



Digi-Ageing

overcoming loneliness

Desk Research Report Spain

by Caminos

Final version: May 2021



Intellectual Output – IO1-A3 Field Research Report	
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Researcher(s) responsible for filling in this document:	Christie Scott Hands
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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.

In the Digi-Ageing project, extensive desk research has already 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 now to be verified and supplemented by the present field research.

1.1 Research Design for Field Research

In each of the partner countries, at least 10 persons will be interviewed who, either professionally or privately, are entrusted with the care of older people or offer education and training in the care sector. We have agreed on the following target groups for the surveys:

Group 1. Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

Group 2. Relatives who care for older people (min. of 2 pax)

Group 3. Persons working in institutions that offer training in geriatric care (min. of 2 pax)

We decided to apply a very flexible research design, so that all partners have the possibility to use best fitting methodology within their own framework and with their own resources. So, partners can carry out interviews (in person, by telephone, online) or via focus groups.

1.2 Description of the research process in Spain

Asociación Caminos (Spain) carried out 10 interviews with different professionals and non-professionals that are in close contact with people of the third age. Seven of the interviews were carried out through phone, following the questionnaire provided by Hafelekar and recording the call for later transcription, while two interviews were conducted face to face with two workers of “Lux Mundi” centre in Velez-Málaga (Málaga)

The interviews were carried out between the 17th of March and the 15th of May 2021 by one staff member of Asociación Caminos on different dates and times, always trying to adapt to the working schedule and free time of the interviewees and respecting the present COVID-19 restrictions.

The interviewees were contacted through other associations or through direct contact by phone or e-mail and invited to participate in an interview for the development of a project that may prove beneficial to them in their work. Asociación Caminos aimed directly at getting in contact with professionals who work with elderly people or deliver training on the subject to other professionals and close family members who were in close contact with an elderly person, usually within a non-formal caregiver role.

1.3 Socio-demographic data of interviewees

Two of the interviewees (one male and one female) are close family members and non-formal care takers of an elderly person, six people are professionals who work with elderly people on a formal level from different sectors, one person is both a professional caregiver and a trainer for nurses specializing in providing support to elderly people at their home and another is a specialized trainer for caregivers. The last person interviewed was a professional caregiver who provided training for other caregivers through the town hall of Andalucía.

The group of professionals and trainers consisted in four nurses (one working in a nursing home, another providing home assistance and another providing home assistance and training for other nurses), one auxiliary nurse from a nursing home in Asturias, one social worker specialized in providing support from elderly people, one stakeholder of a social association for the elderly, and one self-employed care giver working in the city of Málaga. All of the interviewees from these groups were women between 28 and 64 years old with different levels of experience in their field and different tasks.

Role of Interviewees:

Group 1. Geriatric Caregivers/Nursing Staff/ Social workers (min. of 6 pax)

Group 2. Relatives who care for older people (min. of 2 pax)

Group 3. Persons working in institutions that offer training in geriatric care (min. of 2 pax)

No.	Role (Group 1 – 3)	Gender (d/f/m)	Age Groups: 25 - 45 46 – 65 > 65	Format: Focus Group or 1-1 Interview	Interview: in person or online	Country
1.	1	F	28 - 64	1-1 Interview	Telephone	Spain
2.	1	F	28 - 64	1-1 Interview	Telephone	Spain
3.	1	F	28 - 64	1-1 Interview	Telephone	Spain
4.	1	F	28 - 64	1-1 Interview	Telephone	Spain
5.	1	F	28 - 64	1-1 Interview	In person	Spain
6.	1	F	28 - 64	1-1 Interview	In person	Spain
7.	2	M	28 - 64	1-1 Interview	Telephone	Spain
8.	2	F	28 - 64	1-1 Interview	Telephone	Spain
9.	3	F	28 - 64	1-1 Interview	Telephone	Spain
10.	3	F	28 - 64	1-1 Interview	Telephone	Spain

2 Executive Summary

In regards to the main findings related to the topic of loneliness in old age, the majority of the professionals can clearly differentiate loneliness from social isolation. The three groups of interviewees define loneliness as a feeling of being a burden, not feeling accompanied or not feeling useful to anyone. Some of the interviewees indicated the existence of a conscious and positive sensation of loneliness.

Social isolation was defined as a lack of communication and exchange with the environment. It was defined as something more tangible, observable, related to direct contact with others and taking part in social life. Some of the interviewees related social isolation to disabilities and to psychological disorders. Many of the interviewees explained that social isolation in elderly people has worsened as a consequence of social isolation during the COVID-19 restrictions.

All of the people interviewed gave great importance to the issue of loneliness in elderly people. Professionals and family caregivers expressed that these situations affect the deterioration of the people they care for, taking a significant toll on their physical, intellectual, and emotional faculties. They also stated that it has more serious consequences on certain vulnerable groups like migrants. The trainers indicated that in the curriculum, the topics of loneliness or social isolation are dealt with but are not worked on, they are simply discussed in depth when talking about topics such as depression or other illnesses.

Regarding digital tools (Section A1) in general both caregivers and family members use cell phones, tablets or laptops to make video calls with the elderly; social media (like Facebook) and Zoom. The elderly by themselves tend to use a landline, mobile phone to make phone calls and in some cases the WhatsApp

app. The trainers use more digital tools including computers, web pages, blogs, YouTube account, etc. Some try to teach older people how to use cell phones, send SMS, WhatsApp, emails and Facebook.

Regarding networks and external help, caregivers of the elderly try to create activities that stimulate social participation of elderly people. They believe that it is essential to accompany, talk to the elderly, walk together, understand them, and give them confidence so that they trust the caregiver. They mention the importance of small gestures such as saying good morning, approaching them so that they see that you are there, touching their arm while you talk to them, addressing them by name, among other things. They also mention the importance of know their tastes, their personal history. Family members of elderly people use resources like watching videos and doing activities with their older relatives (i.e., making puzzles).

Some of the trainers mentioned the importance of peer-support for elderly people that are not completely independent. They mentioned cohousing and co-living as an alternative to residential care, also including social clubs as a means to create networks.

In regards to external help, the interviewees mentioned past activities like intergenerational meetings, animal-assisted therapy and art classes offered by external organizations. Also, some family members organized events (i.e., birthday parties) for their elderly relatives and, in occasions, external volunteers participated and offered support in different events. Many of these external resources ceased to exist since the COVID-19 pandemic began. Some family members mentioned that the Government of Andalucía offers Tele-assistance to elderly people.

In terms of digital tools, some caregivers and trainers make use of applications such as Instagram and Facebook to promote the workshops to be carried out. They also use Facetime and WhatsApp to keep in contact. Elderly people themselves tend to not use these digital tools with some exceptions.

In reference to the Digi-Ageing project and tool, the interviewees believe that it could be a good way to relate to other people in their situation and it is an easy way to talk to people who put themselves in their shoes. They also mentioned a potential chat room for caregivers and the elderly people themselves. Some consider that projects like this one should address issues such as suicide, since in senior centres there are a significant number of these cases.

Concerning the identification of loneliness, most interviewees expressed that they find it easy to detect, though they usually have problems to deal with it. Many of the interviewees mentioned the following signs of loneliness in elderly people: neglect of appearance and hygiene, lack of appetite, decreased social behavior and lack of interest towards activities. They also can identify it by observing the persons gestures, tone of voice, etc. Regarding factors related to loneliness, they mention grief, health issues, physical limitations, psychological problems, poor family relations, the fact of living alone and a weak social network. The trainers mentioned that loneliness in many cases is related to psychological disorders like dementia.

In general, there is no knowledge of digital tools that can be used to identify loneliness, but the interviewees would be interested on the proposal of the Digi-Ageing project of creation a tool. Some of

them talked about the usefulness of a “quantitative” tool to measure loneliness and some techniques to know how to deal with it.

When asked about the prevention of loneliness, the caregivers talked about carrying out meaningful activities with elderly people like listening to music that is important to them and that serves as a way to talk about important events. They also mentioned the importance of having hobbies (cooking, sewing, etc.), goals and engaging in daily activities related to their peers have on their feeling of loneliness. In any case, the main goal is always to maintain social contact through different means.

Regarding the contribution of the community, the interviewees all agree that society has a negative concept of elderly people. They mentioned that society can contribute through intergenerational inclusive activities, neighborhood activities and with small details like invitations, phone calls or visits. It is also important to include elderly people in activities where they can help other people and, this way, feel more useful to society. Following the topic, they talk about the *Adopta un Abuelo* program, activities for elderly people created by local associations, some of the projects of the Red Cross, activities of Haruna association and the town halls’ Tele-assistance service.

The trainers reported that loneliness prevention is not addressed directly in their trainings, though it is somehow included in an indirect way.

In relation to digital tools to prevent loneliness, the participants do not know any or do not use them. Some of the caregivers and the trainers digitalized their activities through means like WhatsApp during the COVID-19 lockdown.

When asked about their needs on the topic of loneliness prevention regarding the Digi-Ageing project, they expressed that they would like some kind of tool that offers optional enjoyable activities and that could assign tasks to elderly people. It should also be a means of expression and communication between elderly people and their peers or caregivers.

Regarding education and training on loneliness, the great majority of the participants do not have specific training on the subject. The trainers explained that they do not offer courses specifically aimed at treating loneliness and that the subject is only mentioned when talking about psychological disorders like depression. Some of the participants showed interest in receiving further training on loneliness and other topics (empathy, accompaniment, etc). Regarding a digital tool on the topic, they would like to have an application that provides advice when dealing with loneliness.

All of the interviewees reported being greatly affected by the COVID-19 situation. Caregivers working with elderly people reported being able to observe a clear deterioration of their patients (physical, psychological and social) and having big difficulties adapting their job to the situation: having to work from a distance, digitalizing activities, maintaining their routine and personal problems. Family members of elderly people reported that they have had a hard time because of being worried about their elderly familiars and because of issues when trying to contact them related to social restrictions. This situation as also caused interpersonal problems with their elderly familiars because of misunderstandings, like the elderly person believing that he/she is being ignored or lied to. The trainers reported personal issues and

economic problems because of losing their job or having their training hours cut in relation to the pandemic.

Most of the people interviewed showed a great interest towards the Digi-Ageing project, highlighting the importance of treating loneliness and of remembering the issues of elderly people (whom they define as the “forgotten generation”). They believe that the project and its outputs should be used by elderly people, family members and professionals and suggest that it should be introduced to younger generations.

3 Main findings via the Interviews

3.1 Important findings on the topic of loneliness in old age

The difference between loneliness and social isolation is quite clear for the interviewees, though they have different ways of describing it.

The caregivers and relatives interviewed defined loneliness in elderly people as the feeling of being a burden to others, being surrounded by people but not feeling accompanied, not knowing what to do with their lives. In many cases the interviewees explained that elderly people may have a family but feel neglected or forgotten. Other times this loneliness is due to incomprehension, that is, they may be with other people, but they do not understand them or do not put themselves in their place, so that person will continue to feel empty and lonely.

However, the trainers who have been interviewed explained that loneliness does not have to be negative. They said that it is good to know how to be alone, to know oneself, to be calm, to accept oneself. But loneliness must be “controlled and conscious”.

Regarding social isolation, it is defined by caregivers as the lack of communication of a person on a social level. One of the participants described it as to have one’s communication and ties to society and the outer world severed. On many occasions this isolation is due to some disability, or simply to fear. Caregivers also pointed out that on many occasions social isolation can be a consequence of loneliness or loneliness can be a consequence of social isolations, though they are always closely related. The interviewees also repeated the idea that social isolation is a situation that is easier to observe and to measure when compared to loneliness.

In these times of COVID-19, many elderly people are afraid to go out in the street and socialize for fear of getting sick. Even in nursing homes the situation of social isolation has worsened, because even the rooms have become individual, in many of them, to avoid contagion.

In the case of the family relatives who have been interviewed, they believe that it is more serious than loneliness, since the individual does not relate to anyone, and they think that on some occasions it occurs because they do not have the resources to share their time with other people,

whether they are family members or not. They expressed that since COVID-19 began, this situation is getting worse, as elderly people are unable to leave their homes and even unable to receive visits from family and friends.

On the other hand, the trainers stated that social isolation is something more tangible than loneliness. That it is due more to reaching an age when many elderly people do not know how to use technology, nor do they continue to maintain contact with many of the friends they had in their youth, and that makes them want to relate to the outside world but though they are unable to.

The issue of loneliness for older people, who are cared for, both by family members and professionals, is very important. Some say that sometimes they are accompanied but feel lonely, since they do not want to spend time with a person in silence or watching television, but they want to spend time with other people and do things in common, have a conversation, take a walk, etc.

In turn, professionals and family caregivers expressed that these situations affect the deterioration of the people they care for, taking a significant toll on their physical, intellectual and emotional faculties. They explained that it is very important to put themselves in the elderly person's shoes, so they should do activities together that they enjoy. It is necessary to look for reasons that make the elderly feel like socializing and being in touch with other people. It is not only necessary to take care of them so that they have a good image, but also to take care of their feelings. They also mentioned that loneliness and social isolation has a stronger effect on foreign people and migrants, as they tend to be very far away from their families and their culture.

Finally, the trainers indicated that in the curriculum, the topics of loneliness or social isolation are dealt with but are not worked on, they are simply discussed in depth when talking about topics such as depression or other illnesses. But some of them would like to integrate these topics by presenting the positive side and thus be able to combat them.

Regarding digital tools (Section A1) in general both caregivers and family members use cell phones, tablets or laptops to make video calls with the elderly. Some caregivers use social media (like Facebook), Zoom and create newsletters and other kinds of digital means to communicate their activities. However, the elderly by themselves, for the most part, simply use a landline, mobile phone to make phone calls and in some cases the WhatsApp app.

In the case of trainers, they do use more digital tools. They use computers, web pages, blogs, YouTube account, etc. And they said that with older people they use and teach them how to use cell phones, send SMS or use WhatsApp, they use email and even Facebook.

3.2 What we learned about existing networks and external help

In general, the people interviewed are very aware that there is a great need to create measures to combat loneliness among the elderly.

To combat loneliness, caregivers of the elderly try to create activities that stimulate social participation, but many elderly people are reticent because they are afraid of the COVID-19 situation we are living in. They believe that it is essential to accompany, talk to the elderly, walk together, understand them, and give them confidence so that they trust the caregiver. This trust can be gained with small gestures such as approaching them so that they see that you are there, touching their arm while you talk to them, addressing them by name, among other things. It is essential to listen to them and know their tastes to be able to create activities based on them, for example, the type of music they like, dancing, etc. They also like to tell their stories from the past and often appreciate it when they are listened to and informed about current events so that they can compare different moments in history. Caregivers also mentioned some small details that can be of great importance to the elderly people they work with: to let them know their phone is always on, to communicate with them just to say "hi", to say good morning and good night every day, etc.

Family caregivers have/know fewer resources to combat loneliness, but they try to do so with companionship, making crafts, creating puzzles, talking and even watching old videos showing the elderly with their relatives.

On the other hand, the trainers believe that it is very important to work on mutual peer support. Especially when dealing with elderly people who are not yet fully independent, "Cohousing and co-living" are an alternative to residential centers. Some trainers have even tried to create a social club for the elderly, but it has been impossible due to the high cost of hiring caregivers and transportation.

Regarding the collaboration of external partners to combat loneliness, caregivers said that since the beginning of the Covid-19 pandemic there is no collaboration. But before the pandemic, many members collaborated. Intergenerational meetings were held, attended by high school students and volunteers, and they spent the afternoon playing board games, dancing or just talking. They also received animal-assisted therapy, clay, music or sewing classes. In addition, in the case of family members who are very participative, they organize parties, outings, group activities, and even create personalized parties for the birthdays of the elderly. Also, some of the caregivers mentioned external volunteers collaborating with them in the past.

In the case of family members, most of them do not receive external collaboration. Some simply have the help of the Tele-assistance of the Junta de Andalucía and others point out that there are neighborhood associations in which many activities are given, but that in the case of some elderly people they have so many difficulties or are so dependent that it is a challenge for them to transport themselves to the place where they are carried out.

The trainers recommend collaborating with other institutions or associations that carry out innovative workshops that attract the attention of the elderly in order to attract more participants and thus create more relationships among all of them.

In terms of digital tools, all the interviewees agree quite a lot in their answers. Some caregivers and trainers make use of applications such as Instagram and Facebook to promote the workshops to be carried out and it is a good way for family members to see what their elders are doing inside, as they upload photos of the elders doing the activities and workshops. They also make use of Facetime and WhatsApp to get in touch with families and friends.

However, in the case of relatives it is more complicated to use digital tools and they tend to simply use landlines, mobile phones and in some cases the Tele-assistance of the Junta de Andalucía.

Regarding the creation of projects such as Digi-Ageing, all agree that it would be a very useful tool for both the elderly and their caregivers, including people with intellectual disabilities. They comment that it should be a project with an interactive and less formative vision. They believe that it is a good way to relate to other people in their situation and it is an easy way to talk to people who put themselves in their shoes and understand them. They also point out that it would be good if there were a kind of chat room where caregivers or even the elderly could ask questions or consult with the rest of the group. Some consider that projects like this one should address issues such as suicide, since in senior centers throughout the year there are a significant number of these cases, as it is a place where some elderly people feel alone and have very easy access to drugs that can be used to end their lives. One of the caregivers suggested that it should be used to encourage peer-to-peer support and exchange between elderly people.

3.3 Ways to identify loneliness

The detection of loneliness in the elderly is easy for our interviewees; the problem sometimes lies in not knowing how to combat it.

Caregivers and trainers detect loneliness in the people they care for or work with, in different ways. Both women and men begin to neglect their appearance, stop grooming themselves, stop wearing perfume, and even start to reduce their hygiene. There is an increased lack of appetite, they do not feel like going out in the street or talking to other people, they are sad and show little interest in the things that happen around them. They also informed that that it can be detected through observation (the person's gaze, gestures, tone of voice...).

In the case of family members, they say that in many cases the elderly person they care for says that he/she feels lonely. They also detect it when they see that they hardly have conversations on the phone with other family members or friends, when they stare blankly into space, etc.

In reference to the factors that could be related to loneliness, they all agreed that in most cases they can be related to the loss of a spouse, having an illness, physical limitations, hearing or mental

problems, a poor relationship with their remaining family, living alone, and seeing that they have fewer and fewer friends as they grow older and pass away.

The trainers said that these issues are addressed in their training, but that in the end they discover that this loneliness in most cases hides cases of dementia disorders, among others.

If we focus on section C1, Digital tools, we can see that almost all the interviewees do not know of any tools that can be used to detect loneliness in the elderly. Only one of the trainers talks about "Alexa", a virtual assistant that works by voice. It is easy to use, as you simply have to say her name and what you want and she responds kindly. It's a way for seniors to somehow not feel so alone.

Those who do not know any digital tool to detect loneliness are interested and find Digi-Ageing's proposal very useful, while others find it unnecessary and even believe that it could make people worse. In the case of those who do find it useful, they expect it to be a tool with which to work quantitatively through items (lack of hygiene, isolation, lack of communication...) in order to be able to see the evident evolution of the elderly. To show them ideas or techniques to know how to cope with loneliness and little by little to be able to get closer to that person who feels lonely. They advise to create proposals such as social networks, to give a task to each member so that they have a "responsibility" over the other and in this way they feel useful and they can see a support and interaction with each other.

3.4 How to best prevent loneliness in old age

For caregivers, the prevention of loneliness in old age is a very important factor in the daily lives of the elderly. To combat this, caregivers explained that they carry out different activities. In most cases, they try to make the activities meaningful to the elderly, related to their tastes and preferences. That is why at some moments they listen to music from their time or talk about topics from their youth and at these moments it is very important that the caregiver listens to them and gives his or her opinion. Another important aspect is that the elderly person has goals in their daily life, this can be achieved by having a hobby and working or doing group activities, such as sewing, cooking or reading. When they are already immersed in this loneliness, it is essential that the caregiver observes the elder and tries to show that he is there to help them. One of the main points they work on in the prevention on loneliness is maintaining social contact: they try to keep elderly people in contact with friends and family, try to keep them accompanied and encourage them to go out as much as they can if this is possible.

Family members think that one of the main factors to prevent loneliness is to spend time with their family member, eat with them, go for walks, have family meals and see friends. And if you can't spend time together for some reason, don't stop having telephone or video call contact. In the case of the trainers, they think that the main tool to combat loneliness is the attitude of the elderly person. If they are motivated and still have the energy to live, they will find a way not to feel lonely.

In the way the community contributes, everyone agrees that society needs a little change in its mentality. Intergenerational interaction is very important, both the young and the old need to be made to see that they are not a burden, that by spending time with each other you can learn, get to know history, see life from different points of view, etc. One way to contribute would be to visit the elderly neighbor who lives near you and you know lives alone, ask him if he needs anything, if he wants to go for a walk. These kinds of small things can go a long way, meaning a lot for an elderly person feeling lonely or who is isolated. It is also important to create activities that make elderly people feel useful (i.e., activities where they help other people or take part in chores)

Some of the services or programs they know of to combat loneliness are for example the project *Adopta un abuelo* ("Adopt a Grandad"), in which an elderly person is assigned to a young volunteer with whom to spend time, talks or walks. They have also commented on the role of day residences, the pensioners' home, social services, associations such as the Red Cross or Haruna and Tele-assistance. Some town halls promote activities (i.e., a town hall promotes the use of webpages like YouTube by elderly people. There are also activities created by local associations like "El Hogar del Pensionista" like boardgames, concerts, etc.

The trainers say that they do not address the issue of loneliness prevention for the elderly in their courses. In many cases when they talk to the elderly, they explain to them the services they have in case they want to use them or so that they are aware of them in case they need them in the future.

Regarding the digital tools used in institutions to prevent loneliness in most cases both caregivers, family members and trainers are unaware that there are any. Some caregivers create WhatsApp groups with elderly people and their family members as a means to loneliness prevention. During the COVID-19 lockdown, one of the caregivers digitalized some of their activities (i.e., Coffee mornings changed into digital online coffee mornings using WhatsApp).

The participants would like the tool created with the Digi-Ageing project to be a tool that, depending on the profile of the person who is going to use it, offers a series of activities to know what the elderly person might like and thus be able to assign different tasks or activities. If one day they are tired and do not feel like doing a physical activity, they can do something else that does not require effort. It should also be a means of expressions and communication for elderly people, as well as a tool that generates trust. As a must-have, they would like the digital tool to have different areas focused on caregivers, family members or the elderly.

3.5 Education & Training regarding the theme

In most cases, most of the people interviewed do not have the necessary training to deal with this topic. Only one of the participants said that she had taken a subject related to this topic, the others tried to find information on the Internet or books on their own and to get as much training as possible through courses. They said that some principalities offer courses throughout the year. One

of the caregivers mentioned a course titled “Loneliness in elderly people with visual disability”, offered by the ONCE (The National Organization of Spanish People with Blindness).

In the case of the trainers, they explain that they do not offer courses or trainings that are specific against loneliness in the elderly. They simply deal with the subject in some training that are related to depression or some mental illnesses.

All respondents acknowledge that they lack training on the subject. Some caregivers would like to continue studying other university degrees or vocational training to further expand their knowledge. One of the caregivers expressed their need to have more specific tools to treat loneliness, including digital tools. In the case of family members, they would like to receive training or help from public institutions or even have the opportunity to take paid training courses.

The trainers complain that in the trainings they have to deal with many laws and information required by the administration, but they would like more to deal with and train people in topics such as empathy, loneliness or accompaniment. In these trainings they like to work with Role-Playing, this is about giving an opportunity for the student to put himself in someone else's shoes, to represent concrete situations of real life, interpreting and acting under the previously assigned role.

Regarding the digital tools that they would like to enjoy with this program to combat loneliness in the elderly would be an application that gives advice to both caregivers and family members at times when you have doubts to help faster. A tool that can connect the elderly with their families when they need it and that they have the peace of mind of knowing that when they need it they will be able to use it.

3.6 Changes due to the Pandemic: Main need identified

Both the elderly and the people in direct contact with them (family, informal caregivers and professionals) have been greatly affected by the pandemic.

In the case of the caregivers, they have been able to observe very closely the cognitive and physical deterioration that elderly people have suffered. They comment that elderly people are afraid and that they have felt more alone than ever. They could not be with their families, nor could they get close to their caregivers or fellow residents; indeed, they were all isolated in their rooms with hardly any contact with anyone. The feeling of seeing everyone with masks, hats, screens and EPIS was very unpleasant for them, because they did not understand anything and that made them worry even more. They have suffered more disorders and behavioral alterations, and now that things are improving and everyone is vaccinated, many of them still do not integrate into the group for fear of getting sick. Caregiver also noted that they have had to make great efforts to adapt their work in many ways: working from a distance, digitalizing some of their activities (i.e., meetings). Also, many

caregivers reported that some important needs of elderly people have become clearer during the pandemic, like the need to have a daily routine.

Family members have been frightened by the number of elderly people dying and the fear of infecting their elderly relative. They have also found it difficult to organize visits due to perimeter restrictions and the cumbersome protection and disinfection measures. In some cases, the elderly person, not understanding the situation, has come to think that the relatives wanted to deprive them of their freedom, because they did not allow them to go out in the street, see their relatives and friends, etc. The relatives have also observed that this situation has caused them great physical and cognitive deterioration, as they no longer follow their daily routines.

The trainers say that for the professionals the conditions have been very bad, that they have experienced stress, fear, worry and many of them have become ill due to anxiety, high blood pressure, etc. In some cases, the superiors or bosses have only been concerned about the image that the residence was going to give, not about how their users or workers were doing. On the other hand, families who have professionals at home with their elderly relative have been forced to reduce their contract hours because the situation due to COVID-19 has affected them economically. This mainly affects the person being cared for because he/she does not receive all the necessary care.

3.7 Other relevant inputs & outcomes

Most of the interviewees wanted to thank the great work that is to be done with the creation of the Digi-Ageing project. They liked it because it focuses on the needs of the elderly, who most of the time are the forgotten generation, and we do not realize that it is thanks to them that we have the life we enjoy today.

They believe that the theme of loneliness is a very good subject to work on, since both young and old people are not aware of the advantages and disadvantages of being alone. Because in life there will be times when we have or decide to be alone and it will be rewarding for us, but it is also very sad to reach old age and feel that you have no one to share your remaining years with.

Some believe that it would be a good idea for this platform to be used by elderly people, caregivers, family members, trainers and even young people, and that it could even be used in high schools to learn about and work on this topic. This would require a large dissemination network to reach as many people as possible.

4 Case Studies of Spain

4.1 Case Study 1 Helena – Social Worker - Spain

Name (Pseudonym): Helena
Gender: female
Age group: 45 – 65
Role: Helena is a social worker and administrative for a foundation that works with elderly people.

Slogan: I am a social worker and administrative working in a social centre for elderly people.

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 key issues are

Loneliness, doing day to day arrangements, language barriers, difficulty when using technology, buying medication

These are my coping strategies

Seeking someone for support and accompaniment, motivation and with specific talents so that they can support and be supported by others (in a peer-to-peer setting), showing the clients to share and to learn from others, to make them feel useful to one another. In occasions we have worked with external volunteers to help and support, to maintain contact.

If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed.

For them it would be important for someone to speak in their language and help them with translations when communication with public administrations (i.e., health). Though many of our people speak Spanish, they have many difficulties when trying to communicate on the phone. I would like to give the people we work with the chance to build relationships with people beyond their own culture and to learn new skills through social media. I think that this would be very enriching for them.

4.2 Case Study 2 Diana – Caregiver - Spain

Name (Pseudonym): Diana
Gender: female
Age group: 45 – 65
Role: Carer for elderly people. Her job is to assist elderly people and their family at their homes (she helps the elderly person in their mobility, hygiene and tasks, she cooks, cleans, etc)

Slogan:

About my current situation

Every day, when I arrived at my clients house, I usually help the person get up, get dressed and have a shower. Afterwards I get their breakfast ready and do some basic cleaning around the house. I usually help other family members who live with the elderly person in their daily tasks. Apart from cooking and helping around the house, I usually take the elderly person for a walk if this is possible, have long conversations, ask them what they need and I am always in close contact.

My key issues are

The cognitive problems many of my patients begin to suffer. For example, one of the people I look after has begun to believe that she is not at home or that she can't walk anymore. Communicating with people with these issues and getting them to do basic tasks (like go to the bathroom or simply get up) in these difficult situations is something that I can't always handle and I don't always know what I should do.

These are my coping strategies

Patience, trust, measures to not cause anxiety or frustration in my clients when they are confused and experience that I have gained from the period I was working in a care centre.

If I could make a wish – related to outcomes of the project (including ICT/Apps, etc.). My main requirements, my personal needs related to the tools to be developed.

I would like the final outcome to include a list of specific problems that many elderly people who need care have and some examples of possible solutions for each situation. I would like it to include good practices. It would also be of great use if it included a forum to exchange ideas and experience with other professionals.