

From helpers to vulnerable people: Consequences of the pandemic for older volunteers in an Italian study

Francesca Corradini

Catholic University of Milan, Italy

Beatrice Cacopardo

Catholic University of Milan, Italy

CORRESPONDENCE:

Francesca Corradini

e-mail: francesca.corradini@unicatt.it

Abstract

The Covid-19 pandemic had a devastating impact on the older population in many respects. One of the main consequences has been the strengthening of the dynamics of ageism. The research presented in this paper aims to investigate the consequences of the pandemic and the lockdown on the population of self-sufficient older citizens in a circumscribed area of Northern Italy, one of the territories that was affected the most by the pandemic. The research focuses on the conditions of people over 65 years who were carrying out voluntary work in various local organizations. Secondary analysis was conducted on data from a research carried out in a District of Northern Italy. The results of the study showed numerous consequences for this population group, suddenly driven to operate a profound shift in their routine. The main consequence was a transformation in their role: the volunteers were people whose helped other people and suddenly they found themselves labelled as fragile recipients of help. The paper examines how these conditions reinforce a stereotyped image of the elders and poses some possible strategies to counter it, with particular focus to the functions of social workers.

Keywords

Ageism, Covid-19 pandemic, older people, gerontological social work, human rights.

Introduction

This work originates from a study conducted in Northern Italy, which aimed to identify and describe the needs of both older people and their caregivers, and to understand how these have changed due to the global coronavirus disease 2019 (COVID-19) pandemic crisis. A secondary analysis was conducted to deepen the consequences of pandemic and lockdown for the people who lived in the area. These events were detected under the lens of ageism, since many people who took part in the research were elderly volunteers. The introduction will briefly present the theme of ageism, particularly focusing on the COVID-19 pandemic crisis; thereafter, the research will be presented, following which, the results and implications for social work will be discussed.

In its recent *Global Report on Ageism* (2021), the World Health Organization (WHO) provides the following definition:

Ageism refers to the stereotypes (how we think), prejudice (how we feel), and discrimination (how we act) directed towards people on the basis of their age. It can be institutional, interpersonal, or self-directed. [...] Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage, and injustice, and erode solidarity across generations.

The report outlines the pervasive and widespread nature of ageism in various areas of society. Ayalon and Tesch-Römer (2018), in the introduction to their text, affirm that ageism is «ubiquitous» and that each of us can confront our own ageist attitudes.

Ageism does not affect only older people; young people also experience prejudice and discrimination by virtue of their age. However, stereotypes, prejudices, and discrimination against older people are more frequent and often neglected (Iversen, Larsen, & Solem, 2009). Voss, Bodner, & Rothermund (2018) highlight ageism's complex nature — particularly how it is dictated by the interaction between the person engaging in ageism and the receiver's direct perception, which can or cannot reinforce stereotypes and prejudices.

Stereotypes are both negative and positive (Swift et al., 2019); for example, older people can be considered less competent than younger people on a professional level, but more affectionate on a personal level. However, stereotypes generate prejudices that influence attitudes and behaviours on different levels (Ayalon & Tesch-Römer, 2017). The first level is the institutional level, at which ageism is found to be ingrained within the different organisations in which civil coexistence occurs. In this form, ageism comprises an approach — occasionally also found in laws and norms — that reduces or eliminates the opportunities for older people to grow and develop. Institutional ageism is found in the justice system, workplace, and educational system, as well as in media portrayals of older people (Lloyd-Sherlock et al., 2016). Particular attention must be paid to the ageism present in the health and social care systems, both in the contexts of treatment of acute pathologies, such as in hospitals and in long-term care contexts, for example, nursing

homes (Wyman, Shiovitz-Ezra, & Bengel, 2018). In these contexts, ageism manifested itself during the COVID-19 pandemic in highly evident ways (Anand et al., 2021).

Ageism occurs in interpersonal and intergroup interactions, and is connected to stereotypes and prejudices that manifest themselves implicitly or explicitly in certain attitudes and behaviours, including ignoring older people's viewpoints, using childish language towards them, and insulting or avoiding people because of their age (Williams et al., 2009). Occasionally, these attitudes can be paternalistic, overprotective, or infantilising, even if the underlying intention was to support and protect, through what Cary, Chasteen, & Remedios (2017) define as «benevolent ageism». The internalisation of these stereotypes can stimulate attitudes of self-directed ageism, whereby older people can turn prejudices towards themselves and believe, for example, that they are not entitled to attention or to be heard, that they cannot learn, or even that they do not deserve health care to treat serious illnesses (Levy, 2003). In this regard, Thompson (1998) refers to «internalized oppression». The institutional, interpersonal, and inner dimensions are closely interconnected and mutually reinforcing, to the extent that that ageism has been defined as a «bio-psycho-social» phenomenon (Reynolds, 2020).

Ageism negatively impacts different aspects of people's lives: first, ageism has negatively consequences on people's physical and mental health and is correlated with lower longevity (Chang et al., 2020). Further, ageism leads to greater social isolation, a reduction in affective and sexual relationships, and a general worsening of the quality of life (Shiovitz-Ezra et al., 2018). From an economic perspective, the dynamics of ageism impact older people in terms of being denied access to necessary resources or desirable benefits. The WHO defines ageism as «a public health problem» (WHO, 2021) and notes that older people are not a «burden» to society, but that ageism constitutes an «economic burden on society». In this regard, the promotion of active aging and successful aging — concepts that have informed social policies in Europe for years — must be focused on (Foster & Walker, 2015). An objective of active aging is conveying an image of older people that contrasts with current ageist stereotypes (Boudiny, 2013). However, the distinction between normal aging and pathological aging risks precipitating an effect opposite to that desired, ascribing to individuals the responsibility of aging «successfully». Even the distinction between the so-called «third age», in which maintaining oneself as «skilled and performing» is possible, and the fourth age, characterised by pathologies and dependence, perpetuates the dynamics of othering and fuels the idea that the oldest-old are a societal burden (Kydd et al., 2018).

Ageism and COVID-19

The COVID-19 pandemic has afflicted people of all ages. However, the consequences for older people have been particularly substantial (Monahan et al., 2020), and almost

all nations have issued indications and recommendations aimed specifically at protecting this category of older people. According to several authors, the consequences of the pandemic, combined with the social distancing measures implemented, have amplified the effects of ageism, with consequences in different areas (Ayalon et al., 2021; Carlson, Black, & Coster, 2022; Fraser et al., 2020; Maxfield et al., 2021; Reynolds, 2020).

An initial consequence was discriminatory access to available resources, particularly to the health system — in the context of scarce resources, numerous countries have used age as a criterion to choose whether to treat a patient, assuming that older persons have a lower chance at survival (Cesari & Proietti, 2020). Ageist attitudes in health services lead people to fear being judged because of their age, and therefore, they become more likely to expect to receive less help (Maxfield et al., 2021). This fear has been amplified during the pandemic, with the risk that older people have felt compelled to refuse treatment to not reduce care availability (Ehni & Wahl, 2020).

Several countries have issued widespread and often more extensive confinement measures with respect to older people (Fraser et al., 2020). In Italy, for example, the Prime Minister issued a decree in March 2020¹ that recommended older people (over 65) stay indoors, except for situations of strict necessity. Social isolation has negative consequences for everyone, but for older people, such consequences are likely to be amplified (Cox, 2020). Loneliness and isolation reduce both people's autonomy and their ability to care for themselves, leading to the deterioration of their psycho-physical condition (Berg-Weger & Schroepfer, 2020), and exposing people in need of care to a greater risk of abuse and discrimination (Cohen & Tavares, 2020; Makaroun, Bachrach, & Rosland, 2020).

During the COVID-19 pandemic, older people were portrayed in the media, in the press, and often in the statements of government officials as uniformly fragile and vulnerable, albeit as more responsible than young people² (Ayalon et al., 2021; Meisner, 2021; Reynolds, 2020). Representing older people as a homogeneous group, all equally fragile, does not account for individual differences, and above all, this portrayal risks overlooking structural and contextual factors, which can render a person more or less vulnerable, regardless of age (Cox, 2020; Ehni & Wahl, 2020). Moreover, the older population's positive contribution to society is not valued, and rather than fostering exchange and solidarity, intergenerational fracture is nurtured (Meisner, 2021; Ayalon et al., 2021). Berridge and Hooyman (2020, p. 509) claim that this line of communication disorients

¹ Prime Ministerial Decree of 4 March 2020, *Further implementing provisions of Decree-Law no. 6 of 23 February 2020 containing urgent measures on the containment and management of the epidemiological emergency from COVID-19*, applicable throughout the national territory.

² In Italy, we can cite, as an example, the communication of the Governor of Liguria, Giovanni Toti via Twitter. In November 2020, speaking of COVID deaths, Toti said, «[Most] were very elderly patients. People mostly retired, not indispensable to the productive effort of the country, but being more fragile must be protected». This statement, for which the Governor later issued a clarification, aroused public outrage (<https://tg24.sky.it/politica/2020/11/01/coronavirus-toti-anziani>).

people because «[a] 62- or 67-year-old who reads “senior” or “the older” may not think the guidelines apply to them».

Language is the main tool for conveying stereotypes and prejudices; even before the pandemic, Duffy (2017) underlined the particular attention that social workers had to pay to avoid using ageist and oppressive language, particularly in health care and social care settings. Several authors (Ayalon et al., 2021; Berridge & Hooyman, 2020; Meisner, 2021) have highlighted the strong presence of ageist language in communications related to the pandemic — both through categorisations («the older») and through the use of paternalistic tones towards older people. The phenomenon has also been frequently detected within the health services and protected facilities (Anand et al., 2021; Maxfield et al., 2021), confirming the lack of awareness of ageism even among care professionals, as highlighted by Reynolds (2020).

Empirical study

This study is a secondary data analysis of research conducted in collaboration with the municipal administration of a district with a population of 35,000 in the province of Milan. The original research aimed to explore the needs of older people and their caregivers, as well as analyze the resources available in the area, and was aimed at providing information to the municipality to reorganize social services, especially in light of the pandemic. To this end, between October 2020 and March 2021, 17 semi-structured interviews were conducted with caregivers of non-self-sufficient elderly persons and 16 semi-structured interviews were conducted with key informants identified by the municipal administration. These included 6 social services operators and 10 volunteers responsible for the main associations serving the elderly population in the area. All volunteers were over the age of 65. Given the pandemic period, the interviews were mainly conducted remotely, either by phone or on online platforms. The interviews were transcribed, and a thematic analysis of the texts was conducted, identifying codes and sub-codes (Bryman, 2015). In June 2021, a report was delivered to the municipality.

After the first analysis, the researchers felt the need to further explore the theme of ageism, starting from the hypothesis that the pandemic may have increased ageist dynamics towards elderly people. Therefore, the texts of the 16 interviews addressed to key informants were re-read to explore the self-perception of elderly people, in particular elderly volunteers of associations, regarding the consequences of the pandemic and lockdown on them and on the elderly people of the territory. In addition, the perception of the interviewed operators on these topics was also sought.

The interviews were read in full, and four main thematic areas were identified: the consequences of the pandemic on the activities of the associations, the consequences of the pandemic on the elderly people of the territory, the consequences of the pandemic

on elderly volunteers, and the strategies used to counter these consequences. The results of this secondary analysis, which has a mainly exploratory purpose aimed at opening up avenues for further research, will be reported below.

Limitations and ethics

The study's results are closely related to the local context in which the research was commissioned and conducted; therefore, they do not lend themselves to any generalisation. Additionally, selecting participants based on a reputation criterion may have led to responses that suffer from a social desirability bias. The limited number of interviews allows for very limited and exclusively exploratory reflections. Another limitation is due to the use of different data collection methods: by phone and through online platforms. The pandemic period did not allow for different data collection methods, even if the relevance of face-to-face interaction is acknowledged.

The data were collected and processed to guarantee anonymity, and the research was conducted pursuant to the Code of Ethics of the Catholic University, approved with Rectoral Decree no. 9350/2011. Each participant has given informed consent to participate in the research.

Results

Consequences of the pandemic on associations' activities

The pre-pandemic scenario, which the participants described with a sort of «nostalgia», is that of a highly active community, wherein different associations offered numerous opportunities for meetings and various activities. The areas of interest were diverse: for example, training courses, trips, cultural meetings, sports activities, lunches, dinners, and parties were offered, as well as social activities aimed at supporting people in difficulty — both in terms of care and health.

People over 65- or 70-years old were both the recipients and promoters of the initiatives, supported by the municipal administration, which provided free spaces and various kinds of support. Interviewees described the involvement of about 2,000 older people every year in the various activities. The pandemic's impact on this otherwise thriving community has been devastating. The associations that were dedicated to free time and with an aggregative purpose have closed; as one interviewee said, they have been «all closed, everything cancelled, everything cancelled, everything cancelled» (volunteer, int. 6). Other associations have reshaped their activities by reducing hours and using online working methods.

The reasons leading to this interruption, as described by the interviewees, are essentially twofold. The first was the fear of contagion; notably, the area where the research was conducted was one of the most affected by the pandemic. Respondents described bereavement and loss among friends and collaborators who participated in the association's activities, which amplified fears and changed people's habits and behaviours («I used to break the rules, and now, I follow them», one interviewee said). The second was the Italian government's imposition of social distancing rules, which forced people over the age of 65 years to cease their collaborations and forced them to stay at home.

Consequences of the pandemic on local older people

Mourning, loss, and fear have affected everyone's experiences. New situations of loneliness need to be faced, for example, by older-adult widows and widowers. In general, older people are described by interviewees as highly respectful of the rules and attentive to the correct attitudes of others. By virtue of this respect for the rules, reinforced by the fear of contagion, meetings with loved ones have been drastically reduced, thus increasing the risk of isolation. Alone-living older persons were particularly affected: for them, it was often a matter of giving up habits, such as going for a walk, visiting the cemetery, or attending religious functions, which, however small, constituted important routines in the overall balance of their lives. The most evident consequences are observed at the psychological level: greater isolation, or withdrawal into oneself, and the fear of contagion can accentuate (or provoke) depressive attitudes or exacerbate difficulties that have remained latent (such as traumatic experiences). The loss of relationships with the external world has imposed a strain on lonely older people's mental health, to the extent that the older-adult population has shown strong signs of discomfort:

With the lockdown, depressive states have slightly increased, in the sense that even healthy 70-year-old people, that is, who do not have significant pathologies, having been at home a lot, have lost a little sprint, a vigour, because they have felt imprisoned; they have also lost all contacts because they are people who maybe do not make video calls with their acquaintances; hence, they remained confined, interacting only with their family members and losing a bit of enthusiasm (educator, int. 12).

We always think about the priorities: medicines, hospitals, eating; they were useful, but in the end, when the Civil Protection Organisation that brought the medicines goes away, when the volunteer who took her to the hospital leaves, the other 20 hours [these older persons] remain alone, all day at home, someone holds on, someone goes a little crazy, said in clear, clear words [...] they suffered a little; once I was talking to a person who did not even know if it was Monday, Tuesday, or Wednesday (volunteer, int. 7).

Numerous respondents reported how the sense of fear and uncertainty in the face of the pandemic has translated into the need for older people to be reassured about the

presence of support services and people to contact in case the situation worsens. As one of the interviewees stated, it is uncertain whether a request for information turns into a request for help; however, older people have sought reassurance that they would get a response in their time of need. In this context, a volunteer described isolation and need for assistance pertaining to the outside world as conditions that have led older people to lose confidence in themselves. An interviewee highlighted how dangerous this loss of self-esteem can be in a period of life in which it needs strengthening:

In my opinion, there was also a very dangerous loss of confidence for older adults, instead of increasing his self-esteem [...] I believe that it would have been necessary to put himself in a position not to make him lose further confidence in himself (volunteer, int. 8).

Alongside mental health, the physical health consequences of the situation were also underlined: the suspension of non-urgent therapies, combined with the lack of motor activity and stimuli, have indubitably worsened the conditions of older people. People experienced reduced autonomy, and one respondent predicted that in the subsequent months, dealing with a generalised worsening of the health of hospitalised persons would be necessary. In addition to cognitive and psychological decline, therefore, another concern is linked to the physical decline older people suffer and the potential for domestic accidents when they spend excessive time at home. The term «worsening» recurs in the descriptions of the respondents: the loss of autonomy and an overall decline in capacities seem to be inevitable consequences of the pandemic.

Consequences of the pandemic on older volunteers

From helpers to vulnerable people

The first issue that the interviews highlighted was the discrepancy between the perception that these volunteers had of themselves, as autonomous people, able to cope with their own needs and support other people in difficulty, and a sort of label of them as «vulnerable persons», who required assistance in everything involving contact with the outside world. These volunteers had to deal with a new role in which they did not recognise themselves — they were those who helped others, and suddenly, they found themselves among those who had to be protected. One of the social workers interviewed used the term «transformation», to indicate how the image of vulnerability, with which these people did not identify, had changed their perception of themselves. This transformation, according to some respondents, has an emotional origin, linked to the fear of contagion, but then, has consequences for their long-term choices and behaviours:

[The self-sufficient older] have always dealt with transport, with coaching; hence, from an active life, where they were even volunteering, the lockdown has transformed them into fragile people [...] also from an emotional point of view, because they found themselves unable to do what they used to be able to do (social worker, int. 14).

Some respondents openly expressed their disappointment towards this assessment of their persona, finding it arbitrary and limiting. The first point of criticism focused on the new labelling. Interviewees complained that they could not recognise themselves because despite being over 65 years old, they felt healthy, had autonomy, and remained able to provide for themselves. The second element is the negative connotation that has been associated with this label: an interviewee used the term «plague victims», which recalls the nefarious idea that older volunteers are no longer those who aid others but are «carriers of death». The third element to consider is the perception among older persons of having suffered a decision that was not only unfair and arbitrary, but also «stupid», as it led to negative consequences for the area, for example, the suspension of some indispensable activities and services:

Since the lockdown, someone has established, in a really stupid manner, that those over 65 cannot do [volunteering]; we no longer have volunteers, or those who are there cannot do these services here, because [...] this thing is strange here, people over 65 years are not allowed, I mean... as if they were all plagued. I am 76 years old, soon 77, I seem to be self-sufficient [...] (volunteer, int.6).

Respect for self-determination

In stark contrast to the suspensions of activities for people over 65, there has been a spectacular activation of young volunteers, available to assist older people, also through the same associations. In the interviews, some examples were given: an association that deals with assistance in times of emergency (Civil Protection) launched an appeal to find new volunteers who could replace the older ones, and the response rate was high. Numerous people made themselves available for different commissions, to bring groceries to older people isolated. Respondents stated that they appreciated those who committed themselves to others; however, they noted that some people who remained self-sufficient had experienced feelings of discomfort and annoyance. The element that was emphasised as particularly negative was the impossibility of selecting even necessities — for example, their favourite products at the supermarket, or where to go shopping. While they recognised the importance of solidarity, the experience on the part of older people has been one of disempowerment, as if they had been expropriated of their duties, while fully losing their capability for choice. Their autonomy had seemingly been taken away, as this interviewee described:

The fact that someone took care of them è [...] on the one hand, they were happy, and on the other hand, they felt their autonomy taken away, in the sense that actually

[...] what an older person does every day is get out of the house, go for a walk, go shopping [...]. And so, with respect to this, having someone else do it [...] many [...] I am not saying they got angry, but they were quite annoyed by the fact that someone else had to take what they needed, and they could not choose the brand, the product [...] (social worker, int. 2).

They took our lives

Older volunteers and people who participated in the associations' activities were described as having daily habits characterised by exchange and relationships. The possibility of meeting other people and being useful is a constitutive aspect of the identity of the older population, for whom their relationships become the main motivation to move forward in life. Numerous interviewees revealed that several older people who lived alone spent the whole day in the associative spaces, where they could enjoy the company of — and talk with — other people. The loss of the possibility of meeting others, according to the interviewees, took a vital dimension away from their lives:

There is a centre that is very, very nice for older persons, where most of older persons meet, play cards, and dance; it is a place where they mainly relate to others, where they spend the whole day. By taking that away, lives of most people were taken away (volunteer, int. 4).

The consequences were substantial, from numerous perspectives; for several of these older people, the associations' activities allowed them to maintain ties with their community; thus, the risk of isolation increased during lockdown. An interviewee accurately described the situation of these «older ladies», for whom the commitment to volunteering assumed the purpose of providing meaning to their days and helping them overcome their loneliness. Some of these volunteers desired to be active again, despite the restrictions, because, as stated by the interviewee, «if they can do something, they are more alive».

The fear that self-sufficient older people, when forced to stay at home, risk becoming deeply depressed returns in several images used by respondents. A social worker used the metaphor of the withering flower, while an older volunteer described some friends using the term «zombie». These are highly powerful images, which depict how much the dimension of sociality provides fundamental meaning to older people's existence.

A volunteer who still manages to operate, despite COVID-19, [is fine], but a volunteer who is locked in the house [...] withers a little (social worker, int. 16).

I have seen people [...] serious people, all like that [...] they have transformed; they look just like zombies walking around (volunteer, int. 11).

Strategies to counter the consequences of the pandemic

Some interviewees described certain strategies implemented to manage the situation during the pandemic period. Some associations have attempted to continue involving volunteers aged over 65, requiring them to perform tasks from home, such as the provision of support or telephone consultations. This is intended to make older adults feel a sense of purpose, even if their tasks differ from those that they were familiar with before the pandemic period, and to maintain their motivation to commit. The strong message that needed to be sent to older people is that age is insufficient to define a person as «useless».

There are people considered a bit out of age, a bit old, who otherwise would have been very active volunteers and who have been a little forced to [...] [leave the activity]; they survived this with great difficulty because they felt [...] and there we did a work of this kind: I did not say that if you do not go out with the means to deliver something you are not useful, that is, your usefulness in the organisation is fundamental (volunteer, int. 9).

This strategy has been evaluated highly positively because having made their contribution, older adults have frequently proven to be valuable in reaching out to people of their age. The benefit was mutual: on the one hand, the person asking for help had the impression of being better understood; on the other hand, the volunteer still perceived themselves as useful. In this way, old age did not constitute an element of discrimination in a negative sense but added value to the interventions.

Another important aspect highlighted by most respondents is related to the need to build and enhance close relationships within the community. Maintaining contact with friends, neighbours, or even social workers guarantees a «light» control of the situations involving lonely older people and allows for situations of need to be caught early. Numerous respondents highlighted the complex historical period, during which it was difficult for volunteers to forge relationships with unknown people, often due to suspicion; they further elucidated how the pandemic has contributed to increase these distances. The possibility of structuring synergistic relationships between different social actors, particularly in the worlds of volunteering and public service, was described as the most useful way to build networks of supportive relationships.

Relationship with technology

Lastly, the interviewees were asked to reflect on the possible support that technological means could offer in helping older adults. According to most respondents, the support was valuable because tools such as PCs, tablets, and smartphones allowed older people to maintain relationships during the pandemic period, especially with family members. However, not everyone has the appropriate tools or skills to be able to benefit from these

technologies. In some cases, the difficulty in using technology has made it impossible to continue volunteering activities, further reducing opportunities for personal activities and socialising.

Several respondents noted that the ability to use smartphones and computers often depends on the age group, cultural level, or previous work activity; thus, more targeted support could be useful:

However, there are also older people who have remained [...] who maybe have been the housewife or what and are those who maybe [...] even of my friends, I have schoolmates, at my age they have never [...] they have never been in an office or what, they have always been the woman of the house and for how long, without taking anything away, eh? This is because in certain things, I am much better than me, though [...] (volunteer, int. 3).

Discussion and conclusion

The research is a first exploration of the consequences of the pandemic on elderly people who work as volunteers of associations and opens to further reflection and research. Considerations can be placed on two intertwined different levels: the first is related to the work of the associations in the area and the second to the consequences at the individual level for each of the interviewed volunteers.

On the first level, the description of the situation before the pandemic, characterised by a strong engagement of self-sufficient older people in associative and voluntary activities, testifies to a strong investment by policymakers in maintaining and developing older people's skills and resources. This is consistent with the development of active aging policies, promoted in a number of Italian regions.

The impact of the pandemic on the social fabric is evident: numerous associations, without the contribution of volunteers over 65 years old, have been forced to close, leaving important activities uncovered. On the one hand, this confirms how the stereotype of older people as useless, or sick is false since it was precisely these people who guaranteed the smooth facilitation of these essential community services. On the other hand, one can question how much the community has been impoverished by the loss of these associations and how long it will take to rebuild the social ties weakened by isolation. The loss of self-confidence, highlighted by some respondents, leads to lesser commitment to the outside world and, therefore, greater difficulty in resuming previous activities.

In a future perspective of further investigation, it could be useful to verify whether, over time, it has been possible to reconstitute and give new impetus to the associations and to understand which strategies have been implemented by policy makers and social workers for this purpose, especially considering community social work, which aims to revitalize relationships and give citizens a leading role.

On an individual level, the interviews revealed a significant discrepancy between the representation of older people as fragile and vulnerable and the self-perception reported by the volunteers. This issue is not merely connected to the request to cease all activities — a choice that people often agreed with — due to the fear of spreading the COVID-19 infection. Being considered fragile individuals has challenged the role of these volunteers, who describe themselves as autonomous and capable of self-determination. While most interviewees did not deny the presence of individual difficulties and the need to receive help with some tasks, the focus is on the imposition of an outside choice. In other words, the interviews indicated they experienced a reduced ability to self-determine, particularly the possibility of choosing if, when, and in what aspects they needed help.

The interviews indicated that, during the pandemic, ageist messages at an institutional level have intensified, primarily through the mass media, which have continually perpetuated the idea that older people must be protected. This message was translated into explicit invitations to people aged over 65 to protect themselves, addressed, often with paternalistic tones, by the administrators and representatives of the various bodies and associations, who have concretely applied the general indications. The consequences at an interpersonal level are evident: the interviews suggested that older people were required by their offspring or relatives to assume «virtuous behaviour» and, therefore, had to accept to be replaced in certain tasks. In turn, it can be assumed that relatives felt a kind of «moral obligation» to ensure that loved ones aged over 65 followed their directions. In the face of these messages, some interviewees did not recognise themselves in the image of vulnerable older people and, therefore, challenged it; others, probably most, reported instead that they were extremely afraid and felt particularly lonely and vulnerable.

The consequences for them were substantial — as described earlier, isolation has led to an overall worsening of the psycho-physical conditions of older people, stimulating an irreversible decline. The degree of awareness that the interviewees showed regarding the harmful consequences of isolation is striking. One of the key informants said, «a volunteer who can no longer volunteer dies».

An interesting strategy is allowing volunteers over 65 to maintain a role within the organisation, though it differed from the previous one. This strategy is rooted in paying attention to people and having an awareness of their value, with the intention of not losing the significant contribution of older people.

Moreover, to overcome the digital divide that risks amplifying the dynamics of ageism, what emerges is the importance of investing in a «basic» technological education aimed at older people who are still self-sufficient, or partially self-sufficient, and who, owing to the pandemic, have had to become familiar with tools such as smartphones and tablets. The «young older», in most cases, are already able to use these tools but could be involved in digital education projects, possibly involving younger volunteers.

Another important aspect that emerged from the interviews is the absence (or lack) of proximity relationships in the territory. This theme emerged recurrently and has been

linked to the need to keep in contact with older people, even when they can no longer participate in the activities proposed in the area. According to an ageist perspective, the scarcity of relationships between people can be assumed to fuel a kind of intergenerational fracture, especially between young and older adults. Conducting frequent exchanges between generations is a protective element against ageist behaviour (WHO, 2021), as they allow a direct (and not stereotyped) knowledge of the other.

Looking at further research perspectives, it would be interesting to observe how the self-perception of these individuals has evolved, in order to understand which strategies have been most helpful and which elements, on the other hand, have contributed to a loss of role.

It may also be interesting to further investigate the role of social workers in supporting these individuals. This research highlights how it is not useful to adopt a dichotomous view of older people, which distinguishes between those who are recipients of interventions (service users) and those who provide help (volunteers and workers). Among the interviewed volunteers, there was an awareness of having personal vulnerabilities that made it necessary, at times, to request the help of services. However, there was also an awareness of being able to provide important support to others, by collaborating with social workers. The same interviewed workers highlighted the importance of collaboration with volunteers, especially when considering peer-to-peer support pathways. In addition to community social work interventions and advocacy functions, it may be useful, more generally, to observe what the perception of the functions of older people is by social workers and with which strategies collaboration can be built.

In conclusion, it can also be emphasized how, at an even more general level, social work plays a fundamental role in promoting greater equity and justice and fighting discrimination (Anand et al., 2021). On the one hand, social workers could support policy-makers in recognising the dynamics of ageism and their consequences, to avoid these issues from becoming chronic. On the other hand, through community interventions, promoting greater exchanges within the communities and enhancing the contribution of each — from an intergenerational perspective — is possible.

References

- Anand, J. C., Donnelly, S., Milne, A., Nelson-Becker, et al. (2021). The covid-19 pandemic and care homes for older people in Europe—deaths, damage and violations of human rights. *European Journal of Social Work*, 1-12.
- Ayalon, L., & Tesch-Römer, C. (2017). Taking a closer look at ageism: Self-and other-directed ageist attitudes and discrimination. *European Journal of Ageing*, 14(1), 1-4.
- Ayalon, L., & Tesch-Römer, C. (2018). *Contemporary perspectives on ageism*. Cham: Springer.
- Ayalon, L., Chasteen, A., Diehl, M., Levy, B. R., Neupert, S. D., Rothermund, K., et al. (2021). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology: Series B*, 76(2), e49-e52.

- Berg-Weger, M., & Schroepfer, T. (2020). COVID-19 Pandemic: workforce implications for gerontological social work. *Journal of Gerontological Social Work, 63*(6-7), 524-529.
- Berridge, C., & Hooyman, N. (2020). The consequences of ageist language are upon us. *Journal of Gerontological Social Work, 63*(6-7), 508-512.
- Boudiny, K. (2013). «Active ageing»: From empty rhetoric to effective policy tool. *Ageing & Society, 33*(6), 1077-1098.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology, 3*(2), 77-101.
- Bryman, A. (2015). *Social Research Methods (5th ed.)*. Oxford: Oxford University Press.
- Carlson, K. J., Black, D. R., & Coster, D. C. (2022). Perceptions of older adults? Measuring positive, negative, and physical descriptors using the stereotype content and strength survey. *Journal of Gerontological Social Work, 65*(4), 437-449.
- Cary, L. A., Chasteen, A. L., & Remedios, J. (2017). The ambivalent ageism scale: Developing and validating a scale to measure benevolent and hostile ageism. *The Gerontologist, 57*(2), e27-e36.
- Cesari, M., & Proietti, M. (2020). COVID-19 in Italy: ageism and decision making in a pandemic. *Journal of the American Medical Directors Association, 21*(5), 576-577.
- Chang E. S., Kanno S., Levy S., Wang S. Y., Lee J. E., & Levy B. R. (2020). Global reach of ageism on older persons' health: A systematic review. *PLoS ONE, 15*(1), 1-24.
- Cohen, M. A., & Tavares, J. (2020). Who are the most at-risk older adults in the COVID-19 era? It's not just those in nursing homes. *Journal of aging & social policy, 32*(4-5), 380-386.
- Cox, C. (2020). Older adults and Covid 19: Social justice, disparities, and social work practice. *Journal of Gerontological Social Work, 63*(6-7), 611-624.
- Duffy, F. (2017). A social work perspective on how ageist language, discourses and understandings negatively frame older people and why taking a critical social work stance is essential. *British Journal of Social Work, 47*(7), 2068-2085.
- Ehni, H. J., & Wahl, H. W. (2020). Six propositions against ageism in the COVID-19 pandemic. *Journal of Aging & Social Policy, 32*(4-5), 515-525.
- Foster, L., & Walker, A. (2015). Active and successful aging: A European policy perspective. *The gerontologist, 55*(1), 83-90.
- Fraser, S., Lagacé, M., Bongué, B., Ndeye, N., Guyot, J., Bechar, L., et al. (2020). Ageism and COVID-19: What does our society's response say about us? *Age and ageing, 49*(5), 692-695.
- Iversen, T. N., Larsen, L., & Solem, P. E. (2009). A conceptual analysis of ageism. *Nordic Psychology, 61*(3), 4-22.
- Kydd, A., Fleming, A., Gardner, S., & Hafford-Letchfield, T. (2018). Ageism in the third age. In Ayalon, L., & Tesch-Römer C. (Eds.), *Contemporary perspectives on ageism* (pp. 115-130). Cham: Springer.
- Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 58*(4), 203-211.
- Lloyd-Sherlock, P. G., Ebrahim, S., McKee, M., & Prince, M. J. (2016). Institutional ageism in global health policy. *British Medical Journal, 354*.
- Makaroun, L. K., Bachrach, R. L., & Rosland, A. M. (2020). Elder abuse in the time of COVID-19: Increased risks for older adults and their caregivers. *The American Journal of Geriatric Psychiatry, 28*(8), 876-880.
- Maxfield, M., Peckham, A., Guest, M. A., & Pituch, K. A. (2021). Age-based healthcare stereotype threat during the COVID-19 pandemic. *Journal of Gerontological Social Work, 64*(6), 571-584.
- Meisner, B. A. (2021). Are you OK, Boomer? Intensification of ageism and intergenerational tensions on social media amid COVID-19. *Leisure Sciences, 43*(1-2), 56-61.
- Monahan, C., Macdonald, J., Lytle, A., Apriceno, M., & Levy, S. R. (2020). COVID-19 and ageism: How positive and negative responses impact older adults and society. *American Psychologist, 75*(7), 887-896.
- Reynolds, L. (2020). The COVID-19 pandemic exposes limited understanding of ageism. *Journal of Aging & Social Policy, 32*(4-5), 499-505.

- Shiovitz-Ezra, S., Shemesh, J., Gardner, S., & McDonnell-Naughton, M. (2018). Pathways from ageism to loneliness. In Ayalon L. & Tesch-Römer C. (Eds.), *Contemporary perspectives on ageism* (pp. 131-147). Cham: Springer.
- Swift, H.J., Abrams, D., & Lamont, R. (2019). Ageism around the world. In D. Gu, & M. E. Dupre (Eds.), *Encyclopedia of Gerontology and Population Aging*. Cham: Springer.
- Thompson, N. (1998). The ontology of ageing. *The British Journal of Social Work*, 28(5), 695-707.
- Voss, P., Bodner, E., & Rothermund, K. (2018). Ageism: The relationship between age stereotypes and age discrimination. In Ayalon L., & Tesch-Römer C. (Eds.), *Contemporary perspectives on ageism* (pp. 11-31). Cham: Springer.
- Williams, K. N., Herman, R., Gajewski, B., & Wilson, K. (2009). Elderspeak communication: Impact on dementia care. *American Journal of Alzheimer's Disease & Other Dementias*, 24(1), 11-20.
- World Health Organisation - WHO (2021). *Global report on ageism*. Geneva: WHO.
- Wyman, M. F., Shiovitz-Ezra, S., & Bengel, J. (2018). Ageism in the health care system: Providers, patients, and systems. In Ayalon L., & Tesch-Römer C. (Eds.), *Contemporary perspectives on ageism* (pp. 193-212). Cham: Springer.

Corradini, F, & Cacopardo, B. (2023), From helpers to vulnerable people: Consequences of the pandemic for older volunteers in an Italian study. *Relational Social Work*, 7(1), 36-51, doi: 10.14605/RSW712303.



Relational Social Work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License