

Presentation of findings of 'Impact Study of COVID-19 on Older People and Caregivers in the South Caucasus'

I. Introduction

From July to September 2020, the International Federation of Red Cross and Red Crescent Societies (IFRC) in close partnership with Austria Red Cross, Swiss Red Cross and National Societies of Armenia, Azerbaijan, Georgia and with the UNFPA offices in Armenia and Georgia conducted a study that aimed to understand the impact of Covid-19 on older people and care givers.

This study looks at the impacts of COVID-19 on older people, professional health and social caregivers and trained Red Cross and Red Crescent (RCRC) volunteers in the context of the general care system in Armenia, Azerbaijan and Georgia. It provides recommendations for improving both the response to COVID-19 and the care provision for older people and meeting the needs of professional caregivers and trained RCRC volunteers. The study looked, on the one hand, at national frameworks, policies and strategies related to the care of older people and their implementation, while, on the other hand, it analyzed the perceptions and experiences of older people and professional caregivers and trained RCRC volunteers before and after the COVID-19 outbreak. In analyzing the situation of older people, the study focused on their economic well-being, life and health trends, social situation, access to public services and infrastructure, access to home-based care and residential care, and civil activism – before and after the COVID-19 outbreak.

II. Key findings

The survey conducted in the three countries among older people, professional caregivers and trained RC volunteers revealed the following common trends:

- Older people's ability to cover basic expenses has decreased since the COVID-19 outbreak due to decreased family support.

People continued to rely on pensions and allowances. 47% of older people in the South Caucasus region received extra financial and in-kind support from the civil society organisations and from the government. But despite this fact, since the COVID-19 outbreak, older people have faced increased difficulties in covering all types of basic expenses, like transportation, housing, utilities costs, clothing, food, medical expenses and leisure. One of the main reasons, as reported, was that their family members were losing jobs and were no longer able to support older people.

- Older people's health was deteriorating; a negative impact was reported in mental health and spiritual wellbeing, physical activity, nutrition and diet. Access to health care services became more difficult for those not receiving home-based care

Health services had to be rearranged to ensure their capacities are best used to save lives shifting to care for COVID-19 patients. Over 40% of respondents in the region reported to have chronic conditions and nearly 40% were having a form of disability. As these conditions had to be deprioritised in the health care system, access to relevant services has reduced.

Mental health was significantly affected as COVID-19 brought many uncertainties, risks, fear of the infection and fear of potentially fatal outcome, reduced support, including financial from families.

- Social contact decreased with neighbours, the community and family

Disruption of social ties coupled with limited mobility are among the main social effects of COVID-19 on older people adversely affecting their emotional state, especially in urban areas.

Older people felt increased loneliness and isolation. Their level of satisfaction regarding the relationship with their families and neighbours was reported as around 60% before COVID-19 dropping to 40% after the COVID-19 arrived.

Against this background of reduced social ties and reduced mobility the importance of access to news and information has grown significantly – by 6.3% in Georgia, for example. This also leads to greater social exclusion and isolation, especially during restrictions but not only. There is no alternative for many older people to replace physical social life without access to digital platforms and resources.

- Due to COVID-19 restrictions, older people's access to most public services and infrastructure was considerably reduced, posing a challenge on top of the digital divide between the young and older generations.

Access to other public places and infrastructure was also reduced at the same time increasing reliance and dependence on neighbours, as one old lady shared 'we hardly went to shops as we were so afraid of getting the infection and we had to ask other people to do our shopping for us'. Many older people were afraid to go to banks as they had to stand in long queues there.

- Ageism, physical and financial violence appeared present in all three countries, particularly in urban areas, and that discussion of these forms of abuse was taboo.

Elder abuse generally remains under-reported. Violence was reported more by men and those living with their families (with violence being perpetrated by family members). It is important to note that the situation regarding ageism, physical, violence, psychological and financial abuse has not changed significantly since the COVID-19 outbreak. Notably, the situation related to ageism, financial abuse, physical and financial violence is worse in rural areas, among more senior respondents and among older women.

- A large majority of older people entitled to home-based care still did not receive it however, caregivers and trained RCRC volunteers were under pressure to maintain service levels.

The region has an underdeveloped home-based care service for people with chronic conditions and with restricted abilities. During COVID-19 lockdown measures, the demand for home-based social service increased dramatically. Acute need in such services became particularly apparent. Informal care-givers – families and neighbours – who do not live with older people faced significant difficulties to provide this service due to movement restrictions, risk of infections and many other problems caused by COVID-19.

Those who received those services did not experience a notable change in service access or quality, but caregivers and trained RCRC volunteers were under pressure to maintain service levels, despite changes in their own personal and family situations, restriction of mobility and access to transportation and exposure to infection risks.

- Nursing home residents suffered most from movement restrictions and social isolation.

Nursing home residents exposed to multiple risks related to high infection levels (including those related to nursing homes' infrastructural limitations and failures to implement effectively and timely COVID-19 prevention measures) suffer most from movement restrictions and social isolation. The nursing homes' caregivers are stressed by the potential of exposure to infection, their physical and social isolation (due to changes in the working regime where caregivers have to stay for days in the nursing homes), difficult emergency working conditions and personal emotional stress.

III. Key Recommendations

Although both short-term and long-term recommendations for central and local governments, national and international institutions, and NGOs, including the RCRC National Societies, differ by countries, they largely relate to:

Short-Term:

► Ensuring good local level coordination in meeting the needs and better targeting of older people in general and particularly since the COVID-19 emergency.

- ▶ Continuous support by NGOs and the RCRC National Societies of their Governments in ensuring effective focus on COVID-19 prevention and risk communication.
- ▶ Introducing innovative (including digital) approaches to social and psychosocial work, community support and strengthening solidarity between the generations, especially in urban areas.
- ▶ Along with training and information support, ensuring effective psychosocial support to caregivers.
- ▶ Capitalizing on the experience of the RCRC family in supporting older people and their care provision and using it for advocacy purposes.

Long-Term:

- ▶ Maintaining multi-stakeholder dialogue for evidence-based (based on research and field experience) policy-making based on the regulatory environment, setting clear responsibilities and professional standards on healthy and active ageing and older people's care.
- ▶ Providing guidance and support to public bodies and service providers engaged in older people's health and social care to ensure better coverage, targeting and quality of services, building on existing pilot experiences of partnerships between the public sector and NGOs/ RCRC in the countries of the South Caucasus and the wider region.
- ▶ Further developing education and training programs related to health and social care, including those based on cutting-edge knowledge in geriatrics and care management; and work on improving the image of caregivers as a profession.
- ▶ Raising awareness among older people of their rights and entitlements.
- ▶ Raising awareness of societies in general of healthy and active ageing, ageism, and discrimination and violence against older people.
- ▶ Ensuring that countries' future emergency and pandemic preparedness plans fully include the needs of the older people and other vulnerable groups.