Desk Research Report Spain

by Caminos

Final version: February 2021

Intellectual Output – IO1-A2 Desk Research Report	
Title:	**Desk Research Report Spain** **by Caminos** **Final version: February 2021**
Description:	Carrying out National desk research in Spain: Defined research questions for the development of all IOs have been answered.
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Due date:	February 2021
Language:	EN

Co-funded by the
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DIGI-AGEING -overcoming loneliness

1   Introduction

"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.

Research Design for Desk Research

The present desk research has been carried out in each partner country to examine the phenomenon of "loneliness in old age" from different angles, to find a uniform perspective regarding the common goals of the project and to use terminology that is as consistent as possible. The results obtained in this way are later to be verified and supplemented by a field research in all participating countries.

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2 Executive Summary

Part A) Loneliness in old age seen as a social phenomenon

In the national context, only 7.76 per cent of the Spanish society considers the issue of combating loneliness among older people to be relevant.

In Spain the ageing process increases continuously. The group of over 65-year-olds accounts for 19.3 percent of the total population. Similarly, the proportion of over-80s is also rising, who make up 6.1 percent of the population and will continue to gain in importance in the future. In 2019, life expectancy was 80 years for men and 86 years for women.

The majority of people over 80 years of age living alone are women, with 72.3 percent. The high number of women living alone can be explained by the high proportion of widows living alone (46 percent) and the higher life expectancy.

There is a 24% of persons over 65 years of age live in nursing homes with an occupancy rate of 86 percent at the nursing facilities. A study pointed out that in these cases the prevalence of loneliness is more than twice as high among women as among men. 68.4% of elderly people in senior citizens' centres said they felt lonely.

Regarding the **care structure in Spain**, social services for older people can be divided into the following five categories:

- **Servicios *de Atención Domiciliaria* (Domestic care services)**

The service offers elderly people help in their private homes with their daily needs for four hours a week in terms of home care, meals on wheels, laundry, cleaning. The main objective is to keep elderly people at home as long as possible.

- **Servicio de Teleasistencia (Teleassistance Service)**

This assistance service is a device connected to the telephone line which, by means of an emergency button, provides immediate 24-hour contact from anywhere in the house to specialised professionals who offer their support.

- **Servicios de Participación Social (Centros de mayores)**

The senior citizens' centres are social service facilities outside the residential environment, which are intended to promote the coexistence of older people and encourage participation and social integration.

- **Servicios de Atención Diurna (Centros de Día)**

Outpatient social service facilities that provide psychosocial, preventive and rehabilitative care for older people during the day to prevent or compensate for the loss of autonomy.

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- **Servicios de Atención Residencial (Residential Care Homes)**

Inpatient care services provide permanent or temporary accommodation and meals for elderly people. There are two types of home care: retirement homes and senior residences.

As for the image of "old age", In Spanish culture age is associated with loneliness. According to a 2019 report it is believed that 46% of older people live alone, but the truth is that only 20% of our elderly people really live alone. Also, being elderly and living alone has a negative connotation.

Loneliness is perceived as an abandonment by the family, eminently by the children and more specifically by the daughter who in the past was the one who cared for her older relatives. The population has a fundamentally negative stereotype about older people, which is associated with health and memory problems and physical disabilities ("they cannot take care of themselves").

On the subject of **the description of loneliness** in elderly people, a study of 2009 describes loneliness in old age as a stage in life when a series of losses occur that facilitate the appearance of a feeling of loneliness. Loneliness is described as "a painful conviction of being excluded, of not having access to that world of interactions, being a condition of emotional discomfort that arises when a person feels misunderstood or rejected by others or lacks company for the desired activities, both physical and intellectual or to achieve emotional intimacy". Loneliness can also be positive when it is objective and sought-after. Loneliness is also highly associated with a number of physical and mental problems like high blood pressure, different heart diseases, obesity, weakening of the immune system, anxiety and depression. Regarding social isolation, widowhood and social isolation are frequent conditions in the elderly; however, women have the highest incidence, given their higher average life expectancy.

Concerning the **main challenges and risk factors** for loneliness in old age, a research suggests that the groups most at risk of feeling lonely are women, older people, unmarried people or people without a confident partner, people living alone, people with lower levels of education, people with lower incomes and people belonging to ethnic minorities. Other causes that influence loneliness are way of living (having a good family network, having a partner), health (health issues affect the perfection of being lonely in a negative way) and age.

In regards to the **COVID-19 pandemic**, it is estimated that in Spain over 70% of the mortality related to COVID-19 has occurred in this population group (people over 65 years old). The most significant challenges posed by the COVID-19 pandemic are: the changes of the profile of residents over time, pre-existing weaknesses in the nursing home model, increased risk of infection for carers, and lack of specific training. Elderly people had additional complications like isolation from social distancing, psychological problems (i.e., anxiety and depression), negative management of end-of-life situations and difficulties in complying with infection prevention and isolation measures.

The Government of Andalusia introduced a series of strict measures mainly concerning retirement homes like: if a positive case is detected within 28 days of the last diagnosis, visits, holidays, etc,

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will be suspended; PCR tests carried out on all new admissions and residents who return to the centre after 10 days; visits limited to a single family member; or the introduction of a "humanisation plan" per centre to alleviate the effects of isolation. Also, the townhall of Madrid produced a report on how elderly people and their families can cope with the COVID-19 situation.

B) Networks, tools and measures

Some **initiatives and programs to prevent loneliness** in old age are *Teléfono de la Esperanza* (an NGO that offers telephone service for people in crisis situations), *Asociación Contra la Soledad* (an association that focuses on combating unwanted loneliness of elderly people), *Amigos de los Mayores* (organization who aims at fighting loneliness in elderly people through emotional accompaniment), and Tele-assistance services (i.e., *The Red Cross*)

Regarding **coping strategies** for elderly people suffering loneliness, Geriatrician Rafi Kevorkian developed 11 strategies to cope with emotional stress caused by loneliness that include to treat insomnia, to save photos, to build and maintain relationships, to stay active and to get a purpose in life.

For near future collaboration within the Digi-Ageing project, Asociación Caminos has considered local associations that work with elderly people like *Lux Mundi* and *Málaga Acoge* as cooperation partners, among others.

When studying the **main needs of elderly people** in danger of loneliness, we found the study "La soledad en el anciano", which highlights the following needs in elderly people: the need to communicate, to choose according to values and beliefs, for self-realisation, and to learn.

As for **needs of the health care sector**, the specific needs of the care professionals are essential to highlight for preventing the problem of loneliness in old age. Caregiver need to know the habits regarding the expression of their beliefs and to determine their actions according to their values and plan programs together that gives the possibility of expressing their religious or ideological beliefs.

Concerning the **identification and measurement of loneliness**, the following measurement tools have been identified and explained: The Revised UCLA Loneliness Scale, the ESTE Scale and the EDSOL scale. For loneliness prevention, we identified the following tools: *VinclesBCN* (app), *Conéct@te Intergener@cional* (app) and *Mi Plaza* (iniciative).

As for **digital tools** that can be seen as an opportunity, our research found the that, directed at elderly people, the Community of Madrid is launching a pilot program of online activities aimed at the region's elderly people in order to promote the active ageing of the population over 60 and provide an option to stay in contact with their social networks due to the COVID-19 crisis. For geriatric nurses, social workers, care givers, and other workers, according to *Guidelines of best practices in Geriatrics of the Sociedad Española de Geriatría y Gerontogía* (2018) tools that focus

on complying with ethical and deontological rules, respect the privacy and confidentiality of patients, offer clear, truthful, understandable, and quality information, and ensure that the prestige of the profession is maintained are helpful for care professionals.

C) Learning about "loneliness"

When searching for **gerontological findings on the phenomenon of loneliness**, we came upon a doctoral thesis that documented the following **conclusions**: the interpretation of loneliness and its cause influence the sense of control over it, elderly people prefer not to get engaged in long-term social activities and loneliness usually has a negative interpretation among elderly people (especially when it is attributed to external uncontrollable factors). The participants of the programme studied in the thesis experimented benefits in the following areas: 1) learning and personal development through the activities of the Programme, 2) psychological and emotional benefits thanks to accompaniment, 3) opportunities to enhance their social participation and 4) the establishment of new links through new relations with volunteers of the programme.

Regarding measures and training programs to prevent loneliness, a study from 2018 confirmed that older people who participate in intervention programmes report significant and sustained improvements in their levels of loneliness, especially programmes where they can interact with each other and that include activities such as group therapy.

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Part A) Loneliness in old age seen as a social phenomenon

3 The "old age" as a phase of life

The report "*Informe Soledad y riesgo de aislamiento social*" (2019) by the Fundación la Caixa shows that only 7.76 per cent of the Spanish society considers the issue of combating loneliness among older people to be relevant. Although loneliness is a major social and health problem. It is associated with impairment of mental well-being, poorer health and an increased risk of death.

3.1 Demographic data on ageing in Spain

According to statistical data from the *Instituto Nacional de Estadística* (INE), the ageing process, measured by the number of older people over 65 years of age in the Spanish society, continues to increase. While the average age of the total population was 32.7 years in 1970, by 2019 it was already 43.3 years. This means that the group of over 65-year-olds accounts for 19.3 percent of the total population. Similarly, the proportion of over-80s is also rising, who make up 6.1 percent of the population and will continue to gain in importance in the future. Although more males are generally born, the proportion of women increases significantly from the age of 50. This is also reflected in the number of life expectancies. In 2019, life expectancy was 80 years for men and 86 years for women.

In recent years, moreover, 22.9 percent of persons over 65 years of age have entered single-person households. With about two million persons, this corresponds to almost half of the 4.7 million single-person households in Spain. This includes 850,000 people over 80 years of age who live alone and make up 29 percent of the total population. The majority of these are women, with 72.3 percent. Men over 65 tend to live with a partner more often. The high number of women living alone can be explained by the high proportion of widows living alone (46 percent) and the higher life expectancy. The majority of older people live in urban communities, but the share of older people in the total is much more pronounced in rural areas (*Consejo Superior de Investigaciones Científicas*, 2020).

On the one hand the demographic ageing of the Spanish population points to the increasing need for care. In 2019, an average of 322,180 people aged 65 and over lived in nursing homes with a capacity of 372,985 places. This corresponds to a share of 24 percent of persons over 65 years of age with an occupancy rate of 86 percent at the nursing facilities (Fundación General CSIC, 2019). According to the study "La soledad en las personas mayores: prevalencia, características y estrategias de afrontamiento" by the Senior Citizens Programme of the Fundación la Caixa, which conducted surveys of 14,832 people in more than 600 senior citizens' centres between October

and November 2018, pointed out that the prevalence of loneliness is more than twice as high among women as among men.

A total number of 68.4 percent of people surveyed who decided to live in a senior citizens' centre, said they felt lonely. Of these, 53.7 percent were moderately affected by loneliness, 10.3 percent severely and 4.5 percent very severely. Under the term loneliness, a distinction was made between social and emotional loneliness. Social loneliness, meaning the lack of social contacts and trusting relationships, was rated higher by respondents than emotional loneliness such as feelings of abandonment, emptiness and absence of loved ones. The study also identified gender differences. Men tended to define loneliness in terms of the lack of social relationships, which speaks for social loneliness. Whereas women associate loneliness with a feeling of emptiness and abandonment, which in turn points to emotional loneliness. This can be explained by the fact that women tend to have more diverse social networks that include close relationships with family, friends and neighbours and thus perceive more closeness in social relationships than men, who tend to focus more on intimate relationships with their partners. Another reason, according to the University of Valencia's study "*La Soledad de las personas mayores: conceptualización, valoración e intervención*", is that it seems culturally more acceptable for women to talk about their feelings and accept their loneliness. The study also found out that emotional loneliness increases with age (*Consejo Superior de Investigaciones Científicas*, 2020).

3.2 Care structure for older people

The demographic trends in Spain show that it needs long-term, highly intensive care provision. The current reality is that most care in old age is still provided by relatives. However social development trends show that this is increasingly coming up against limits due to employment, competitiveness and the changed family structure towards a nuclear family with parents and children (*Sociedad Española de Medicina de Familia y Comunitaria*, 2019). In Spain, social services for older people can be divided into five categories:

▪ *Servicios de Atención Domiciliaria* **(Domestic care services)**

The service offers elderly people help in their private homes with their daily needs for four hours a week in terms of home care, meals on wheels, laundry, cleaning. The main objective is to keep elderly people at home as long as possible and thus avoid uprooting their environment. The programme will be monitored by the local administration and implemented by specialised companies. The service is largely used by women over 80 years of age (50%), by women between 65 and 79 years of age (22%) and by men over 80 years of age (19%). The domestic service cares for 451,507 elderly people, i.e. 4.99% of those over 65. In this service, 72% of users are women and 69% are over 80 years old.

▪ *Servicio de Teleasistencia* **(Teleassistance Service)**

This assistance service is a device connected to the telephone line which, by means of an emergency button, provides immediate 24-hour contact from anywhere in the house to

specialised professionals who, through direct and personalised assistance, offer the necessary support to resolve situations of all kinds and mobilise the most appropriate resources for each case. The device can be worn as a bracelet or pendant, so that in emergency situations, in case of insecurity, loneliness or isolation, contact can be made immediately and provide security. As this service is easily accessible, it also has the highest number of users at 10.41 percent. In addition, it has a high proportion of users over 80 years of age (67 percent): 51 percent of women over 80, 25 percent of those aged 65 to 79, 16 percent of men over 80 and 8 percent of men between 65 and 79 use the Teleassistance Service

- **Servicios de Participación Social (Centros de mayores)**

The senior citizens' centres are social service facilities outside the residential environment, which are intended to promote the coexistence of older people and encourage participation and social integration. They offer socio-cultural, professional, artistic and/or leisure activities. Of the 4,000 senior citizens' centres, 68 percent are publicly and 32 percent privately managed. The services are used by 46.29 percent of the older population, 60 percent of whom are over 80 years old. It also has the lowest proportion of women in the support services (56%), while 44% are men.

- **Servicios de Atención Diurna (Centros de Día)**

Day centres are outpatient social service facilities that provide psychosocial, preventive and rehabilitative care for older people during the day to prevent and/or compensate for the loss of autonomy. The aim is to provide social and health care that prevents and compensates for the loss of autonomy by supporting their families or carers, delaying institutionalisation and making it easier to stay in their familiar surroundings. Of the 67,930 users, 70% are women and 70% are over 80 years old. The majority of 56% of the day centres are privately owned and only 44% are publicly operated. The fact that more than half of the day centres are private could mean a limited access them by part of the elderly population of the country

- **Servicios de Atención Residencial (Residential Care Homes)**

Inpatient care services provide permanent or temporary accommodation and meals for elderly people. There are 6,240 centres in Spain with a total of 391,475 places and a care rate of 4.32. Of the 280,317 users, 70% are women and 82% are over 80 years old. There are two types of home care:

> ➤ Retirement home: These are social institutions that provide accommodation and specialised care for those elderly people who cannot be cared for at home because of their family, economic and social situation and their limited personal autonomy.

> ➤ Senior residence: These are shared, or individual flats intended for the accommodation of elderly people. They keep the person in his or her familiar environment and the users enjoy complete independence within the home, in compliance with the standards laid down (*Sociedad Española de Medicina de Familia y Comunitaria*, 2019).

3.3   "Images of old age" and their developments in our society

In Spanish society, age is associated with loneliness. According to the report "*Informe Soledad y riesgo de aislamiento social*" (2019) by the *Fundación la Caixa*, respondents believe that 46 percent of older people live alone, but the truth is that only 20% of our elderly people really live alone. There used to be a certain causal link between loneliness and old age, but today old age does not necessarily bring financial, physical, or family problems.

In addition, living alone at an advanced age is considered as a bad thing in Spain and has negative connotations as it is associated with lack of affection from children. Spanish society has changed dramatically over the last 40 years.

The perception of loneliness among the elderly has recently changed years, due to a flourishing reality and an increasingly less familiar perception rooted. In 1975, 20% of older people said they had felt alone at some point; the figure rose to 21% in 1986; in 1998 the figure was 30%; but it was in 2002 that the figure reached a worrying 40%. Loneliness is perceived as an abandonment by the family, eminently by the children and more specifically by the daughter who in the past was the one who cared for her older relatives; in addition to mobility problems and lack of autonomy (*Fundación la Caixa*, 2019).

The study "*La Percepción social de la vejez*" of the *Universidad de La Laguna* in San Cristóbal de La Laguna has studied, through bibliographical research, the social perception of the society of older people and has found out that the group of older people is considered as a heterogeneous group with positive and negative characteristics. However, it is worth mentioning the negative perception, which is reflected in the statement that they "cannot look after themselves". The population has a fundamentally negative stereotype about older people, which is associated with health and memory problems and physical disabilities. Regarding the character of the latter, negative characteristics are usually also highlighted (less active, rigid and inflexible). This is also due to the fact that we are currently living in a consumerist or capitalist society in which the young, the new and the beautiful are promoted, so that the image one has of these people is still characterised by rejection and marginalisation. In terms of self-perception, older people generally have a positive image of themselves, although when they talk about age they generally use the same stereotypes as young people (*Universidad de La Laguna*, 2014).

4   "Loneliness" and "Social Isolation" - a demarcation

Measurable factors highly related to loneliness and social isolation could be factors such as living alone, losing family or friends, social contact in general, having chronic diseases and hearing loss, dementia, mental health issues.

4.1   Description of „Loneliness in old age"

With the study "La Soledad en la Vejez: Análisis y evaluación de un programa de intervención en personas mayores que viven solas", the Universidad Miguel Hernández de Elche in Alicante pointed out, that people who age alone are at higher risk of being lonely, and this psychological experience affects their quality of life and active, healthy ageing. Recent advances in the study of loneliness in this population have shown that psychosocial factors, such as causal attributions, perceived control and social participation, determine the development and maintenance of loneliness in old age and have therefore pointed out that interventions to combat loneliness should be directed towards addressing these factors.

The study "*La soledad en el anciano*" (2009) by Marta Rodríguez Martín describes loneliness in old age as a stage in life when a series of losses occur that facilitate the appearance of a feeling of loneliness. Furthermore, she emphasized the definition of V. Madoz, who describes loneliness as the "painful conviction of being excluded, of not having access to that world of interactions, being a condition of emotional discomfort that arises when a person feels misunderstood or rejected by others or lacks company for the desired activities, both physical and intellectual or to achieve emotional intimacy". Furthermore, she faced out that loneliness is not always a negative feeling and there is a difference between objective solitude and subjective solitude. Objective solitude refers to the lack of company, where the elderly people who live in their homes manifest loneliness and it does not always imply an unpleasant experience for the individual, as it can be a sought-after and enriching experience. Subjective loneliness, on the other hand, is suffered by people who feel lonely. It is a painful feeling and is feared by a large number of older people, it is never a sought-after situation.

El *Centro Internacional sobre el Envejecimiento* carried out the study "*La soledad en la vejez: ¿una relación indisoluble?*" (2020) and pointed out, that loneliness is highly associated with a number of physical and mental problems. They argue that just as stress affects us very negatively, our body and our defenses also react to unwanted loneliness. Among the physical problems, suffering from high blood pressure, different heart diseases, obesity, weakening of the immune system. Other problems would be increased anxiety, depression or cognitive decline.

4.2   Description of „Social Isolation in old age"

The studies of the National Health Organization "*El aislamiento social durante la vejez empeora el deterioro cognitivo, conductual e inmunitario*" indicate that widows show lower rates of physical and mental health than the rest of the population of the same chronological age. On the other

hand, widowhood and social isolation are frequent conditions in the elderly; however, women have the highest incidence, given their higher average life expectancy. It shows the importance of isolation and loneliness during old age, which exacerbates the mental and immune involution during this period despite having maintained a normal social life during the previous stages of life.

4.3   Challenges and Risk factors for "loneliness in old age"

The study titled *"La Soledad de las personas mayores: Conceptualización, valoración e intervención"* (2018) by *Fundación Pilares para la autonomía personal* concludes that sociodemographic characteristics often act together, contributing to increase or reduce the risk of older people feeling lonely. In general, the research findings suggest that the groups most at risk of feeling lonely are women, older people, unmarried people or people without a confident partner, people living alone, people with lower levels of education, people with lower incomes and people belonging to ethnic minorities. There are different causes that influence the perception of loneliness in an elderly person, although they are all interrelated. The 3 reasons that the scholars include are: way of living together, health and age.

▪   Way of living together/ family status

The typology of the family nucleus is fundamental. The family network provides a high level of support and well-being. In Spain, most of the social support that older people receive comes from informal support, i.e. help from family, friends or neighbours with the closest members of the original nuclear family being the main care providers. Research tends to agree that older people who live alone feel more alone than their peers who live with them, although the frequency of social interactions and social networks may be similar. That means having a partner functions as an important protective factor against loneliness, with married (or living with a partner) people being less likely to experience loneliness than widowers, singles or separated people. Although it also helps to alleviate social loneliness, having a partner is especially beneficial against emotional loneliness.

Among people without partners, those who are single often report lower levels of loneliness than widows or divorced/separated women. This difference could occur because while divorced and widowed people were left alone because of a forced situation (for a major cause), single people may be alone either because they have not found their ideal partner or because they have preferred and chosen to be alone. Moreover, having never married, they are more likely to have devoted themselves to cultivating relationships with friends and other family members. As older people over 65 years of age the network of friends deteriorates in 27% of cases, and if they are over 80 years of age this breakdown of friendships occurs in 45% of cases. The combination of marital status and gender also influences the level of loneliness, with unmarried men often feeling more alone than women in the same situation as women tend to have more frequent contact with their siblings and friends (*Fundación Pilares para la autonomía personal*, 2018).

- Health

Health directly affects the mood of elderly. When the elder's health is bad, 66% of the respondents consider themselves to be alone, as opposed to when it is good, which only happens in 27% of cases (*Cuidadomayor.com*, 2019).

- Age

Age brings about hormonal changes that encourage introspection and isolation, as well as health problems. Those who are between 65 and 74 years old feel the loneliness present in 19% of the cases, when the age is 75 and 84 it is 29% and if it is older than 85 we are going to 33% (*Cuidadomayor.com*, 2019).

The study of the *Fundación General CSIC* and the *Instituto de Economía, Geografía y Demografía* (IEGD) carried out an analysis of the challenges of housing opportunities for older people, noting that major demographic changes have also changed mentalities. This means that the life and housing aspirations of people entering the third age do not identify with the vision of older people of a few decades ago, which can be explained by the fact that life expectancy has increased and people have already lived with new technologies. The greatest challenge is therefore to rethink existing care models and adapt them to new requirements. One of these is that people tend to stay at home as long as possible, which is why in many cases, when they enter a care home, they already arrive with a greatly deteriorated state of health. On the other hand, there are also many elderly people who are still able to look after themselves but, for various reasons, cannot live in their own homes and are therefore interested in models of shared living that replace the classic concept of a residential home with a housing complex offering community services. This interest is also taken up by nursing homes, which offer activities and programmes for active ageing as well as services and try to introduce models in which the person can make decisions about their daily life (De Martí, 2019).

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5 Socio-political aspects and measures

In a country like Spain, with one of the highest life expectancies in the world, and with 19.4% of the population over 65, the COVID-19 pandemic has had an especially important impact, as it is estimated that over 70% of the mortality related to COVID-19 has occurred in this population group. Beyond the mortality figures, the multiple impacts and consequences at the physical, psychological and quality of life levels, resulting from a health and social crisis, must be considered. This aspect has had an even greater impact on particularly vulnerable populations such as the elderly (*Ministerio de Ciencia e Innovación*, 2020).

5.1 Special challenges posed by COVID-19

The report "*Informe del GTM sobre el impacto de la COVID-19 en las personas mayores, con especial énfasis en las que viven en residencias*" (2020) requested by the Ministerio de Ciencia e Innovación has summarized the most significant challenges for the care homes regarding their work with the elderly during the corona pandemic:

- changes in the profile of residents over time, with people with more co-morbidities and greater fragility (which also leads to immune and inflammatory disorders and therefore a greater risk of infection and serious consequences)
- pre-existing weaknesses in the nursing home model (especially at the level of governance, financing, working conditions and staff training, in addition to the lack of coordination with health care)
- failures in the response to the pandemic (lack of prioritisation due to the lack of early diagnosis, lack of Personal Protection Equipment (PPE), and delays in adequate support or replacement of professionals with numerous casualties)
- lack of consensus on the approach to the crisis in homes, from an ethical point of view
- Increased risk of infection for carers
- lack of specific preparation and training

Furthermore, the report pointed out, that older people face severe clinical, functional and psychological complications as an impact of the pandemic. These challenges are:

- isolation and social distancing, which has a great impact on sedentary lifestyle, with consequent reduction in mobility, worsening of diet or reduction in social relations
- anxiety, depression, sleep disorders
- management of end-of-life situations has resulted in particularly negative experiences, both for the elderly and for those close to them, due to the restriction of visits in hospitals and residences, and the simultaneous isolation of the general population and family members
- difficulties in complying with infection prevention and isolation measures
- greater susceptibility to complications arising from COVID-19, especially delirium (confusion syndrome), which is also a risk factor for negative health consequences

The report also shows that there is a serious lack of research and data on the situation of older people living in residential institutions and their clinical, functional, psychological and relational needs, as well as on the organisational aspects and quality of care in residential institutions. This can be explained by the lack of coordination in the areas of governance, regulation and evaluation between public administrations as well as the stigma and low priority given to this sector (Ministerio de Ciencia e Innovación, 2020).

5.2   Current measures for older people during the pandemic

The Government of Andalusia (*Junta de Andalucía*) has introduced strict measures for the elderly, mainly concerning retirement homes.

- If a positive result is detected within 28 days of the last diagnosis or three suspected cases in a nursing home, visits, walks, holidays and other outings will be suspended.
- A PCR test will be carried out on all new admissions and residents who return to the centre "after a period of more than ten days" outside, 72 hours prior to admission.
- Visits to residential centres will be limited to a single family member who must declare that they are asymptomatic
- Each centre has to implement a "humanisation plan" to "alleviate the negative effects that isolation can have on the physical, cognitive and emotional capacity of institutionalised people. These plans will include activities to strengthen social relations between residents, a plan for physical and mental exercise to preserve their abilities and avoid deterioration, psychological support measures, daily maintenance of relations between residents and their families using new technologies, strengthening video calls to allow oral and visual communication between user and family.
- Day centres, occupational centres and active participation centres are kept open except in those cases in which the epidemiological situation of the geographical area where they are located indicates a restriction or a positive declaration of COVID-19 in workers or users. In the case of restricting or suspending in-person activities, proactive monitoring will be carried out, at least by telephone, promoting the continuity of the service at home, with telematically programmed activities. Priority shall be given, in the provision of the service, to those persons with the highest degree of dependency and, within these, to those that present alterations (Junta de Andalucía, 2020).

The Centros de Apoyo a las Familias del Ayuntamiento de Madrid has produced a report on how elderly people and their families can cope with the challenges of the Covid 19 pandemic. In order to deal with the challenges of loneliness and anxiety, the report recommends keeping in touch with family, neighbours and friends on a daily basis over the phone, creating a calendar to keep in regular contact, including topics such as storytelling, recipes, plans for the future or experiences.

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B) Networks, Tools and Measures

6   Existing Networks to prevent loneliness in old age

The study 'The loneliness of the elderly', carried out by the Association of Integral Services for Active Ageing (SIENA) and promoted by Mémora Foundation shows, that almost the half of people over 65 use social networks, such as Facebook and Whatsapp, as a tool to connect with their environment and combat the feeling of loneliness or isolation. The results reveal that 44% of the older people are increasingly incorporating social networks into their daily lives and see the use of social networks as the first instrument to avoid feeling alone. Furthermore, the study indicates that another strategy to prevent loneliness is to take face-to-face interactions in their neighborhood. The strengthening of neighborhood networks also supports the initiative "Cities that Take Care" of the Mémora Foundation, which pointed out that it needs more awareness and community intervention to prevent loneliness in old age.

6.1   Initiatives, programs and projects

▪ **Teléfono de la Esperanza**

The NGO, based in Malaga (Andalucía), offers a telephone service for people in crisis situations. The service focuses on psychological and psychiatric counselling, as well as assistance with family, care or legal problems. The main reasons to use the service are the fear of loneliness, family conflicts, illness, drug addiction or eviction. Therefore, the NGO developed a specific programme for the prevention of suicide and offers personal interviews with psychologists, lawyers or counsellors (*Telefono de las Esperanza*, 2020). https://www.telefonodelaesperanza.org/noticias/view/7048

▪ **Asociación Contra la Soledad**

The association focuses especially on combating the unwanted loneliness of the elderly, who are the vast majority who suffer from this serious problem in Spain. The mission does not include the direct care of people living in loneliness but seeks the creation of a network of organizations working together. Those activities include:

- Development of an Observatory on Loneliness, which aims to collect the main studies and experiences of good practices being carried out in Spain as well as in other countries.

- Promotion of a Network of organisations working on loneliness, sharing values and exchanging knowledge, in order to promote a network of experiences.

- Contacts with the main public institutions (State Administration and Town Halls especially) and private institutions (NGOs, companies, Foundations) that carry out or support programmes for the care of elderly people suffering from loneliness.

- Creation of communication instruments and contents to make citizens aware of the problem of loneliness in the elderly and the most effective ways to help them (Contra la soledad, 2020). http://www.contralasoledad.com/02_quiSom_01.html

- **Amigos de los Mayores**

The organisation aims to fight against the loneliness and marginalisation to which thousands of older people are exposed through the emotional accompaniment of volunteers and by raising awareness in society through the development of social projects and campaigns. Therefore, they put volunteers in touch with elderly people who feel lonely so that they can meet to talk, walk or have a coffee once a week (Amigos de los Mayores, 2020). https://www.amigosdelosmayores.org/es/entidad

- **Tele-assistance**

Since 1999, the year in which the General Rules for the Home Telecare Service were published, Telecare has developed greatly in Spain and many services were created.

- *The Red Cross Video Care Service* aims to prevent age-related cognitive impairment and/or maintain the physical, cognitive and relational abilities of older people, with the support of cognitive video stimulation sessions, which will be scheduled on the day and time agreed with the elderly person. The Service is based on a video communication system installed on their television set and connected to the Internet, which enables them to access a series of services configured specifically for each person according to their individual circumstances (Cruz Roja Española).

- *Kwido* is a multi-device platform for care, aimed at the elderly and dependent people and includes video conference functions, sharing of photos, videos, music, news, reminders, control of medication, health monitoring/alerts, cognitive stimulation. It is accessible by web, mobile and tablet applications to the elderly, caregivers, doctors and family members and is customizable and extendable for each user (Kwido, 2020).

http://www.ceapat.es/InterPresent1/groups/imserso/documents/binario/reto_8.pdf

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6.2   Good examples for coping strategies

The report of the Journal of the American Geriatrics Society pointed out that people over 65 are more likely to suffer from emotional stress such as depression. Geriatrician Rafi Kevorkian justified that as people get older, they also suffer from chronic diseases that directly affect brain chemistry and aggravate or cause depressive symptoms. Therefore, Kevorkian developed 11 strategies to cope with emotional stress caused by loneliness. The most important strategies are:

- **Treat insomnia**

  The author of the book "Understanding Sleeplessness: Perspectives on Insomnia" Doctor David N Neubauer explains that older people suffer from fragmented sleep, waking up more often during the night as they spend less time in the deeper levels of sleep. Therefore, it is essential for the treatment of emotional stress to take care of sleeping problems and to practice good sleeping habits such as going to bed at the same time every night, waking up at the same time in the morning, reducing or eliminating caffeine.

- **Save photos**

  A study by University of California psychologists pointed out that carrying pictures of loved ones and friends has a positive impact on the physical and mental health. In addition the author of the study argue that by looking at a photograph of their loved ones, the reminder is able to reduce physical pain.

- **Building and maintaining relationships**

  Social networks at the old age are important to be resilient to depression and anxiety. Therefore, volunteering, taking part in activities, connecting with peers and old friends, getting involved in church, can support to build up a strong social network. The Internet can also be useful for maintaining relationships with family and friends during the period when mobility is increasingly limited.

- **Stay active**

  Studies published in the Archives of Internal Medicine showed that older adults who exercise regularly, even if they up to age 85, live longer, healthier lives. They experience fewer decreases in their quality of life, are less alone, and are more likely to remain independent.

- **Get a purpose**

  For the elderly, it is important to seek a purpose to get up in the morning und gives a daily structure. That could be an activity, which is not time- consuming or expensive such as recycling, taking care of the grandchildren or children of the neighbors or visiting the neighbors. https://www.qmayor.com/salud/soledad-vejez-2/

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6.3   Possible cooperation partners for the project

- **Lux Mundi**

"Ecumenical Centre, a place where Christians from different denominations pray and work together".

With centres in Torre del Mar and Fuengirola, the staff of Lux Mundi have explained to Asociación Caminos how an important part of their participants are elderly and how the group is important to them to keep in touch with other people and build strong networks. They have expressed interested in participating in the Digi-Ageing project.

Webpage: http://lux-mundi.org/

- **Málaga Acoge:**

Málaga Acoge is A non-religious and nonpartisan association formed by volunteers with consciousness of solidarity and transformation that is working in the province of Málaga for the integration and promotion of migrant people since the year 1990.

With offices in the Málaga and Torre del Mar, Málaga Acoge works with a wide range of age groups when carrying out activities with migrant people (children, single parents, teenage students, elderly migrants, etc). Asociación Caminos has worked with Málaga Acoge for many years in different projects and will including part of this associations target group in the project as it could prove highly beneficial for their main objectives.

Webpage: https://malaga.acoge.org/

7   Identification of "loneliness" – measures & tools

During the ageing it is common to experience a series of experiences and changes that foster the appearance of a feeling of loneliness. Loneliness is a fact that is increasingly studied and researched by different authors and offers a wide range of measures and digital tools to prevent loneliness among the elderly.

7.1 Needs of the elderly and the dangers of "loneliness in old age"

The study "*La soledad en el anciano*" by Marta Rodríguez Martín examines the needs of older people using the human needs model according to V. Henderson (1966), D. Orem (1980), Nancy Roper (1980), Logan and Tierny. Using this model, the following needs are highlighted to combat loneliness in old age.

- Need to communicate: The elderly need to communicate and relate to their surroundings verbally and non-verbally, express wishes and opinions and have a feeling of belonging to a group, maintain sufficient mobility to enable them to socialise, have a self-image that corresponds to reality and express their sexuality without fear.

- The need to choose according to values and beliefs: Elderly people can express their opinions and maintaining attitudes that demonstrate their way of thinking. They need to choose their own values and beliefs in the face of good and bad, culture, ideology, or religion.

- Need for self-realisation: The elderly person needs to be self-reliant, able to carry out recreational and playful activities that allow them to maintain their self-esteem. They should feel satisfied with themselves for their contribution to society.

- Need to learn: The elderly will live a full and productive existence if they know themselves and are interested, if they are motivated and able to reason, if they show ability to solve situations related to learning, if they raise questions, doubts and concerns about their emotions, feelings, and existence.

If these needs are not addressed, the feeling of loneliness can have an impact on mental and social health. On the one hand, there is a risk that self-esteem will decline, and suicidal thoughts, dependencies and depression will arise. On the other hand, loneliness can lead to aggressive behaviour and prejudices against other groups (Cuidadomayor.com, 2019).

7.2 Needs of the health care sector to prevent "loneliness in old age"

One of the methods of addressing the problem of loneliness for the elderly is through health services. Primary care professionals as the service used the most by the elderly, play a crucial role in addressing the issue of loneliness in older people, always encouraging coordination between providers, levels of care and social services to respond to the needs of each patient. Therefore,

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specific needs of the care professionals are essential to highlight for preventing the problem of loneliness in old age.

The principles of action of the nursing profession must be aimed at maintaining independence by knowing communication habits, carrying out and design health education programs to express feelings and emotions as well as maintain the sense organs. Furthermore, it is important to recognize the manifestations of dependence that may occur such as non-communication due to diseases. In case of the need to choose, caregiver need to know the habits regarding the expression of their beliefs and to determine their actions according to their values and plan programs together that gives the possibility of expressing their religious or ideological beliefs. To maintain the self-fulfillment of the elderly, care professionals shall know the preferences and hobbies of older people and offer health education programs in form of social participation. In addition, the health care sector needs to know the concerns of the elderly in relation to their need to learn, considering their limitations and resources (Martín, 2009).

7.3   Methods and Tools to identify and measure loneliness

- **The Revised UCLA Loneliness Scale**
  The Centro de Salud de Segovia in collaboration with the Centro de Salud de Carbonero el Mayor carried out a 2-years- study to identify the elderly population living alone and a case-control study for the validation of the UCLA Loneliness Scale. The sample was conducted in 3 consultations in 2 health centres, in urban and rural areas. The results are that one in 4-5 elderly people live alone, mainly due to the loss of a spouse; women triple the number of men. Two out of three people experience a sense of loneliness (Velarde-Mayol et al. 2015).

- **ESTE Scale**
  The ESTE scale was designed to measure loneliness in elderly people. It is an instrument made to evaluate existing shortages in social support (this includes familiar, conjugal and social) as well as the feelings that these situations can create. The items from the scale come from other scales like the UCLA, the ESLI, or the SELSA; all of which have proven efficiency.
  The scale consists of 34 items with 5 options to answer in the form of a Likert Scale (punctuation per item ranges from 1 to 5). The items include different aspects like the concept of loneliness, having friends, the feeling of belonging to a family or love towards the spouse. The 34 items of this tool can be divided in 4 factors (Familiar Loneliness, Conjugal Lonelines, Social Loneliness and Existential Crisis).
  Though original version of the ESTE scale proved a high reliability, some problems arose in its original version due to the ambiguous nature of some of the items. For this reason, the ESTE scale was reviewed in 2010 (ESTE-R), so that the most problematic items could be modified. Also, in this latest version the Likert scale was modified: instead of asking the subjects to answer if they agreed or not (e.g. 1=Totally disagree, 5=Totally Agree), they are now asked about the frequency of each item (e.g. 1= Never, 5=Always).

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More information on this scale can be found at:
http://envejecimiento.csic.es/documentos/documentos/rubio-soledad-este2.pdf

- **EDSOL Scale**

The Escala para la Detención de la Soledad Existencial ("Scale for the detection of existential loneliness") is a loneliness detection scale aimed at patients with an advanced disease/terminal illness receiving palliative care. This scale is divided in two parts: one aimed at patients and another aimed at the staff in charge of their care. The part aimed at the ill person aims at evaluation the sense of loneliness through 3 questions to be answered with a six-point Likert scale and an open question for each asking "why". The second part, aimed at the staff in charge of the patient aims at collecting observations to identify external signs of loneliness (E.g. behaviours related to people visiting, difficulty to be separated from loved ones, signs of fear, signs of sadness, signs of rage, etc). These external signs are quantified from 0 to 5.

The result of the scale provides a punctuation from 0 to 15 to measure the patients level of existential loneliness.

More information on this scale can be found at:
https://revistas.ucm.es/index.php/PSIC/article/view/59178

7.4   Methods and Tools on preventing loneliness

- **App VinclesBCN**

The Barcelona Municipal Social Service Centres and Primary Health Care Centres (CAP) offer the **App VinclesBCN** to people aged 65 and over who live alone and are registered in Barcelona that allows them to relate to their environment and to lead an active life, depending on their possibilities and their desires. The aim of the mobile application is to alleviate the emotional and social loneliness. The app allows users to hold conferences, receive written and audio-visual messages about council services that may be of interest to them, and access information about their environment. Users do not need to have a mobile because the council provides a tablet. Furthermore, the user has two social networks: the people they trust (family, friends, neighbours, volunteers) who must also download the Vincles application onto their mobile phone, and another network made up of other elderly people who share the same loneliness and a professional who guides the group. When this service is requested, the council offers users prior training to explain physically how the mobile application works so that they can use it easily and independently. Link: https://www.metropoliabierta.com/vivir-en-barcelona/app-reducir-soledad-mayores_5825_102.html)

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- **Conéct@te Intergener@cional**

  Conect@te intergeneracional ("Connect intergenerationally") is an android cyber-therapy app created as a project of the University of Salamanca (Spain) that has as main goal to prevent and lower the sense of loneliness in elderly people who are in institutionalized in centres. Its main goal is to strengthen the connection of elderly people to their significative social network (partner, friends and family) through the exchange of audio-visual documents. It also tries to overcome the technological gap that elderly people have and reinforce the intergenerational social connections.

  Some results of the use of this app are: prevention of loneliness and related pathologies, higher social interaction, motivation of the user to interact with a Tabled device, better social relations with the staff of the institution, promotion of individualized attention and a better communication. All these points have as an effect a better quality of life and general mood of the user.

  More information can be found in the following links:

  https://www.upsa.es/clubinnovacion/proyectos/2019/fichas_pdf/Conectate.pdf
  https://www.youtube.com/watch?v=DnGmaUeMl2s

- **Mi Plaza**

  Mi Plaza ("My Square") is an initiative created in the Canary Islands (Spain) and that has been fully integrated in Palmas that has as a main goal to activate the social life of a neighbourhood. It is a virtual space that provides support to neighbours of a specific zone so they can share, sell, exchange and help each other. Within this virtual space, the participants meet, get organized and can propose community projects. In this virtual space, all the neighbours of a neighbourhood can participate and propose ideas for activities and events.

  The project was introduced in Las Palmas with the support of the town hall, where many elderly people reported to have obtain benefits from their participation in the project, though they are not the specific target group of this virtual space.

  The web page of this project is: http://www.miplaza.org/

7.5   Digital tools as an opportunity

- **For older people:** The Community of Madrid is launching a pilot program of online activities aimed at the region's elderly people in order to promote the active ageing of the population over 60 and provide an option to stay in contact with their social networks due to the COVID-19 crisis. The Regional Ministry of Social Policies, Families, Equality and Births aims to give continuity to the program of workshops and activities for the elderly which it traditionally organizes in collaboration with the region's town and city councils. The aim of the activities is to improve participants' knowledge and skills in the use of smartphones, to encourage and improve communication with their environment, offering useful guidelines and advice on how to use the device. For example, they are given information on how to

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configure the device, data management, send and receive messages, optimize memory, as well as other functionalities (Comunidad Madrid, 2020).

Link: https://www.comunidad.madrid/noticias/2020/07/11/ponemos-marcha-programa-piloto-formacion-online-personas-mayores-0

The study by the Universidad de Granada "*Personas mayores y TIC: oportunidades para estar conectados*" pointed out, that there is a great interest in keeping up to date and using Information and Communication Technologies among the elderly. The study shows that more and more older people use the internet not only as a form of communication, but that there are specific applications for them in order to carry out their daily lives in the best possible way. The applications allow them to improve their cognitive abilities, personal autonomy, health, training, intergenerational integration, as well as keeping them in contact with other people around them. Many projects are being carried out by private and public institutions with the aim of including and integrating this sector of the population through new technologies. Social educators have a wide field of action with this group and in the field of Information and Communication Technologies, as it was explained in one of the workshops of the 6th Social Education Congress "New Visions for Social Education, experiences and challenges for the future" (García, Heredia, 2017).

- **For geriatric nurses, social workers, care givers, etc.:** According to *Guidelines of best practices in Geriatrics of the Sociedad Española de Geriatría y Gerontogía* (2018) tools that focus on comply with ethical and deontological rules, respect the privacy and confidentiality of patients, offer clear, truthful, understandable, and quality information, and ensure that the prestige of the profession is maintained are helpful for professional care worker. The Spanish Society of Geriatrics and Gerontology has promoted a specific questionnaire for the systematic evaluation of the usefulness of applications aimed at professionals.

C) Learning about "loneliness"

8   Education, further training and awareness rising

At a national level, there are many opportunities for education and training in relation to loneliness in elderly people and the importance of their social inclusion. Aside from the kind of master degrees and official university courses that can be available for students of Psychology, Social Work or Medicine (among others), it is easy to find other trainings on loneliness like the one offered by the Sociedad Española de Geriatría y Gerontología on loneliness in elderly people, an open course on the matter of the University of the Basque Country or the Programme of Social Participation of Elderly People offered by the IMSERSO ("Institute of the Elderly and Social Services")

8.1   Gerontological findings on the phenomenon of loneliness

The doctoral thesis *"La Soledad en la Vejez: análisis y evaluación de un programa de intervención en personas mayores que viven solas"* by Raquel Lorente Martinez (2017), after reviewing a series of studies, documents the following conclusions (among others):

The way participants of a study on the topic had of interpreting loneliness and its causes are factors that can influence the final results of a study. People that had a positive/neutral vision of loneliness and those who attribute loneliness to internal and controllable factors are the people that enhanced their loneliness are their perceived control to deal with it after an intervention.

Elderly people prefer not to get engaged in long-term social activities. Though, after an intervention based on accompaniment of the Acompaña-Te programme of elderly people they manifested a higher interest in taking part in new activities when they are adapted to their needs.

Loneliness is a complex experience that has a different meaning for different individuals. Participants of the study could difference three dimensions of loneliness: negative, neutral or positive. A negative dimension was the most common among the participants, the other two were present in an important number of participants. The conclusion from this point is that all the dimensions of loneliness should be included in an intervention programme on elderly people who live alone.

There are very different causes for loneliness in elderly people, though a topic-centred analysis could differentiate between attributional profiles of loneliness. The profiles that attribute loneliness to external, stable and uncontrollable factors understand loneliness as a circumstance that is not susceptible to be changed by themselves. On the other hand, profiles that attribute loneliness to internal or controllable causes feel control over their situation and do not experience this feeling. If they do experience loneliness, they feel it as susceptible to be changed by themselves.

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The participants of the Acompaña-Te Programme experimented benefits in the following areas: 1) learning and personal development through the activities of the Programme, 2) psychological and emotional benefits thanks to accompaniment, 3) opportunities to enhance their social participation and 4) the establishment of new links through new relations with volunteers of the programme. The author concludes this point mentioning that the best way to understand the benefits of an intervention programme like this one (Acompaña-Te) is through a mixed analysis of the personal experience of the participants.

To finalize, the author points out that the accompaniment-based psychosocial intervention of the Acompaña-Te programme is useful to enhance the future sense of control of the participants over their own loneliness and their sense of self-efficacy during their ageing process.

8.2   Current measures in education and further training programs to prevent loneliness

The study "*Programas para combatir la soledad en las personas mayores en el ámbito institucionalizado: una revisión de la literatura científica*" (2018) by Ana Isabel Bermeja and Berta Ausín of the Universidad Complutense de Madrid examines published studies on programmes that prevent loneliness in elderly people. The results of this review confirm that older people who participate in these intervention programmes report significant and sustained improvements in their levels of loneliness. The analysis of the programmes showed that group programmes, where participants have the opportunity to interact with each other, have more positive effects than individual programmes. In addition, it was highlighted that programmes that include activities such as group therapy improve factors such as quality of life and psychological well-being.

The study recommends developing programmes to prevent loneliness, which select broad and representative samples of elderly who feel lonely, record the interventions, follow up to evaluate the results in the medium and long term and develop programmes based on the new technologies. In addition, programmes should be adapted to the social and cultural needs and interests of the elderly and consider cognitive impairments (Isabel Bermeja, Ausín, 2018).

8.3   Main learning gaps regarding "loneliness"

Loneliness is considered a social and health problem in health sector training. The topic will be analysed in depth to identify what constitutes loneliness and how to respond to it. In addition, trainings address how to deal with the general issue of loneliness among the elderly in the present and in the future through different interventions (*Sociedad Española de Geriatría y Gerontología,* 2020).

9   Glossary of terms for the Digi-Ageing project

Term	Definition/Description
Active Ageing	Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. **SOURCE:** Active Ageing: A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002. http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
	Active ageing is about adjusting our life practices to the fact that we live longer and are more resourceful and in better health than ever before, and about seizing the opportunities offered by these improvements. In practice it means adopting healthy life styles, working longer, retiring later and being active after retirement. **SOURCE:** "New Paradigm in Ageing Policy", European Commission, http://ec.europa.eu/employment_social/soc-prot/ageing/news/paradigm_en.htm
Ability to Benefit	The point at which an adult qualifies for selected programs or services based on achievement results. Assessments approved by OAEL may be used to establish an "ability to benefit" and may result in an individual's acceptance or rejection for programs or services based on assessment scores. **SOURCE:** Adult Education, Glossary, http://www.doe.virginia.gov/instruction/adulted/glossary.shtml
Adult Education	Adult Education services or instruction below the post-secondary level for individuals: - who have attained 16 years of age; - who are not enrolled or required to be enrolled in secondary school under State law; - who lack sufficient mastery of basic educational skills to enable them to function effectively in society; - who do not have a secondary school diploma or its recognized equivalent, and have not achieved an equivalent level of education; or (e) who are unable to speak, read, or write the English language. **SOURCE:** Glossary of Adult Education Terms, http://www-tcall.tamu.edu/docs/04esguide/glossary.htm
Adult Basic Education (ABE)	Programs and services that target adults functioning below the ninth-grade level based on an approved assessment. **SOURCE:** Adult Education, Glossary, http://www.doe.virginia.gov/instruction/adulted/glossary.shtml
Age Discrimination	Inappropriate behaviour (social pressure, restriction of rights) to people of all ages (young, middle and older) based on age stereotypes. **SOURCE:** Mikulionienė S. 2011. *Socialinė gerontologija.* Vadovėlis. Vilnius: Mykolo Romerio leidybos centras. [Social gerontology: textbook]
Age Norms	Age-related behavioural rules, expectations, and standards governing the interaction of people. Age norms describe roles and behaviour, which are (not) acceptable and (un)desired for people of certain age.

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	SOURCE: Mikulionienė S. 2011. *Socialinė gerontologija.* Vadovėlis. Vilnius: Mykolo Romerio leidybos centras. [Social gerontology: textbook]
Ageing (of) Population	An ageing population is defined as a population in which the number of elderly (65+) is increasing relative to the number of 20–64-year-olds.
	SOURCE: Population Europe: The Network of Europe's Leading Demographic Research Centres. Available at: http://www.population-europe.eu/Library/Glossary.aspx
	Aging of population (also known as demographic aging, and population aging) is a summary term for shifts in the age distribution (i.e., age structure) of a population toward older ages.
	SOURCE: Gavrilov L.A., Heuveline P. "Aging of Population." In: Paul Demeny and Geoffrey McNicoll (Eds.) The Encyclopedia of Population. New York, Macmillan Reference USA, 2003. http://www.galegroup.com/-servlet/ItemDetailServlet?-region=9&imprint=000&titleCode=M333&type=4&id=174029
Assessment	Methods of measuring learner progress, including state approved assessments, non-approved testing, staff evaluation, and self-reporting of learners.
	SOURCE: Adult Education, Glossary, http://www.doe.virginia.gov/instruction/adulted/glossary.shtml

Distance Learning	The learner has been matched with a teacher, tutor, or volunteer with whom he/she has regular interaction with regard to the content of the distance learning curriculum, and who provides support throughout the distance learning experience. Distance learning is characterized by all of the following:
	▪ A separation of place and/or time between the learner(s) and the instructor.
	▪ The use of standardized curriculum.
	▪ The delivery of education or training that employs technology in at least one of the following four categories:
	   • Computer Technology, such as the Internet or CD-ROM.
	   • Video Technology, such as videoconferencing, cable, satellite linkage, and videotapes.
	   • Audio graphic Technology, such as radio and audiotapes.
	   • Telephone Technology, such as teleconferencing.
	Support by a tutor, including help with content and assistance with technology, on line, on the telephone, or in person.
	SOURCE: Adult Education, Glossary, http://www.doe.virginia.gov/instruction/adulted/glossary.shtml

Educational Activities	The activities of educating or instructing; activities that impart knowledge or skill. **SOURCE:** http://dictionary.reference.com/browse/educational+activity
Generations	The concept of generations is widely used in different ways: ▪ *age groups* or individuals at given life stages, such as youth, adulthood and old age; ▪ *historical generations*, defined as birth cohorts with particular characteristics (i.e., Baby Boomers); ▪ *family generations* – that is family-based roles and structures (i.e., grandparent, parent, child, grandchild). **SOURCE:** Hagestad, G.; Uhlenberg, P. 2007. The Impact of Demographic Changes on Relations Between Age Groups and generations: A Comparative perspective. Schaie, K.W.; Uhlenberg, P. (Eds.) Social Structures: Demographic Change and the Well-Being of Older Adults. Springer Books, New York, p. 239-261.
Gerontology	Gerontology is a multidisciplinary science studying ageing from biological, psychological, and social perspectives. **SOURCE:** Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. Key

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	concepts in social gerontology. London: Sage Publications, 2010. p. 118.
Healthy (Active) Ageing	Healthy ageing is the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life. **SOURCE:** Healthy Ageing, EU-funded project 2004 – 2007. http://www.fhi.se/Documents/English/International/conference-documentation/Healthy-ageing-project.pdf
	Healthy ageing describes the ongoing activities and behaviours you undertake to reduce the risk of illness and disease and increase your physical, emotional and mental health. It also means combating illness and disease with some basic lifestyle realignment that can result in a faster and more enduring recovery. **SOURCE:** http://www.seniors.gov.au/internet/seniors/publishing.nsf/Content/Healthy+ageing
Independent Living	Living at home without the need for continuous help and with a degree of self-determination or control over one's activities. **SOURCE:** A Glossary of Terms for Community Health Care and Services for Older Persons, Ageing and Health Technical Report, Volume 5, WHO Centre for Health Development, 2004. http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf
Individual Ageing	A process whereby people accumulate years and progressively experience changes to their biological, social and psychological functioning as they move through different phases of the life course. **SOURCE:** Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. *Key concepts in social gerontology.* London: Sage Publications, 2010. p. 12.
Learning Activities	Any activities of an individual organized with the intention to improve his/her knowledge, skills and competence. The two fundamental criteria to distinguish learning activities from non-learning activities are: ▪ the activity must be intentional (as opposed to random learning), so the act has a predetermined purpose; ▪ the activity is organized in some way, including being organized by the learner himself/herself; it typically involves the transfer of information in a broader sense (messages, ideas, knowledge, strategies). **SOURCE:** Classification of Learning Activities – Manual. European Communities, 2006.
Older Senior Citizens / The "Fourth Age"	Older seniors are the group of people who are traditionally called the elderly. They are believed to be in the phase of their lives during which their physical, mental and social capacities and contributions to society gradually fade away. While we previously believed that people entered this group at retirement, we have now learned that this group consists of people in their eighties and nineties. We speak of the "older seniors" or the "fourth age." The Fourth Age is characterized as a period of increasing frailty. Frailty is not just a series of diseases, but more the natural ageing process linked to becoming weaker and losing the possibility to overcome diseases and social problems. Thus, old age is also characterized by a number of medical and social problems. Old age ends with the death of the person. **SOURCE:** Text Analysis Report (V2.10), "Technology and the Elderly in the Popular Media," SENIOR project, Deliverable D1.2, pg. 9. http://globalseci.com/wp-content/uploads/2009/02/d12-text-analysisreport2.pdf
Middle Age	The term "middle age" was a concept popularised in the 1960's to indicate a grey area between adulthood (30-40 years old) and retirement (affecting those 65 years

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	and older). "Extended middle age" is now the term commonly used to indicate a continuation of this period but a change in circumstances (e.g., retirement). During extended middle age, the main physical and mental abilities remain unaltered though the person is ageing and gradually forced into the role of the senior citizen. As such, he or she is better profiled in terms of desired activity patterns, job opportunities, desired life habits, desired conditions rather than medical and social needs. The "fourth age" applies to older senior citizens, people in their eighties and nineties. In this period, practically all people show substantial losses in physical mobility and cognitive functioning. **SOURCE:** "Ethics of e-Inclusion of Older People," Senior Discussion Paper No. 2008/01, April, 2008. http://www.cssc.eu/public/Ethics%20of%20e-Inclusion%20of%20older%20people%20-%20Bled%20%20Paper.pdf
Quality of Life	Is "an individual's perception of his or her position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features in the environment." (WHO, 1994). As people age, their quality of life is largely determined by their ability to maintain autonomy and independence. **SOURCE:** Active Ageing: A Policy Framework. A contribution of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, April 2002. http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf
Social Exclusion	Social exclusion is a social process, built on social inequalities and leading to the marginalisation of individuals and groups as regards societal goals. Social inequalities (related to a series of factors: gender, ethnicity, age, education, employment, income, professional status, housing, family structure, disability, geographical location, etc.) are the basic roots of social exclusion. Exclusion is defined in relation to a goal: in the case of this project, the development of the information society / knowledge society (digital exclusion or e-exclusion). Exclusion occurs when individuals or social groups are left behind or do not benefit from equal opportunities to achieve societal goals. **SOURCE:** Analytic Framework – eInclusion and eAccessibility Priority Issues, eInclusion@EU Project: Strengthening eInclusion & eAccessibility Across Europe, Deliverable 1.1, October 2004. http://www.empirica.com/themen/einclusion/documents/eInclusion_Analytic-framework.pdf
Social Inclusion	The process which ensures that those at risk of poverty and social exclusion have the opportunities and resources necessary to participate in economic and social life, securing a standard of living that is considered acceptable in the society in which they live. **SOURCE:** Social Protection, Social Inclusion Glossary: Key terms explained, European Commission, http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf
	Social inclusion is not only the symmetric counterpart of social exclusion, aiming at including those who are at risk of exclusion. The process of social inclusion relies on three dimensions: (1) overcoming the disadvantages resulting from social inequalities, in order to avoid exclusion processes; (2) harnessing the opportunities offered by the targeted societal goals, in order to reduce existing inequalities and improve the quality of life in society; (3) fostering participation and empowerment in upcoming societal processes, in order to improve individual and collective

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	expression, civic commitment and democratic participation. **SOURCE:** Analytic Framework – eInclusion and eAccessibility Priority Issues, eInclusion@EU Project: Strengthening eInclusion & eAccessibility Across Europe, Deliverable 1.1, October 2004. http://www.empirica.com/themen/einclusion/documents/eInclusion_Analytic-framework.pdf
Social Gerontology	Social Gerontology is a branch of gerontology, studying "social aspects of ageing". It combines the knowledge on ageing (process), age (criteria) and older persons (population category) produced by different social sciences: sociology, demography, economics, social policy, social work, education science, gerogogics, etc. **SOURCE:** Phillipson, Chris. Ageing. Cambridge: Polity Press, 2013, p.5.
Vulnerable Groups	Groups that experience a higher risk of poverty and social exclusion than the general population. Ethnic minorities, migrants, disabled people, the homeless, those struggling with substance abuse, isolated elderly people and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment. **SOURCE:** Social Protection, Social Inclusion Glossary: Key terms explained, European Commission, http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/glossary_en.pdf
Third and Fourth Age	In the sociological tradition third and fourth ages are "phases of the life course identified in terms of functions and roles". The third age is "the period for personal achievement and fulfilment". The fourth age is "a time of dependence, decrepitude and death". **SOURCE:** Phillips, Judith; Kristine Ajrouch, and Sarah Hillcoat-Nalletamby. *Key concepts in social gerontology.* London : Sage Publications, 2010. p. 213; 215.

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Co-funded by the Erasmus+ Programme of the European Union   IO1-A2 Desk Research Report Spain

TITLE
DIGI-AGEING – overcoming loneliness

PROJECT ID
2020-1-AT01-KA202-078084

PROGRAMM
Erasmus+ KA2 Strategic Partnerships

START DATE   01-10-2020
END DATE   31-07-2023

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