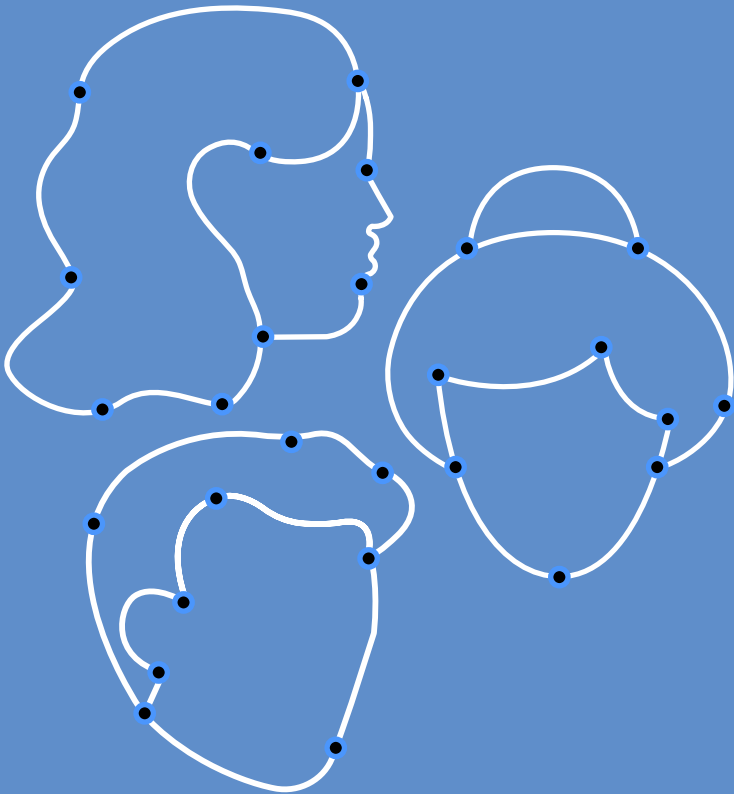


GUIDE TO PREVENTING, DETECTING AND ADDRESSING LONELINESS IN ELDERLY PEOPLE



**Municipal Strategy Against Loneliness
2020-2030**



Ajuntament
de Barcelona

BARCELONA CONTRA LA SOLEDAT ●

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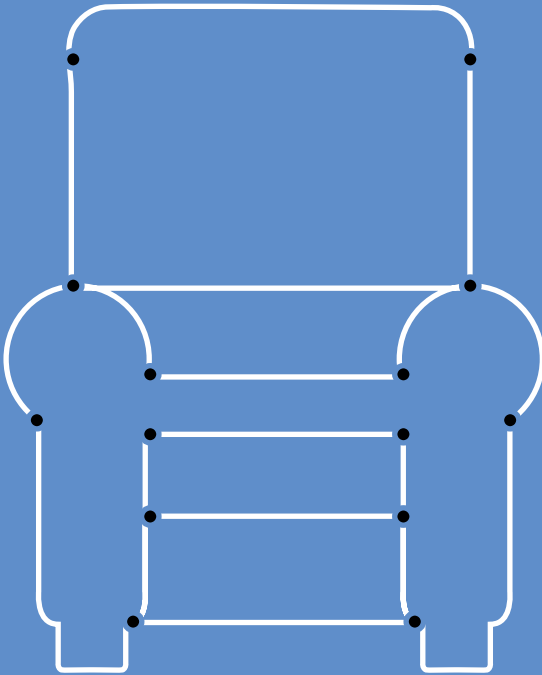
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1



INTRODUCTION

INTRODUCTION ⁹

The *Guide to preventing, detecting and addressing loneliness in elderly people* is a tool that aims to draw the attention of professionals who work with the elderly on the issue of loneliness and provide them with guidance on the matter. It aims to cover all possible aspects of loneliness in old age, taking into account the wide diversity of elderly people.

This guide draws on the extensive municipal experience in promoting and supporting initiatives that seek to prevent and resolve situations of hardship and social isolation experienced by the elderly in the city. The leading programmes **VinclesBCN and Radars**, which have been running for a long time in the city, show how the City Council has been working for a number of years to combat loneliness in old age, a track record that is extended and reaffirmed with the **Municipal Strategy Against Loneliness 2020-2030**.

The material presented here comes from the Department for the Promotion of Elderly People and provides professionals with access to a series of recommendations and practical guidelines that may be helpful in reducing the risks of loneliness and providing information about the professional support offered.

This resource follows the format of the *Guide for the prevention, detection and monitoring of adolescents and young people in situations of loneliness*, published in 2021 by the Barcelona City Council. It adopts the same accessible style and is structured into areas, with the aim of putting together recommendations that follow the same line. The aim of this series of guides

looking at loneliness at different stages in life is to build up a complete overview of the life cycle, and thereby obtain guidance and recommendations within the same parameters of analysis.

The new paths opened up by the Municipal Strategy Against Loneliness 2020-2030 contribute to directing the steps towards a linked city, where emotions matter and are the object of public policies. Towards a city with a tight community network that is able to protect us from loneliness and social isolation. We hope this guide will help get us there, supporting the professionals who, working on the front line, bear daily witness to the multiple, everyday experiences of loneliness.

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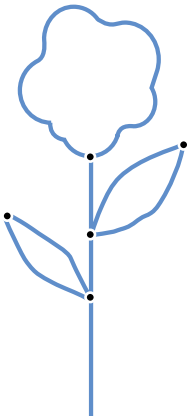
LONELINESS AND ELDERLY PEOPLE

LONELINESS AND ELDERLY PEOPLE

2.1 A GLOBAL PERSPECTIVE

The Barcelona City Council's Municipal Strategy Against Loneliness 2020-2030 proposes deploying **tools that address the different situations of loneliness that can occur at various points in our lives. It is as part of this strategy that this guide has been put together, aimed at professionals who work with elderly people to focus their attention on loneliness.**

It offers practical recommendations to promote and generate opportunities for connection and a sense of belonging in old age. Therefore, this tool responds to the objectives of the Municipal Strategy Against Loneliness 2020-2030, and aims to do so taking into account the diverse needs of elderly people.



Strategic line

To develop resources and services to prevent, detect and address situations of loneliness

Objective

To provide professionals who work with people with tools for detecting and preventing situations of loneliness and for intervening in such situations, particularly during life transitions that entail a higher risk of loneliness.

Loneliness and long lives

Age is an important parameter that needs to be borne in mind when making a specialist intervention in a situation of loneliness in our environment. In relation to elderly people, the context helps us to understand the circumstances surrounding the social reality of ageing that could explain why feelings of loneliness may arise.

When it comes to old age, some specific causes of loneliness include the loss of a partner and significant social relationships, physical limitations, retirement or having high expectations with regard to the care or company a person will get from their family. In other cases, moving home, declining health, gender-based violence or becoming homeless are reasons for loneliness shared with other age groups, albeit with nuances in the way it manifests and with a greater or lesser impact, depending on the life stage the person is in (Barcelona City Council, 2021; Martínez and Celdrán, 2019).

We know that loneliness can be discerned in the the personal interaction spaces where the intervention takes place. This relational space is key to providing opportunities for expressing oneself, listening and tackling any issues that arise. On this occasion, we are focusing on people over 65 years of age, understanding that, within the ageing process, there are differences with regard to gender, age group, socio-economic status and cultural or even generational variations (among others) and that this group of people, particularly those who have lived a long life, make up the most diverse populational group.

Loneliness, the great known

If we wish to evoke an image of loneliness in contemporary cities, probably the most common representation would be a woman with mobility issues who lives alone. A person fitting this description presents real risk factors for loneliness which are reflected, as we will see, in the data, with some nuances. As professionals in daily contact with elderly people, we frequently come across people in this situation. We also know, however, that the complexity of the problem requires an open mind, so as not to overlook situations of loneliness that may not be picked up on (when the person doesn't live alone, when it is not expressed directly or when the profile is different from that of the majority of cases). It is a question of finding suitable tools for what is a subjective and multi-dimensional problem that will help us to ensure equal opportunities for intervention and which give people the opportunity to express how they are feeling.

Unwanted loneliness can become chronic and can have a significant impact on a person's quality of life. During old age, changes in our support network, inequalities that are accumulated over the course of our lives, mobility and accessibility issues, cognitive changes, personal coping strategies and other aspects related to our context, such as the predominance of individualism or digital acceleration, can influence the extent to which we experience feelings of loneliness (Sala, 2020; Cohen-Mansfield *et al.*, 2016; Pinazo and Donio-Bellegarde, 2018; Warburton and Lui, 2007).

The multifactoral origins of loneliness can become apparent in the day-to-day interventions we carry out, since it often emerges from various sources, in the little things, or in the most everyday expressions. Some indirect expressions of loneliness can be gathered from what the older person says. Particular attention needs to be paid to these, as this is a feeling that people often find hard to admit to directly.

We might hear them say things like “Often for breakfast, lunch and dinner, I only have coffee and milk. I don’t really feel like cooking just for myself”, when we’re asking about their activities in their day to day lives. We might hear other examples, like “I look at everything I can no longer do and I think I’ll end up on my own” during a primary care consultation, when dealing with a situation of worsening health. Expressions like “I used to have a friend, but they died last summer, and it really knocked me for six. I don’t feel like making friends in here any more” might be heard in a residential setting. And others like “I retired just before the pandemic and I haven’t dared to do any activities since. I was looking forward to the time coming when I could do things and I’ve been isolated for two years.” This something we’ve come across recently in the cultural and educational sphere. We thus need to detect and tackle loneliness through a multi-sectoral approach, being alert for any signs during the interaction (Martínez, 2022).

Subjectivity, key to the assessment

There is an abundance of literature on the risk factors for loneliness during old age. Recent examples include works by Elisa Sala and Javier Yanguas (Sala, 2021; Yanguas *et al.*, 2020). These help us to identify possible triggers and to detect them in time or put more appropriate protection and prevention measures in place.

Figure 1. RISK FACTORS FOR LONELINESS IN OLD AGE

	SOCIODEMOGRAPHICS	HEALTH AND PERSONAL AUTONOMY	PSYCHOLOGICAL AND PERSONALITY-RELATED	INTERACTION AND PARTICIPATION
FACTORS	Gender - Age - Civil Status - Socio-economic Status - Place of Residence	Self-perceived Health - Functional Decline - Mobility Issues - Deteriorating Sensory Capacities - Comorbidities	Depression - Poor Mental Health and Low Life Satisfaction - Low Self-Esteem and Self-Efficacy - Unhealthy Behaviours	Household Composition - Social Network - Quantity and Quality of Social Relationships - Level of Social Participation - Social Support
GREATER RISK OF LONELINESS...	If the person is a woman. If they are over 80 years old. If they are not married. If they have a low income or low educational level. If they live in an environment with poor accessibility.	If they believe they have poor health. If they have lost their personal autonomy. If they have mobility issues. If they have lost sensory capacities. If they have multiple illnesses or diseases.	If the suffer from depression. If they have poor mental health or low life satisfaction. If they have low self-esteem. If they have unhealthy habits.	If they spend more time alone. If they have a small or no social network. If they have few relationships or poor quality relationships. If they hardly ever or never take part in social activities. If they have little social support.

Source: Martínez, R. (2022). Based on *La soledad no desistida durante la vejeza, un fenomen complex objecte de les polítiques públiques* (Sala, 2020).

It is possible that we are already getting information on some of these aspects through the processes we have implemented and, therefore, we can try to pick them out from the information we have already collected. Profiles can help us to create risk maps or to look more closely at cases or population groups that have a higher number of risk factors, which is essential for prevention and detection. However, the presence of factors that increase the risk of loneliness does not necessarily mean a person is experiencing loneliness and, likewise, the absence of factors does not mean loneliness is not an issue. For example, many widowed women in their 80s that live alone have a

full and fulfilling social or private life and are not suffering emotionally. It is also the case that someone who is surrounded by people on a daily basis can feel incredibly lonely, such as an elderly man who has a lot of contact with his family and has multiple sources of support.

Weighing the risk factors is especially important when dealing with an eminently subjective phenomenon. They help us to be alert, but these should not be the only sources of information for detecting loneliness and constructing an alternative, personalised approach. We need to find out how the person is feeling and what their preferences are, later attending to the subjective part and considering the community assets the person has access to in their specific context.

Interaction as a source of information

The promotion of the Municipal Strategy Against Loneliness 2020-2030 promotes the idea that loneliness is an issue to be addressed by public services. It therefore increases the focus on emotional issues across the board. This is a big step towards addressing a problem that affects large swathes of society.

To understand the profound significance of loneliness and to provide an opportunity for it to be expressed, we professionals have a resource with a great deal of potential: personal interaction. Through this influence we are able to get to know how the person experiences their situation, how they feel about what they are going through, or how they would rate their life experience (if it makes them feel bad in some way). Loneliness is a feeling and, as such, it is subjective.

There needs to be space for the person to talk, as loneliness is not always expressed directly. Active listening helps us to de-

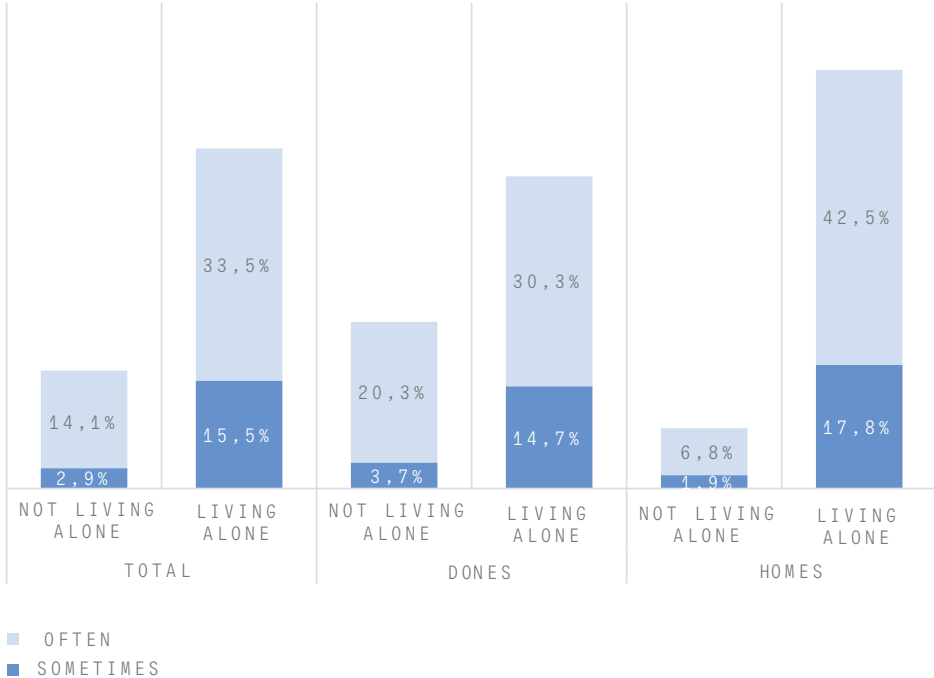
tect loneliness and to build a personalised approach in accordance with each person's preferences, needs and possibilities. Faced with this subjective phenomenon with a very negative burden, opening our senses helps us to listen for non-explicit messages. In this guide, we will find latent signs that we can try to recognise in our daily practice.

Loneliness among elderly people in figures

When we look at the information gleaned from the city's data on the way loneliness presents itself in old age, according to the latest edition of the Barcelona Health Survey from 2016, we see that 25% of people aged 65 or over have experienced a lack of company in the last twelve months and that 15.1% have sometimes felt excluded from what is going on around them (Barcelona City Council, 2021).

Aspects such as household composition, gender, or a lack of social relationships affect the way in which the feeling of loneliness is presented in elderly people in the city. It shows that there are significant differences between people who live alone and those who do not, and there is a clear gender bias (figure 1): among women who live alone, the habitual feeling of a lack of company is four times more prevalent than it is among women who live with others (14.7% and 3.7% respectively); in contrast, among men the difference is ninefold (17.8% for those who live alone and 1.9% for those who live with others). (Barcelona City Council, 2021).

FIGURE 1. People aged 65 and over who have felt a lack of company in the last twelve months (Barcelona, 2016)

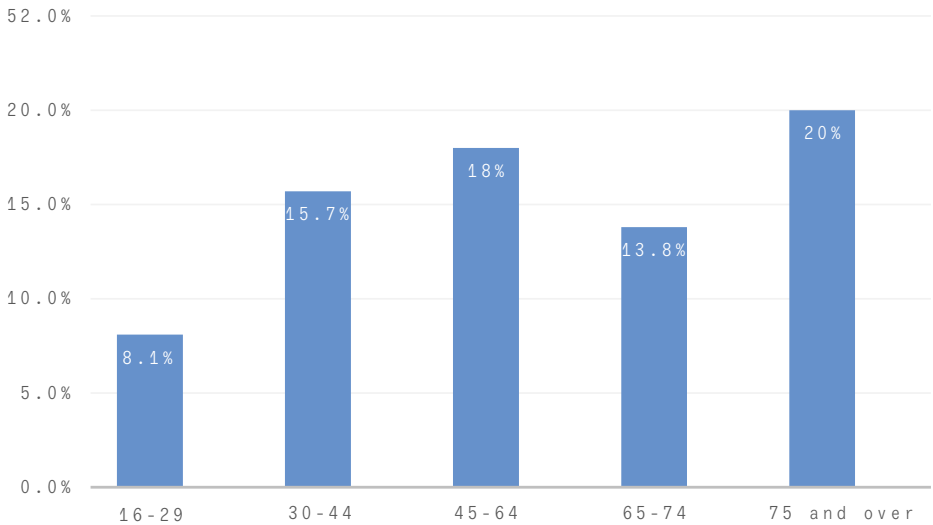


Source: *Barcelona Health Survey, 2016*. Barcelona Public Health Agency. Published by Barcelona City Council, 2021

With regard to social relationships, when asked about the possibility of speaking to someone about personal issues, having someone there for you when you need to talk, or talking to and seeing family, friends or neighbours, the Neighbourhood Relationships and Co-existence Survey in the Barcelona Metropolitan Area (Figure 2) indicates that relational loneliness is more common among elderly people than among any other age group (Barcelona City Council, 2021).

It seems that links with the community and having support when dealing with changes and the life transitions we experience when we age are particularly significant, above all in people aged 75 and older, according to the results. It is worth noting that this figure is close to the healthy life expectancy age¹, which according to the National Statistics Institute (INE) was around 70 years of age in 2019.

FIGURE 2. Relational loneliness index by age group



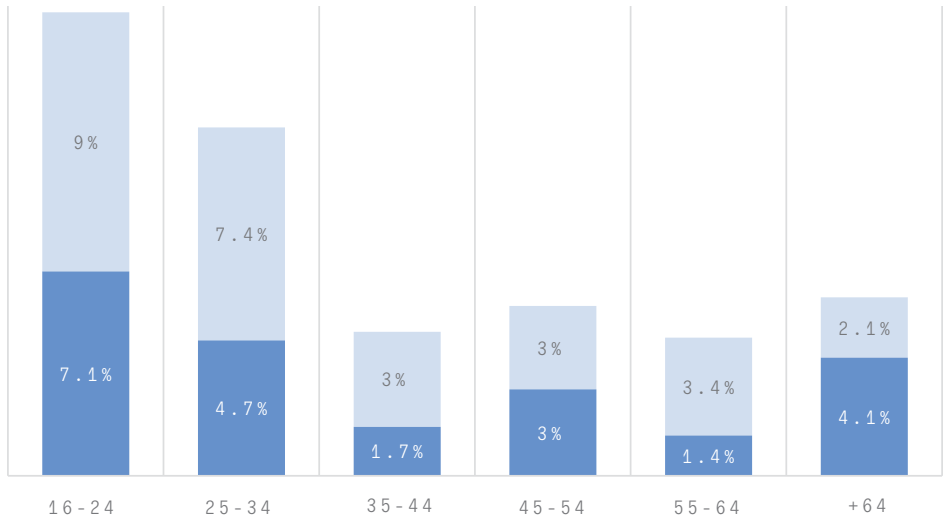
Source: Neighbourhood Relationships and Coexistence Survey in the Barcelona Metropolitan Area, (ECAMB, 2020). Barcelona Institute of Regional and Metropolitan Studies (IERMB)

¹ Healthy life expectancy: average number of years that a person can expect to live in “full health” by taking into account years lived in less than full health due to disease and/or injury.

Loneliness and the life cycle

In the last decade, unwanted loneliness in elderly people has helped to shine a spotlight on what is a global problem, as it has alerted us to the need to look at this issue at all stages of the life cycle. The Covid-19 pandemic has amplified interest in the subject, due to the impact that social restrictions have had on people's emotional health. Among other age groups, for example adolescents or young people, it has become worryingly prevalent, as indicated by the figures in the Barcelona City Council Omnibus survey 2020 and 2022 (figure 3). Thanks to the public policy interest in tackling loneliness as a social problem and in gathering data for analysis and to formulate an approach, we see how the weight of loneliness among various age groups varies over time.

FIGURE 3. People who often or very often feel lonely by age group Omnibus 2020 and 2022 (%)



Source: Source: Omnibus survey June 2020 and 2022 Barcelona City Council, 2022.

In the last two years, loneliness has become more prevalent among almost all age groups, particularly among young people, and also among the adult population aged 55 to 64. In contrast, figures have gone down for people over 65 years of age (Omnibus survey 2022, Barcelona City Council). This latest comparison shows that loneliness is not something that sets in in old age, but rather a phenomenon whose intensity and frequency fluctuates between age groups and requires a dynamic approach, looking at the whole life cycle. We need to go beyond the still to see the moving image and in this way anticipate the needs and wishes of the people who may find themselves experiencing loneliness in the not-to-distant future (especially those within the over 64 age group whose feelings of loneliness have increased).

When it comes to research, there has been a much greater focus on loneliness in elderly people and adolescents than in any other age group (Martínez and Celdrán, 2019). At these times of life, social relationships have a greater impact on people's wellbeing. In adolescence we know that the peer group is key to developing a sense of belonging, to creating opportunities to learn life skills or to finding one's own identity. During the ageing process, the significant loss of people in our immediate social circle has a huge impact on our opportunities for intimacy, emotional support or going ahead with life projects we wanted to carry in in our old age (Celdrán, 2021).

This convergence invites us to think, first of all, about two aspects: on the one hand, the potential for tackling loneliness among the population as a whole. Promoting initiatives that highlight the intergenerational nature of the problem and which promote links between the community help us to construct a shared, dynamic and relational intervention.

Secondly, it invites us to look at the effects loneliness might have in subsequent life stages, enabling us to build up a preventive approach. Longitudinal studies have found a link between feeling lonely and poorer physical and mental health later in life. The research alerts us to the long-term negative consequences unwanted loneliness might lead to without social support or personal mechanisms to tackle it (Celdrán, 2021).

If we want to plan ahead for the social changes that are just around the corner, we should not lose sight of the impact they have in old age. According to the INE, demographic forecasts indicate that by 2068, some 29.4% of the Spanish population will be elderly people.

The care crisis, coupled with multiple of situations of loneliness due to a lack of support at key points in life, and the excessive burden carried by caregivers, remain unresolved. In a society where people are living ever longer and with more need for care over a longer period (Pinazo, Costas and Costas, 2021), we increasingly find carers who are older and with converging roles: the same person might be both a caregiver and a recipient of care at the same time.

However, above all, we need to take a whole life cycle approach with a community perspective when addressing the problem of loneliness. At the end of the day, the 29.4% of elderly people in our future society are today's adolescents and young people who have perhaps been feeling lonely and isolated in recent years. It is important to see how the experience of loneliness impacts on other stages of the life cycle and think about how we can build community links taking this into account.

Discrimination that causes isolation

Ageism mainly affects adolescents and elderly people. Specifically, old age-related discrimination, far from disappearing, became more pronounced than ever during the pandemic. Age-related exclusion and prejudice are an everyday source of loneliness: they take away a person's sense of belonging which is so important for feeling connected to the world. According to other recent studies, age-related discrimination causes people to lead less healthy lifestyles and affects their involvement in active ageing programmes (Pinazo, 2022).

If we incorporate a whole life cycle perspective, we need to bear in mind how a negative view of old age affects our psychological wellbeing, whatever our age. During the lockdown it was shown that, among all age groups, those that had a negative self-perception of ageing reported suffering higher levels of anxiety, sadness and loneliness (Losada Baltar *et al.*, 2020). Furthermore, age-related discrimination fosters self-stigma: we often see how loneliness can lead to negative feelings about oneself, which in turn damages our self-esteem and self-efficacy (Muñoz *et al.*, 2021). So it triggers a vicious circle which professionals are all too familiar with: the more lonely I feel, the worse I feel about myself and the more I shut myself off.

So combating ageism is not simply a matter of unquestionable social justice, it is also necessary to prevent this phenomenon and put in place interventions that empower people to make changes.

Strengths at the forefront

It is true that reaching old age can mean an accumulation of risk factors or inequalities that make us more vulnerable to loneliness. But at the same time, it is important to bear in mind that, thanks to longevity, we have a greater abundance of life experiences and in many cases, people have developed resources through having resolved numerous complex situations over the course of their life. It seems that during old age, we may have a bigger toolbox for dealing with certain situations than we had at earlier stages of our lives.

Some recent studies show the presence of these strengths. When asking different age groups (from 18 to 88 years old) about aspects related to psychological wellbeing during the lockdown, it was observed that elderly people reported experiencing less anxiety and sadness than middle-aged and younger people (Losada Baltar *et al.*, 2020). In another study focused on the resources of elderly people during the lockdown, they analysed the most successful ones: an everyday life with clearly established routines, a proactive attitude and cognitive flexibility, ability to manage feelings of sadness and the positive influence of having a life with meaning, among others (Yanguas, 2020).

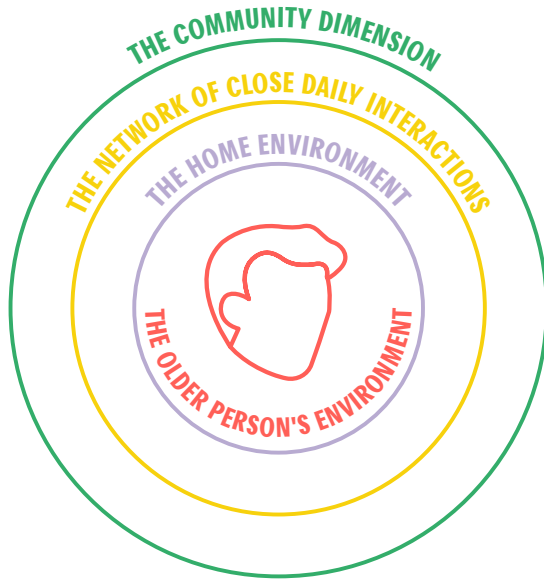
When we work with people's strengths we help to give meaning to their life journey, we recognise their aptitudes and reinforce the idea that during old age people continue to have a great capacity to adapt, and in this way we break down the rigid mental stereotypes that can have such a negative impact

on self-efficacy. When intervening in the ageing process, it is important to focus on achievements: life experience is a potential asset for empowerment.

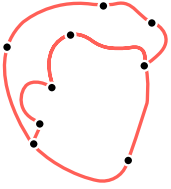
2.2 WORK AREAS OF THE GUIDE

The recommendations presented in this guide are organised into four areas, following the original structure of the *Guide for the prevention, detection and monitoring of adolescents and young people in situations of loneliness* (Barcelona City Council, 2021) on which it is based. Considering that social relationships are closely associated with the feeling of loneliness, this is the criterion on which the series of recommendations offered in the guide are based. The guidelines cover different relational areas and form concentric circles with elderly people as the central axis. So we find initiatives related specifically to elderly people, guidelines that involve the people around them and other proposals aimed at the context in which these relationships take place.

It should be noted that this series of proposals has the potential to be employed with varying degrees of intensity and different scopes by each professional. Depending on our area of knowledge, our professional role, the nature of the service, the networking we carry out or the timing of the intervention, some recommendations will be more pertinent than others. In any case, the guide aims to offer a broad array of recommendations to equip professionals with a global, shared perspective, and the usefulness of referring to the guide will depend to a large extent on the context of a given intervention.

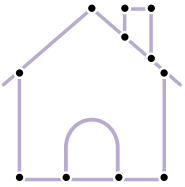


THE OLDER PERSON'S ENVIRONMENT



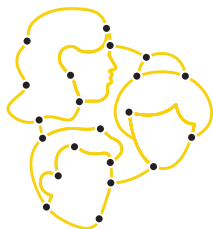
This is the environment in which they live their personal, individual life, which defines them and from which the older person interacts with other environments. This includes the aspects most closely linked to their personal characteristics. Here we can include their life history, their life projects, health problems, diversity of personal expressions of loneliness, their everyday life or the routine they follow or the way their time is distributed, etc.

THE HOME ENVIRONMENT



This environment includes the aspects more related with the space where elderly people live and who they live with. Here we could include relationships with the family circle, with other service users if they live in a residential setting, affective and couple relationships, care needs, their socio-economic situation or the characteristics of the home they live in, also taking into account residential centres.

THE NETWORK OF CLOSE DAILY INTERACTIONS



This area includes the aspects more closely related to the relationships that the older person establishes outside their home. Here we can include friendships, educational and leisure activities and the person's use of social networks. This is the area that refers to all those close relationships with whom, despite not living together, they share a lot of time.

THE COMMUNITY DIMENSION



This area includes the aspects most closely linked to the community setting in which the older person lives and interacts with other people. Here we could include the use and organisation of public space, mobility, links with the local neighbourhood and with local organisations and associations in the neighbourhood, public facilities and professional services, among others.

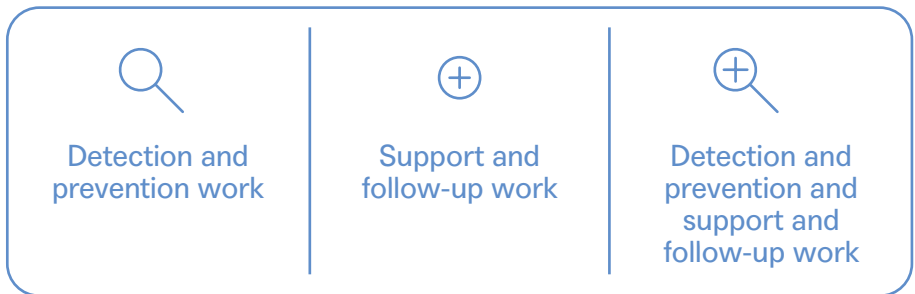
Each recommendation in the guide is classified into two important criteria² when it comes to assessing the timing of the intervention: (1) whether the proposal is useful for detection and prevention work or (2) whether it is designed to be more of a recommendation for monitoring and following up previously identified situations of loneliness where support is required. These two criteria are related to risk factors and protection factors.

² Classification based on the publication *Guide for the prevention, detection and monitoring of adolescents and young people in situations of loneliness*, published in 2021 by Barcelona City Council.

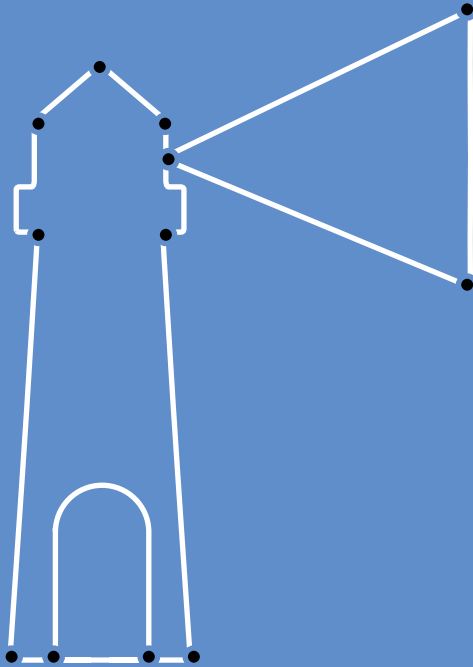
The guidelines for detection and prevention work include recommendations for preventing situations of loneliness, whether this entails ensuring the risk factors don't arise or creating conditions to protect the person's wellbeing. They also include proposals for analysing and diagnosing situations of loneliness.

As regards the guidelines for monitoring and follow-up work, these are intended for an ongoing intervention. Based on the diversity of situations, the proposal might be the ongoing connection between people and their local community, evidencing planning that goes beyond one-off actions.

To distinguish between the different types of work referred to, the following symbols are used alongside each recommendation.

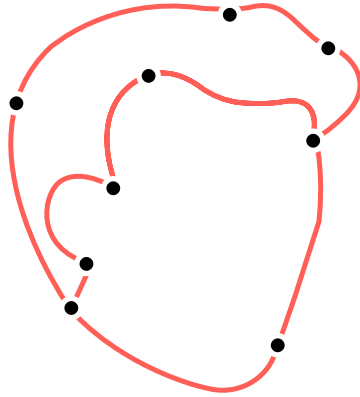


3



RECOMMENDATIONS GUIDELINES

THE OLDER PERSON'S ENVIRONMENT



🔍 Attend to the **accumulation of risk factors** for loneliness or social isolation the older person might present with.

- Pay attention to the prevalence of risk factors in the personal sphere: socio-demographics (being a woman, aged 80 or older, no partner, low income), poor self-perceived health, functional decline, mobility issues, deteriorating sensory capacities, accumulation of illnesses, depression, low life satisfaction, low self-esteem, unhealthy behaviours and so on.
- Anticipate any risk factors that might arise and act to implement any available protection measures (such as strengthening their social network and personal resources).




Take into account any **indirect verbalisations** that might indicate that the person feels lonely.

- Active listening helps us to identify expressions of emotional suffering due to a person's social network (“I don’t have anyone anymore”, “stay a bit longer for a chat ... when are you coming back?”) or references to boredom, sadness or feelings of emptiness.
- Make use of the opportunity opened up by these comments to start up a conversation about loneliness (particularly important if the person finds it hard to talk about it).
- Pay attention to their account and to any silences that might indicate a lack of satisfaction with personal relationships or with life (“I don’t complain because I know they can’t come”, “I don’t feel like doing anything, I feel empty”).



Build a **relational map** of the elderly people we believe are suffering from loneliness or isolation.

- Look at their social relationships in terms of quantity and quality: family, friends, neighbours, professionals who work with them in their home, and so on.
- Pay particular attention to their everyday relational habits and try to identify significant people who they could turn to if they needed to.
- When you ask for the details of a contact person, notice if they are unable to provide a name, which would indicate the lack of a support network.

 Create a **time map** with elderly people who feel lonely or isolated.

- Write a brief description of the activities they carry out in their day to day life and analyse them (a description of their everyday life can provide lots of information on times when they might feel lonely and the types of interventions that might be appropriate).
- Pay attention to signs that may indicate a lack of healthy habits (a monotonous diet, little physical activity, insomnia, addictions, and so on).
- Pay attention to any significant changes in the person's everyday life that could lead to feelings of loneliness and put prevention measures in place (ending or starting a role as a carer, having a functional limitation that prevents them from carrying out their usual activities, moving to a residential care setting, etc.).

 Be alert to **situations or periods in which the person is hit harder by loneliness.**

- Think with the person about when they feel more lonely, taking into account interpersonal differences in terms of how and when they feel it most intensely (in the evening, at night, in the summer, and so on).
- Do activities that are personally significant during periods when there is a higher risk of loneliness (also taking into account any cultural differences that might come into play).
- Ensure various different interactions at times when the person is most vulnerable in a way that suits the individual (phone calls, chats, video calls, etc.) or provide support to help the person to extend the number of interactions

they have with other people, where appropriate (motivation, resources, etc.).

- Pay attention to the activities the person carries out when they perceive themselves to feel most lonely and think with them about opportunities to extend the range of activities they do.



Look out for any **life events** that could act as a trigger for loneliness and try to find the most appropriate support in each case.

- Be attentive to how the person feels about a complex period in their life and the support and resources they have at their disposal to deal with it. Such events could include widowhood, separation or divorce, retirement, moving home, moving to a residential care home, no longer receiving care from carers, becoming a carer themselves, gender violence, loss and bereavement, becoming dependent, being diagnosed with a disease, and so forth.
- Look to see if there are any suitable activities for the specific situation that is causing the older person to feel lonely and think with them about whether it would be a good idea to participate in them: a carers' group, bereavement groups, associations that support people with different diseases, meet-ups for single people, volunteering groups, cultural and educational opportunities, etc.
- Anticipate the emergence of other risk factors for loneliness that the life event might bring into play and activate protection measures.
- Think with other professionals who work with the person if we are the most appropriate agents to support them and if this is the right time.

-
- ⊕ Help to create intervention spaces where **active listening** and **emotional expression** are possible.
- Convey to the person that loneliness is a common problem and that it is important and pertinent to address it.
 - Use the trust and mutual knowledge you have built up with the person in a long-term intervention as an opportunity to get them to utilise the skills and resources they have.
 - Ask for the support of other trusted agents if they have a closer connection with the person or a more suitable relational context.
 - Understand the intervention as a process: it may take time to support the person and address the problem and it may be that the occasional chat is not enough. The role of the key worker is key in this regard.
-
- ⊕ Find out their **life story, their preferences and interests**, in order to work together to find ways of tackling the loneliness.
- By getting to know their life story you can make use of the strengths they have acquired through their life experiences, thus activating personal tools and resources.
 - Understand and respect their view of life when it comes to tackling loneliness so as to ensure coherence with their life experience and provide continuity.
 - Set achievable goals that are in keeping with the person's lifestyle.

- Support them in their search for meaning in their life to heal any fractures that may have been created with their surroundings and their interior world (often caused by loss, either of people or health, that have made it impossible for them to go ahead with the life plans they had imagined).

⊕ Activate the **alliances** and the **agents** on the older person's **relational map**.

- Work in coordination with other professionals both when detecting and tackling the situation of loneliness, deciding together who is the best agent to take a lead on the intervention.
- Where appropriate, work on the guilt that relatives of the person experiencing loneliness may feel, as sometimes it may act as a barrier to them seeking and accepting help.
- Suggest that people in the person's everyday social circle participate in activities with the older person, always respecting their autonomy to make decisions and their preferences.

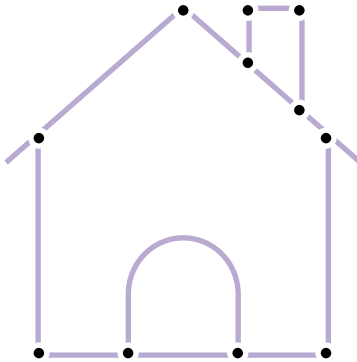


Promote initiatives to **destigmatise** old age and being alone.

- Avoid using ageist, infantilising or dismissive language that diminishes the recognition of the issue and may hinder the person's sense of agency.
- Identify what the person associates their loneliness with and work with them if you come across blame-placing or stigmatising narratives or beliefs (“It's not worth forcing me to leave the house and get to know anyone, with the little time I have left”, “It's normal to be on your own when you're old”, “it's my fault, if I hadn't always worked so much, I wouldn't be so alone now”).
- Break the categorical affirmation that associates “old age with loneliness”, as this will not help to bring about change and it generates the idea that it is a problem inherent to old age, without a solution or alternatives, simply because a person is growing old.
- Make the person see that feeling lonely is a social problem and not a personal failure. A lack of time for social relationships, an individualist culture, a care model in crisis, inaccessible surroundings, etc. These are factors that could contribute towards a person feeling lonely. Point out the structural causes of loneliness can help to reduce feelings of blame and shame.
- Form or provide opportunities to restore or acquire communication skills, emotional management skills, self-esteem or self-awareness, which may grown rusty through loneliness.

-
- ⊕ Offer and present **activities that are accessible** to all elderly people.
- Check that the activities and resources are accessible for people with a diverse range of digital or functional capacities or disabilities, or with financial difficulties.
 - Tell them about free, local and varied activities wherever possible, to meet the diversity of preferences of elderly people.
 - Provide activities that take into account the needs of carers (times, possibility of participating accompanied by the person they care for, respite, and so forth).
 - Convey the fact that being active doesn't always mean doing physical activities, group or organised activities, and help them to find or create the opportunities best suited to their personal situation (taking into account any situations of dependency they may have).
 - Share strategies to make the time the person spends alone quality time.

THE HOME ENVIRONMENT



Find out about the **family or household situation** of elderly people who might be feeling lonely or social isolated.

- Identify any risk and protection factors relating to the family situation and the home the person lives in: household composition, relationship with children (if they have any), quantity and quality of the space in the home, architectural barriers in the building, support received (telecare, SAD, and so forth), ability to cope with any unexpected expenses, eviction processes, etc.
- Coordinate with other professionals who work with the older person or the family to get more information, share work objectives or come up with an approach, if necessary.



Pay special attention to the **relational aspects** of the home environment.

- Identify any changes or complex situations that may have arisen in relation to other members of the household: widowhood, separation, divorce, death of a child or sibling, care requirements, disease diagnosis, interpersonal conflicts, situations of mistreatment or abuse, addictive behaviours, etc.
- Look at the specific ways in which widowhood might give rise to feelings of loneliness; grief, emotional loneliness, or make such feelings more acute at specific moments. For example, it is common for people to feel lonelier at night, during mealtimes, on Sundays, anniversaries and important dates; meeting up less with old friends because “we always met up as a couple”; distress due to the lack of support with tasks they always did as a couple (procedures, maintenance tasks).
- Establish support networks and measures for people who need them during periods of isolation due to illness or confinement (you can get in contact with other professionals who may be able to help, establish lines of communication, provide resources that enable them to maintain social relationships, etc.).



Understand the **complexity of the problem** and provide options, taking into account the ambivalence the person might feel about whether a residential setting might be preferable to feeling lonely in a single-personal home.

- Respect the person's autonomy to make their own decisions with regard to preferences. More often than not, people want to live in their own home, even if they talk about feeling lonely for numerous reasons linked to their home (“I feel like the house is falling down on top of me”, “The silence is deafening, it hurts”, “I switch the TV on so I don’t feel alone”).
- Try to find alternatives that take into account the person’s situation or preferences: a volunteer who visits the home, phone calls at set times, getting a technological device or installing an application that keeps the person in contact with others, look for a collaborative co-living plan, etc.
- Look at the strategies the person uses within their home to make them feel less lonely and think about how they might diversify or extend their range of strategies.



Support them if they need a higher level of care or advise them on the **best housing options** based on the options available, their needs and preferences.

- Save the option of living in a residency for those who want to and provide the support you are able to, to make it possible.

- Provide information on the range of options available to them (residency, sheltered housing, *co-housing* etc.) and help them to work through any doubts and any anxiety that the change might cause.
- When weighing up residential options with the person, talk about the aspects that will help to prevent feelings of loneliness: proximity to family — if family is important to the person —, accessibility of the place and mobility options, opportunities to maintain or rekindle previous personal relationships, etc.



Activate support strategies if there is a home **care situation** that might exacerbate feelings of loneliness.

- Address situations in which elderly people take on caregiving roles, to support them and help them to maintain the spaces for interaction with others and space for themselves (wanted solitude) that they had before or create others adapted to their new situation.
- Put preventive measures in place in the event of the loss of the care recipient (the carer may suddenly feel empty when they no longer have the role, it may have a major impact on their routine, along with feelings of grief and the accumulated loss of relationships or activities they carried out as a carer).
- Bear in mind that we increasingly find elderly couples who are both caregivers and care recipients: mutual caregiving dynamics may arise in the household giving rise to high levels of vulnerability due to the fragility of the support.
- Coordinate with specialised services and refer the case if the situation requires it.



Look at the emotional impact of any **sudden changes** that may occur in the household.

- Pay special attention to the risk of loneliness in the transition to living in a residency when the person does not wish to move there.
- Bear in mind that when family members move in with the older person for financial reasons or vice versa, they may lose some of their autonomy and it may affect their relational habits and the routines that given their life meaning on a day to day basis.
- Work with the families to help them deal with any sudden changes in their living arrangements in order to build dynamics that respect all the members and help to ensure a happy household.



Develop strategies that ensure people's **physical and emotional wellbeing** in the place where they live.

- Offer support to the families of elderly people, such as information on resources where they may find instrumental, material or emotional support or information; training and advice on aspects linked to the ageing process and how to tackle loneliness; guidance to promote spaces for meeting and communication within the family, etc.
- Promote exchanges among elderly people who have experienced similar situations (change of residency, activation of SAD etc.) to promote mutual support during changes in life circumstances.

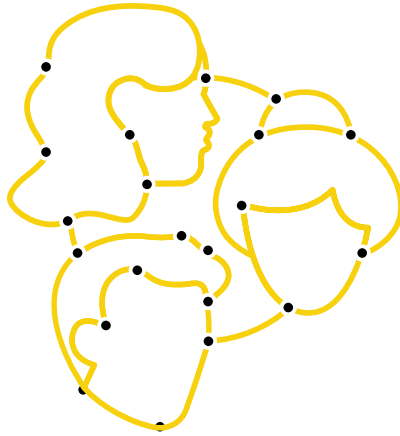
- Promote decision-making based on personal autonomy, trying to involve the older person throughout the process and encourage those around them to respect their choices.



Promote a **view of relationships that helps to reduce any feelings of guilt or blame** family members may feel in relation to the loneliness their relative is experiencing.

- Bear in mind that family members might feel ashamed or to blame for the fact that the older person in their household feels sad about their relational situation or lack of support.
- Help them to move away from narratives that place the blame on the individual. Convey the social basis of the problem to reduce any tensions that may arise and let them know that we can work on the problem together, if they wish.
- Involve other members of the household, provided the older person wishes them to be involved, in the search for alternatives.
- Bear in mind that families might play a decisive role in whether or not the older person accepts services. Although the family may not always be there on a daily basis (or their support might be limited, for example, to the instrumental area), it is common for them to continue being a point of reference for the older person when it comes to making decisions.

THE NETWORK OF CLOSE DAILY INTERACTIONS



It is important to pay attention to elderly people at risk of suffering social isolation or loneliness due to any **losses** they may experience among their **friendship network**.

- Identify situations where a significant friend has died and support and guide the person towards other resources to deal with the emotional impact of the loss.
- Facilitate relationships with friends in complex situations (related to the older person or others) that make contact difficult: illness, loss of mobility, moving home, etc.

- Take into account that in situations of widowhood, the person's contact with their friendship network may be considerably reduced. Grief and reduced support go hand in hand and multiply the risks.
- Look out for any loss of friendships in cases of separation or divorce. Sometimes the older person may feel rejected or find themselves separated from the circle of friends they have had all their life and may not be able to find space to create new friendships.



Bear in mind in the **residential setting**, the importance of the **external friendship network** for alleviating loneliness and social isolation.

- Recognise friends as allies for who can help with detection, prevention and support.
- Identify whether in their life at home they had friends that could now help them to maintain external relationships and support the person through their change in circumstances.
- Facilitate the visits of friends to the residency and create spaces for personal privacy: sometimes friends provide the same or more support than family members or play a different and necessary role at an emotional level.
- Understand and respect the fact that the person may prefer not to establish friendships within the residency. There may be a number of reasons for this: to preserve their privacy, due to a series of losses at the centre, because they can't find any satisfactory friendships, etc.
- Encourage them to form new friendships through community, intergenerational or voluntary activities (either inside or outside the centre).

- Try to foresee that, when faced with difficult situations — diagnosis of a disease, end of life — the person may feel more free to talk about their emotions or worries with a friend rather than a family member (with relatives people might feel more guilt or responsibility for the impact their words might have).



Support elderly people for whom chronic **unemployment, retirement** or having been a **carer** may have had a huge impact on them, due to loss of their identity or personal connections.

- Help them to find activities that might provide them with a sense of continuity, provided the person is motivated: intergenerational activities that enable them to pass on their professional experience, volunteering as a trainer or mentor, and so forth.
- Recognise the life paths linked to care for their value, highlighting the skills and personal and social contributions the older person has made over the course of their life (a recommendation that is particularly aimed at women, many of whom may not have had time for themselves in their lives).
- Identify periods where the person has been out of work for long periods prior to their retirement which could have led to an accumulation of difficulties (financial, emotional, lack of a network, etc.) and support the person, helping them to find new spaces in which to build links.

- Help the person to come up with their own time use plan including activities that mean something to them. It is not so much about offering lots of options as about finding an activity that the person is interested in doing or motivated to do.



Offer advice to elderly people when it comes to planning the **leisure and educational activities** they want to carry out.

- Provide elderly people with information on the range of activities available to them to promote life-long learning including, wherever possible, activities of various levels and different degrees of commitment or with options for forming multiple links (between elderly people, intergenerational, based on similar interests, and so on).
- Encourage activities in which they play a greater role in the design and implementation (collective decision-making processes, inclusion from the start of the project cycle, get them involved in the assessment and redesign; become trainers, volunteers, aid workers, etc.).
- When the older person is struggling to find a path to take, find out about the interests and skills they have acquired over the course of their life or the skills they never had the chance to develop as a way of helping them to come up with an activity plan.

- Help them to find the activities that make sense to them, as these may have changed over time.
- Offer activities that are accessible and free of charge so as to ensure opportunities for all elderly people, also taking into account any changes they may have experienced — in their health, financial situation, etc. — so they can try to keep doing a particular activity, if that is what they want to do.
- Promote mutual support among elderly people in the course of their activities to foster personal connections.



Where necessary, think about the relationship elderly people have with **social networks** and **information and communication technologies** (ICTs) and help them to make good use of these.

- Offer app and device-based services to maintain, strengthen and extend the older person's friendship network.
- Find out about the use they make of social networks and ICTs in order to identify people who do not have access to them, any digital skills training they may need, people a risk of online scams or breaches of their rights and any digital barriers that prevent access to services.
- For elderly people who do not have access and wish to use them, provide resources and equipment that enable them to access ICTs.

- Organise training activities to promote positive use of ICTs, and reflect on the impact they may have and the risks of causing emotional distress (fake news, information overload, ageism, etc.).

⊕ Promote **group activities to encourage interaction** and friendship networks and positive experiences interacting with other people.

- As far as possible, promote informal, in-person group activities that favour interaction with others and help to build *natural* connections between people.
- Organise local activities with other people (not necessarily elderly people) based on shared interests and the exchange of experiences and hobbies.
- Set up meeting spaces that promote interaction, supporting people who, due to situations of chronic loneliness, perceive shortcomings in their relational skills.
- Offer home-based options (phone calls, visits, IT-based) when, for reasons of accessibility, it is not possible for the person to attend activities in person.
- Provide mutual emotional support in complex situations and reflection on loneliness in old age.

THE COMMUNITY DIMENSION



Pay attention to the **links the person** who feels lonely has with their **community**.

- Look at whether there are any risk factors or protection issues with regard to their interaction with the community; level of participation and opportunities; community network and quality of the link, reciprocity of support.
- Among the connections the older person has in their life, identify which are or have been key agents in their community.
- Draw up a map with the older person of the interactions with different community agents, specifying quantita-

tive aspects (frequency, number, duration) and qualitative (type of support, directionality, multiple sources of support). Include: neighbours at various levels (stairway, block, neighbourhood); the use the person makes of facilities, public spaces, etc.; links with associations, organisations, participatory spaces; and their day to day relations with shops pharmacies, markets, etc.

⊕ When necessary, **draw up a geographical map of the physical distance** between the older person and their support network.

- This is about finding out how far away the person is from family, friends, facilities, basic services and health services, based on where they live and their mobility conditions.
- Find out how easy or difficult it might be for them to get to their support network when they need to (availability of transport, proximity, timetables, economic resources, etc.)
- Provide people who need it with information and resources to improve their mobility (aids, transport aids, etc.)
- Promote activities that put them in touch with people from their local neighbourhood to facilitate new relationships and links that help to build up their local support network.



Get **local residents to act as agents against loneliness and social isolation** among elderly people.

- Identify signs of deterioration in neighbourhood relations (gentrification, house prices going up, individualism, ageism, racism) and the impact on everyday relations and the support the older person has. Phrases like “I no longer have anyone to leave a key with” or “all my neighbours have moved away” are indirect signs that provide a great deal of information on this aspect.
- Bear in mind that when a person moves house (due to a separation or divorce, for reasons of accessibility due to reduced mobility of the person or their partner) they might lose the local neighbourhood links they have built up over the course of their life. Help them to make connections in the new neighbourhood and to feel welcomed into the community.
- Train local residents to become agents who identify loneliness in elderly people, carrying out awareness-raising campaigns and promoting community-run neighbourhood initiatives that make sense in that specific context.
- Create opportunities for maintaining and fostering social relationships and mutual support in the neighbourhood



Get **local businesses to act as detectors** of loneliness and social isolation.

- Recognise the importance of small scale retail businesses as spaces for everyday interpersonal relationships, as compared to large chain stores or department stores which are impersonal and far from home. Local shops help to ensure the older person experiencing loneliness has routines that involve interactions and opportunities for conversations and support in their day to day life.
- Raise awareness of loneliness among local businesses and get them to take part in community programmes to combat loneliness.
- Keep local markets as spaces for interaction and meeting other local residents, as they play an important role in fostering community identity and a sense of belonging to the neighbourhood.



Promote **spaces for inclusive participation focused on the needs and wishes** of elderly people in the community.

- Take into account any organisations, associations and spaces for public participation that operate in the community where the person lives (it is recommended that you check the maps of existing assets).
- Focus your strategies on elderly people and always taking into account their subjectivity and wishes when it comes to assessing and acting on the problem, basing the strategies on participative processes.

- Put in place strategies that will help to ensure all elderly people who might feel lonely can be reached (and attend to the specificities of each situation): older migrants, people with high purchasing power, people with diverse sexual orientations, non-binary, etc.
- Promote active reflection on the problem within the community so that the different agents engage in the process and the focus is shifted towards a self-managed community project.



Carry out initiatives that make the local area an **accessible space where social relationships are strengthened**.

- Identify barriers that hinder participation and quality social relationships and also spaces that could favour these. Involve the elderly people, local neighbourhood associations, organisations for elderly people and any others in this process.
- Include any demands raised in spaces in which elderly people participate.
- Propose changes that will help to make the local public space more accessible and a space for social relationships. Promote the participation of the community in its design.
- Promote activities that get local residents interacting with each other, favouring spaces with an intergenerational design (that cause different generations to meet up and interact with each other).
- Introduce resources, activities and programmes into the area that foster social relationships and the participation of elderly people in the community.

- Offer information in diverse forms and adapted to the possibilities and preferences of the people — postal mail, posters, phone calls, etc. —.



Get local professionals and organisations to come up with a joint strategy for tackling loneliness and social isolation in elderly people.

- Draw up a map of professionals, services and organisations linked to tackling loneliness in the area and think together about the role and potential actions that could be carried out by each agent (they could establish commissions, working groups, committees, etc.).
- Raise awareness of the situation as regards loneliness in the area and the specific characteristics of this (causes, impacts, hotspots or areas of high incidence) and the future outlook of the problem in a particular context.
- Destigmatise situations of loneliness and combat ageism with awareness-raising actions aimed at professionals and the general public.
- Include the elderly people, associations and organisations in decision-making processes.
- Ensure there are facilities and programmes during holiday times.
- Establish community spaces for tackling loneliness in old age and promote actions to address it (community committees, training sessions, circuits).
- Network to come up with the best joint strategy for tackling the situation; the multidisciplinary space broadens the possibilities of finding and proposing different solutions.

- Involve in the intervention sectoral areas or services that have direct contact with the causes or risk factors for loneliness in order to establish joint measures (participation, urban design, mobility, environment, energy transition, digital transition, culture and education, shops and markets).



Prioritise the fostering of **caring communities and neighbourhoods free from discrimination and inequalities** that exacerbate the social causes of loneliness.

- Provide information on the rights of elderly people and let them know about resources they can turn to if they feel discriminated against (for reasons of gender, age, origin, etc.).
- Understand that situations of discrimination require a community response and involve different agents in detection, reporting and support actions.
- Highlight the care services in the community and foster a culture of mutual support, to put an end to the individualism, and prevailing self-sufficiency that hides human vulnerabilities.
- Promote a slower-paced neighbourhood that is friendly and respectful of people's different needs and which creates opportunities for quality interactions and for maintaining and generating connections.



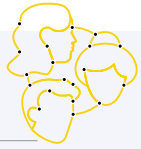
THE OLDER PERSON'S ENVIRONMENT

- 🔍 Address the **accumulation of risk factors** for loneliness and social isolation in the older person.
- 🔍 Take into account any **indirect verbalisations** that might indicate that the person is feeling lonely.
- 🔍 Construct a **relational map** of elderly people who you believe might be suffering with loneliness or social isolation.
- 🔍 Create a **time map** with elderly people who might feel lonely or socially isolated.
- ⊕ Help to create intervention spaces where **active listening** and **emotional expression** are possible.
- ⊕ Find out the person's **life story, preferences and interests** in order to look together for personalised ways of tackling loneliness.
- ⊕ Activate the **alliances and agents on the older person's relational map**.
- ⊕ Offer and present **activities that are accessible** for all elderly people.
- 🔍 Be alert in **situations or at times when loneliness** hits the person harder.
- ⊕ Be aware of any **life events** that could be a source of loneliness and try to find the most appropriate support in each case.
- ⊕ Promote initiatives to **destigmatis** old age and being alone.

THE HOME ENVIRONMENT



- 🔍 Get to know the **family or household situation** of elderly people who might feel lonely or social isolation.
- ⊕ Develop strategies that ensure the **physical and emotional wellbeing** of people in the place where they live.
- ⊕ Pay special attention to **relational aspects** of their home environment.
- 🔍 Understand the **complexity of the problem** and provide options, taking into account the ambivalence the person might feel about whether a residential setting might be preferable to feeling lonely in a single-person home.
- 🔍 Support the person if they need more care and support and advise them on the **best housing options** based on the possibilities, their needs and preferences.
- 🔍 Activate support strategies if there is a home **care situation** that might exacerbate feelings of loneliness.
- 🔍 Pay attention to the emotional impact of any **sudden changes** that might occur in the household network.
- ⊕ Promote a **view of relationships that helps to reduce any feeling of guilt or blame** that family members may feel with regard to the situation of loneliness.



THE NETWORK OF CLOSE DAILY INTERACTIONS

- 🔍 With elderly people who are at risk of suffering social isolation or loneliness, it is important to pay attention to any **losses** they may experience in their **friendship network**.
- ⊕ Offer advice to elderly people when they are planning **leisure or educational activities**.
- ⊕ Promote **group activities to encourage interaction** and incentivise the friendship network, and positive experiences when interacting with other people.
- ⊕ In the residential setting, bear in mind the importance of the **external friendship network** to mitigate loneliness and social isolation.
- ⊕ Support elderly people for whom chronic **unemployment, retirement** or having been a **carer** may have had a huge impact on them, due to loss of their identity or personal connections.
- ⊕ Where necessary, think about the relationship elderly people have with **social networks** and **information and communication technologies** (ICTs) and help them to make good use of these.



THE COMMUNITY DIMENSION

- 🔍 Pay attention to the **links the person** who feels lonely has with their community.
- 🔍 Get **local businesses to act as detectors** of loneliness and social isolation.
- ⊕ When necessary, **draw up a geographical map of the physical distance** between the older person and their support network.
- ⊕ Get **local residents to act as agents against loneliness and social isolation** among elderly people.
- ⊕ Promote **spaces for inclusive participation focused on the needs and wishes** of elderly people in the community.
- ⊕ Carry out initiatives that make the local area an **accessible space where social relations are strengthened**.
- ⊕ Get **local professionals and organisations to come up with a joint strategy** for tackling loneliness and social isolation in elderly people.
- ⊕ Prioritise the fostering of **caring communities and neighbourhoods free from discrimination and inequalities** that exacerbate the social causes of loneliness.

3.1 ASSESSING ACTIONS FOR TACKLING LONELINESS

Here we present a series of questions that can help us to assess different aspects related to loneliness and social isolation, covering risk factors, evaluation and the interests and preferences of the older person. They are open questions for guidance purposes which can help us to establish the nature of the situation and the impact it is having, and to provide support in tackling it. The questions cover the four areas of action addressed in this guide and can be used to analyse measures related to prevention, detection, support or to assess the intervention at the different stages of the process.



The older person's environment

- Do we know if there have been any life events or personal risk factors that might be a trigger for loneliness?
- Do we know what relationships the person has in their day to day life and whether they have support when they need it?
- Do we know how the situation makes them feel and how they would like to address it?



The home environment

- Do we know the family or household situation of the person and how it makes them feel?
- Do we know how they rate the support they receive from their home environment?
- Do we know which resources provide support in complex situations in the home environment?



The network of close daily interactions

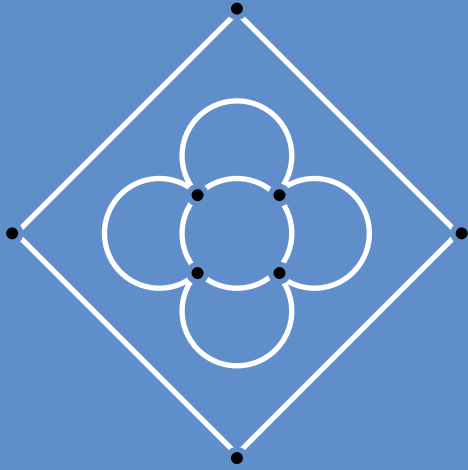
- Do we know the state of their friendship network and their level of satisfaction and perception of the support they receive?
- Do we know what would motivate them to create new friendships or to maintain or rekindle previously established friendships?
- Do we know how they want to develop personally?



The community dimension

- Do we know if they feel connected to their neighbourhood or community?
- Do we know what opportunities there are for participation and support in their local community and if the person knows about these?
- Are we working together with other professionals, services and organisations in the area?

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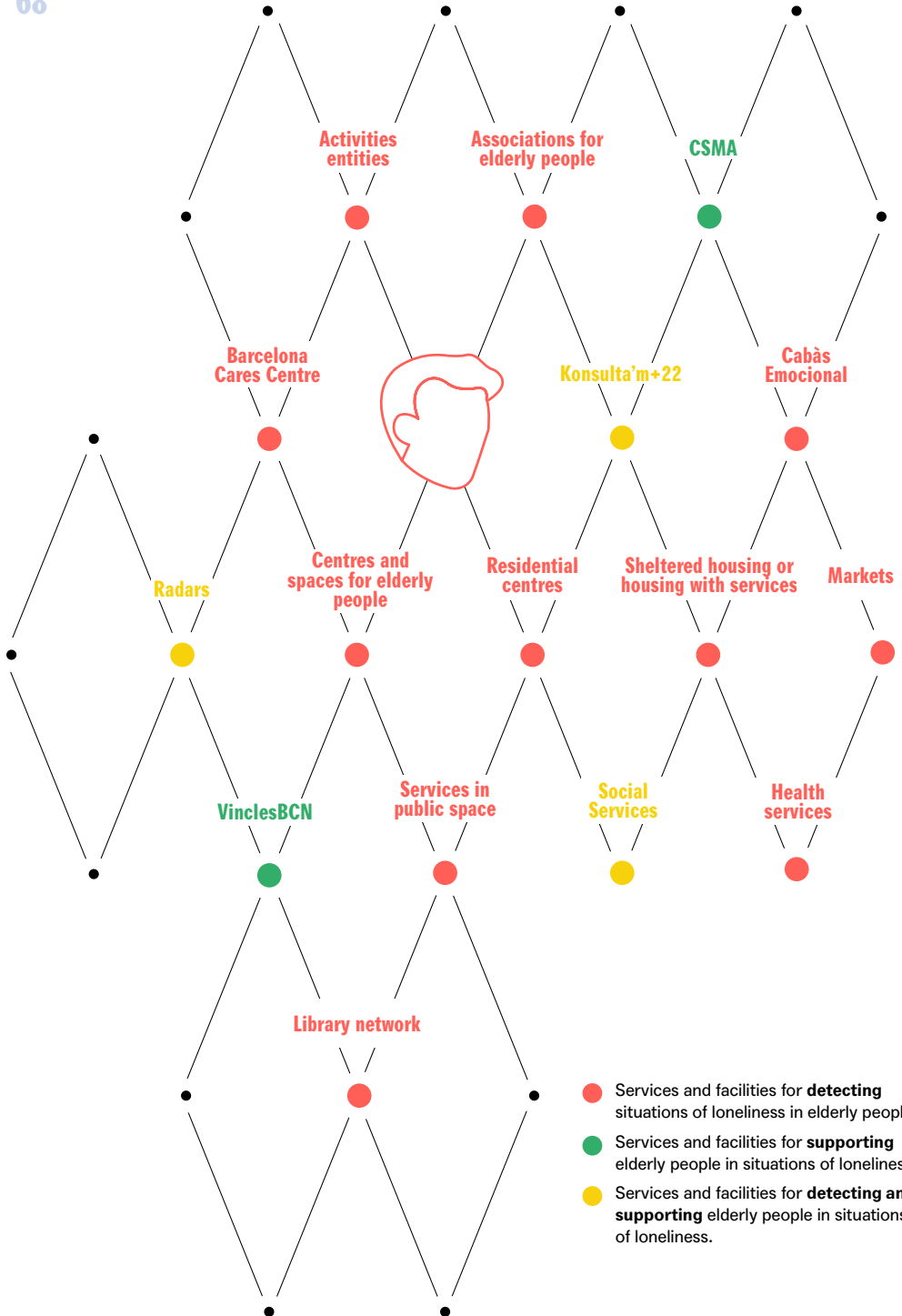


**LOCAL RESOURCES
WE CAN WORK WITH**

LOCAL RESOURCES WE CAN WORK WITH

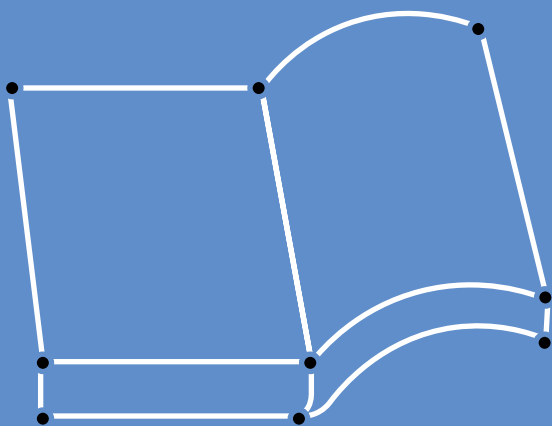
Below is a graphic in the form of a network showing the different resources and services in the city that we can create alliances with to tackle loneliness, especially in old age. Some of these resources are facilities and services that can help to detect situations of loneliness. Others have a more supportive and monitoring function in these situations. There are also services and programmes that can help in both these aspects. This map serves as a starting point and gives details of some of the programmes we could bear in mind when thinking about different approaches and which agents we could work with. In each specific area linked to the older person, we need to see if there are any services or programmes available in the community in order to give us a wide array of opportunities when it comes to creating an individual support network for tackling loneliness.

- Services and facilities for **detecting** situations of loneliness in elderly people.
- Services and facilities for **supporting** elderly people in situations of loneliness.
- Services and facilities for **detecting and supporting** elderly people in situations of loneliness.



- Services and facilities for **detecting** situations of loneliness in elderly people.
- Services and facilities for **supporting** elderly people in situations of loneliness.
- Services and facilities for **detecting and supporting** elderly people in situations of loneliness.

5



**FURTHER
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