



Loneliness coping together



 **Digi-Ageing**
overcoming loneliness

 Co-funded by the
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Overcoming Loneliness

DIGI-AGEING



Dear readers!

"Loneliness in old age" is a well-known social phenomenon that still receives too little attention. However, the current pandemic clearly shows us that we need to pay more attention to the issue. Older people are increasingly isolated in this situation: Those in care facilities are secluded for their own protection, others have little contact with friends and family or live entirely on their own. People caring for older people are often overwhelmed by the many safety precautions and challenges in their own daily lives. This is also true for family caregivers.

Since October 2020, the international Digi-Ageing consortium has been working on a comprehensive concept that addresses these challenges and develops appropriate measures to counteract the phenomenon of "loneliness in old age". One of the main goals is to increase competences in the use of digital tools in the elderly care sector and to create a strong network that develops joint solutions.

Objectives

- Map the situation of elderly loneliness in Europe.
- Raise awareness about the theme.
- Establish networks and policy recommendations to coping the problem.
- Develop digital tools to diagnose and prevent loneliness.
- Provide strategies for lonely individuals, caregivers, family, and friends on how to combat loneliness in later life.
- Create blended training programs on prevention of elderly loneliness.

In this brochure we now let the experts from the field have their say: During the national field research interviews we got the opportunity to talk to numerous private and professional caregivers about the phenomenon of loneliness in old age. We have compiled this brochure so that the caregivers can share their experiences with us, talk about what is important from their point of view and to tell us what results they would like to see from the Digi-Ageing project.

From the more than 60 interviews conducted, we selected two case studies per country. We would like to thank all interviewees for their participation!

My slogan

“A PROFESSIONAL RELATIONSHIP MUST BE ESTABLISHED FOR HIGH-QUALITY CARE THAT IS ORIENTED TOWARDS THE INDIVIDUAL.”

About my current situation

I am Anna and have been working in long-term care for over 10 years. During my training as a health and nursing assistant, I already realised that I enjoy working with older people. I am grateful for the work with "our elderly". I am convinced that high-quality nursing and care is only possible if you build up a kind of "professional relationship" with the residents over a longer period. Biography work, which usually extends over many weeks, plays an important role here.

My main concerns are

Since the Covid 19 pandemic, we have been having hard times. The measures to protect our residents and ourselves are basically understandable and sensible, but they also have serious side effects. The tragic thing about the deaths in autumn 2020 was that many relatives did not have the opportunity to say goodbye. Corona made our everyday work more difficult. We had to compensate for all the restrictions in terms of social contacts and activities. In addition, we had very strict hygiene requirements, which made the work difficult not only psychologically but also physically.

If I could make a wish - related to the outcomes of the project

Loneliness in old age is – apart from the pandemic - a constant companion. Ideally, a tool would be able to easily identify loneliness (either for self-assessment or for assessment by others) and offer ways to manage loneliness. On the one hand, the tool could offer a kind of distraction - but this would only (temporarily) suppress the feeling of loneliness - on the other hand, a tool could also get to the root of the problem and thus enable social contacts. Even if a video call with the grandchild is not the same as a physical meeting, many elderly would be happy about it. It would be great if people could make new social contacts with this tool. There are all kinds of possibilities and apps for young people (Facebook, Instagram, WhatsApp, etc.). So, it would be about time to create something for the (in this respect neglected) population of old people as well.

Pseudonym: ANNA
Gender: female <45y

Certified health and nursing care worker in a nursing home

The permanent wearing of protective clothing, masks and visors was stressful in every respect. Our work also thrives on non-verbal communication with our residents. Especially for people with dementia, this constant "mummery" was a big problem. The residents also deteriorated physically as a result of the psychological and social stress.

These are my coping strategies

The use of our psychologist was an important resource during this time - both for the residents and for us caregivers. Since the work was very stressful and draining, I tried - even more than usual - to organise my free time in such a way that I could relax well and recover physically. Lying on the couch, eating a good ice-cream, and watching a comedy (NO news!) were the most relaxing things for me during this time. During work, we tried to sit together as a team at least once a day and do "mental hygiene". For me, getting plenty of sleep and rest were the most important building blocks for good regeneration and energy for the job.

My slogan

“MANY OLD PEOPLE ARE MORE AFRAID OF BEING ALONE THAN OF A VIRUS.”

About my current situation

I am Peter and have been working in an old people's home for several years, where I take on nursing tasks and care activities and am responsible for the nursing process in my department.

My main concerns are

With regard to loneliness in old age, I must state that this is a fundamental problem, but one that has become much worse in the context of the Covid 19 pandemic. It is not uncommon for our residents to suffer from loneliness. This can be detected through various factors. Either it is directly verbalised, or behavioural changes occur, such as an increased withdrawal into one's own four walls and a reduced mood.

Pseudonym: PETER
Gender: male <45y

Certified health and nursing care worker in a nursing home

These are my coping strategies

In principle, we offer many different social activities for the residents, but many undertakings could not be implemented due to the pandemic and the accompanying restrictions or hygienic protection measures. The worst thing for the elderly was the contact restrictions. Maintaining social contacts with caregivers is an essential resource when entering the home and beyond. This was lost in the last few months, leading to an increase in loneliness, which also made them physically worse. For example, we have one resident, "Rudi". Rudi has been living with an ulcer cruris, or open leg, for several years. Due to his poor vascular status, the wound is no longer curable, but we have been optimising the wound care for months so that there has been no further deterioration. In autumn 2020, however, the wound deteriorated so much (despite the most careful care) that the leg had to be amputated. We assume that the psychological effects of the pandemic were partly responsible for this.

If I could make a wish - related to the outcomes of the project

When the visiting restrictions were in place, we sometimes tried to facilitate video calls with relatives, which I think were helpful for the lonely persons. However, we had to resort to our private smartphones and tablets for this, which was of course inconvenient.

Since, of course, many elderly people are also afflicted by the feeling of loneliness outside of Corona, a tool for the social networking of elderly people would already make sense. I think that a standardised survey of loneliness would also be an important first step to create more awareness and visibility of this problem among the staff. Basically, we do a comprehensive assessment of the care and support needs of all persons, i.e., a care history, but the dimension of loneliness is hardly mentioned here. A valid instrument for a simple and quick assessment of loneliness could probably be easily integrated into the standardised assessment.

My slogan

“WHEN THE SOUL IS SUFFERING IT AFFECTS THE BODY. SOUL AND BODY ARE LINKED SO WE NEED TO TAKE CARE OF BOTH OF THEM”.

About my current situation

I am Sarah and I am working as formal caregiver at a nursing home for the last five years. During my training, I learnt how to care for the older adults' physical needs. Shadowing my mentors and through my personal experiences, I learnt how to care for the emotional needs as well in a basic level. I believe that only if you personalise your interactions with the residents, they open to you. Nevertheless, I am aware that I am lacking knowledge regarding loneliness and social isolation.

My main concerns are

Our residents are more isolated and feel lonely because their loved ones cannot visit them due to COVID19. Cypriots struggle more with the social distancing because have a “hot” culture. Our culture is very family orientated and characterized with warm hospitality. Therefore, the loss of human touch for their safety makes them feel lonelier than ever. I used to provide comforting physical contact to the patients (e.g., hugging someone when crying to comfort them) and now I do not know how to handle this situation to help those in need.

Pseudonym: SARAH
Gender: female <45y

Formal caregiver in a
nursing home

These are my coping strategies

Since I cannot use physical contact, I tried to spend more time with them to talk and show them that I am there for them. I found that if they feel that you personally care for them and you are not just casually asking for their wellbeing, they feel less lonely and they are more open to talk about their worries.

If I could make a wish - related to the outcomes of the project

I would like to be trained on loneliness and how to identify and prevent it from happening. I do not know if digital tools can help. I believe in the power of the face-to-face connection. It would be very beneficial for me if the outcomes of this project could help me to learn more information about identifying loneliness and the correct steps on how to handle loneliness in old age. I would like Digi-Ageing tool to include a questionnaire in order to guide me. Also, if I could have access to a support network where I would learn about activities that are creative and fun for the older adults. Moreover, I would like to get informed about important events happening nearby in my community in order to inform the older adults.

My slogan

“SOMETIMES WE WORK MECHANICALLY OR UNDER STRESS, BUT IT IS IMPORTANT TO BE REMINDED NOW AND THEN THAT OUR WORK IS MUCH MORE THAN A SIMPLE JOB WHEN YOU ARE CARING FOR OLDER ADULTS.”

About my current situation

I am a geriatric nurse at a care home for the last twelve years. When a resident comes to our care home, we collect as much information as possible to make their stay as personalised as possible. If there are any red flags for the psychological state of the resident, we request an urgent psychological assessment with a professional. Otherwise, the in-house psychologist will visit the newcomer within their first week.

My main concerns are

Especially this period with COVID19, I have seen our residents trying to isolate their selves, they are not so open to activities and daily tasks. We used to keep them occupied during the day with the help of external people by doing different activities such as signing, painting, reading news, playing games but COVID19 has restricted our access to such professionals. Their family cannot visit them and discuss in detail current issues that

Pseudonym: MARY
Gender: female <45y

Head Geriatric Nurse

concerns them or offer them that extra comfort and company that they used to have.

Therefore, we feel the additional responsibility about their wellbeing, and this is added effort and emotional stress to think about activities that would be interesting for them considering also the limitations that we have now due to COVID19.

These are my coping strategies

I usually talk to them and try to motivate them. I learn what they like and interest them and use it to motivate them with activities. We have also started using smartphones to connect them with their families via SKYPE and VIBER. If I am not successful in to motivate them with the techniques, I am aware, I contact our psychology department to get additional guidance or refer them to them.

If I could make a wish - related to the outcomes of the project

I would like to learn about existing practices that work and have positive impact to the older adults and ways to improve their wellbeing. It is important to me to have guiding instructions in bullet points format. Also, if this tool could include examples and possible scenarios on how to identify and prevent loneliness.

My slogan

**“HELP AN
ELDERLY
IN A
HOLISTIC WAY!”**

*Pseudonym: MARIA
Gender: female <65y*

Nurse in an elderly
care center

About my current situation

I am Maria and have been working in long-term care for over 20 years. During my training as a health and nursing assistant, I already realised that I enjoy working with older people. I am grateful for the work with them, and with my colleagues (nurses, caregivers, doctors, etc.) too. I am convinced an holistic approach to elderly and their isolation / loneliness should cover several aspects and dimensions.

around the home; etc.) and 2) SOFT type (update on changes in the external situation of his proximity; lack of interest; inability to meet their own needs; difficulty in using new TV and social media releases; etc.).

My main concerns are

Since the Covid 19 pandemic, we have been having hard times. Some issues for elderly have been strongly increases. In my professional life I think that there are two main types of problems: 1) HARD" type (shopping correctly (for physical; manage daily and seasonal wardrobe and dress properly; follow their care plan; prepare breakfast and main meals; take care of your own safety and that of your apartment; overcome obstacles in and

These are my coping strategies

My strategy is to increase one's autonomy in time and/or quality, thanks to: 1) technical aids to hear, see, move, bathe, take stairs, carry weights; 2) and tools to manage climate, medication management, access management, cleanliness and hygiene management.

If I could make a wish - related to the outcomes of the project

I think that an important project activity could be the organization of meetings with people in a direct way (family members, care givers, support administrators). Or, organize meetings with people indirectly via telephone, smart phone, p.c. (in addition to the problems of legal relationship, also those of IT security arise).

I'd like also something like meetings with a systematic approach and in different loneliness dimensions as for example:

- Social (what services are offered - e.g. micro-transportation or hot meals at home);
- Healthcare (general practitioners, access to hospital facilities creating triage for elderly);
- Financial (preserving one's savings);
- Religious/spiritual (in old age is a very present need).

My slogan

**“IF I CANNOT HEAL
YOU, I WILL
ACCOMPANY YOU!”**

About my current situation

I am Gianni and I work as geriatric in an elderly care center for over 30 years. The title chosen as my slogan comes from an inscription engraved on a tombstone in the Hospital “Del Bon Dieu” in Paris, often used as a paradigm of care and assistance, as the mission of total hospitality was followed to the point of herding the sick into the corridors during frequent epidemics. In an outbuilding of the hospital, located south of Paris, hospitality was given to lepers.

My main concerns are

In our time (above all due to Covid 19 pandemic), we have lost the culture of care, accompaniment, and consolation. 1) Consoling. The verb "to console" in common usage takes on more of a sense of pity, rather than that of closeness in making a journey together. 2) Accompanying. The term "accompanying" enhances the feelings and the role of those who work in health care, professionals and volunteers; in this historical moment volunteers represent Hope for civil society. 3) Residence in one's own home. A research carried out by Usll7 Vicenza, shows that most of the elderly would have wanted to die in their own bed, while instead they were hospitalized and subjected to therapies for the most part considered useless.

If I could make a wish - related to the outcomes of the project

I think that an important project activity could be linked with health and spirituality. The behaviors to focus on the need to manage loneliness as an opportunity to heal wounds, to reconcile in the mind and body, in the heart and in the spirit. Some project activities could be connected with: 1) Listening the elderly in the last part of their life; 2) Support for their family members: it is “the team” that takes care of supporting this painful journey. 3) Music therapy, that awakens and relaxes; 4) A set of tools such as writing a biography, together with the patient to heal wounds. All with respect for the person and their role. Elderly must live without losing their identity and dignity, even in the moment of greatest fragility.

Pseudonym: GIANNI

Gender: male <65y

**Geriatric in an elderly
care center**

The paradox of modern medicine is based above all on the fact that its aim is to combat illness, while it has lost the sense of accompaniment and of the sick person, of respect for his or her wishes and personal history.

These are my coping strategies

Medicine heals the body but does not help to overcome fears. It is by not leaving the person alone, it is by standing by him with friendship and empathy that one helps and supports him in the final phase of life. Who is close to the elderly has this noble function of reconciling him with himself and making him live with serenity. These considerations have always been part of human culture and are also well represented in the classics; in particular, the value that the companion assumes in giving meaning to life and hope to death. From a personal point of view, what are the expectations of the elderly person and what is the correct attitude that the carer should adopt in order to meet these expectations? The realization that our nature is that of mortal beings implies the awareness that science has great limitations, that material goods have an ephemeral value and that it is necessary to initiate a process to make peace with our poverty and humanity.

My slogan

“MULTIMEDIA MAY BE USED FOR MOVIES AND INTERNET TO CONNECT WITH THE LOVED ONES.”

About my current situation

I am a caregiver. The institution where I work is not large, has a population of about thirty, therefore, we are a large family. In my opinion, loneliness is not very relevant for the residents of these houses, almost everyone has loved ones who try to communicate as much as possible with the elderly residents.

My main concerns are

I don't think loneliness is very relevant to the residents of the care home I work in. Even the old ones themselves sometimes do not want to take part in the activities offered to them, maybe they just want to be alone. Of course, the existing quarantine conditions stopped various activities, trips. If in the past a lot of different children teams came for events, everything has stopped in the conditions of quarantine. Even if some records were sent by schools or kindergartens, it was not possible to bring all the residents of the care home into one hall. So again, it's a gravity opportunity to help people communicate. Therefore, the activities were organized only inside the institution. It is also more difficult for loved ones to facilitate contact with the elderly residents of the institution now, but we, social

Pseudonym: LINA
Gender: female <65y

Formal caregiver in a social care centre for elderly

workers, help them to communicate by phone. I think those older people who live alone at home and only receive services are probably more likely to feel lonely. I notice the loneliness in this home when the elderly start complaining about health problems, even though I think the person doesn't really have major health problems. Sometimes seniors seeking attention express it during anger attacks and the help of health professionals is already needed here. But we always try to notice our residents and help them, to communicate with them.

These are my coping strategies

The situation of the pandemic in the institution was quite difficult, especially the period when almost all employees fell ill at the same time and the services had to be provided. Unfortunately, it was difficult to get some serious help from outside, more than just the information provided and the increasing requirements to fill in various documents, how many security measures are there, how is it protected. At that time, and the residents of the institution were quite angry, life was limited, people felt isolated. To reduce this, multimedia was used to show a variety of movies and helping to connect with loved ones.

If I could make a wish - related to the outcomes of the project

My main requirements, my personal needs related to the tools to be developed. Most of the residents have telephones and they communicated with their relatives, but in order to be able to connect to the Internet themselves, there are no such ones in this institution. Maybe it would be good to teach them, but just not enough time and no tools. Another thing is that the relatives themselves do not know how to use new technological means, perhaps more grandchildren here. The social workers themselves are also of different ages. Younger employees seek to learn something new, participate in various trainings, unfortunately older employees often lack motivation, the desire to learn something, to apply some innovations in their work.

My slogan

“PATIENCE AND LOVE ARE NEEDED ON BOTH SIDES.”

About my current situation

I am a caregiver of my elderly mother. My parents used to have a few families that they interacted with, but not many. There was a sort of isolation, just several families and children and grandchildren and that's it. And one passes away and another has left alone, and you don't have anybody to have a coffee with like you used to, you don't have anybody to talk to and so on. And that's probably the hardest period of the year. When you're rediscovering, you have to have the strength to find new social contacts. And it has been particularly interesting for me to see how my mother, who had very few friends, now has a lot of friends. And she, thanks to the social connections, not only the phone, but also other ways of communications, Facebook, Viber, etc. So, she has learnt how to use the smartphone, the tablet and she's socialising now.

My main concerns are

I like the way my mother became interested in information technology. She uses YouTube to find all sorts of preservation, she looks for songs, and then she shares it with her friends, they have something to talk about. I think it takes a willingness from the old person herself, a willingness not to sit back, a willingness to be curious, a willingness to experience something

Pseudonym: AMELIJA

Gender: female <45y

Daughter caring for her mother

like that. I think that who doesn't have a garden, because for seniors it's such a liberation to farm, that's it. It's a pity that we don't have this kind of volunteering for seniors, there could be more of it. The University of the Third Age is one example, but I think seniors could volunteer more. And we need somebody to help us to clarify how to find the information, from a public institution or from somewhere. They might not look for it themselves. But if somebody came and said that you are very much needed in the kindergarten to follow a story 1 time a week, that would be awfully good.

These are my coping strategies

I bring my daughters, I send her movies, she loves the online museums, she watches them every night. Then I used to bring her products and she used to make dinner for us. When she knows those traditions, then the grandchildren will come. Of course, it was good when we could travel, she loved travelling. She used to say, well, I go once and I have the whole year to think about.

Maybe the rituals of family traditions that she has been looking forward to are so peculiar, and the weekly ritual is that the grandchildren come on Friday. She also has gardening, it's her hobby.

If I could make a wish - related to the outcomes of the project

When my dad died, I had an App so that you could set your psychological sensitivity every day. It was all about psychological state, good, bad, or very bad. And I used to mark every day. When I was having a hard time, it was relevant, because I would see that it was once good. I think it's a temporary tool, you don't have to use it all the time. But when you are having a hard time you can use it, and when you are not lonely you don't use it. The App was broader, but it was important for me to see the statistics so that you are not sick all the time. It motivates me to keep going and to enjoy it. Maybe it would help if you clicked - I'm lonely today, but it will pass. And this is more about setting or overcoming? For me it helped me to overcome my sadness, my bad mood and to enjoy the good mood. It helped me to survive.

My slogan

“I WOULD LIKE TO GIVE THE PEOPLE WE WORK WITH THE CHANCE TO BUILD RELATIONSHIPS WITH PEOPLE BEYOND THEIR OWN CULTURE.”

About my current situation

My name is Helena and I work for a foundation where we provide support and attention to elderly people. In the place I work we receive a lot of people every day with whom we carry out many activities: breakfasts, board games. We usually organize activities for a lot of people every day. One of our main aims is to get people to come together and meet each other in person, creating new relations. We also help people communicate with the administrations (i.e., make medical appointments) and learn to complete other tasks. Within the people of our centre, we want people to be tolerant, to share and to be enriched by what other people decide to share.

My main concerns are

My main concerns when working with our clients are their level of loneliness/isolation, doing normal day to day arrangements at their side, existing language barriers (as an important part of our elderly client are from other countries),

Pseudonym: HELENA
Gender: female <45y

Social worker and administrative for a foundation that works with elderly people

difficulty when using technology and digital devices (i.e. making an online appointment) and helping them get all the medication they need.

These are my coping strategies

To cope with these issues when working with a large group of elderly people, what has really helped has been to seek someone, a peer from the same group, that can provide support, accompaniment, motivation and that has specific talents. The idea is that they can receive support but also support others in a peer-to-peer setting, showing the clients how to share and to learn from others so that they can still feel useful and important to others. In occasions we have worked with external volunteers that have provided us help and support and have helped our clients maintain contact with others outside our foundation

If I could make a wish - related to the outcomes of the project

For our clients it is very important to be in contact with someone that speaks their native language and helps them with translations and understanding information when communication with public administrations (i.e., public health). Though many of our elderly clients can speak Spanish, they have many difficulties when trying to communicate on the phone or when receiving a written message like a letter or an e-mail. I would like to give the people we work with the chance to build relationships with people beyond their own culture and get closed to the local Spanish culture. It would also be great if they could learn new skills through social media. I think that these two points would be very enriching for them and improve their quality of living.

My slogan

“COMMUNICATING WITH ELDERLY PEOPLE WITH DIFFERENT ISSUES IN DIFFICULT SITUATIONS IS SOMETHING THAT I CAN’T ALWAYS HANDLE.”

About my current situation

At the moment I am looking after an old woman at her residence. Every day, when I arrive at my client’s house, I usually help the person to get up, get dressed and have a shower. Afterwards I get the breakfast ready and do some basic cleaning around the house. I usually help other family members who live with her in their daily tasks. Apart from cooking and helping around the house, I usually take her for a walk if this is possible, I have long conversations, ask her if there is anything she needs and I always try to stay available and in close contact.

My main concerns are

My main concerns are the cognitive problems many of my patients begin to suffer. For example, the person I am looking after now has started to believe that she is not at home or that she can’t walk anymore.

Pseudonym: DIANA
Gender: female <45y

Care worker for elderly people assisting them and their families at home

Communicating with people with these issues and getting them to do basic tasks (like go to the bathroom or simply get up) in this difficult situation is something that I can’t always handle, and I don’t always know what I should do.

These are my coping strategies

For me, the most important strategies I use to cope with these difficult situations are patience, trust, special measures to not cause anxiety or frustration in my clients when they are confused (not interrogating them, eliminating environmental variables, making them feel comfortable and safe...) and all of the experience that I have gained in the past from the period I was working in a large care centre for elderly people.

If I could make a wish - related to the outcomes of the project

Taking into account the important issues I have to deal with, I would really like to have some sort of list of examples of specific problems that many elderly people who need care have (i.e., cognitive problems, emotional reactions, etc) and some examples of possible solutions for each situation. I would like to be able to have access to good practices so I can use them myself. It would also be of great to have access to some sort of community or forum to exchange ideas and experience with other professionals or people to spend time looking after elderly people.

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