## **Guest editorial**

## Bridget Penhale and Margaret Flynn

elcome to this second issue of the journal for the year. The COVID-19 pandemic is still with us, even after more than a year of restrictive measures across many different countries, and it continues to affect everyone in a myriad of ways. On a daily basis, the latest figures on the number of cases and number of deaths are provided in national media sources across the world, and there are discussions - at the level of national governments and also more publicly – about the current situation, and also what measures should and will be taken to stop further uncontrolled increases in cases (and including deaths). Vaccinations against the COVID-19 virus have been developed and are being administered across many countries to decrease risks to individuals, yet at the same time the identification of mutations in the virus (a commonplace event for viruses) continues to present significant risk to countries and perhaps also to specific populations. Where this will take us in managing the pandemic and both reducing and preventing the effects of the virus and specifically in relation to the easing of restrictions, we do not yet know. What is evident is that those people working in the health and human professions have committed to working hard (perhaps harder than ever) to provide treatment, care and support to individuals in need, including those at risk of harm, and have adapted to new ways of working to continue to do so. One year into the crisis, such adjustments to work practices appear unlikely to revert back to how things were, pre-pandemic, and indeed continuing periods of change are perhaps

Since the early days of the pandemic, there have been wide-ranging measures introduced, at international, regional and national levels to protect those individuals and groups identified as at higher risk of adverse effects from the virus – or in more common parlance increased vulnerability due to COVID-19. As we have seen, this categorisation includes older people and also those with certain complex and long-term health conditions and individuals with disabilities, including learning and intellectual and developmental disabilities. These are the individuals and groups that are subject to more specific protective and safeguarding measures in relation to violence. abuse, neglect and exploitation and which are covered by the scope of the journal. The measures and restrictions that were implemented at various points in time during the initial months of the pandemic in some cases led to increase in abuse and neglect of individual, perhaps particularly in relation to situations that occurred within institutional care settings. From an editorial perspective, it therefore seemed appropriate for the journal to focus some attention on the effects of the pandemic, particularly in relation to the populations in focus for the journal.

In late May 2020, a Call for papers for a special issue of the journal relating to Adult Protection and Safeguarding during the pandemic (or what we now recognise as the early stages of the pandemic) was developed. Papers for the issue were submitted in the early summer period and were subject to peer review processes. The final issue of last year (22.6) was indeed this special issue, and we were delighted to receive more papers for that issue than we could be published at that time. Six papers, which were accepted during the course of the autumn following periods of review and re-submission, now appear as the second part of the special issue. We are pleased to present this second part of the special issue here, including three papers that provide international perspectives.

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The first four of the papers in this issue concern the effects of COVID-19 on older people. First, a paper by sociologists Elena Bogdanova (of the European University and Centre for Independent Research) and Irina Grigoryeva (of St Petersburg State University) from St Petersburg, Russian Federation provides a research-based conceptual paper on the effects of COVID-19 on the Neo-liberal Project of Aging – emphasising the shifts that have taken place in many countries due to the pandemic. These include a move from a popular focus on Active Ageing and notions of staying active and healthy in later life to restrictions on movement and in many cases, the enforced isolation of older people. Such shifts led to increased aspects of exclusion for the older population. The paper examines the situation in relation to policy and welfare systems that existed prior to the pandemic and the changes that took place in the early stages of the crisis and considers what future developments might be likely and necessary. This includes consideration of theoretical perspectives and the need for moves towards improved intergenerational relations.

This is followed by a research paper from John Williams of Aberystwyth University which focusses on the issues of human rights that affected older people in the UK during the pandemic, particularly those people living and being cared for in institutional care. The paper provides a legal perspective and analysis of the decisions in relation to the pandemic that were taken by governments in England and Wales, particularly those decisions which appear to have been based on age. One of the considerations is whether such actions were in breach of the European Convention on Human Rights, through an examination of case law, policy and guidance documents, academic papers and media coverage. There is an argument that governments (including those in a number of other countries across the world) acted in ways that were clearly discriminatory towards the older population. A need for more robust evidence is acknowledged, but the paper puts forward a strong case that human rights of specific groups should not be arbitrarily (or seemingly unjustifiably) compromised at times of public health crisis.

The third paper in the issue is by Cassandra Cross of the Cybersecurity Co-operative Research Centre in Brisbane, Australia. This is a conceptual paper that explores issues relating to victimisation of older people through fraud and the impact of COVID-19 in increasing such victimisation. This is achieved through examination and development of theoretical perspectives. The paper examines whether older people were placed at increased levels of risk of fraud and exploitation through political responses to the crisis including the imposition by governments of such measures as restrictions on movement, periods of isolation and social distancing - all of which might exacerbate circumstantial vulnerability of the older population. Although at the time of writing the paper firm evidence about such fraud was not (and arguably still is not) fully available, it appears that offenders exploited the pandemic as a means to further develop existing fraudulent schemes. Some scams that were COVID-19 related built on existing well-developed techniques used by offenders. Hypotheses are provided about possible changes to risk for older people, and areas for future research in the area are proposed.

The final paper of this issue relating to the situation of older people within the pandemic is provided by Marie Beaulieu and colleagues from the University of Sherbrooke, in Quebec, Canada. This is a Viewpoint paper that considers relevant issues concerning the situation of older people in institutional care settings (mainly nursing homes) in that province and what occurred during the first wave of Covid-19. It is worth noting here that in overall terms, Canada recorded one of the highest mortality rates of older people in residential settings across the world during this period of time. The paper focuses on a discussion of various reports that appeared in the public domain about the situation(s) that developed in such settings and the unfortunate very high numbers of deaths of older residents that occurred during that time. This makes for sobering and thought-provoking reading.

The next paper in the issue is by Madinah Nabukeera of Kyamboga University in Uganda. The paper has a focus on the broader topic of violence against women and considers both preventative and interventional responses to gender-based violence (GBV) occurring during the pandemic crisis in Uganda. Through a period of desk-based research (largely due to crisis-related restrictions on research), content analysis of relevant documents was undertaken. Digital and social media content relating to GBV was also analysed. The quarantine and lockdown measures introduced and used by the government to contain the spread of the virus led to significant difficulties for individuals to report situations of violence, as some of the normal reporting mechanisms were also restricted. Additionally, the enforced isolation that individuals experienced through such restriction also resulted in further control and isolation of many of those who experienced violence. Alternative mechanisms for incident-reporting had to be developed (and encouraged), and the paper argues for further measures to empower women to be progressed to enable such violence to be reduced.

The final paper in this issue is from the UK and brings us back to the rather more familiar world of adult safeguarding, although considering practice-related issues and the impact of the pandemic. This viewpoint paper, by six Safeguarding Adult Board Managers from different areas in England, provides a series of reflections by the managers about changes to safeguarding practices in their areas that resulted from the pandemic. Although the paper acknowledges that this was written during the first phase of the pandemic, it provides some useful examples of the types of changes that took place in safeguarding practice and the work of both Safeguarding Adult Boards and their managers. It highlights some of the challenges and dilemmas that safeguarding practitioners faced in the early stages of COVID-19, together with some of the solutions that were developed in response to the pandemic, a number of which are likely to have continued during subsequent phases and waves of the crisis.

As has become and is still very evident, we continue to learn about the most effective responses to the crisis. And as seen in the journal, this includes professional practice in the health and care sectors. Restrictive measures such as lockdown(s) and social distancing have had a significant impact on the relationship-based skills on which human services work has traditionally relied. A number of the adjustments that have been introduced include essential home visits requiring the use of differing forms of personal protective equipment, and online meetings and video conferencing have developed to replace other forms of direct interaction normally perceived as being potentially more inclusive and supportive. All of these changes and adaptations lead to challenges to more traditional modes of interaction and maybe generally preferred in the types of professional practice with which we are concerned. However, not all is entirely negative, as some of the more onerous and bureaucratic systems have changes and diminished and rather more efficient ways of working have been developing.

We hope that this collection of varied papers covering a range of topics will be of use and interest to you – and will provide food for thought about relevant areas of concern. Although it is perhaps unlikely that there will be another specific issue on the impact of the pandemic, further papers covering this topic are quite likely to appear in future issues – particularly given the ongoing presence of the COVID-19 virus. As we have previously said, we are always interested in receiving contributions to the journal. If you are potentially interested and wish to discuss ideas in relation to this further before committing pen to paper (or more likely fingers to keyboard [...]) do get in touch with one of us to progress this further. Finally, we hope that everyone has been managing to staying safe and healthy during these continuing unprecedented times. We look forward to providing future issues later in the year.

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