Introduction

The challenges facing ageing during COVID-19

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The COVID-19 pandemic struck like a lightning on a clear sunny day. When reports surfaced on the probability of a new pandemic in the first two months of 2020, the public felt no need for alarm. Many remembered the 2009–2010 H1N1 flu pandemic, which affected an estimated 61 million people, but caused only an estimated 275,000 hospitalisations and 12,500 deaths, and failed to entrench itself in most countries (Centers for Disease Control and Prevention 2009). Such a reaction could not be farther away from the future situation as the COVID-19 pandemic proved to be a totally different matter. Its rate of transmission was incredibly contagious and its death rate amongst older persons was extremely high. Hopes that COVID-19 will not break out from China were soon confounded as it ravaged Northern Italy and brought hospitals and intensive care units in this region to breaking point. In a matter of weeks, other countries registered thousands of cases and an approximately 3.5% mortality rate when this figure for H1N1 flu pandemic was solely 0.2% (Baldo et al. 2016). It is therefore understandable that since mid-2020 the scholarly arena has been now awash with policy reports and empirical research focusing on the aetiology and the wide-ranging economic, social and psychological impacts of the COVID-19 pandemic (Kumar & Dohle 2020; Lupton & Willis 2021; Riegelmen 2020).

COVID-19 and the life course

COVID-19 brought an end to the world as we know it, and affected everyone, irrespective of one's position in the life course (Azzopardi et al. in press). For instance, at the start of the pandemic women who did not have a negative swab test were separated from their babies following birth (Vassallo 2020). However, following the publication of a study on pre-term care during the COVID-19 pandemic (Minckas et al. 2021), the World Health Organization (WHO) provided guidance that even mothers who were COVID-19 positive should not be separated from their babies and be encouraged to breast-feed (World Health Organization 2021). The experience of birthing partners was also negatively impacted by the restrictions imposed as a result of an upsurge in COVID-19 cases. In Malta, for instance, while partners were

allowed to be with the mother during birth, they could then only visit for one hour a day (Calleja 2021). School closures impaired academic learning and resulted in loss of connection with friends and teachers with implications for overall wellbeing (Engzell et al. 2021). As online lessons at home became the norm, children also found themselves increasingly exposed to exploitation and online bullying (United Nations Children's Fund 2020). School closures added a layer of stress for parents, especially those of young children. Online schooling increases the difficulties of balancing work and family life, and in some cases, was engaged within a context of increased economic difficulties. Some researchers have alerted that this may result in children being more vulnerable to abuse and violence, with some predicting an increase in the risk of the maltreatment of children (Abramson 2020; Griffiths 2020). Brooks and colleagues recently reported that parents had more conflicts with their children during the pandemic (Brooks et al. 2020). Moreover, child maltreatment may have been underreported during lockdowns due to social welfare workers having less contact with children and their families, and as protective interventions which in the pre-pandemic situations were normal became unavailable (Riegelmen 2020).

The COVID-19 pandemic is not devoid of gender and ageing trends. Since women perform over 75% of all of the world's unpaid work (International Labour Organization 2018), it was unsurprising that Matthewman and Huppertz found that women scholars were unable to conduct as much research due to caring for relatives with the virus and with schools and child-care centres being closed (Matthewman & Huppertz 2020). Job losses due to COVID-19 impacted more women than men since their jobs are generally in sectors which were affected extremely negatively by lockdown and social distance measures (Crabb 2020). One study found that 'women faced greater odds of loneliness than men, but only among the youngest adults, who were the age group at highest risk of loneliness, and among the oldest adults, who were the age group at lowest risk of loneliness' (Wickens et al. 2021: 106). Another group who experienced further vulnerability as a result of the health crisis included persons experiencing domestic violence as incidences of abuse between partners increased during the COVID-19 pandemic (Bradbury-Jones & Isham 2020). Unfortunately, home is not a safe space for all and being 'confined' to a violent space with no reprieve or escape as well as the exacerbation of the perpetrator's violent behaviour has led to increased incidence of domestic violence. A frequently cited reason for the rise in rates of domestic violence was that the restrictions safeguarding our health due to the pandemic meant that more people had to stay home (Azzopardi et al. in press). Setting the lens on ageing, it is striking that nearly nine out of ten COVID-19 related deaths reported in the wider European region have been among adults aged 65-plus (United Nations Economic Commission for Europe 2020). Although all age groups are at risk of contracting COVID-19, older persons are at a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five

times the average rate (Clarke et al. 2020). COVID-19 did not only take a destructive toll on the lives of many older people but exposed long-standing and wide-ranging ageist stereotypes and prejudice. For example, while in the United Kingdom adults aged 70 and older were initially instructed to self-isolate for four months (Paton 2020), in Bosnia and Herzegovina older adults were not allowed to leave their homes for several weeks during the outbreak (Cerimovic et al. 2020). Such impacts of COVID-19 on the lives of older persons were key instigators to the conceptualisation, planning and writing of the chapters herein in this manuscript.

Contributions of the book

Ageing and COVID-19: Making sense of a disrupted world is another attempt at seeking to understand the impacts of the COVID-19 pandemic on older persons and how public authorities and older people themselves reacted to the pandemic. While it certainly includes some overlap with other literature, this book contributes to ongoing discussion and research in four key ways.

First, and perhaps most importantly, the book includes many chapters which focus on non-English speaking countries (e.g. parts of Canada, Czech Republic, France, Germany and Poland) that generally flew under the radar as far as policy and empirical studies on COVID-19 were concerned. The fact that the book does not include contributions from English-speaking countries is a positive approach in the efforts to de-colonise academic literature. The perils of globalisation biases and neo-liberal hegemony are really testing the established ethos and vision of COVID-19 related literature which is running the risk of experiencing academic imperialism, by being dominated by Western philosophies and modes of practice, and Eurocentric hegemonies as a way of knowing, seeing and understanding the pandemic. Such waves of ideological domination are both hidden and expressed, as they seek to reinforce past and present superiorities of Western social systems over others. This book counters such trends by focusing on Continental European trends in the experience of the COVID-19 pandemic together with one exposition on the island state of Malta.

Secondly, the book provides much focus on social isolation, loneliness and ageism to throw further light on how older persons living in the community or care facilities felt the brunt of the COVID-19 pandemic. Although in pre-COVID-19 times, social isolation and loneliness in later life were already public health issues gaining international recognition as being detrimental to quality of life, the pandemic showcased disparate impacts on societies' most vulnerable populations due to social exclusion. The negative impacts of such experiences on physical and mental health have been incessantly acknowledged in research studies, with some scholars going as far as to state that loneliness and social isolation amongst older persons during the pandemic can be comparable to physical malnutrition. At the same time, COVID-19 did not only take a destructive toll on the lives of many older

people but has also exposed many ageist stereotypes and prejudice. During the pandemic, there have been many reports of discriminatory practices in access to health services and other critical care resources, especially among older people living in residential long-term care facilities.

Third, some chapters focus upon that interface between dementia care and COVID-19 by providing a more comprehensive understanding of how the pandemic has impacted people living with dementia, their families, informal carers, formal care provision and dementia care systems. Authors highlight how in the scramble of public health authorities, to limit virus transmission via social distance measures and work-from-home strategies, the needs of older persons with dementia and their informal carers were left out in the cold. The fact that dementia day-care centres were closed imposed persons living with dementia to stay at home without any form of premeditated support care. However, on a positive note one finds that many non-governmental and professional organisations have released a number of expert recommendations and key advice on how to provide mental health and psychosocial support for persons living with dementia. Moreover, many multidisciplinary teams started counselling services free of charge for people living with dementia and their carers to minimise the complex impact of the COVID-19 outbreak on dementia care.

Fourth, the book highlights how care technologies – ranging from telephone operating systems to online learning – have become part of the ‘new normal’ in health and social care of older people since the COVID-19 pandemic. Care technologies have certainly played an important role in this context of health crisis as they were mainly used by social and health care professionals to communicate with the families of patients and to enable patients to get in contact with their families. This was especially the case in acute and long-term care institutions. It results that the telephone was the most used communications tool, followed by videoconferencing, and finally, telemedicine. Such communication tools playing an essential role in maintaining a relationship and open line of communication between social and health care professionals, other professionals, relatives, patient and residents in nursing homes. Yet, difficulties persist, particularly with regard to using these technologies and the presence or absence of functional equipment, to the extent that virtual communications can never compensate for the lack of direct physical and face to face contact.

Finally, the book also addresses the long-standing digital divide between younger and older persons, as well as within the older cohorts themselves. It highlights how digital literacy and inclusion is not just about being online, but also about using the internet skilfully and with confidence. Since the very beginning of the lockdown, the gap between those with good and *available* internet connection, and between those owning electronic devices and others lacking such tools (which have suddenly become *essential* goods), was apparent. It therefore advocates that good practices for digital competency in later life require making provisions for older persons who are not

yet online by ensuring that in the event of future lockdowns one finds ways of directly contacting them, ensuring that technology is age-friendly so that hardware and software can be used by as many people as possible regardless of educational background, and expanding access to broadband, data packages and computer packages, particularly for individuals and families on low incomes who are most likely to be digitally excluded.

Chapters outline

Ageing and COVID-19: Making sense of a disrupted world includes 19 chapters with Introduction and Conclusion that react to the impact of the COVID-19 pandemic on older persons, especially the reaction of governments to institute lockdown and social distance measures to battle the rising tide of infection and deaths on wellbeing in later life. It discusses the myriad implications related to ageing and the lifeworlds of older people, as their lives seemed to be suspended, and as the international media, social media, and public health officials framed ‘older persons’ as a homogeneous and vulnerable group – thus, conflating physical impairments common in later life with chronological age. The chapters address a broad span of topics on the range of impacts and challenges faced by older adults, whilst addressing the negative health, psychological and social outcomes on wellbeing in later life. The book is divided into three parts.

Subsequent to the book’s introduction, the first part, titled ‘COVID-19 as the unknown’, includes three chapters. The opening chapter, ‘The phenomenon of the COVID-19 pandemic against the background of its era’ (Bohdan W. Wasilewski), presents an analysis of the phenomenon of the COVID-19 pandemic, with particular emphasis on the reference to the contemporary moral fabric, its way of understanding the surrounding phenomena, and underlying motivations for taking policy actions. Chapter 2, ‘COVID-19 lockdown and social distance measures: A “perfect storm” for social isolation and loneliness in later life’ (Marvin Formosa), brings the spotlight on the impact of COVID-19 on loneliness and social isolation in later life by highlighting that although lockdown and social distance measures certainly put many things to rest, and battered many a socio-economic realm, their most devastating impact was certainly on older persons. Chapter 3, ‘Death and dying vs. COVID-19: A hermeneutic approach towards understanding the social process’ (Maria Łuszczynska), undertakes a hermeneutic analysis of the phenomenon of death and argues that while death is a universal experience of the human condition, one finds new social processes of society’s attitude to death in the era of the COVID-19 pandemic.

The second part is titled ‘Social attitudes and strategies’. Chapter 4, ‘Unmasking features of the state of the epidemic: What is the uniqueness of the position of older people in Poland?’ (Dobroniega Głębocka and Mariola Raclaw), discusses the politicised nature of the epidemic which was associated with a strong medicalisation of various areas of social life. Chapter 5,

'Ageing and ageism in COVID-19 time' (Grzegorz Godawa), highlights how during the pandemic chronological 'age' took on a new meaning as older adults became particularly prone to infection, and consequently, certain words and behaviours which discriminate against older adults were uncritically endorsed in different areas of life. Chapter 6, 'Age division and ageism in the public debates regarding COVID-19: Intergenerational solidarity and antagonisms in the era of the coronavirus pandemic' (Jaroslava Hasmanová Marhánková), elaborates on the fact that although COVID-19 was presented in the national media as 'the disease of the old, which mercifully omits children', our current knowledge regarding the effects of this disease does not change the chronology of life and death. Chapter 7, 'Older adults' coping strategies in a pandemic situation: A Polish case study' (Cecylia Timoszyk-Tomczak, Beata Bugajska, Klaudia Piotrowska), signals how older people dealt better with the pandemic than younger ones, and identify key emotional responses and strategies of coping with stress on the behalf of older people. Chapter 8, 'Support for older adults during COVID-19: How did local authorities in the Pomeranian region respond to the challenge?' (Anita Richert-Kaźmierska), identifies and classifies the forms of support that local authorities in the Pomeranian Region offered to older adults during the first stage of lockdown.

The third part is titled 'Social life' and includes six chapters. Chapter 9, 'Geragogy of everyday life in Poland: The COVID-19 perspective' (Zofia Szarota), describes how during the time of pandemic confinement, social quarantine and official self-isolation orders increased the feeling of loneliness among older persons and resulted in depressed moods, and anxiety and depression ailments, and questions whether relationships and perceptions of values may have as a result changed in later life. Chapter 10, 'Online learning for older persons during the COVID-19 pandemic in Malta: The good, the bad, and the ugly' (Marvin Formosa), reports on a qualitative research study at the University of the Third Age in Malta which, during the COVID-19 pandemic, ceased all its classroom-based education, and adopted an online learning strategy. Chapter 11, 'Grandparents raising grandchildren during coronavirus pandemic: A challenge or a threat?' (Joanna Borowik), discusses how grandparents found themselves in a particularly difficult situation during the pandemic as they struggled with the consequences of being cut off from the surrounding world, but also with fears resulting, among others, from being at most risk to die from the virus. Chapter 12, 'Ambivalence and future perspectives of older people: Critical reflection on the intertwining of diverse life experiences in East Germany during COVID-19' (Helene von Stülpnagel, Julia Piel and Astrid Eich-Krohm), elaborates upon how the experiences with life in East Germany and during the years of unification could help citizens to better understand and classify the events during the pandemic and offer them a frame of reference and orientation during these times. Chapter 13, 'The experience of loneliness in older adults during the COVID-19 Pandemic: A Polish perspective'

(Ewa Grudziewska), researched the extent that Polish older persons coped with loneliness during the COVID-19 pandemic and presents the determining factors in augmenting or decreasing their sense of solitude. Chapter 14, 'Older adults' religiosity during the COVID-19 pandemic: Catholic Church in action' (Bolesław Karcz), deliberated how a sense of belonging in the Roman Catholic and other community organisations, manifested in membership and shared responsibility, impacted the daily lives and wellbeing of older persons.

The fourth and final part is titled 'Social care and support' and includes six chapters. Chapter 15, 'To care or not to care? What have we learned from COVID-19 about our attitudes toward older adults?' (Linda Garcia, Louise Bélanger-Hardy and Martine Lagacé), exposed how the COVID-19 pandemic unveiled some of humanity's finest moments of empathy and solidarity, but also the darker side of human conduct as one witnessed the rise of hate speech, targeting of vulnerable groups and risks of heavy-handed public health responses. Chapter 16, 'Institutional care for older people in Poland during pandemic: Regulations, practice and thoughts about the future' (Joanna M. Salachna and Anna Szafranek), demonstrates how the new realities exposed by COVID-19 engendered systemic imperfections with regard to institutional care, with particular impacts on frail older persons within such facilities. Chapter 17, 'Internet-telephone consultation service for older persons' (Tobis Sławomir, Katarzyna Wieczorowska-Tobis and Agnieszka Neumann-Podczaska), focuses on how tele-systems and technologies provided a valuable therapeutic service for older person as they were unable to leave their homes. Chapter 18, 'Everyday reality at nursing home care facilities in Poland: Experiences during the COVID-19 pandemic' (Małgorzata Halicka, Jerzy Halicki and Krzysztof Czykier) presents the opinions of the residents in a nursing home regarding their personal experiences as the COVID-19 pandemic affected their daily routines and usual care services. Chapter 19, 'Feedback from nursing staff in gerontology: Health reorganisation acceptance related to COVID-19 crisis' (Chloé Gaulier, Pauline Gouttefarde, Sébastien Rabier, Vincent Augusto, Caroline Dupré, Solène Dorier, Jessica Guyot and Nathalie Barth), focuses on the forced major reorganisation of care in France following the pandemic, as formal caregivers in facilities caring for older persons underwent disproportionately more changes in their work, which led to a range of difficulties that required significant adaptation efforts on their behalf.

The final chapter, 'Conclusion: ageing, COVID-19 and 'new normality' (Maria Łuszczynska and Marvin Formosa) brings the book to a close by highlighting the salient parts of the chapters in the book, whilst recommending possible future pathways to safeguard the physical, emotional and social wellbeing of older persons both during the COVID-19 pandemic and in post-COVID 'new normality'.

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The book commenced at a time when COVID-19 transmission was at its very beginning although it was already known that older adults were particularly vulnerable to its possible negative and mortal impacts. The intention of the editors and authors was to throw light on those social phenomena affecting older persons in relation to the COVID-19 epidemic, which were already visible even from the first few weeks of the pandemic. Hence, the extensive thematic range of individual chapters and thus the richness of content. We believe that more rigorous analysis of the impact of COVID-19 on the daily lives of older persons – whether regarding the health, legal, economic or psychosocial consequences – will emerge in the foreseeable years and that this book will act as one key piece in a complex jigsaw puzzle.

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It is our hope that all readers will find in this publication a source of inspiration and encouragement for working to change the situation of older people in the social communities, because the changes that we are able to make now will lay the groundwork for a better experience of ageing for future generations – including ourselves.

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