

Guest editorial

Anne Killett and Fiona Poland

Tracking the inequitable impacts of COVID to make a new, more interconnecting normal?

This journal, seeking to support and promote quality in the ageing experience the world over, has had to engage with the COVID-19 pandemic. This year began with an approaching shadow, a highly infectious virus, with little known about its effects. Now, for older people, the services working with older people and researchers with older people in many countries have followed months of intense dealing with high rates of infection. The authors of the collection this issue has assembled were able to consider the implications for their particular field and offer us a range of perspectives, analysis and even recommendations as now in the North infection rates which declined over the summer months are rapidly rising again. All of our contributors remind us that communities have a fund of relationships, practices and knowledge which may be even more valuable to draw on and reframe for looking forward to a “new normal” which older people can share in to sustain health and well-being in many circumstances. Older people may also have a wealth of experience of building resilience for wider society to draw on and reframe.

Cohen Mansfield takes the example of long-term care in Israel to examine the policy response to COVID-19. Taking as a starting point existing challenges for quality care, we read how policy decisions taken in the face of the pandemic differentiate between the care needs of the general population and the care needs of older adults already receiving care, explicitly prioritising those of the general population. The author shares recommendations made to policy makers to re-dress the systemic ageism that emerged in pandemic planning.

Stevenson draws on long experience in social care practice in the UK in a powerful personal analysis of ageism both in care home policy and in the very neglect of development of adequate policy. The shocking events and experiences for people living and working in care homes for older people in the spring and summer are analysed against in the context of the history of the sector over the last four decades. For Stevenson the issues raised by COVID-19 only emphasise the need for a “paradigm shift” in a society that needs to re-connect to find new models of care.

If our first two papers are highlighting systemic challenges to the support of the human rights of older people in long term care, Green *et al* propose that building research capacity in care homes through relational approaches could be a means to justice. The authors take as a starting point UK policy endorsement of research to inform good care. The impact of the pandemic in care homes and the clear need to quickly develop new ways of working that promote both safety and quality of life could prompt what the authors describe as “top-down” approaches to building evidence. Through the lens of Honneth’s (1996) Recognition Theory they argue that, instead, a relational approach, that recognises and values care home communities, and in which those communities help to set the research agenda, can achieve recognition for care home communities and better informed care home research.

Shenoy’s opinion piece narrows the focus to the important but under-appreciated topic of dental care. This foregrounds how the importance of good dental care has now been

Anne Killett and Fiona Poland are both based at the University of East Anglia, Norwich, UK.

recognised, and strategies developed to achieve good personalised provision for older adults and those with additional needs. As the Coronavirus is likely to spread through the aerosols produced during dental care this must severely restrict providing such care. Shenoy puts forward possible strategies to enable continued dental care delivery.

As technology is strikingly generated by steeply rising demands on older people and carers to deliver existing and new forms of support, the policy commentary of Sixsmith *et al.* on age-related technologies (AgeTech) is extremely timely. They have overviewed types and uses of technologies ranging from digital media to mobile and wearable technologies as well as smart homes. Their policy commentary places AgeTech in a context to recognise the pronounced challenges and boundaries which will be setting marked limits on what we can expect from AgeTech a time when demands for solutions are rising steeply. They underline how the current crisis is highlighting both the weaknesses in response created by gaps in evidence in this field as well as the shortfalls in access to appropriate AgeTech solutions. They argue that technological and digital participation is a pressing citizenship issue in the twenty first century, yet COVID is heightening exclusion and inequalities in this as in many other areas.

Such trends to exclusions are also seen within intergenerational relationships, and well-recognised in Burke's policy commentary, which importantly, however, recognises the intergenerational community collaborations which the COVID pandemic has stimulated in many places. Burke reminds us of the harmful consequences of age segregation which have been accelerated by the measures enacted in efforts to protect from some other known harms. He argues that taking care to build intergenerational connections can ensure that technology can be developed in ways to work for all ages while also safeguarding against harmful discourses and actions which undermine relations between generations. Burke therefore argues that policies to do this are needed to help communities themselves recover from both health and economic consequences.

The COVID emergency has thrown into relief the under-appreciated role of volunteering for older peoples' health and wellbeing, both as volunteers and in gaining support through volunteering activities. The policy commentary by Grotz *et al.* from examining policy and other guidance documents uses the UK experience to underline how official guidance has not only removed many older people from social connection and interaction but also their access to people sharing their lifeworld knowledge. The authors point out the paradox of governments seeking to mobilise more volunteers, often to sustain community support for older people yet producing guidance which cuts older people off from an important activity for them, whether acting or in relationship. The authors describe such effects, without exaggeration, as "calamitous" and call for policymakers to make much better use of evidence in planning to mitigate the longer-term destructive effects of such policies. They also argue for researchers to ensure their work can underpin critical evaluation of their effects on the volunteer contribution to quality in older peoples' lives.

Most of the contributions revealing emerging trends in COVID responses underline how low-income communities are disproportionately and so, unjustly, affected by proliferating disadvantages. It is encouraging therefore that Buffel *et al.* have been able to draw on recent research on health inequalities in age and place to draw policy lessons for how we may develop "age friendly" strategy for low income communities to plan to recover. Their work underlines the importance of understanding and connecting with the specifics of places and neighbourhoods in which older people can be enabled to overcome the risks of being cut off and cut out of their relationships and communities. These authors argue for the protective effect of social interventions for mobilising relevant and appropriate responses. They offer a five-point agenda based on the "age friendly" model to direct areas for priority funding, partnership building, actions to

challenge discrimination and ageist narratives and again to ensure policy is better integrated with research.

The unjust and inequitable effects experienced worldwide by many older people stem both directly from the COVID-19 disease but also more indirectly yet disastrously by planning and implementing policies without robust information or meaningful connection with the voices and lives of older people. We hope that this special issue of quality in Ageing and Older Adults has helped us record, examine and challenge such unjust consequences, by identifying and reframing the issues we must now urgently address. In 2021, we will be following up with a further special issue on COVID consequences and valuable developments.

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