# COVID AND THE SOCIAL PROTECTION OF THE ELDERLY IN ROMANIA

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***Abstract.*** *The COVID19 pandemic has had chain effects on older people, this pandemic being a socially experienced disease, on several layers, from the structural exterior imposed by social isolation to the inner psychological isolation. In addition to the general health and hygiene measures imposed by the pandemic, there have been specific care measures, especially for people with reduced mobility or even for patients confined to bed. The reduction in funding for private social service providers has led to a reduction in the number of beneficiaries, limiting their access to the care they need. Thus, the objective of this paper is to highlight the main forms of social protection for the elderly, but also the vulnerabilities of the elderly manifested during the pandemic caused by the COVID-19 virus. A number of good practice models for supporting older people during the pandemic are also presented. During periods of social isolation, there have been some ways to help religious seniors use their faith to ease their anxiety during this COVID-19 pandemic, such as spending time praying, listening to religious services, or caring for neighbours. Meeting their emotional needs/physical needs – there is no better way to reduce anxiety and social isolation than by extending a helping hand to other people in need.*

***Keywords:*** *social protection, pandemic, elderly, philanthropy, vulnerability*
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**Introduction.** Since the emergence and spread of the new coronavirus, called SARS-CoV-2, has appeared and spread to all continents, the world has begun a race to know and control the disease that causes COVID-19 and has caused widespread fear in people and crises in several segments, especially the health one.

This disease has a wide clinical spectrum that ranges from asymptomatic infections to severe conditions, being rapidly widespread and potentially fatal, it is the most important public health problem worldwide in the last 100 years the risk of dying from COVID-19 increases with age and the presence of comorbidities, as most deaths occur in elderly people, especially those with chronic diseases.

The synergistic effect of reducing infant mortality, combined with low or even negative birth rates and an increase in life expectancy, has led to an important

reconstruction of the demographic structure of many countries.

The pandemic has affected seniors in several ways: directly, because of the risk of infection and death, and also indirectly - given the barrier that increased the feeling of loneliness and isolation caused by the impossibility to use public spaces (González-Touya et al., 2021).

**Institutionalized elderly people and increased vulnerabilities by the COVID-19 pandemic**

The COVID 19 pandemic, which started in early 2020, has affected in particular people over 65 biologically, they are more vulnerable because they are more likely to develop severe forms of the disease, and the proportion of deaths among all confirmed cases increases with age. In general, older adults are prone to both acute and chronic infections due to reduced immunity.

Immune senescence, which represents the reduction of the immune system to several levels, is mainly attributed to aging and makes this population vulnerable to a multitude of infections (Tummala, 2010) and leads to reduced cell-mediated immunity and a poor antibody response to immunogens.

In addition to this lack of acquired immunity, other factors, such as reduced cough and yawning reflexes, urinary and fecal incontinence, and reduced skin barrier, also contribute to high susceptibility to infections among older people. Comorbidities such as diabetes, chronic kidney failure and neuromuscular disorders, as well as long-term use of drugs such as glucocorticoids and proton pump inhibitors, make older adults more vulnerable to infection. In addition to host-related factors, environmental or social factors contribute to the high risk of infection among older people. These include poor living conditions, nutrition, ventilation, hygiene and overcrowding, especially among the elderly in long-term care.

The interactions between host and environmental factors that make older adults susceptible to infection are complex. These factors, in addition to making older adults susceptible to infection, also interfere with clinical recovery of patients. They reported that severe underlying disease, poor overall condition, aspiration, bacterial drug resistance, over infection, and polycyrobial infection were associated with treatment failure and poor clinical recovery in elderly patients with hospital acquired pneumonia.

Also, the negative effects of comorbidities on clinical results in both acute and chronic diseases are well known. Comorbidities can alter clinical symptoms, leading to delays in seeking treatment and diagnosis, especially during the pandemic in which respiratory damage prevails, and clinicians rely on respiratory symptoms to identify patients. Other subdeacent diseases, such as kidney and liver disease, may interfere with management protocols.

Several studies have shown that the older generation is the most affected by the COVID-19 pandemic, as it is the most vulnerable group in terms of both high risk of infection and death, and social exclusion due to social distance and self-isolation, discrimination and racist attitudes related to age (Silva et al. 2021).

The COVID-19 pandemic has affected the mental health of older adults, with depression leading to a decrease in activity, sleep quality, well-being and cognitive functioning.

During the pandemic, "Ageism" became more prominent in discrimination against older adults, including in the care process, and "ageist" speeches negatively affected older people, especially their psychological state.

Measures taken to combat the spread of the virus and protect vulnerable groups include social distancing, i.e. avoiding close contact with people who may be vectors of infection and limiting the participation of people at high risk of complications in social activities.

Some older people have additional vulnerability factors during this period. The spread of COVID-19 in care facilities has devastating effects on older people and there are worrying reports of neglect and abuse.

Elderly people are often vulnerable: Some are vulnerable in many ways, such as fragility or disability, membership of an ethnic or religious minority.

The concept of fragility is not an “all or nothing”, but rather a continuous process, with a blurred line between functional dependence and “risk state”. The functionality of the elderly or the inability could be viewed as a dynamic interaction between different health conditions (e.g. diseases, conditions, disorders, injuries, trauma) and contextual factors. However, elderly patients are generally divided into subgroups of independent elderly people, fragile elderly and those too "severely affected" to be defined as fragile. However, apart from terminally ill elderly people, the majority of the elderly population “suffers” from varying degrees of functional dependence, closely associated with fragility. Care needs arise when one or a combination of disease processes and functioning/performance processes limitations of functioning cause temporary or permanent loss of independent function.

All the mentioned deficiencies, together with the fragility associated with senecutea, cause the appearance of medical problems and, they therefore have a significant impact on the quality of life of older people.

The presence of fragility is considered a predictor of negative prognosis and high morbidity and mortality rates. Coronavirus 2019 (COVID-19) not only had an impact on the high mortality rate but also on the decrease in physical activity. This trend may lead to an increase in the incidence of fragility, disability or mortality in the near future. Many studies have proposed a set of recommendations for maintaining physical activity and reducing sedentary lifestyle during the pandemic (Yamada, 2021).

Fragility syndrome is one of the most important multifactorial medical syndromes and is defined as a multifactorial medical syndrome, characterized by a decrease in strength, endurance and physiological functioning, leading to the loss of basic functions of the human body when exposed to pathological factors, and it contributes to the onset of addiction.

Given the increasing incidence of fragility syndrome among the population in different countries and the unfavorable prognosis in fragile patients, there is a need for clinical studies aimed at implementing measures for primary and secondary prevention, as well as developing effective methods of treatment of fragility syndrome.

Risk factors for the development of fragility syndrome, in addition to age, include low levels of physical activity, insufficient nutrition, depression, polypragmazis and certain social factors (low income, loneliness, low level of education).

There are ongoing studies, at this time, aimed at assessing, treating and assessing the prevalence of cognitive fragility, provisional results showing that "physical fragility anticipates a possible cognitive fragility".

However, other studies have shown that elderly people with SARS-CoV-2 infection may sometimes experience atypical symptoms that are, to some extent, typical of the pathology of older people. This should be taken into account when addressing an elderly and/or fragile patient to avoid errors or delays in diagnosis and treatment.

Thus, other symptoms (without the classic SARS-CoV-2 infection) have been reported in the literature, such as myalgia, diarrhea, anosmia or ageuzia (more common in young people). Recent studies have shown that sometimes early symptoms of SARS-CoV-2 infection in the elderly may be missed or attributed to other diseases or habits. Sometimes there are situations in which older people show worse behavior than normal, such as lack of appetite, drowsiness, apathy, confusion, loss of sense of orientation, low blood pressure, nausea, vomiting, abdominal pain, muscle weakness, hallucinations, falls or even aphasia. These symptoms are often due to comorbidities, but it turns out that they can also be an expression of an outbreak of infection, such as SARS-CoV-2, as a result of how the elderly person's immune system reacts (Aprahamian, 2020).

Home care has increased its value as an alternative to retirement homes and has adapted to the evolving challenges of COVID-19. But little is known about how COVID-19 has had an impact on older adults living in society who need help in their daily activities. Prior to the pandemic, most staff had computers in their offices or offices, the COVID-19 pandemic significantly disrupted the provision of programs both in elderly centers and in Community programs.

In the absence of organizational guidance on remote work, managers were forced to rapidly create new policies and procedures on technology use, remote work, staff support and best practices in the field of employee oversight in a remote work environment. One of the challenges was the creation of digital or electronic solutions for documentation previously made on paper. The lack of internet access was particularly challenging where residents often did not have the funds to buy the internet themselves. To maintain communication, staff made weekly phone calls with beneficiaries. The most important challenge reported by managers was to teach staff how to use technology. For some staff, this was the first time they had worked on a computer and the instability of the home internet was an obstacle to working from home.

As a result of the lack of access to the computer and the internet among many senior customers, case managers had to rely on subjective customer reports over the phone, instead of seeing their home environment or physical performance using video features on telesănătate platforms. As a result, the documentation and assessment forms have been modified to document subjective customer reports

against objective staff assessments. Although this approach provides more voice to the customer, managers reported that staff felt they could not fully trust the customer's report on items such as instrumental difficulties in daily life activities without actually seeing the customer perform these tasks. Before the pandemic, one of the assumptions some staff had was that customers did not have access to technology or would not want to participate in online programs.

In implementing online programs in residential centers and assisted housing, the number of residents participating in activities has increased compared to the pre-COVID period, with a further reduction in staff time to transport residents to and from activities. The programs were offered via an internal TV channel so that all residents could watch the program in their own room. Managers noted that online programs led to more passivity in pursuing an activity than active involvement in participating in an activity. face-to-face activities that provided cognitive and psychomotor stimuli.

Elderly people affected by COVID-19, who have geriatric syndromes and other diseases, may suffer a slimming process that leads to physical-cognitive dependence. Accordingly, it is necessary for these elderly people to be cared for by third parties, who may be partners, children or another family member, and at these time difficulties may arise due to financial or environmental conditions to subsidize care. Long-term care centers may be public or private are institutions, of a residential nature, intended for the collective housing of elderly persons with or without family support, under conditions of freedom, dignity and citizenship. The main advantages are to protect older people who suffer abuse or other violence at home, by supporting them in a safe place, with basic healthcare services and ensuring the conditions to keep them alive, with food, housing and a hygienic environment. As a disadvantage, institutionalization generates social exclusion for the elderly and creates barriers for the establishment of consolidated human relationships. Thus, this process of losses and gains affects the elderly in different ways and depends on culture, socio-economic factors, family and social networks, as well as the facilities and difficulties experienced by the elderly. Most elderly people living in these places have basic conditions for survival, access to health services/resources and a place to live until death. Thus, in view of the particularities surrounding the institutionalization process, the repercussions of this process on physical and mental health, as well as on the physical and mental health of the elderly, the pandemic and the high lethality of COVID-19 in that population, It is important to reflect on the vulnerability of institutionalized elderly people, as well as discuss how to cope with the COVID-19 strategies that will become necessary during and after the pandemic. The objective is to reflect on the different vulnerabilities faced by institutionalized older people, as well as on strategies to deal with COVID-19.

It is worth noting that many elderly people are unable to live independently, which requires continuous and daily care supplementation from carers (which increases the chances of contracting COVID-19) and resource mobilization, often inadequate due to lack of financial and professional qualifications (Utsumi et al., 2010).

The atypical clinical evolution of COVID-19 as the possibility of absence of fever and which, combined with the provocation or inability to conduct an interview, in the case of elderly people with neurocognitive disorders, and the presence of comorbidities, may delay the diagnosis and treatment of the disease. Consequently, it affects health surveillance, facilitates viral surveillance within the institution and provides clinical complications. In addition, signs and symptoms of older people can be understood by employees as “age things,” which results in a trivialization of complaints or discredit due to delusions, cognitive impairment, and others. On the other hand, the movement of visitors and employees within long-term care centers favors the transmission of pathogens from the community to the institution (Lai et al., 2020) In the current pandemic period, where elderly people are growing, they are assisted by caregivers and employees who have a wide circulation, whether they are in other institutions or in the community in general, the risk becomes more evident, this motivated managers to conduct strict COVID-19 screening in these premises and to temporarily prohibit visits to long-term care centers.

This has led to the disruption of group activities that are mainly carried out by religious visitors, groups of students or even volunteers who have performed various activities in the centers and who, along with the pandemic, have suffered a sudden rupture.

These measures, despite being most effective in ensuring social isolation and thus reducing the chances of getting sick, generate more and more feelings of loneliness, abandonment and discouragement in older people, which can worsen the clinical stage of pre-existing diseases, Increased risk of depression, weight loss and disruptive behavior.

In addition, family members are important agents for monitoring the quality of care provided in long-term care centers. Given their limitations and staff absences due to contagion and the need for quarantine, the quality of care, already considered low in many institutions, has probably decreased even further during this pandemic period. Because most centers have few employees and quarantine adoption is needed, there may be a shortage of workforce for providing care and for the supervision of semi-dependent and independent elderly when carrying out self-care. Therefore, one of the biggest challenges to be overcome in these pandemic periods is to guarantee the quality of the services provided, due to their discontinuity, such as food, medicines, hygiene, dressings, can compromise the survival of institutionalized elderly people. An employee or an elderly person infected with SARS-CoV-2 in a center also means a high chance of transmission to other people because carers work very close to the elderly. These factors contribute to the outbreak of COVID-19 in these locations and are associated with high morbidity and mortality due to the clinical characteristics of seniors and the routine of institutions.

However, there are other aspects that increase the vulnerability of the elderly to COVID-19 infections, such as the infrastructure of the centers. The first factor is related to the fact that long-term care centers are not designed or equipped to deal with COVID-19 deaths, nor do they have adequate room for the isolation of

the dead. This happens, not out of negligence, but because these places are not hospitals, but homes for the elderly, and as such solutions must be found for possible needs. The lack of resources is linked to personal protective equipment (PPE) for center employees, to the lack of rapid tests even for the elderly recently admitted for diagnosis, which should be done regularly, as well as hygiene materials of adequate quality and quantity, as well as few resources for controlling and preventing infections.

In view of the above, it is clear that it is a great challenge to reduce the vulnerabilities of institutionalized persons and to protect them from COVID-19. This is because the centers are neglected by the government, which invests very little in these units, leaving philanthropy to protect the elderly who live there: the elderly abandoned, the victims of neglect; or with a state of weakness. Sometimes, people's fundamental rights are not respected, such as dignity, access to decent housing, food and security.

Older people, because they are more vulnerable to aggression from the external environment and the internal environment, suffer more from the denial of these rights and resort to family members, and they, in turn, seek centers as a viable option. for each type of situation. Currently, the protection of older persons institutionalized with COVID-19 is evident and urgent.

**Philanthropic models to support older people in pandemic.** Despite the various problems faced by older people, efforts have been made to help them during this difficult time, so the United Nations has published a document focusing mainly on four areas: ensuring that the rights and dignity of the elderly are respected when decisions are made about their health and care.

In the United States, a law was passed to mitigate financial losses for Americans, including seniors. These include unemployment benefits and payments of up to 1 200 for individuals.

The Canadian Government has also announced the Economic Recovery Plan following the effects of COVID-19", according to which older people will receive additional benefits (Pinkerton 2020). In India, the Ministry of Finance announced support of 1000 rupees a month for elderly and widows to help them financially during the pandemic.

Many charities and youth clubs have also helped by providing free food to seniors or helping with their daily chores while maintaining hygiene measures. A group of young people in Singapore has created an app that identifies elderly people who need help shopping and people in their neighborhood who can help them. Similarly, a project was launched in New York to teach seniors how to use technology to help them stay in touch with their families and shop online. A group of volunteers from France and Belgium have launched the “a Letter, a smile” initiative, whereby interested people can write a letter and send it to elderly people living in old age homes. This helps them feel less isolated. In the same way, young people in Malawi helped the elderly with basic necessities and protective equipment.

In Romania, several non-governmental organizations carried out a series of social actions aimed at supporting the elderly during the pandemic, so in Bacău,

through the Unitv20 project, more than 4,000 vulnerable people from 73 communities received help. The work carried out by those involved had a special impact on the lives of the beneficiaries. The project is a demonstration of working in partnership, through which resources were United and resulted in the support given in times of crisis to a category of extremely vulnerable beneficiaries: The elderly. All decision-makers, public and private, have demonstrated that by joining forces and involving one can intervene effectively to manage a crisis situation.

We help seniors was a social campaign designed to help elderly people in difficulty, and not only, from Alba Iulia. The flexible approach and task implementation resulted in an active group of volunteers present after the end of this campaign. The desire to maintain the connection and community involvement launches a new challenge to work together on a long-term basis through volunteering programs.

In Hunedoara County, in isolated villages such as: Poieni, Petros, Livadia from Țara Hațegului, a team of volunteers coordinated by Prof. univ. habil. Felicia Andrioni gave food and hygiene products to her grandparents.

In Constanța, the Archdiocese of Tomis through the volunteer students implemented the project "With love for grandparents" (Chirugu, 2021), its purpose being to increase the quality of life of the elderly, by preventing situations of difficulty and dependence, and the objectives pursued were for each elderly person to receive what is necessary to meet basic needs: food, physical and mental care, socialization and promoting the benefits of volunteering among students. The direct beneficiaries were 200 elderly people living alone in Constanta County, and the indirect beneficiaries were volunteers, elderly families and local communities. The activities carried out by the 19 volunteers consisted in identifying the elderly in need, collecting and distributing to the elderly food, medicines, hygiene products, modern communication devices.

**Conclusions.** Maintaining the safety of the elderly is a primary duty of care and responsibility for all those working in the field of social assistance. While suppliers are at the forefront, the work and behavior of regulators, decision-makers and partner organizations, especially in the area of social assistance, have a significant impact on what they can do. Quality is a shared responsibility. COVID-19 has also affected the level of unmet needs for social assistance, although the picture is a complicated one, with the pandemic increasing needs, but also helping to identify them: just under half of senior social service directors said there had been an increase in unmet needs since march 2020. One factor that contributed to increasing needs was changes to services, especially during the initial phases of the pandemic. Some people had little service because providers tried to ensure that the most critical care was provided at a time when many of the social workers could not work. Other services, such as day centers, have been suspended as a result of social distancing rules, many charities reported that they had to reduce their services.

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