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# Reflections on Community Development, Preventative Care, and Ageing

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## Abstract

Recently there has been a chorus of demands to “re-imagine” social care. Community and faith-based organisations, policy, and academic communities are engaged in discussions on issues such as human rights for older populations, the future of residential care, how to better support family/community care, and strengthen local place-based community development. Moreover, the Covid-19 pandemic has added new urgency to this mission, galvanizing developments for change and collective action and exposing public troubles of endemic system failings, prevailing discourses of ageism, tensions with health systems, and limitations of market models of care and support. Prevention is a central social welfare principle in many countries. It is associated with policy and practices that aim to meet social care needs early and is explored in this thematic issue.

## Keywords

ageing; community development; human rights; inclusion values; old age; preventive care; principles

## 1. Introduction

In the UK context where we are located, recent calls to “re-imagine” social care often talk about a need for “radical change,” “transformation,” and “system reorientation” (see, for example, Charles et al., 2018; Church of England, 2022; Cottam, 2021). These calls are animated by concerns about failings in state and market

provision and service demands and by moral arguments about how we might best live collectively and meet human rights (Charles, et al., 2018; Cottam, 2021; Church of England, 2022). At a time when people are still experiencing the effects of the Covid-19 pandemic and now interlinked economic crises, formal social care systems (e.g., offering domiciliary or home-based care, community care and support, residential and nursing home care, or social work) are stretched and struggling, with implications for care and caring relationships (Cottam, 2021; Wallace et al., 2023).

The focus of this thematic issue is community development in preventative care with older people. We see preventative care to be many interconnected personal, interpersonal, and community practices. Held (2006, p.39) writes in her work on the ethics of care that care is a “practice and value. The practices of care are of course multiple, and some seem very different from others.” Preventative care clearly involves something practical, but also supports health, well-being, social networks, and relationships within conducive social, economic, and physical environments. Government and statutory services influence infrastructure that impinges on health and well-being and can facilitate community initiatives and social development.

Within our framing of prevention are community development approaches and care models. These are driven by the urgencies, motivations, and visions of older people in their cultural communities and places, and so are collectively focused. There are many perspectives on community development. The definition within the 2004 *Budapest Declaration of Community Development* places emphasis on actions and processes for “strengthening civil society,” “active citizenship,” and communities organising for the change and policy directions they seek (Craig et al., 2004). In this community development approach, human rights and social inclusion values are fundamental.

While applied in the context of complex social issues, discourses of prevention are well established in the realm of public health (e.g., tertiary, secondary, and primary prevention). However, as North American writer Rapoport (1961) noted many years ago, translating the unified view of prevention associated with public health into the realm of social services and social support is inherently problematic. We see that this remains the case, particularly in thinking about “what is being prevented,” “how is prevention enacted,” and “whose interests are served” (Read et al., 2023). It will depend. The values informing government agendas in social care prevention are contested and contradictory (Curry, 2006; Marczak et al., 2019; Verity et al., 2021), and can be overshadowed by the immediate concern or crisis responses, for example, to reduce hospital demand (Gmeinder et al., 2017).

## 2. Themes in This Thematic Issue

Ageing populations across many countries have placed older people central in concerns about the sustainability of state-based social care provision. Much of the contemporary emphasis on prevention takes these demographic shifts as a departure point, with formal care systems that are already under considerable strain predicted to worsen over coming years due to diminishing workforces and growth in the numbers of those with complex care needs. In different parts of the world, the discourse of prevention for older people incorporates ideas of independence, interdependence, remaining in one’s own home or place, and resilient or resourceful place-based communities. Informal or unpaid aspects of care associated with families, friends, and other social relationships are also emphasised.

The articles in this thematic issue cover situations and research in many different parts of the world, as explored in the following sections.

### **2.1. Different Nations, Different Opportunities**

Several articles throw light on what is happening regarding care in parts of the world, namely Australia (Buchanan et al., 2024), China (Xia et al., 2024), Italy (Lodi Rizzini et al., 2024; Riccò et al., 2024), Wales, UK (Barker & Roach, 2024; Read et al., 2024), Finland (Rantala et al., 2024), and Rwanda (Irambeshya, 2024). They give an idea of the background and cultures across these different countries, and their prevalent care systems. The care solutions adopted are influenced by history and beliefs, available resources, and dominant patterns of power and inequality. At the root of all, is the care provided by family, friends, clan, tribe, or “community.” As countries face changes in economic and social factors, this type of care faces different challenges that statutory services and civil society must try to meet.

### **2.2. Investigation**

Articles describe some of the measures taken to assess, investigate, and understand the nature and extent of social care problems across these different nations, as well as the success, or otherwise, of efforts to mitigate them. Subjects covered include providing home-based care in isolated mountain regions (Lodi Rizzini et al., 2024), the application of social hubs (Rantala et al., 2024), a senior community care model (Riccò et al., 2024), older LGBTI people’s views and experiences of homecare provision in the context of “predominantly heteronormative” health and social systems (Duffy et al., 2024), and community-focused prevention initiatives (Read et al., 2024).

### **2.3. Applications**

Additionally, these articles describe either existing practices that support and help older people in their communities, or practical steps that have been or might be taken to address perceived needs. These are useful approaches and models that can be adopted and adapted to suit individual situations. Culturally relevant ways to link and share knowledge are covered between older people in Indigenous populations and younger people (Buchanan et al., 2024), through dancing and social connections for older women (Xia et al., 2024), in more inclusive social hubs (Rantala et al., 2024), in community development within a nursing home and cohousing project for older people (Riccò et al., 2024), and within a place-based volunteer service developed by local people (Barker & Roach, 2024). Duffy et al. (2024) call for a re-imagining of inclusive home care for older LGBTI people where there is cultural humility and respect for the importance of home, and awareness of histories of oppression and inequality for LGBTI communities. Riccò et al. (2024) remind us about the “practical and symbolic aspects” of community and that community-building processes take time and critical awareness.

## **3. Our Reflections**

Our research and evaluation activities as a team have been informed and guided by the principles-focused evaluation approach (Patton, 2018). At the start of any work, we are encouraged to reflect upon our values and how the principles that flow from them will inform our strategies and activities. We applied Schön’s

(1984) “double loop learning” method to look behind and under our thinking to discover important factors and considerations. The range of articles in this issue is wide and the researchers have been informed by a number of theoretical models. However, as we consider all the research and discussions that flow from the findings, we wonder if three “deep world views” are hidden, underlying the ways in which services for older people have been planned, commissioned, and measured in recent years.

Firstly, “neoliberalism” is considered to have had a significant impact on societies around the world since the 1980s (Gilles, 2011; Vallier, 2022). Priorities, values, and policies have been informed to a greater or lesser extent in many aspects of society (Becker et al., 2021; Gilles, 2011). In a study investigating the health and well-being impacts of neoliberalism, Becker et al. (2021, p. 947) note that:

It could be argued that neoliberalism will generally be beneficial because this ideology encourages individuals to strive for self-actualization, personal growth, and happiness....However, it can equally be argued that individuals are harmed by neoliberalism because this ideology promotes competition and, in the process, undermines people’s sense of solidarity and social security....In fact, under neoliberalism, economic disparities are seen as accurate reflections of differences in hard work and deservingness and the neoliberal age has seen a corresponding rise in inequality.

They conclude that:

It actually appears be [sic] harmful to health because it can create a sense of being disconnected from others, as well as being in competition with them, in ways that feed feelings of loneliness and social isolation. (p. 962)

These findings fit with our concerns in our context of Wales, UK, that the principle of “voice and control,” a core component of social services legislation, focuses attention on the “I” in *what I want* at the expense of the “we” in *the communities we are a part of* (Llewellyn et al., 2023).

The second “hidden” source of values and principles is the hegemony of rational utilitarian decision-making. Philosopher Martha Nussbaum published a detailed critique of this approach that we find relevant as we read and think about the articles in this thematic issue. In 1995 she wrote of four factors that are applied to data and decisions, against which we set our observations:

Nussbaum's factor	Our observations
Commensurability: The economic utilitarian mind reduces qualitative differences to quantitative ones.	People analysing data and making decisions may ignore, fail to notice, or describe what matters to each person in the complexity of the lives that they are living.
Aggregation of data “from individual lives.”	This approach is found in many red/amber/green spreadsheet reports on the average values of a group without recognising that, for each person in that group, their own responses are what matters to them.

Nussbaum's factor	Our observations
<p>Maximising: Finding a solution to every problem by “sum-ranking.”</p>	<p>There is danger in thinking that more of something must be better. Assumptions are made that every person wants the highest score or rating for every category. People make their own choices about what matters to them and what they may compromise about one component of their care in order to benefit from more of another one.</p>
<p>Exogeneity: Seeing human beings as counters in a mathematical game.</p>	<p>The expectation that what matters to decision-makers and what should be counted can be determined by outside experts who claim to know best. The articles in this thematic issue show why this needs to be challenged.</p>

Source: Based on Nussbaum (1995, p. 14).

The third “world view” that we find relevant is the insights from disability research and ethics (Shakespeare, 2013) that relate to underserved or excluded populations. The articles in this thematic issue demonstrate the variety and complexity of people’s lives, their communities, cultures, experiences, expectations, and the challenges faced by historically shaped inequalities and oppression. They also highlight a theme of fear and mistrust of statutory services and experiences of discrimination and disempowerment. Riccò et al. (2024) argue professionals can “act as community development practitioners” and create spaces (dialogic and physical) and processes for this approach, whilst Read et al. (2024) suggest the need for a “deftness” in working within governmental systems that can privilege other values and interests.

## 4. Conclusion

The themes running through the articles in this thematic issue explore the role of older people in societies and community-based supports for “ageing well.” The discussions confirm what research into preventative care has repeatedly shown: People need people, and the closer these people are to their places, “community,” friends, or families where there is support, the better it is. For everyone—older person or otherwise—involvement in a “community” can be positive for their physical, mental, and social health, although we acknowledge this is not always the case. Local initiatives can activate a huge human resource and need not necessarily be expensive. These articles reinforce the importance of values and principles, and that invaluable community development processes can be slow, delicate, and complex. We have found this editorial process rewarding and stretching of our own thinking and imaginations as we learned from the initiatives and studies you will read about in this thematic issue. We recommend them to you.

### *Ageing Well*

We want to age in OUR place, wherever that may be.  
 It could be in Rwanda or a cottage by the sea.  
 It could be Alpine mountains, or off the beaten track,  
 It could be in a city, or Australian outback.

We know our way around it, we know the people there.  
Our friends, our pets, our children, neighbours, those who care.  
We know the way of life there, the way the people think.  
And should our memory falter, we still will have a link.

We want to be a part of things, to plan and to take part.  
To sing, to dance, to talk or walk – what’s closest to the heart.  
To read, to write, if still we can, and watch things on TV,  
And have some other folk around to chat of things we see.

And if we can’t be in our home, we want to be close by,  
With carers who become our friends and miss us when we die.

Frances H. Barker

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### Conflict of Interests

The authors declare no conflict of interests.

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