

AMIA Social Service strategy for the elderly in times of pandemic: safeguarding social wellbeing

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INTRODUCTION

This poster presents the approach of the AMIA Social Service (ASS) with the elderly, in times of pandemic, and the impact that COVID-19 has had on their living conditions. ASS has a family support center and a specialized center for the elderly (SCE). It serves a total population of more than 2,000 people and nearly 1,000 vulnerable households that face poverty and other shortages. It works towards improving the emotional, social, and economic resources of families, designing support strategies that help them to overcome or navigate the different problems that they face daily, promoting their rights and strengthening their capabilities. Half of these households are made up exclusively of people aged 60 and over. The SCE team provides gerontological guidance and professional advice, in addition to cash transfers, non-monetary provisions and other services.

Given the preventive and compulsory social isolation ordered by the national government on May 19th, 2020, and the fact that the elderly were the group at greatest risk, ASS promptly adapted its approach to continue providing support and to respond to the new demands that became apparent during the surge of the pandemic.

"I recognize that I was well listened to and that they gave me due attention as a human being." "What one finds here, at AMIA, it's a lot of support. There are also activities and lots of things that help people a lot." "I didn't have any help from my family. So, it was very hard to go through it, I felt very isolated." "What I can tell you is that the way AMIA is organized is extraordinary. I was very moved, because one thing is to see it, and another thing is, unfortunately, when you personally need help and you realize that there is an Institution, like AMIA, that provides support and solidarity."

In fact, there was a significant increase in the requests for general support and more comprehensive assistance, especially from elderly people who were living alone, who did not have social networks, and that were more at risk due to their age or other medical conditions. Many needed assistance to carry out the tasks of everyday life, such as collecting their pensions at the bank, purchasing food and medicines, among others. Until the pandemic, they were able to cope with the help of family members, friends, or caregivers, but they were no longer able to do so in those extreme circumstances. On the other hand, there was a growing frailty among the elderly and people with mental health problems.

"Those two years finished rusting my body." "So, it was the problem of being confined, isolated, suffering psychological problems, with fears, with fright and anguish." "I realized that at first I was very upset, and then I realized that it was not just my problem, but something that many people experienced." "It hit me very hard, and perhaps because the pandemic caught me not being healthy, I was fearing death a lot due to all the comorbidities that I have."

In this context, efforts were made to strengthen the emotional and practical support for this population, joining efforts between ASS, the Comprehensive Center for the Elderly (CCE) and a volunteer program which trained more than 100 people to provide guidance and encouragement through phone calls and other virtual channels, during those difficult times. AMIA's professional team also organized the purchase and delivery of medicines and assisted elderly people with the registration process to receive the COVID-19 vaccines as soon as they were available. In addition, the CCE food service was adapted, migrating to a home delivery system, which served more than 300 elderly people during the pandemic.

"During the pandemic they helped me a lot, because they brought me food and it was quite a help for me, both in terms of the money I had to spend on groceries and not having to go out shopping."

The CCE designed stimulation activity booklets that were home delivered, as well as audiovisuals materials (tutorials, videos, podcast, etc.) that were shared on various platforms. Online activities and virtual workshops on various topics were also offered, promoting socialization in a general context of isolation.

"For my friends, whom I met precisely at AMIA, receiving a video, participating in a call, or something like that, filled their day. It helped them feel less isolated. I couldn't participate in those activities because I was working remotely. However, AMIA continued sending me a weekly audio story, that I could listen and relax. Those things really helped; it was essential for our wellbeing."

Complementing this line of work, a digital inclusion project was launched in 2021, based on a pilot experience developed in 2020. The goal was to strengthen community inclusion and their autonomy, while reducing isolation. Elderly people were digitally trained by volunteers, who acted as digital facilitators, providing them with tools to participate in the CCE virtual activities and proposals, as well as teaching them to carry out procedures of daily life remotely.

METHODS

With the technical assistance of the Argentine Social Debt Observatory, at the Argentine Catholic University, AMIA has developed a methodology that allows statistical analysis of aspects related to family composition, access to public services, education, employment, income, expenses and debts, food security and housing, among others. This has made it possible to measure the impact that COVID-19 has had on the population served by ASS.

To do so, research was carried out differentiating between family households and households made up exclusively of elderly people (60 years or more). And within the latter, disaggregating between single-person households and households with two or more members. In addition, qualitative interviews were conducted to deepen the analysis.

Incidence of severe food insecurity, income poverty and extreme poverty, high spending on housing and inadequate housing by type of household in households made up exclusively of people aged 60 and over (as a percentage, 2nd quarter 2021).



Source: New Social History Register, AMIA.

RESULT

The study shows that households made up of elderly people, were comparatively better off than the rest of the population. This is the result of different attributes, among which stand out the composition of elderly households characterized by fewer members and almost universal pension coverage, providing a stable income above the poverty line.

However, elderly households face further vulnerabilities, in particular single-person households:

- Food insecurity reaches 9% of single-person households, while it represents 5% of households with two or more members.
- The income poverty levels of the former (17%) almost double those of the latter (9.5%).
- Within the universe of the elderly, 2 out of 10 non-single-person households allocate more than 40% of their total income to expenses related to housing. This proportion represents 3 out of 10 in single-person households.
- Finally, the probabilities of living in inadequate housing (16.5%) are more than 8 times higher among single-person households than for the rest of the elderly households (2%).

CONCLUSIONS

Although when analyzing the socioeconomic situation of the people served by AMIA Social Service from a multidimensional approach, elderly households have comparatively better living conditions than the rest of the population, it is important to consider that from a more comprehensive perspective the former faced a growing psycho-physical fragility and their family, social and community integration significantly weakened during the pandemic. Taking this into account, AMIA developed a support strategy focused on reducing the impact that COVID-19 had on their living conditions and promoting new forms of socialization.