

Joint Statement by the Sections for Geriatric Medicine (II), Social and Behavioral Gerontology (III), Social Gerontology and Working with Older People (IV) of the German Gerontology and Geriatrics Society (DGGG)

Facilitating social participation of older adults despite the coronavirus pandemic

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Due to worldwide measures taken to curtail the coronavirus disease (COVID-19) pandemic, we are experiencing new burdens in key aspects of private, social and economic life. As a professional gerontological society, we strongly advocate for the attenuation of negative consequences of these measures for older people as far as possible, whilst still providing the highest possible protection against infections. It is vital that social participation and autonomy be guaranteed especially for older people in spite of the coronavirus pandemic since restrictive mitigation measures such as limiting personal contacts and imposing stay at home orders are not only protective for old populations, but also bear the considerable risk of damaging physical, social, cognitive, emotional and care-related effects.

In older people's everyday lives "social distancing" can lead to a lack or loss of emotional closeness, tender contacts and mentally stimulating leisure activities. It can also mean that physical activity is limited or made impossible. The same can be said for volunteer or professional work. Additionally, problems could arise in medical, therapeutical or at home care, culminating in the increased risk of undetected malnourishment, deliriums or falls through limited contact to the social environment. Particularly older people who were suffering from loneliness, mental and socio-economic hardship or frailty prior to the coronavirus pandemic will see an exacerbation of their situation unless targeted support measures are not taken with the necessary promptness.

From gerontological science and practice of the last decades we are deriving the following approaches and recommendations. These are aimed at all stakeholders of civil society, especially political representatives, the press and the media, public health service, voluntary organizations, science, but also every young and old citizen who, through their everyday actions, help shape the participation of older people.

- **Chronological age must not be a reason for withholding social participation**

Older people are not a homogeneous group in terms of health, psychological, social and economic dimensions. Not every individual has the same risk and resource profile in relation to a COVID-19-related disease and its consequences. Therefore, age *per se* cannot be used as a criterion for restricting the possibility of social participation. Undifferentiated blanket measures that disproportionately exclude older people compared to the rest of the population are not scientifically justified and are based on grossly simplified age stereotypes. They represent a form of age discrimination. This position must further be maintained in the future.
- **Countering stigmatization through the message that older people are an indispensable part of society**

Policy makers continuously and vigorously have to take a stand against voices calling for selective restrictions of social life and personal contacts according to specific age ranges. If not, we are facing the threat of these voices dominating the public discourse which will lead to the extensive stigmatisation of an entire population group. Older adults are an essential part of our society. As grandparents, life partners, working people, volunteers, friends and consumers they are significantly contributing to society. Isolating millions of people over the age of 65 from social life would mean an irreplaceable loss for society as a whole. The hoped-for "normal" life would not be possible for the rest of society either.
- **Social participation in the work force and the area of volunteer work**

Many employees are currently facing short-time work, having to use their vacation entitlements or working from home. Employees who belong to a risk group are to be protected and, for example, should not come into direct contact with infected people (see also occupational safety standard COVID-19 of the [German] Federal Ministry of Labor). Older employees are often perceived as a risk group for COVID-19. Exclusion from the workplace, primarily based on age, over-simplifies the different health risks of older workers and can have a negative impact on their mental health. In addition, as a result of a general exclusion, a long-term form of age discrimination in companies can be feared. Instead, it is necessary to consistently implement hygiene measures at the workplace based on a professional risk assessment in accordance with the occupational safety standard COVID-19. Flanked by the possible redesign of the working environment for at risk occupational groups, these measures contribute to the protection of all employees and at the same time counteract an age-discriminating corporate culture. For many older adults, volunteering is an im-

portant component of their social participation. Corresponding institutions and associations should inform volunteers about possible risks of voluntary work and, if necessary, help to find satisfactory alternatives for volunteers to still be involved.

- **Social participation of older people during the coronavirus pandemic through radio and television programs**

At the moment, television and radio shows primarily talk *about* older people. We welcome the media formats that have emerged in the past few days, in which older adults themselves have the opportunity to communicate their subjective views of their various life situations. This means that older people themselves have a voice in public media and must be addressed as active individuals capable of decision-making and acting (see DGGG statement "[Recommendations on Public Communication and Reporting on Corona & Age](#)"). In this context, it would also be to be welcomed if, in this special time, media institutions developed and refined television and radio formats specifically targeting older adults more closely tied to domestic life, inducing joy, activity and physical exercise.

- **Keeping care and supplementary services accessible under the protective measures of the coronavirus pandemic**

For older people, who – for example due to preexisting conditions – have an increased risk of a more severe course of disease, it is vital to provide low-threshold compensatory measures ensuring social participation, aiming to at least partially counter the negative consequences of increased physical distance. Care services, such as municipal services, health care services and food provisioning services, that older people want or need to utilize due to their current psychological, physical or socio-economic situation, must therefore also be made accessible during the coronavirus pandemic whilst conforming to protective measures. Service providers and government agencies are called upon to invent and expand innovative ways to ensure access to essential services, especially through collect and bring systems. This can, for example, apply to pharmacies, physical, occupational and psychotherapy practices, delivery services and services provided by social welfare offices. Technical possibilities as well as social innovations have to be considered to further the provision of aid. Establishing and publicizing emergency contacts and emergency aid teams to support older people in distress is also one of the urgently needed measures that could benefit both older people and professional helpers, ensuring older people's well-being and social participation. Further details on these recommendations can be found in the statement of Section IV of the DGGG "[Social emergencies of older people in the wake of the coronavirus](#)

pandemic: Recommendation for the establishment, support and promotion of local emergency relief initiatives" and in the DGGG statement "Facilitating the possibility for telephone psychotherapy for old people and vulnerable patients during the coronavirus pandemic".

- **Ensuring opportunities for participation for people needing at home care and their relatives**

The care for older people in need of assistance is comprised of physical, but also organisational and emotional aspects. Many caring relatives now face the challenge of having to provide assistance without personal contact. Creative measures are required to support this „care at a distance“ by means of new care structures, new communication channels and social services that benefit both the person in need of care as well as the caring relatives. At the same time, physical care cannot be provided without physical contact and social bonds. To prevent the virus from having a dramatic and devastating effect, protective clothing and respiratory masks for people in need of care as well as for caring relatives and specialists in outpatient care settings are required immediately. When looking for solutions that are acceptable in the medium and long term, people in need of care themselves, their relatives and professional and informal caregivers must be included.

- **Facilitating the social participation of older people living alone**

It is to be feared that many of the older people living in single-person households will no longer experience enough social participation and support. This affects, above all, those who, fearing infection, no longer leave their house, or who are already ill/suffering from preexisting conditions and can only help and care for themselves to a limited extent. For this group of people in particular, it can be assumed that a lack of social participation not only affects loneliness and depression, but also leads to considerable physical and cognitive damage due to inactivity, malnutrition, dehydration, incorrect medication or medical undersupply. The described problem also applies to older people in many facilities of the so-called assisted living, which in its logic is based on the greatest possible autonomy and often only offers optional support services upon expressed request. In all areas of care for older adults locally organized offers must act in a more proactive and coordinated manner. In addition to at home assistance through outpatient services and the expansion of the work of care information centres, offers of neighbourhood assistance and civic engagement also play an important role in overcoming the diverse new challenges that arise in the context of the coronavirus pandemic.

- **Ensuring social participation of older people in facilities of residential long-term care**
Quarantine measures, visitation and contact bans in inpatient geriatric care facilities are reasonable and necessary during this acute situation. At the same time, these homes must not become prisons. To ensure social participation, it is also essential to make the use of digital media and communication platforms possible. If direct contact during visits cannot take place these days, digital forms of maintaining contacts are *one* possible substitution. However, the current reality is determined by the fact that in many inpatient facilities the technical equipment is missing and the nursing staff is busy with other tasks. Against this background, there is a demand to expand digitization in the inpatient facilities of geriatric care considerably and very quickly and also, through human resources such as specially trained everyday helpers, to make it user-friendly and suitable for use. In this way, even in pandemic times, residents can be offered and guaranteed social participation opportunities in a digitized world.

However, social participation in long-term care facilities can also be achieved if their occupancy capacities are reduced at short notice in order to create conditions that can comply with the recommended physical distance rules in the context of infection prevention. It should be investigated to what extent mobile residents could temporarily be relocated to rehabilitation facilities or vacant hotels. Visits of relatives and close friends could be made possible again. Designated protected areas, as are known from infection departments in hospitals, could also be created.

A general order for complete isolation of long-term care facility residents, through prohibition to leave the room or the nursing home grounds, on the other hand, must be rejected. The special needs of people with dementia, who make up the largest group of long-term care facility residents, must be taken into account when implementing all measures. People with dementia are often no longer able to understand the meaning of necessary hygiene measures and the necessity to align their actions accordingly, due to their cognitive impairments. At the same time, they are particularly vulnerable to the consequences of social isolation. Greater consideration should therefore be given to dementia-sensitive care concepts and adequate forms of communication with people with dementia in everyday nursing care, particularly in the current crisis situation (e.g. through more intensive training of employees).

- **Ensuring social participation in the context of hospital care**
The measures to contain the coronavirus pandemic must not lead to older people not receiving necessary hospital treatment. Even if hospitals had to adjust to the treatment of Corona patients, legislators and institutions should not underestimate the danger that this

reallocation of resources poses, leading to sufficient treatment options no longer being available for older and geriatric patients. Likewise, concerns about COVID-19-related problems should not deter older patients from visiting clinics when necessary, for example in case of tumour diseases, severe heart diseases and other diseases with a hospital treatment indication. Here, appropriate communication strategies are to be demanded. With good reason, there is currently a general ban in place for patient visits in all clinics. Through the use of social media, contacts to familiar/trusted persons can also be maintained by older patients. Clinicians should – if feasible – make visits to older patients, for example to critically ill or dying but also to confused patients, possible. The absence of visits by trusted caregivers, as well as the wearing of mouth and nose protection by the clinic staff, increases the risk of confusional states in older patients. Clinics have to weigh up which measures are justifiable in individual cases. Hospital boards are requested to prioritize the development and implementation of intelligent and flexible concepts aimed at keeping social isolation at a minimum.

- **Avoiding paternalism in social interaction; promoting autonomy**

In social interactions – in families and in neighbourhoods, in circles of friends or in health care and nursing settings, in public discourse and in services for the public – it is important to caution against emphasizing the need for protection of older people in a paternalistic and overreaching manner and to build up psychological and social pressure for older people to withdraw from public space. This leads to fears, self-stigmatization or justified resistance in older people. Older people should rather be supported by well-balanced (and not anxiety-promoting) information in order to be able to make a calculated assessment of their own situation and their individual resource and risk profile, borne by self-determination and through weighing up their respective options.

Sections II, III and IV of the German Society for Gerontology and Geriatrics (DGGG) therefore jointly demand that, despite current restrictions and challenges of the corona pandemic, social participation is made possible for people of all generations. This can be achieved above all through measures that meet the needs and the forms of social integration that suit the individual's living situation, taking into account the special protective conditions, e.g. in community accommodation (nursing homes). It is imperative to reject the generalized and coerced isolation of older people. In order to ensure their social participation, age discrimination must be called out and resolutely opposed, for example by avoiding age as a criterion for participation and by strictly maintaining inclusion and self-determination while taking into account the heterogeneity of older people.

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