Meeting the complex health and social care needs of older adults: A response to the recent viewpoint paper on 'How to handle gerontocracy'

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Meeting the complex health and social care needs of older adults: A response to the recent viewpoint paper on 'How to handle gerontocracy'

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> "Funding the care of older generations is not optional. It is an investment in the wellbeing and intrinsic capacity of older people as productive and valued members of society." (The Lancet Healthy Longevity, 2021, p. 180).

In their recent viewpoint paper, Canoy et al. (2023) shine a light on the significant pressures faced by health and social care systems globally resulting from an ageing population with increasingly complex health and social care needs. They argue that gerontocracy within western societies poses a threat to the financial and political sustainability of care for older adults. The authors propose a way forward through the utilisation of integrated care and more specifically substituting formal social care with informal social care delivery provided by retired, older adults. The authors describe this as a win-win situation with those in need of care and benefitting both those providing care and wider society. While the idea of increasing the provision of informal care to meet the changing needs of an ageing population is an interesting one, there are important ethical issues that need to be considered. In this response, I highlight some of the ethical issues around the informal care delivery model proposed by the authors.

Safeguarding, safety and risk

Canoy et al. (2023) suggest that the needs of older adults who access care services are increasingly social care related as opposed to health related. This argument appears to be evidenced by the rise in the social care needs of older populations particularly since the pandemic with older adults experiencing disproportionately poorer outcomes of Covid-19 (The Lancet Health Longevity, 2021). However, in their paper the authors perceive social care provision to be a less complex undertaking and thus requiring a lower level of skills and expertise from social care professionals. On this basis they suggest that recent retirees could act as informal caregivers as a replacement for formal social care provision.

The social care workforce, which includes social workers, occupational therapists, care workers and personal assistants is often portrayed as requiring lower-level skills and expertise in comparison to the health professions. This is reflected in pay inequality between social care and health professionals as well as lack of investment in training and the professionalisation of social care workers (*Unfair to care: understanding the social care pay gap and how to close it,* 2021). However, social care for older adults is a complex area of practice and one that requires competent professionals who are trained in delivering a range of interventions aimed at improving people's lives. Older adults with complex health and social care needs often need the support of a social worker who is the key professional in relation to safeguarding and protecting the rights of adults at risk.

The replacement of formal social care services with an 'informal caregiver volunteer workforce' as suggested by Canoy et al. (2023) thus brings with it substantial risks relating to the safety and safeguarding of vulnerable older adults. With abuse of older people most commonly being perpetrated by informal care and support providers, the argument about a voluntary care and

support workforce which is unqualified, unregulated and unpaid warrants additional debate (Daly and Westwood, 2017).

Responsibility and choice

As highlighted by Canoy et al. (2023), volunteering later in life has been shown to have positive effects on older adults. A recent study on volunteering and loneliness undertaken by Lee (2022) showed that volunteering reduced the levels of loneliness experienced in later life, helping older adults find meaning and staying connected to their community and wider society. Supporting older adults to engage with their personal and social networks and connecting them to assets within their communities can also reduce the need for support from formal health and social services. In fact, this approach, known as asset-based approach, is not new. It is already being used across the health and social care sector globally to create connected and caring communities (Klee et al., 2014) and in the process reduce the need for state support. Drawing upon an individual's personal and community assets offers people greater autonomy over the care that they receive. It helps older adults feel valued, can prevent social isolation and loneliness and recognises the significant skills, experience and knowledge that older adults contribute to the wider community (Klee et al., 2014). However, relying solely on an individual's personal resources and community assets to meet the increasingly complex health and social care needs of older adults is unrealistic. Over-dependency on informal caregiving and community support to meet need further carries the risk of older people being left without the necessary resources to support them in later life (Daly and Westwood, 2017). The requirement for formal care services delivered by skilled professionals is a necessity for many older adults in need of social care support.

A large proportion of social care delivery in many western societies is provided by informal carers many of whom are older adults. In the EU alone 80% of all care is provided by informal carers, of which two thirds are women (Hoffman and Rodrigues, 2010). However, providing continual support to others can be demanding which can negatively impact on older informal caregivers mental and physical health (Bom et al., 2019). The responsibility of long-term informal caregiving often falls to older women which increases their risk of poverty, economic dependency and social exclusion (*Informal care of older people, people with disabilities and long-term care services* 2020). An increase in the age of retirement in many European countries has further affected the time and income available for older adults to provide informal care provision (Broese van Groenou and De Boer, 2016). Furthermore, older adults may be expected to care for grandchildren to allow parents to continue employment. Older adults are thus already contributing to family and wider society in a meaningful way. The question of whether they should then be expected to offer their services to their peers to ensure that they make a meaningful contribution to society is problematic and should be framed within the context of choice and autonomy.

The integrated care solution

The integrated care solution proposed by Canoy et al. (2023) involves substituting formal care with informal care provided by retirees. Whilst I acknowledge the benefits associated with peer-to-peer caregiving for older adults themselves, the community and wider society I would question how realistic this is given the increasingly complex health and social needs of older adults and the need for a highly skilled professional social care workforce.

While there is no easy solution to address the current difficulties and pressures faced by the health and social care sector, integrated professional roles and integrated models of care delivery show some potential (Gilburt, 2016; Baxter et al., 2018). These newly emerging integrated roles which

include care navigators, community connectors and link workers attempt to bridge the gap between health, social care and the wider community (Gilburt, 2016). These roles sit within the realm of social prescribing which is targeted towards supporting people within their communities in order to improve health and wellbeing. There is potential for these types of roles to reduce demand on health and social care services. However, the evidence base to support social prescribing is currently insufficient due to methodological problems, issues of generalisability and practical challenges (Husk et al., 2019). Dual-qualified (nurse/social worker) integrated professional roles offer a new way of delivering health and social care services. These highly skilled practitioners may deliver holistic care and support and meet the complex health and social care needs of older adults. However, there is currently a lack of empirical evidence of the dual-qualified (nurse/social worker) integrated role and its impact on wider health and social care systems. Further research is needed to evaluate the impact of integrated roles on individual outcomes and cost effectiveness for health and social care services (Gilburt, 2016).

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