursing [care] homes have to be opened to allow a vibrant inclusive community to enable frail older people in care to thrive and not merely survive.

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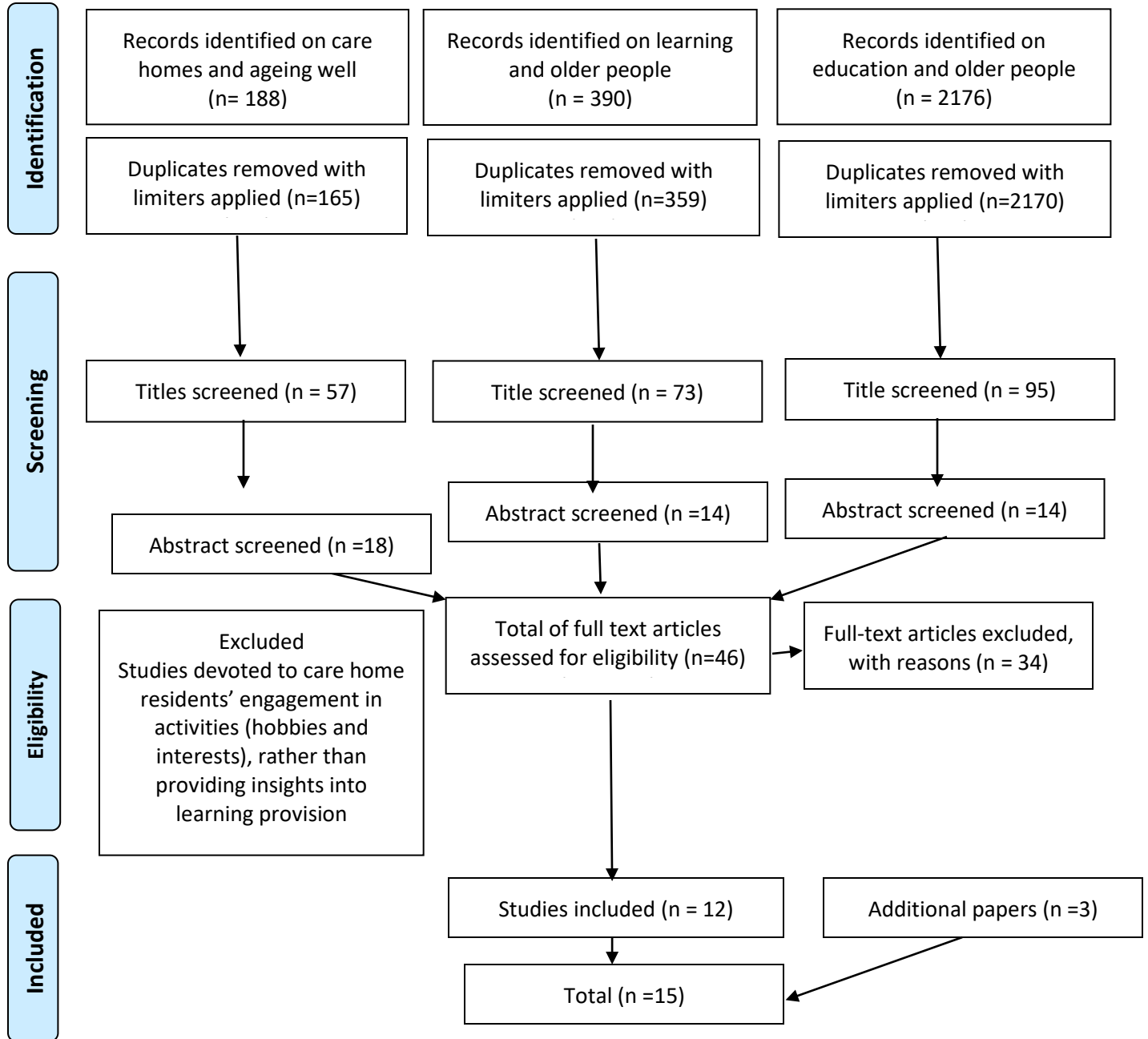
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Figure 1. Three sets of screening on the search strategy with inclusion of the additional papers used to inform the study



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

Table 1: Sources of Information Informing the Paper

| Source | Geographical distribution | Type of evidence | Main findings |
|--|--|---|--|
| 19 policy papers / guidelines | Global, European, British and Scottish | Policy documents, guidelines and recommendations | Learning is a human right and one that is needed for personal development and growth at whatever age. The learning needs of people in nursing [care] homes is not often seen as important. |
| Consultation exercise | North East of Scotland. The six care homes were in a variety of localities. Two were in deprived areas and four were in relatively affluent areas. | Conversations with a Chief Executive of a large care home and home care provider. The organisation had 6 nursing [care] homes. One was for people with dementia, 1 was for respite care and 4 were providers of long term care for frail people. | People entering into care wish to maintain their outside community contacts. However, instruction might be required for some people to learn how to acclimatise to life in a nursing [care] home. |
| 12 articles from the literature reviewed | Six articles were from the UK; 2 from the USA; 2 from New Zealand; 1 from Sweden; 1 from Israel | Five of the articles could be categorised as research papers (4 of which comprised empirical study of learning interventions, and 1 comprised a theoretical discussion paper including a proposal for learning delivery strategies). Five were practice-oriented papers either describing a particular intervention or project regarding learning in a care home context, or describing a care home learning project and providing an evaluation of it and making recommendations for good practice. One was an opinion piece (espousing the benefits of providing learning opportunities for residents in care homes); and one provided a set of guidelines for good practice when offering learning opportunities in care homes | The team 'meaningful activities' was used interchangeably with 'learning' in 9 of the 12 papers. Three papers specifically addressed learning, suited to the individuals' requirements in that people were offered a structured programme in which they could gain new skills. |
| 3 Additional papers sourced | Two from the UK, 1 from Denmark | Two articles were literature reviews and 1 was a research project. | The authors all call for attention to be paid to the learning needs of older people, 2 with a particular reference to people in long term care. |

Table 2: Articles from the Policy and Key Reports Reviewed

| Reference (in date order) | Article type | Location | Message specific to learning opportunities for older people |
|---|-------------------------|----------|--|
| 1 United Nations (1948) Universal Declaration of Human Rights. Available at https://www.un.org/en/universal-declaration-human-rights/ Accessed March 1 st 2020 | Human Rights | Geneva | Learning as a right is set out in Article 26(1) [everyone should have the right to education] and (2) {education should be directed to the full development of the human personality] in the United Nations (UN) declaration of Human Rights. Article 27 states that everyone has a right to participate freely ‘in the cultural life of the community, to enjoy the arts and share in scientific advancement and its benefits’. |
| 2 United Nations (1991) Principles for Older People. Available at https://www.ohchr.org/Documents/ProfessionalInterest/oldepersons.pdf | Policy | USA | States that opportunity must be provided for willing and capable older persons to participate in and contribute to the ongoing activities of society, Of the 18 principles set out, principle 4 states that older people should have access to appropriate educational and training programmes. |
| 3 Equality and Human Rights Commission. Human Rights Act 1998. https://www.equalityhumanrights.com/en/human-rights/human-rights-act | UK policy | UK | Based on the 1948 Act, this act states the rights and freedoms that everyone in the UK is entitled to. Human rights are set out in a series of ‘articles.’ Protocol 1 article 2 sets out the right for all individuals to have access to education. However it states that this right does not give one the right to learn whatever you want, whenever you want but relates to the education system that already exists. Article 14 speaks of the protection of discrimination – but does not mention age. |
| 4 WHO (2000). Home-Based and Long-term Care, Report of a WHO Study Group. WHO Technical Report Series 898. Geneva: World Health Organization. | Report | Geneva | States to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her individual preferences, with the 0greatest possible degree of independence, autonomy, participation, personal fulfilment and human dignity (200:22) |
| 5 World Health Organisation (2002) Active Ageing: A Policy document. Second United Nations World Assembly on Ageing, Madrid. 2002. Geneva Switzerland: WHO. | Global policy | Geneva | Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. (WHO 2002:12). The document states ‘in an active ageing framework, policies and programmes that promote mental health and social connections are as important as those that improve physical health status’. Ten commitments to mainstream ageing in all policy fields to commit to a society of all ages. One of the commitments was to provide lifelong learning. |
| 6 United Nations Economic Commission for Europe (2011) Guidelines for Reporting on National Follow-up to the UNECE Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA), Available at: http://www.unece.org/fileadmin/DAM/pau/_docs/age/2011/Policybriefs/ | Report | Europe | To ensure full integration and participation of older persons in society |
| 7 AGE-EU (2007) Towards a European Society of All Ages. Age EU; Brussels. | European pressure group | Brussels | Section 5.2 States ‘people must be enabled to continue working throughout their lives, for vocational reasons, personal development...Access to learning is a key component of personal confidence and social inclusion. (2007:17) |
| 8 United Nations Economic Commission for Europe (2008) | Policy | UK | Building on the work of the UN in 2002. The UN focussed on national roadmaps to help appraise the conditions and opportunities for older people in terms of policy |
| 9 The Marmot Review, 2010 Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post 2010. Institute of Health Equity, England | Strategic Review | England | People need freedom to flourish. ‘Well-being should be a more important societal goal. ‘If the conditions in which people are born, grow live, work and age are favourable and more equitably distributed, then they will have more control over their lives in ways that will influence their own health and health behaviours and those of their families.’ (2010: 12) |
| 10 World Health Organisation (2011) National Institute on Ageing, Available at: https://www.who.int/ageing/publications/global_health.pdf | Global report | USA | The report recommends that ‘with appropriate policies and programs—people can remain healthy and independent well into old age and can continue to contribute to their communities and families. |

| Reference (in date order) | Article type | Location | Message specific to learning opportunities for older people | |
|---------------------------|--|--|---|--|
| 11 | MOPACT. Project MOPACT - Mobilising the Potential of Active Ageing in Europe. Available at: http://rosenetcost.com/wp-content/uploads/2019/10/rosenet-ltc-policy-messages-september-2019.pdf | Project | Europe | Seven policy recommendations, the first being valuing long term care and the people in long term care. '... long-term care systems should be based on an acceptance of the merits and possibilities of creating valued, effective and sustainable models of provision that will enable everyone to age without fear of deficient care and support'. The third is for residents [in care] to have the right to participate in appropriately designed activities addressed to sustain their selfhood and promote their wellbeing and development. The call is for a more fluid and flexible system of long-term care that would recognise and work with possibilities and human potential ...and support older people's right to autonomy and independence wherever they choose to live. |
| 13 | United Nations Educational, Scientific and Cultural Organisation 2015 (UNESCO) (2016) Recommendation on Adult Learning and Education Available at https://unesdoc.unesco.org/ark:/48223/pf0000245179 | Recommendations for UNESCO member states | France | Section 23 calls for special attention to 'enhance access to quality learning for disadvantaged or vulnerable groups such as ... individuals with disability, prisoners, the elderly' (p.11) |
| 14 | International Longevity Centre_ UK (2019). Why longevity means more learning. Available at: https://ilcuk.org.uk/wp-content/uploads/2019/12/ILC-Briefing-Why-longevity-means-more-learning.pdf | Briefing paper | UK | States 'Improving access to lifelong learning may be one way of closing the gap between rich and poor. There is a host of evidence demonstrating the link between engaging with education and healthy behaviours resulting in better health outcomes (2019:2). It highlights the evidence that lifelong learning has a positive relationship with health outcomes, such as mental health, wellbeing and confidence, as well as having a preventative impact in relation to conditions such as Alzheimer's disease (2019:4). |
| 15 | Scottish Government, (2019) A Fairer Scotland for Older People: A Framework for Action. Scottish Government, Edinburgh. | National policy document | Scotland | Contains three areas for older people in Scotland, with a total of 53 pledges. The areas are: Engaging with, and contributing to, communities, Accessing public and other services and Ensuring financial security. Within the 53 pledges, one is to make education accessible to people of all ages. |
| 16 | World Health Organisation 2020-2030 Decade of Healthy Ageing. Available at: https://www.who.int/ageing/decade-of-healthy-ageing | Global policy | Geneva | 5 strategic priority areas of work. Area 4 Long Term Care Systems. 'Older people continue to have aspirations to well-being and respect regardless of declines in physical and mental capacity. Long-term-care systems enable older people, who experience significant declines in capacity, to receive the care and support of others consistent with their basic rights, fundamental freedoms and human dignity'. |
| 17 | ROSEnet COST Action: Reducing Old Age Social Exclusion: Seven policy messages on long term care. (2019). Available at: http://rosenetcost.com/wp-content/uploads/2019/10/rosenet-ltc-policy-messages-september-2019.pdf | Report | Europe | Residents [in care] should have the right to participate in appropriately designed activities addressed to sustain their selfhood and promote their wellbeing and development. |
| 18 | Health Equity in England: The Marmot Review 10 years on. Executive Summary (2020). Institute of Health Equity, England | Strategic review | England | Recommends to 'Adopt inclusive growth and social value approaches nationally and locally to value health and wellbeing as well as, or more than economic efficiency.(2020:27) and 'create an enabling society that maximises individual and community potential' (2020:28) |
| 19 | United for All Ages (2020) Together in the 2020s: twenty ideas for creating a Britain for all ages.by 2030 Available at: https://efeea61d-ae40-4f75-bfce-8a7be79f7237.filesusr.com/ugd/98d289_3f3291f2d4094c2793a3acf8ffaec58c.pdf | Report | UK | Idea No 9 'opening up care homes to become centres for community activities, services and facilities' |

Table 3: Articles from the Literature Reviewed (n=12) and additional literature (n=3)

| Reference (in date order) | Article type | Location | Learning opportunity | Motivation | People involved in learning delivery |
|--|---|-------------|--|---|--|
| 1 Wenborn, J., (2003) | Practice-oriented article. | UK | Advises on delivery of arts and crafts activities to care home residents. Highlights benefits and challenges before embarking on such a learning initiative. | To learn a new skill or revisit an old one. To orientate to the seasons (e.g. making Christmas cards) | Staff; relatives; potential for residents to teach peers; queries potential for residents to participate in local community arts and crafts classes. |
| 2 Buettner, L. L. and Fitzsimmons, S. (2003) | Research article. Two-part study of residents with cognitive impairments. Study undertaken in 5 homes. | USA | Range of activities covering exercise, crafts, games, music, religion, socialising (party, coffee), reminiscing, cookery, chores, and personal care (e.g. manicure). | In USA, activities have been mandated monthly calendars since the Omnibus Reconciliation Act of 1987 (OBRA '87), and activity providers have tried to include as many clients as possible in these listed programs. | Staff |
| 3 Mayo S (2004) | Practice-oriented article. . | UK | Arts. Intergenerational relationship building with residents and children aged 9-10, through engagement in arts-focused projects. Mutual benefit, enjoyment and learning. Work with same teams to develop relationships. | At the heart of Magic Me is the basic premise that all people are individuals with a capacity for growth and change, wherever they are in the natural process of living, ageing and dying.' | Care home activities officer; Visual artist; dram specialist; school staff. |
| 4 Housden S et al. (2005) | Practice-oriented article comprising an evaluation of a reminiscence project in care homes and in the community. | UK | Outreach reminiscence sessions (programme of 8 sessions). Design and development of reminiscence rooms. | To deliver health and wellbeing outcomes, e.g. reduction in feelings of social isolation, improving communication and relationships between care staff and residents. | Project workers; care home staff also involved. Training opportunities for care staff available. |
| 5 O'Sullivan G (2005) | Practice-oriented article, providing guidelines on delivering leisure activity programmes for residents in long-term care homes. | New Zealand | A structured programme based on residents' needs and capabilities. Key activity categories: creative, physical, mental, sensory, and social. | Health; quality of life; identity. Underlying proposition is that "leisure activities are [...] a way of bringing people together and building community". | Guidelines designed to enable staff to who work with occupational therapist to coordinate activities, and improve their knowledge". |
| 6 O'Sullivan G and Hocking C (2006) | Theoretical/discussion article. Practical strategies for delivery are considered, and impacts of non-participation in meaningful activity are discussed | New Zealand | Focuses on participation in "occupations promoting physical activity", Prior research cited on health and wellbeing issues among residents in care homes. | Tackling the challenge of "occupational deprivation that undermines personal health and wellbeing" in care homes, which impacts on dignity and satisfaction, and can be classed as neglect. | Not addressed directly in this theoretical/discussion article. |
| 7 Heliker D (2007) | Practice-oriented article comprising an evaluation of a "mixed method longitudinal study comparing story sharing and a control condition". | USA | Story sharing. Structured programme by external facilitators training nursing aides in story sharing techniques, they are then encouraged to utilise their skills with the residents | To "restore the reciprocity of caring" to address issues of "a breakdown of meaning, a loss of identity, and loneliness" | Nursing aides (once they have participated in the story sharing training sessions). |
| 8 Shapira N, Barak A and Gal I (2007) | Research article; quasi-experimental study design | Israel | Small-group courses in the use of computers and the Internet for care home | To investigate contribution of the learning activities to "wellbeing and personal sense of | Teachers experienced in working with older people. |

| Reference (in date order) | Article type | Location | Learning opportunity | Motivation | People involved in learning delivery |
|---|--|-----------|---|---|---|
| | involving care home residents and those attending day-care centres. | | residents and those attending day-care centres. | empowerment”. | |
| 9 March, M. (2011) | Opinion piece on Learning for the Fourth Age (L4A), and overview of what L4A offers. Operates in Leicestershire, Leeds and Sheffield | UK | A range of activities mentioned (e.g. internet training, arts and crafts, languages, creating family trees, making life story films, discussing current affairs), with emphasis on learning being “chosen and directed by the service users and their needs”. | Mental stimulation can have a positive effect on wellbeing in later life, so care homes “need to provide opportunities for residents to engage with different kinds of learning”. | L4A volunteer learning mentors; L4A activity coordinators. |
| 10 Hafford-Letchfield, T. and Lavender, P. (2015) | Research article comprising a qualitative stakeholder evaluation of L4A learning interventions in care homes, and the challenges of delivering such interventions. | UK | Social activities | To promote “social activities and leisure through the mechanism of learning” to improve care quality and enable residents to retain their independence. | L4A volunteers. |
| 11 Björk, S. et al. (2017) | Research article. Survey of residents in Swedish nursing homes to assess the extent to which activities contribute to their “thriving”. Survey findings support the thriving theory. | Sweden | Everyday activities. | To determine how participation in everyday activities helps residents to thrive. | Care home staff; visitors; relatives |
| 12 Ashurst, A. (2018) | Practice-oriented paper describing an intervention comprising photography courses for residents and staff in care homes. | UK | Photography courses. | Improve quality of life for care home residents; improve the quality of the therapeutic relationships between staff and residents. | External trainer. |
| Additional articles sourced | | | | | |
| 13 Boulton-Lewis G. (2010) | Literature review on education and learning for older people | Australia | Explores issues concerning how and why older people want to learn | To include older people in active ageing by providing educational opportunities for those who want to learn. | Individual – some people want classes and others want one to one tuition. |
| 14 Hafford-Letchfield (2010) | Literature review on assumptions made concerning life long learning and older people, | UK | Explores the contradictions between active ageing and participation with the concept of the burden of ageing. | To increase participation, citizenship and social justice by offering learning opportunities | More inclusive strategies are needed to include all older people in life long learning. |
| 15 Castro Rojas M, Bygholm A, Hanson T. (2018) | Design based research project. Focus groups with older people and interviews with teaching staff | Denmark | An intervention for older people to use information technology | To provide cognitive activity and social interaction. Resulted in 8 design principles and calls for respectful learning environment | Information Technology teachers |

Conflict of Interest

This is to confirm that the authors, Professor Angela Kydd and Professor Heather Fulford have no conflicts of interest to report concerning this paper or its publication.

We declare that ethical approval was not required for this study

Table 4: Themes identified from the literature reviewed

| No | Theme | On the one hand | However ... |
|----|---|---|--|
| 1 | Culture of learning vs culture of care | Need to establish a learning culture. Learning to adjust/acclimatise. Gives hope. Staff attitudes facilitative. Residents helping others Moving into a care home can be a traumatic and bewildering experience | Very little attention paid to this in the learning literature. Yet, if this aspect of learning (and adaptation) is not addressed, it seems unlikely that residents will be well-placed to engage with other aspects of learning. |
| 2 | Learning vs recreational activity | Activity versus learning; there is a clear distinction between them (March 2011; Hafford-Letchfield and Lavender 2015). Health and social care see learning as a peripheral need, which falls under the often neglected area of ‘activities’ along with visits from local faith groups and the chiropodist” (March 2011:544) Individual choice is key to success; individual learning preferences must be taken into account. Social care policy v education policy Individual choice/preferences | Whilst we have identified these articles as being concerned with learning, we should note that at times the focus on learning is often implicit rather than explicit in the articles – with more explicit emphasis and discussion being on meaningful/purposeful activity – some authors do not make a clear distinction between them “Education policy favours qualifications for those who can contribute back financially to society with improved job prospects or higher earning power.” (March 2011:544) Resource constraints (time, money, staffing, meeting targets) |
| 3 | Surviving v thriving in care | Care agenda Need v “nice-to-have”. Emphasis of intervention. Recipient or facilitator. Old v new. Past and present capabilities. Learning and forgetting. Unmet needs and quality of life. Too easy to focus only physical needs. Doing things <i>for/to</i> residents. Residents can be recipients of learning provision in a care home. Good to discover what people did before they entered a care home. Love of learning. Prior competences and capabilities Past knowns | Care home resource constraints and inspectorate targets What about brain? Doing things <i>with</i> residents We should not forget that some are also able to facilitate learning for fellow residents Perhaps they want to use their time in a care home to try something new? Frustration of frailty Current frailty and diminishing capacity Present unknowns |
| 4 | Outside vs care home community. | Availability of learning spaces in care homes. Environment Intergenerational | Older people can feel disconnected from the community and secluded within the nursing [care] home |