

Caring for the elderly during the COVID-19 emergency: the role of the community and youth volunteering

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Abstract

The health emergency that we are experiencing has caught everyone unprepared. There are many changes that people and communities face. In this general climate of uncertainty, we can ask ourselves what social work can do to address this emergency and what role the community occupies in facing crises and building social well-being.

This paper attempts to answer these questions by presenting an experience of unconventional practice placement. A project arising from the collaboration between a municipality and a charity organisation to address community problem-solving due to the coronavirus disease 2019 (COVID-19) pandemic emergency will be presented. The project aimed to develop actions to support the elderly in the community during the pandemic lockdown in Italy. This paper discusses the importance of collaboration and networking between public services, no profit organisations and civil society in general. It also highlights the important role of young people who, in the worst possible time of the emergency, took action by becoming volunteers and providing essential help to the elderly. This intra-generational exchange has allowed the community to respond positively in a moment of crisis.

Keywords

Community work, Participation, Sanitary emergency, Unconventional Practice Placement, Community problem solving.

Introduction

In recent months, the world has found itself managing one of the greatest emergencies in recent years. The COVID-19 pandemic has literally «blocked» our societies, stopped work activities and schools, forced people to remain locked in their homes, and probably indelibly changed our lives. The welfare system that we know and that, until recently, gave

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us security is going through major challenges in all sectors (primarily healthcare). One of the few remaining certainties is that we are going through a period of great change (Folgheraiter, 2020). In this complex situation, it is everyone's responsibility (institutions, third sector, and civil society) to care for their own society.

In times of emergency, such as we have today, it becomes crucial to address the issue of «community care». Community care is the assistance that the community itself provides, even outside formal institutions, through its own resources (Folgheraiter & Donati, 1991; Bulmer, 1992; Folgheraiter & Raineri, 2004). Two main concepts related to the term are: *care in the community* and *care by the community*. «Care in the community» means the care of formal institutions in the community (Folgheraiter, 2017). This version emphasises the importance of helping people at home and in their communities. In contrast, the term «care by the community» refers to the aid that emerges from the community itself (Folgheraiter & Raineri, 2004; Folgheraiter, 2006). This conception underlines how the community, beyond just having issues, also has the capability to solve them.

Considering the perspective of community social work, promoted through the Relational Social Work method (Donati, 2010; Folgheraiter, 2011, 2012, 2017), it is important to pay attention to *community care* by overcoming the dichotomous vision of the «formal» and the «informal» contained in the terms «care in the community» and «care by the community». Formal institutions are not the only ones responsible for assistance, support, and care, but at the same time, these three aspects are not the only responsibility of the community. Mutual responsibility at both the formal and informal levels merges into one for common welfare. Hence, community care means «mixed or intertwined forms of aid, emerging from basic social relations, combined where appropriate by standardised services and possibly accompanied by the thoughtful support of professional operators belonging to either public or private organisations» (Folgheraiter & Raineri, 2004).

This means working to support and enhance the care-giving capacity that communities inherently have in themselves. Institutions gain a central function as they should play a subsidiary role (Donati & Colozzi, 2007; Villa, 2005). We should talk about relational subsidiarity, which is conceived not to replace but to facilitate and support the community's capacity for action to overcome all present problems. Therefore, the goal is to cope with the problems together, leading to mutual strengthening (Folgheraiter, 2006).

Within this conceptual framework, the social worker has an important task; he/she/they must strive to «find motivated collaborators who work together with him to understand how to promote the expected well-being» (Folgheraiter, 2020). The formula «working together» is the winning key that can commit people and the operator to «building help together» (Folgheraiter, 2020). Through open and participatory planning, responses to the needs of people and communities can be built. Mutual commitment towards well-being can take place because of the word «care», as defined by Don Milani (meaning to take to heart authentically) (Folgheraiter, 2012, 2016).

A social worker has an important task because, he can activate the care of others through his care by promoting a beneficial process; the operator is, at the same time, an expression of care and a diffusor of care (Folgheraiter, 2017). Care is vital as it is «the soul of social work» (Folgheraiter, 2020). This mutual care allows people to face life problems together (Raineri, 2017), the issues for which there are no ready-made solutions.

Context

Italy was one of the first countries most affected by the COVID-19 emergency. The population aged over 65 was the most infected¹ and is therefore the age group most at risk and in need of protection. In particular, Lombardy, located in northern Italy, is the region with the highest number of infections in the whole nation.²

This study introduces the experience developed in such a framework. The project was born in Crema, a city of 34,487 inhabitants.³ Distributed in percentage by age groups, 12.28% of the population is aged between 0-14 years; 61.81% is between 15-64 years; and 25.9% of the population is aged between 65-104 years. The data shows a high proportion of elderly population, they need to be prioritised given that the COVID-19 infection occurs more in people older than 65.

The city of Crema is characterised by neighborhoods referred to as parishes; it is a territory with a strong feeling of belonging and social activity.

The initiative presented in this article was developed thanks to the collaboration between the municipality and a charity organisation committed to promoting the active aging of the elderly and enhancing their role in society. This collaboration arose with the purpose of handling a health emergency in the community.

Project to support the elderly in the community

The experience described was born from the Unconventional Practice Placements project (Raineri, 2009; Raineri & Sala, 2019; Corradini, Landi, & Limongelli, 2020; Calcaterra & Panciroli, 2021) of a social work student⁴ of the Catholic University of Milan.

¹ The average age of the infected in Italy is 61 years while 38% were over 70 years old. The average age of patients who died and were positive for SARS-CoV-2 (ISS data) is about 80 years. Data from the Ministry of Health, 22 July 2020.

² From the data of the Ministry of Health, it emerges that as of 9 September 2020, the total number of cases registered in Italy is 280,153 of these 102,085 are located in Lombardy (retrieved February 20, 2021, from <http://www.governo.it/it/coronavirus>).

³ Data updated to January 1, 2019 from the report on the resident population in the municipalities of the province of Cremona (retrieved February 20, 2021, from <https://www.cremaonline.it/coronavirus-cremasco/>).

⁴ The article refers to the project of the student Michele Guerini Rocco.

During the period of the first lockdown in Italy,⁵ which lasted 69 days, the government forced people to isolate themselves at home by spending the days away from their loved ones. At that time, the risk of contagion was extremely high, so people could only leave their homes for urgent reasons (such as work, medical needs, and basic necessities).

The project began during this period. Following the community profile (Twelvetrees, 2002; Calcaterra, 2017a), it was discovered that the elderly suffered more from isolation in a general climate of insecurities and fears. Although some services had been activated to address the situation (for example the charity organisation had activated home delivery services for groceries and medicines), the elderly struggled to use the services. At the same time, practitioners were concerned because they did not know how to reach them and provide them with the necessary aid. Therefore, a «double need» emerged. Hence, the need to promote networking between the formal and informal services was activated to manage the emergency to coordinate interventions and make aid more effective.

A group work was thus established that we methodologically call a «guiding group» (Calcaterra, 2017a; Folgheraiter, 2018), made up of practitioners from the municipality, volunteers by the charity organisation, «experts by experience», and a student as group facilitator. Due to the emergency, the group met remotely using a digital platform.

According to the Relational Social Work method (Raineri, 2010; Folgheraiter, 2011), the guiding group identified a general purpose, objectives, and concrete actions to pursue.

In particular, the project aimed to promote virtual spaces of proximity to counteract loneliness and respond to the practical and daily needs of the elderly in the community.

The specific objectives of the project can be identified as supporting the management of daily actions, giving relational and social support, offering an information space and accompaniment towards active services, promoting a networking between the services within the management of the health emergency, and promoting a youth volunteer network.

A telephone support service dedicated to the elderly was made possible thanks to the voluntary network activated by the charity organisation.

This community network was activated because the guiding group intercepted the real needs of the community. Over time, the project built together has found new collaborators (see the young volunteers) who shared the purpose.

The users of the telephone support service were all people over 65 from the municipality. In particular, the initiative was aimed at the elderly who were alone in quarantine or in self-isolation, and those who were unable to help them (because they were sick, quarantined, or worked in healthcare settings). Through the charity organisation, the group was able to access the registers made available by the Health Protection Agency (ATS) for the 2019 hot emergency. These registers, divided by municipality, contained the names of people considered to be at high risk and their related contacts.

⁵ For the first Italian lockdown we refer to the period of restrictions imposed by the Italian government to block the COVID-19 pandemic between March 9 and May 18, 2020.

An Excel file named «call card» was created to manage phone calls. For each phone call, the following data were entered: personal data, the composition of the family unit (to identify the elderly who were alone), health information (if positive for COVID, in quarantine or in self-isolation), and if they wish to be contacted. Lastly, the needs and the need to activate other interlocutors were indicated.⁶ The service was used to carry out a «need and agency assessment» (Corradini, 2018) and to build personalised answers.

The telephone service was created by the youth volunteer network that was activated in the community. The activation of young people was important given the temporary unavailability of the elderly volunteers of the charity organisation, who were stopped for precautionary reasons as they were considered at risk of infection.

The project promoted a new and valuable collaboration between the services and the local organisations involved in the emergency, notably between the municipality and the charity organisation. Two tools were designed by the group to facilitate this collaboration. The first is the «call form», filled in by the volunteers and shared with the social service operators. The second tool was telephone meetings organised twice a day to provide professional support to the volunteers and to guarantee a common line of work and handling of situations. These moments of daily discussion facilitated the circulation of information and provided quick and effective answers to the elderly.

Results achieved: young people as the new resource for volunteering

The guiding group was responsible for monitoring and evaluating the project.

The project was evaluated by organising meetings with the group and young volunteers. Feedback from the initiative was highly positive. In Crema, 252 families were reached with a first round of calls (157 people asked to be contacted again). In the second round, 185 families were reached (94 of which replied that they wanted to be re-contacted). During the phone calls, people were helped to manage daily problems and to easily access local services. Many elderly people expressed their gratitude and experienced the phone calls as a «friendly voice» who, in a moment of great distress and suffering, listened to them, informed them and was concerned about their state of health and life situation. Many people asked to be contacted more frequently, and in some cases, an important relationship of trust was created between people and volunteers. The average age of the people in contact list was 90 (the youngest person was 77, and the oldest was 100). Given the positive results, the initiative was extended to neighboring municipalities where the charity organisation operates. In each country, the guiding group contacted the repre-

⁶ The collected data are treated confidentially according to the directives of the EU Regulation n. 679/2016 GDPR.

sentatives of the charity organisation and the municipality and, based on the territory need, helped them to activate the service.

In total, this initiative was promoted in eight municipalities. Four hundred and seventy phone calls were made in total: 242 family units asked to be re-contacted because they needed assistance, 95 people said they did not need the service because they were already cared for by family members or home assistants, and 133 did not reply.

The charity organisation (together with the young volunteers) decided to continue the project even after the lockdown and at the end of the student's practice placement; the telephone service continued over the months to respond to a need in the community (given the on-going health emergency). Furthermore, the collaboration between charity organisations and municipalities continued and strengthened over time.

Through this initiative, the charity organisation and the municipality have experimented with a new working model, based on collaboration, sharing of resources, mutual aid, and intervening, when one of the two subjects was unable to respond singlehandedly to a need.

Community activation and intergenerational exchange are key aspects of the project: young people were a great resource for their community in a moment of emergency, when the elderly population needed to be protected and safeguarded because they were most at risk. Young and elderly people through the telephone service have built connections and new relationships: it has been invaluable for both parties.

The charity organisation involved in the project, not used to having so many young volunteers available, has consequently strongly desired to document this activation. The «guiding group», involving a young volunteer, decided to listen and collect the volunteers' point of view through a written interview. Starting from a brainstorming (on the theme of lived experience), eight keywords were identified, including: utility, motivation, emotion, discovery, continuation, organisation, expectations and satisfaction. Subsequently, the group built an outline for an interview consisting of open and closed questions, distributed it to all the volunteers involved in the experience, and analysed the results.

Results show that there were 13 (8 men and 5 women) young volunteers activated by the project, aged between 26 and 35 years. Most of them had never volunteered before the emergency and started this activity to help people within their community. The volunteers reported that it was a very rewarding experience: they were able to feel needed at a time when the emergency reached its peak and, at the same time, felt supported and empowered in dealing with the crisis. Furthermore, they reported feeling welcomed into the group, and the experience increased their sense of community belonging. Thanks to the project, the volunteers built new relationships and discovered new values, including solidarity and humanity. Of significance is the fact that more than half of the interviewees stated that they will continue volunteering even after the health emergency is over.

Reflections on the experience

The project, through telephone services, has promoted a virtual proximity space. It can be considered a symbolic «low-threshold space» where trusting bonds are generated between people. It was also a place where individuals, in a period of crisis, were able to experience ideas of common good, fair society, shared values (Bauman & Bettini, 2002, p. 11).

The project was built trusting in the people of the communities, recognising and valuing the different knowledge — expert and experiential — of each member involved (the guiding group saw the presence of professionals and experts from experience).

The planning purpose of the initiative can be considered a «community problem-solving» (Calcaterra, 2017b). In fact, the experience aimed to carry out collective actions to tackle a community issue derived from the COVID-19 emergency. Social distancing, confinement at home, the interruption of daily routine, and services had generated a negative impact on the well-being of the elderly and, at the same time, operators who are not aware of how to help people. This problem has been addressed at the community level from the perspective of mutual responsibility. As Folgheraiter recalls, «the parties involved, when the good is produced, can never be less than two» (Folgheraiter, 2020). In a moment of emergency, what worked was the joining forces for «working together».

Through active participation in all phases of the project, people were able to experience reciprocity and establish new trusting relationships.

We can highlight that it is essential to overcome the distinction between formal and informal welfare aid: integration and mutual support are needed, especially in times of emergency. As stated by Bulmer, it is essential to «create connections between formal and informal care» (Bulmer, 1992), one represented by services and the other by «informal care networks» such as family and friends — all the important relationships that the individual possesses (Bulmer, 1992). We can say that the basis of community care is relational empowerment (Folgheraiter, 2012). It is a question of reciprocal strengthening between all the institutional and non-institutional actors involved, who intervene according to the principle of relational subsidiarity (Folgheraiter, 2006). Social well-being must, therefore, be co-built from the perspective of shared responsibility.

Conclusion

The health emergency has brought out new community resources and made it possible to understand everyone's importance in building social well-being.

The project started at the beginning of the emergency when the prevailing concept was that COVID-19 was dangerous only for the elderly (already affected by other chronic diseases). This concept was because of mass media messages and gave young people a

sense of safety (Folgheraiter, 2020). This message, however, turned out to be completely wrong, and many young people (such as those of this project) took action to protect and support the people of their community, starting with the elderly who lived alone. A crucial aspect for the success of the experience was «trust». Trust is understood not only as self-confidence but also a characteristic that leads to «doing together». Defined in the broadest sense of terms, this means reasoning, deciding, planning together, turning oneself into a helper and caring people at the same time (De Stefani, 2012; Folgheraiter, 2017). In the project, the young people who helped others felt helped in turn to face a difficult period. This is according to the principle of «helper therapy», which suggests that when an individual, the «helper», provides help to another person, the helper may benefit.

In conclusion, social relationships have great benefits. Even in a time in which «social distancing» was imperative, people found new ways of existing and connecting with others, showing the necessity of caring for each other and facing together problems that can suddenly arise in the community.

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