

Social impact of physical distancing on vulnerable populations in the Netherlands

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Short field reports on 'what's happening' though the pandemic

Danny de Vries, Jeannette Pols, Amade M'charek, Julia van Weert
Amsterdam Institute for Social Science Research, University of Amsterdam
Contact: Danny de Vries, d.h.devries@uva.nl

Introduction

To reduce the spread of the coronavirus, or COVID-19, keeping physical distance and staying home (home isolation) have been important measures. But what have been the social consequences of these measures for vulnerable populations? In the study, funded as a rapid response study by the Dutch health science funder ZonMw, we developed a consortium with academic and societal partners working directly with groups considered "vulnerable" from a societal perspective (www.coronatijden.nl). We also spoke with their professional and non-professional (e.g. kin) caregivers. What problems have these groups experienced? What solutions are found? How can policy alleviate the experienced issues?

Method

The following groups participated in ethnographic research:

- 1) Older people who live alone, or in a care facility
- 2) People with severe psychiatric problems
- 3) People with (light) mental disabilities
- 4) Homeless people
- 5) Families with young children
- 6) Families who experience domestic violence

We interviewed 244 people in total digitally or through the phone. Many of them repeatedly. In addition, we conducted survey research among:

- 7) Older people living in a care facility (2619 people: inhabitants, family members, and care professionals)
- 8) Older people living alone (1697)

Across these groups we researched the effects of social isolation in the Netherlands during the "lockdown" period (March 15 2020 through May 23rd 2020) and the period of "easement" (after May 23rd until July 1st 2020). The results describe both periods in the context of the changing government policy surrounding home isolation and associated issues, like physical distancing.

Results

Generally, the results show that from the perspective of socially vulnerable populations the Dutch response policy was too unilaterally focussed on "safety" in the form of infection prevention and the avoidance of chaos in the intensive care. However, for vulnerable populations other forms of safety were also important, and other goals and values were threatened. The most important problem experienced by many people in these groups appeared to be the loss of perspective and meaning, combined with the loss of day activities and structures. For vulnerable populations emphasis in care is often not on medical care, but on the facilitation of their social networking and their ability to provide a contribution to society, through for example living arrangements, work and day activities, and other

forms of social safety. But it is exactly these areas of care that disappeared during the pandemic, or where home isolation or other government policies even exacerbated their challenges.

Results show that attention to social networks, social contacts, quality and meaning of life can prevent unnecessary fear and health problems among socially vulnerable populations during a pandemic.

Policy recommendations

Based on the results, we propose four concrete policy recommendations:

1. Facilitate and stimulate social contact: We recommend the government to secure the possibility of home visits during a pandemic, in order to allow for “essential” social contact. The maintenance and strengthening of the already minimal social networks of vulnerable citizens remains a point of attention, as well as the inclusion of clients and their caretakers in policy decision making.
2. Promote societal contributions and ways to provide meaning to life: We recommend collaboration between the care and cultural sectors in order to provide meaningful and connecting activities “at a distance” for vulnerable groups. In addition, because care in the neighbourhood is often provided from small physical spaces, keeping distance is also difficult. We suggest a program that makes use of empty buildings to ease this need.
3. Make the rules understandable: The government should improve explanation of the practical meaning of rules and their impact on daily life. For vulnerable population appropriate communicative forms should be sought.
4. Facilitate and develop digital care: Finally, we recommend that organizations, professionals and clients evaluate and experiment further with the digital tools that have sprung up during the coronacrisis. We need further development and evaluation of these tools. The development of digital skills of vulnerable people is a priority. However, new digital technologies are also not for everyone; old media like radio and television are still accessible and should still be used for the provision of information, meaning and day activities.

