

COVID-19 and older people: Impact on their lives, support and care

Introduction

This report focuses on older people's lives during the COVID-19 pandemic and how they were impacted by governments' and societies' responses in terms of their physical and mental well-being, social interactions, work, finances, and their need for and use of support services, healthcare and long-term care. The report analyses EU survey data and draws on information provided by the Network of Eurofound Correspondents, including national survey results and information on policy measures and initiatives.

Policy context

Europe's population is ageing. In 2021, the European Commission's Green Paper on ageing launched a debate on this defining demographic transformation. This report aims to contribute to that debate and includes a discussion on the rights highlighted in the European Pillar of Social Rights, such as the rights to access to healthcare and long-term care services and resources that ensure living in dignity in old age.

Key findings

- In the EU, people of all ages became more at risk of mental health issues and loneliness during the pandemic, but the impact was particularly severe among young people and people aged 80+. In summer 2020, 23% of people aged 80+ felt sad or depressed more often than before the pandemic.
- Social contacts decreased across the board, including for people aged 50+. Remote contacts substituted for face-to-face contacts, especially with relatives other than children. Among older people, particularly worrying trends were seen among people aged 80+: in summer 2020, 18% of this cohort felt lonelier than before the pandemic and one-third never left their home.
- Reduced physical activity during the pandemic increased with age. In summer 2020, 41% of people aged 50–79 and 46% aged 80+ went out for walks less often than before the pandemic. Smoking, unhealthy eating and alcohol intake increased for some and decreased for others, with healthier trends among the oldest age groups.
- Older people took up telework less frequently during the pandemic and were less likely to have teleworked before, increasing the telework age gap. Older people were less likely than younger people to report that their work negatively impacted their home life.
- The pre-pandemic trend of increased employment among older people continued, and older people were less frequently affected by unemployment than younger people. However, groups of older workers became unemployed and faced difficulties finding new employment; some also retired earlier than planned.
- Working hours decreased more often for older workers than for younger workers, mainly among self-employed people, who are overrepresented among older workers, especially those aged 65+.
- Older people faced decreases in income less often than younger people, but also saw their financial situation improve less often. Pensions were a stable income source. Expenditure increases, such as those related to private transport and care needs, caused problems for low-income groups in particular, and feelings of income insecurity were widespread.
- Older people's support needs were often addressed by partners and children during the pandemic, posing challenges for older people without an informal support network.
- Many private and public support initiatives emerged, focusing on older people, including phone lines addressing loneliness and mental health problems, and grocery and medicine delivery services.

- Most financial support measures aimed to maintain employment. However, the pandemic also triggered pension top-ups and other financial and in-kind support measures for people not in employment.
- Early in the pandemic, the unavailability of services and fear of catching the virus were dominant reasons for unmet healthcare needs. Subsequently, reasons already common before the pandemic, such as waiting lists, lack of reachability and unaffordability, increased.
- There was a shift from formal to informal long-term care and from residential care to home care. There was an increase among men aged 50–64 providing informal care, but it remains particularly common for older women to provide such care. Many informal carers provided more care, with additional pandemic-related challenges.
- Low-tech (phone) e-healthcare facilitated access to healthcare, but 56% of people aged 50+ who needed a consultation had a face-to-face consultation because they preferred it to the available e-healthcare options. An e-healthcare consultation did not fully meet the needs of 49% of people aged 50+ who used one. In long-term care, the role of e-care seems limited.
- Facilitate use of information and communications technology, including in primary care and to support carers, but acknowledge its limitations, especially for the provision of more demanding forms of care.
- Ensure access to mental health services, and address causes of mental health problems, such as social isolation and income insecurity.
- Enhance social interaction, which is key to well-being, by including older people in meaningful activities, designing public spaces that facilitate interaction and investing in home and community care.
- Improve the balance between caring and non-caring activities, including for informal carers not in employment, by increasing access to respite care and other support.
- Acknowledge the role that volunteers, many of them older people, played in responding quickly to emerging needs. Provide training and reduce administrative hurdles for volunteers. However, filling care staff gaps with volunteers poses risks, including for continuity and quality of care.
- Improve working conditions for care workers to enable sustainable staffing and provide reliable and high-quality services.
- Devote more attention to workers who wish to work more hours, the economically inactive who would like to work and long-term unemployed people.
- Facilitate the positive individual habits taken up during the pandemic, such as healthy behaviours, and ensure affordable internet connections for those who want to continue their social life online. Encourage active modes of transport, addressing obesity and contributing to the green transition.
- Improve people's living environments. Older people spend more time at home and in their neighbourhoods than younger people; lockdown measures have shown the importance of these living environments for quality of life in an ageing Europe.
- Improve fairness and prevent stereotyping by targeting needs rather than age groups. Avoid overemphasising employment and active ageing, acknowledging that progress relates more broadly to quality of life.

Policy pointers

- Ensure well-developed, flexible welfare systems, health and social services and civil society to enable rapid responses when needs emerge. The pandemic has shown that most support is built on pre-existing structures.
- Governments should consider scaling up initiatives introduced during the pandemic to better understand older people's care needs and the support needs of their carers (also among non-service users), making such initiatives permanent and learning from those carried out elsewhere.
- Continue analysing the range of support measures implemented during the pandemic and encourage Member States to learn from others' experiences.
- Conduct further research with older people in vulnerable situations (for example, people living alone) and those often excluded from survey research (notably residential care users) to inform policy.

Further information

The report *COVID-19 and older people: Impact on their lives, support and care* is available at <http://eurofound.link/ef21053>

Research manager: Hans Dubois

information@eurofound.europa.eu