

# Aged by Covid-19

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Since the onset of the pandemic, I have been intrigued by how the social construction of older people has been transformed in Ireland. The older person is no longer the empowered consumer of services but a vulnerable and frail individual in need of our protection. In long-term care services in Ireland, 'choice' has been hailed as a proxy for 'good quality' care for older citizens. The general tendency has been to assume that empowerment, participation and self-care are universally beneficial for, and welcomed by, all individuals. This prioritisation of choice was often to the detriment of quality of health and social care for older people, be it at home or in an institution - and resulted in poor working conditions for many care workers.

Now, in the Covid-19 era, choice no longer seems possible or relevant for the over-70s. No longer are they seen as empowered consumers, evaluating alternatives and choosing the best option. They have been aged by COVID-19, told to cocoon and not trusted to make the right decisions regarding their health and well-being. The pandemic is exposing how older people have – now and before – been viewed as 'all the same' albeit in two extremes: as empowered consumers in care markets or as too frail and vulnerable to choose.

The advice to cocoon for all over-70s ignores that while there is an undeniable biological aspect to ageing, age tells us little about an individual. Experiences and perceptions of ageing are always influenced by factors like class, gender and ethnicity. The blanket advice to cocoon is problematic because ignores the fact that individuals' abilities, inclinations, and health statuses differ. It also ignores structural conditions like economic and social resources, which both mediate the need for cocooning and the ability to do this while maintaining quality of life. Most of the coverage on the problems around cocooning has centred on 'grannies still having to wait for a hug', with little in-depth examination of what cocooning is like for the most

vulnerable. So, while some people can cocoon while keeping active in their gardens, cooking or ordering healthy meals that they can eat with their spouse while Zooming family and friends, others are cocooning alone in poor housing conditions with no real or virtual contact with other people.

This pandemic has exposed decades of disinvestment in elder care services which have prioritised a logic of choice over quality of care, devaluing those more in need of help. Older people occupy most places in care homes and there is little doubt that residents and staff in these homes have been treated unfairly. For example, in Ireland important personal protective equipment (PPE) was diverted away from care homes to hospital settings and The National Public Health Emergency Team lifted restrictions to visit nursing homes on March 10<sup>th</sup>, when we knew that this virus was dangerous for vulnerable residents. Decision making in the middle of a crisis is of course fraught with difficulties and mistakes, however important questions still need to be asked. So, while the media is paying lip service to how much we cherish our grandparents, how much do we really value older people in our society? If a society should be judged by the way it treats its most vulnerable, then how do we fare when older people face the prospect of death in isolation, or the fear of contagion in a care setting that does not have adequate supplies of PPE?

The warnings dispensed to older people to cocoon expose our culture's ambivalence towards ageing. The major damage we see today from Covid-19 among older people, is not only due to the dangerousness of the virus but to the inadequate social and health care systems in place that have worsened the mortality. The high death rate in institutional care during this pandemic has exposed the failures of a logic of choice. If Covid-19 is doing so much damage, it is because it exacerbates the fragilities that were already there – the commercialisation, underfunding and fragmentation of the sector and the poor working conditions of care workers. In this sense, the epidemic is like a powerful light that has exposed the real value that the State places on some of the most vulnerable in society.

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