



Contribution of **ELISAN**, member of the social and territorial transversal working group of the conference of INGOs.

### **Views from Trentino Alto-Adige/Sudtirolo Autonomous Region and the Veneto Region**

The pandemic has strongly affected the quality of life of older people, especially those with chronic diseases, with cognitive disorientation and heavily dependent on the help and material assistance of others, should they be professionals or family members. These particularly fragile people were exposed to risk on several levels:

- the contagion had - on them - much heavier clinical effects than on the rest of the population, resulting in a much higher mortality;
- the condition of dependence and the need for constant "close" physical assistance led to a greater risk of exposure to infection, particularly in LTCFs, due to the effect of family life patterns and the concentration of many people;
- the measures to prevent the spread of the contagion had an even stronger impact than on the rest of the population due to the almost total cancellation of physical relationships and direct contacts with other people, which led to an even greater suffering for those that - because of dementia- could no longer benefit from language-mediated distance relationships, but only include the emotional communication of body contact;
- the closure of the facilities also reduced both the opportunity for treatment (sending to the hospital was dangerous because it increased the risk of contamination), and the opportunities for social relations (the facilities were closed not only to family members, but to all social relations at local level: schools, young people, communities, volunteers).

This situation, more or less accentuated by the way in which the different regions / countries managed the pandemic, was common to the whole western world.

The perception from our observatory is that action is needed to draw attention to the quality of life of the elderly and not only to the prescriptions and regulations aimed at protecting the national and local authorities, forgetting the great work that has been done by managers in recent years for innovate and improve the quality of services.

Managers are faced with two conflicting requests, blocking any relationship between the elderly and between them and care staff and family members, or ensuring the essential continuity of relationships between them while using all the systems and technology available.

However, care services need a close and strong relationship, including physical relationships between people.

It is a question of reconciling risk prevention, especially health protection procedures, with the quality of care and life of the elderly.

The reference system of the “Qualità e Benessere” (Quality and Wellness) brand focuses on elements such as social links, humanization, affectivity, freedom and even health, but the elderly know well that health over the years deteriorates.

Excessive attention to the health component compromises the quality of the service and the state of health that the elderly seek in its different dimensions, not just health.

Consciences must be sensitized in order to react to the spread of forms of total containment and deprivation of the elementary and irreplaceable values of man.

Possible tools are the review of organizational models and the culture of assistance in staff and the review of housing models.

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**Dott. Massimo Giordani** Director of UPIPA and President of Qualità and Benessere- TRIVENETA and national perspective.

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### **What needs to be put in place so that in future pandemics and other crises, the most fragile in our communities are protected and cared for?**

The first reflection that emerges from the experience lived in these months of coronavirus spread is linked to the human factor and the rights of people regardless of age. In the darkest days of this pandemic, often in the media and public debate, there has been discussion of the difficult choice faced by many healthcare realities, i.e. who to provide essential tools such as respirators, when faced with more patients than available resources. In our vision, a modern state must act in advance so that choices of this kind never have to be faced. This, from our point of view, is inextricably linked to the duty to guarantee all citizens, especially the most fragile, equal dignity and equal rights.

A second reflection that emerges from daily experience and from what we have faced in our Region is the importance that the concept of network could have in case of crisis and pandemics. Network understood as a broad concept, which can be declined as a human network, a network of services and finally a technological network. The human network made up of citizens, associations and volunteers has managed to be in the front line to alleviate the impact of this pandemic, identifying the need in the local community and articulating an adequate response for the most fragile. Let's just think about how these concrete actions have alleviated the burden of social isolation, but also the daily difficulties of shopping or other essential activities.

A key role must also be played by the network of services offered to citizens. Collaboration between hospitals, nursing home, local health services, municipalities and third sector organizations is a

prerequisite for effective intervention towards fragile people and especially seniors. The various services can provide different skills which, if integrated, can have a greater impact on the quality of life of older people.

A third type of network that has made a difference in the management of this pandemic and will be increasingly crucial in the future is technology. In the concrete experience we have lived in Treviso, the technological tools implemented by the European project ECARE, of which our organization is a partner, born for the fight against social isolation, have allowed senior citizens to stay in touch with each other, but also with our institution. This is only a concrete example, but it makes us understand how technology, if developed together with the older people and not for older people, can have a great impact in case of pandemic and health crisis. However, effective use of technology must include direct involvement of the elderly person, appropriate training and constant support. Conditions which, if not present, can lead to distrust and difficulty in using it, especially for those who are in a fragile condition.

From the analysis of the response to the pandemic in the Veneto context, further considerations emerge in order to equip ourselves adequately in the event that we find ourselves in this difficult condition again. First of all, the centrality of the organizational model and the awareness that the social and health dimensions must be intimately intertwined and work together to support the citizen in his aging process, providing adequate responses to the level of fragility. In the Veneto region, this type of collaboration has deep historical roots dating back to the 1970s. This collaboration, in our view, has made it possible to respond better to the challenge posed by covid 19, compared to other contexts where a very specialised medicine prevailed, but fundamentally disconnected from the social dimension and the needs of the elderly citizens living in our communities.

Finally, we must reflect on the fact that this pandemic has affected our peoples at a time of great change in our societies, when the traditional support network constituted by the family is radically changing compared to the past. This requires us to understand who can take on the role that was once only that of the family. From our point of view, we should work to bring out, especially for people who live a daily experience of isolation and who cannot be supported by relatives, new forms of peer support, in which the transversal relationship plays a fundamental role in bringing people together and improving their quality of life.

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