








Paper title: **Older People in the Context of COVID-19: A European Perspective**

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Abstract

The Coronavirus pandemic and associated measures for the protection of the public have impacted differently on different parts of the population and across different nations. In many areas, COVID-19 has also either exacerbated already existing or created new inequalities in relation to specific parts of the population. Older individuals are one group in society that has been widely impacted, while social isolation/shielding measures have placed them in higher risk of loneliness, isolation, financial deprivation and mental health challenges, to name a few. This commentary reflects on such inequalities across four European nations (the United Kingdom (UK), Republic of Ireland, Finland, Spain) and draws attention to the critical role of Gerontological Social Work (GSW), while emphasizing the ways in which social work can intervene. First, we identify common concerns for the rights of older people that span across all four nations and second, we identify significant roles for GSW practitioners at the individual, community and policy levels and conclude with a call for GSW in these four nations to be reimagined in a time of global crisis.

Key words: Older people, social work, human rights, COVID-19, pandemic, ageism

Introduction

This commentary considers the impact of the COVID-19 pandemic on the rights of older people living with care and support needs and the related role of GSW. Drawing from four European nations (Finland, the UK, The Republic of Ireland, and Spain) we argue that social work with older people can, and should, play a significant role in responding to both established

and newly emerging needs. While there are some differences, each of the countries discussed imposed lockdown which included additional age-based measures of social isolation/shielding. A pre-pandemic ‘snapshot’ of care arrangements for older people highlights both complexity and challenge. Whilst grounded in their unique ideological, socio-political, economic and cultural factors, common goals in each country center on the importance of dignity and autonomy (Lothian & Philp, 2001). Each of the four nations discussed here also has the commonality of an ageing population and some of the associated, ageist discourse around the ‘burden of care’ and the problems of old age. In the Republic of Ireland, Finland and Spain around 20% of the population are over the age of 65 (Central Statistics Office, 2016; Official Statistics of Finland, 2018; Ramírez-Navarro, 2020) and in the UK 18.3%, although this is expected to increase to 26.4% by 2068 (ONS, 2018), a trend which is also reflected in the other countries.

Care arrangements in the Republic of Ireland remain predominantly the responsibility of the individual and their family with the State frequently only intervening when it is beyond the family’s capability to provide care (Donnelly, Begley & O’Brien, 2018). As a result, the older person’s needs are often complex by the time they fall within the ambit of statutory services. The marketisation of care, most prominent in England, but present in each of the devolved UK nations means that social care services are spread across private, voluntary, charitable and social enterprises with statutory social services acting as commissioners of care. A number of significant strains over the past decade have impacted on care provision; cuts to social care budgets imposed by austerity measures, increasing numbers of older people with complex and unmet needs, and long-term under-investment in staff pay, training, and retention. In Spain, the care system is characterized by reliance on family members, insufficient availability of care services, and long waiting lists. This has been referred to as the ‘dependency limbo’ given the delay between recognition of need and implementation of services. Care at home is largely

provided via a Family Care Allowance or Home Care services and is limited to a few hours a day (Deusdad, 2020) and dependent upon financial circumstances. In Finland, the municipalities are responsible for organizing health and social services prescribed by legislation. Municipalities provide services themselves or purchase or outsource to private for-profit or not-for-profit actors. However, availability of services varies between municipalities and local policies. For example, the access to social work services specialized for older adults commonly varies across municipalities.

Despite variations in policy and service provision across these countries, a number of common themes emerge, namely, pressures associated with the provision of care, the availability of formal care to support people to age in place and low value placed upon care and social services. These are probably fueled and reinforced by the lower societal value and marginalization of older people with complex health and care needs. Within these nations, GSW has in itself been somewhat marginalized, despite the important role social workers play in supporting older people with periods of significant change or challenge in their lives. Social workers have a crucial role in assessment, safeguarding, targeted intervention, and support, including in “advocating for better quality of care” (Kerr et al., 2005, p. 3).

Impact of COVID-19 and Ageing in Place

Social distancing/shielding created an immediate risk of social isolation, especially for older people who were reliant on care and already had limited opportunities to engage with community resources. Many older people who relied upon formal social services experienced abrupt alterations, reduction or cancellation of their services. In Finland, lockdown of supportive care services, such as physical rehabilitation, meant that they were only available in a very limited capacity or were cancelled completely, leaving older people and their family carers to cope with very little help. In Ireland, the Health Service Executive (2020) instigated

a national review of home support services at the beginning of lockdown which resulted in the suspension of homecare to 11,300 older people; many were left with no choice but to rely on family members or pay for alternative voluntary services. In England, the Government legislated for Local Authorities to temporarily ‘opt out’ of core duties in assessing and supporting the care needs of older people. A small number of local authorities in large urban areas implemented this measure, triggering concerns for how older service users may be deprived of support during that time. In common with Finland and the UK, community support such as day centers in Ireland closed their doors. ‘Alone’, a charity for older people in Ireland, reported an increase in calls from older people expressing negative emotions and suicidal ideation linked to extreme social isolation (Ward et al., 2020). The loss of social contact and care-related support is a common theme amongst each of the above countries and was also identified as the major issue in Spain where relatives were not allowed to visit but briefly to provide essential care.

It is evident that social isolation was exacerbated or created by the lockdown. While many people turned to digital technology to keep in touch with family and friends, some older people experienced the inequalities associated with digital exclusion as a result of lower levels of digital literacy, living in areas with poor connectivity, or simply not having access to the technology required to connect. In the UK, for example, internet access declines amongst adults over 55 while disabled adults make up the largest proportion of adult non-users (ONS, 2018). Digital exclusion is exacerbated for people with diminished decision-making capacity or people living with dementia who are reliant on others for care and support.

Implications for the Rights of Older People

The suspension, reduction or cancellation of services have serious ramifications for the rights of older people. Their right to self-determination and autonomy is compromised as they have

had little opportunity to voice an opinion about the imposition of self-isolation and the associated changes or cancelation of services which had been introduced on the basis of an assessment of need. The consequences of changes to routines, combined with the stress of trying to understand what was happening for a person living with memory impairment or dementia, cannot be overstated. Older people with mobility difficulties, for instance, were prevented from accessing daily exercise allowances because of the lack of support. It is evident in each of the countries that accessing basic necessities such as food and money, was a significant worry for many older people, made worse for those who did not have support from nearby family or friends. Alongside this, there is a risk of increasing domestic abuse incidents under these isolating conditions; particularly for older victims who have been rendered invisible (Ward et al., 2020).

Ageism and Homogenization of Older People

Increasing critique has been expressed against categorizing all people aged 70 and over as vulnerable and in need of protection from COVID-19. Treating older people as a homogenous group reinforces negative ageist messages that all older people are dependent, frail, and at risk. This, in turn, reinforces a discourse of dependency/burden rather than acknowledging strengths and resources. Such a response, arguably, denies all older people regardless of their circumstances, of their right to assess their own risks and make autonomous decisions. The attention to the ‘vulnerability’ of older people has rendered invisible their important contributions to the crisis response (United Nations, 2020). High numbers of older people have volunteered, or worked, in health and social care roles and older people who cared for family members have continued to do so and are likely to have taken on additional roles.

Perceiving older people as a homogenous group overshadows the diversity amongst older people and flatlines patterns of inequality, highlighting discrimination by ethnicity, gender or class (Ayalon & Tesch-Römer, 2018). For example, in the UK black women and men aged 65

and over are three and four times more likely to catch and die of the virus, compared to their counterparts (PHE, 2020). Similarly, there are higher rates of loneliness among ethnic minority groups aged 60 and over and originating from China, Africa, the Caribbean, Pakistan and Bangladesh (PHE, 2020; Victor et al., 2012). Quarantine measures, when combined with digital poverty, magnify these rates further.

Reimagining Social Work with Older People

During the COVID-era, social workers are well-placed to advocate for older people whose voices may be seldom heard in the morass of activity that accompanies a pandemic; to support older people to make their own decisions and to receive the care that they need. Moreover, social workers can be involved in the health and social care debates and in developing policy and innovative services in partnership with older people and in a way which challenges ageist assumptions about what it means to be old and in need of additional care and support.

The pandemic has shone a bright light on areas of older people's lives which social work should actively include in assessment and care planning; specifically, the implications of the digital gap and the impact that it has on older people's abilities to utilize digital media as a means of keeping in touch and managing everyday life; the potential additional stress and worry due to the pandemic, impact of lockdown and continued social distancing; the implications associated with maintaining social connections, meeting basic needs and doing activities which support wellbeing, identity and agency.

Issues of social isolation and increased reliance on neighborhood ties reiterate that importance of community work being an intrinsic aspect of social work. Addressing isolation and mobilizing neighborhood and local support requires strong relationships with local services, groups and communities. The increasingly individualized approach to practice with older people and informal carers, adopted across the four countries, is counter-intuitive to a

community-focused model. An intergenerational perspective is also needed where neighborhood and community ties between younger and older adults can be mobilized and more fully realized as a source of informal support with access to basic essentials, such as food and medicines, and as a source of lifelong learning, including supporting older adults to improve digital literacy.

Finally, the current pandemic reiterates the importance of addressing disaster preparedness in social work curricula in educational institutions, more specifically equipping students and early career social workers with the skills to respond to disaster situations such as pandemics or ecological disasters that impact on the welfare of older adults with care and support needs.

Conclusion

Emerging official statistics start showing more graphically a number of health, social and digital inequalities that either are exacerbated or created by COVID19. Such inequalities are amplified for older people with care and support needs. The inequalities and issues raised here do not naturally occur; they are the result of particular conditions and political decisions which social work can, and should, respond to. The role of GSW in this area is not only characterized by increased advocacy for older people but contributes to the need for recognizing and challenging intersecting areas of oppression and marginalization, of which ageism is one dimension, and it helps promote community cohesion. The current pandemic has, unprecedentedly, created the opportunity to revisit areas pertinent to the care of older people in the community and re-evaluate the way societies adhere to equal rights of older people.

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