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The Escola de Salut i Envel·liment Actiu del Casc Antic

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The Casc Antic School of Health for the Elderly was created in 2010 to combat isolation and loneliness among the elderly. The School is a project launched by the municipal social services which is being taken part in, led and promoted by the Casc Antic Elderly People's Board, a community participation space with institutions, public and private services and some local residents whose aim is to ensure the well-being, improved quality of life and active ageing of the Casc Antic's elderly residents.

Introduction

The Casc Antic School of Health for the Elderly was originally created in 2010, for the purposes of meeting a series of needs detected by the social and health services, and through the various diagnoses made (Socio-economic and environmental diagnosis; Health diagnosis conducted under the Comprehensive Plan and the Neighbourhood Health Programme, carried out in the context of the Neighbourhood Act for 2008-2009). It was understood as a project that formed part of the community action that was being taken with the Casc Antic's elderly residents.

The project was established with the aim of responding preventively and prioritising two detected situations: isolation and loneliness among elderly people. These two situations are regarded as having negative effects on the various aspects of people, not just biologically but socially and psychologically too, and they are found to be at the root of many social problems. One of the important functions of this school, then, is to provide the necessary means for avoiding unwanted loneliness and therefore detecting the needs of people of advanced age who live alone.

According to the census of 2017, some 21.5% of Barcelona's population are people aged 65 or over. The ageing index in the city is higher than the average for Catalonia. Furthermore, the loneliness rate of elderly people is 25.7%, with an over-representation of women (probably also due to their greater longevity). In particular, Ciutat Vella is the district with the highest number of elderly people living alone. According to the data from 2017, the district has some 88,700 residents whose average age is 44. 24.6% are over the age of 65 and 12.37% over the age of 75.

A series of phenomena arise with age, such as loss of working activity owing to retirement or often loss of spouse or partner, which can lead to the social isolation we were talking about (Windle *et al.* 2014). This high prevalence of social isolation can also have an effect on psycho-social health and individual well-being (Dickens *et al.* 2011; Windle *et al.* 2014). We assert, then, that social isolation, along with the impact on health and well-being, make it necessary for community initiatives to be implemented which can prevent such unwanted loneliness and provide people with active-ageing spaces that allow them to be active participants in their community. That is why the aim behind this

school is to tackle this problem and its associated relational and social deprivations, as well as promote active ageing through participation and by maintaining a biopsychosocial relating and learning space.

1. Community context

La Escola de Salut i Envel·liment Actiu del Casc Antic is a project launched by the municipal social services in the framework of the community action that is being led, promoted and taken part in by the Casc Antic Elderly People's Board. This board is a community space with institutions, public and private services and some of the community's residents taking part, to ensure the well-being, improved quality of life and active ageing of the Casc Antic's elderly residents.

The Board is made up of organisations and associations that collaborate in organising recreational activities and activities for maintaining mental and physical health and in improving the quality of life of the neighbourhood's residents. A steering group has been created within the Board to revitalise and manage this community action being carried out by the School. This steering group has given it strength and stability and provides a good example of functioning between networks and services. The networking now being done in the area, along with the Ciutat Vella Basic Health Area or Primary Care Centre (CAP), has enabled preventive and intervention work to be carried out with the area's elderly residents. The leadership of the functions to be performed within this steering group has been shared, with the psychologist at the Casc Antic Social Services Centre having become its benchmark.

During the first edition (2011-2012), the School was promoted under the district's Community Plan and through the community work carried out by the social services and the support provided by the Barcelona Public Health Agency (ASPB) under the Neighbourhood Plan. The last editions (2013-2014, 2015-2016, 2017-2018 and 2019) have seen the project revitalised by the social services, in collaboration with the various associations dedicated to the elderly in the Casc Antic. At present, for example, the Roure Foundation is collaborating in revitalising by managing an extensive community-intervention project in the neighbourhood, for which it has received a subsidy from Barcelona City Council for implementing community projects.

2. The Escola de Salut i Envel·liment Actiu del Casc Antic project

2.1 Vision

The vision that drives the School is that of promoting psychobiosocial strategies and activities for meeting the specific needs of isolation and loneliness that the Casc Antic area's residents present, through social-community intervention.

2.2 Mission

The School's mission is for no elderly person to be alone in the Casc Antic neighbourhood and for the School to become a space of reference for active involvement, relations and participatory community life for elderly people.

2.3 General goal

The goal pursued by the School is to improve the quality of life of the Casc Antic's elderly residents through the community promotion of a space for interacting with others and learning in the Sant Pere, Santa Caterina i la Ribera neighbourhood. This general goal can be divided up into more specific aims:

- To improve the physical, emotional and social perception of the project's participants.
- To help to reduce situations of social risk among the elderly (isolation, loneliness etc.)
- To encourage interpersonal relations in small and large groups:

- To become a space in the neighbourhood for interactions, information, personal support and learning-knowledge.
- To encourage active participation among the elderly through the School's activities and in the other community proposals that there are in the neighbourhood.
- To increase the number of and build loyalty among the project's participants to create networks of active elderly people in the Casc Antic.
- To offer the maximum number of psychobiosocial activities chosen in a participatory manner which are satisfactory for the elderly people taking part.
- To make the community project sustainable on technical, economic and social levels.

It should likewise be added that the cross-cutting goal is to work on prevention, which is being dealt with on different levels:

- Highlighting prevention can help us in detecting and possibly neutralising the conditions of isolation and loneliness and of vulnerability among elderly people who are very often suffering from an illness and receiving the corresponding social and medical care.
- Generating, through prevention, an awareness of the social network, of self-healing, of respect and self-evaluation and of one's biopsychosocial health, helps us to ensure that elderly people can achieve an active and socially fulfilling life.
- Improving the quality of life of the district's elderly residents through the community promotion of a space for interacting with others and learning in the Sant Pere, Santa Caterina i la Ribera neighbourhood.

2.4 Stages

The project is divided up into very distinct stages as regards effective work where tasks are delegated and responsibilities are shared:

1. Preparation stage of the School's project (from September to December) where we, as the various stakeholders, participants and professionals meet up with the following goals:

- To assess the previous edition and offer proposed improvements.
- To plan the new edition. To share out functions and responsibilities.
- Dissemination area: to prepare leaflets and posters and distribute them among local residents and the community.
- To make and approve the budget proposal.
- To prepare the official opening, spaces, infrastructure and so on.

2. Community-action and activities-programme stage (from January to June) where a series of participatory training activities are carried out, not just in talk and workshop formats but also as audiovisual presentations. The activities are held every Wednesday morning at the Convent de Sant Agustí Civic Centre. A questionnaire will also be handed out to participants during the first meetings of this first stage for functional evaluations. The format and content of the activities of this stage are as follows:

- A 30-minute “You Speak” Space. This is an evaluation, detection and monitoring space where participants are given a voice for reflecting on what we did at the previous meeting, for assessing their current state and their concerns and for attempting to detect situations of risk or vulnerability.
- A 45-50-minute activity space. This is a space for delivering an informative or awareness-raising or learning talk on various issues.
- A 5-10-minute stretching or “leisure” space, for stretching exercises and encouraging natural interactions among participants.
- A roughly 30-minute Workshop, Practice or “Fem Junts” Space, for creating a practical participation space on previously explained issues, whether in small groups or with the voluntary participation of various people in large groups.

3. Project's final stage. A final dossier is drafted during the last month, with a summary of the various activities carried out, and the project's conclusion is jointly prepared with various leisure and cultural activities being held. A questionnaire is also handed out during this stage and, in addition, proposals are offered and an evaluation is made of the difficulties that arose on compiling a comprehensive-evaluation document.

3. Evaluation

As a result of the quantitative results drawn from the evaluation made through the two questionnaires, we can extract the following data:

- We have a rough average of 40 people assisted, while the total number of people signed up comes to 80. This difference is due to the fact that many people do not come on the same days, as admission is free and not obligatory.
- Of the 38 users, 92% are women, while there are only 3 are men, corresponding to 8% of all the participants.
- The average age of the participants in the 2018 edition was 82, the median age 84, and the age range from 56 to 96. The average age in the 2017 edition was 81, the median age 84 and the age range from 55 to 95. Finally, the average age in the 2015 edition was 78.7, the median age 79.5 and the age range from 54 to 93.
- As for educational level, we know that 49.1% have incomplete primary education or no education, 34.4% have completed primary education, 12.5% have completed secondary education and 4.1% have a university qualification.
- As regards their housing situation, 70% live alone in their home, while the remaining 30% live with other family members or in assisted flats. Of that latter group, 12% live with a partner, 12% with family members and 6% with others.
- 81% of the participants state they have learnt useful lessons.
- As for self-perceived health, the average participating population gave their health a score of 65.7 out of 100 in a previous survey and then a higher score of 75.38 out of 100 in a final survey. As regards visits to family doctors, 2.5% of the participants did so once a week, 44% between 1 and 3 times a month, while 53.5% stated they never went or went once a month at the most.
- As to frequency of going out of the house, 86% stated they went out every day, 10.5% between 2 and 6 times a day, while only 3.5% said they went out only once or not at all during the week. We therefore observed a growth in the number of times that users would go out. Among other

phenomena, they stated, attending the School had enabled them to grow as people (90% of the participants), establish new relationships (80%), improve their state of mind (90%) and have a better understanding of the resources network (90%).

- As for satisfaction with the School itself, 95% expressed a very high level (9.7 out of 10), 90% wanted to return and attend the new editions and 100% of the participants were happy to recommend other elderly people to attend it.

4. Aspects that need to be worked on further

In the first place, we need to improve and strengthen even further local-resident and user participation in the activities' planning. We also need to try and find a model where students can participate and take charge of all the workshops that are offered. We are also thinking of a new Active Ageing School Model based on small participatory groups and with greater independence so that the school makes itself more participatory. We can likewise evaluate the creation of several age groups for carrying out new activities, for example, by extending them to younger-age groups aged between 55 and 65.

Secondly, we need to make an evaluation of the psychosocial impact which is complementary to the one already made in health aspects. It would therefore be interesting to make a longitudinal-type evaluation to be able to assess the changes throughout the years and see which are the most significant and what their impact is. It would also be appropriate to add biographies of people with their qualitative-type experiences of what the School has represented for them during these years, given that it is the research into such satisfaction, interest and motivation — personal, group and community — that enables the psychosocial-health evaluation to improve.

5. Good practices that can be transferred to other projects

We believe the School represents good practices which can be launched in other areas as it is a cooperative and community work model with a high preventive impact in the psychosocial arena.

It should also be stressed and highlighted that the processes of change generated by ageing in neighbourhoods and, more specifically, in these once traditional neighbourhoods which have now practically disappeared because of the most neoliberal policies, ought to be a cause for creative technical responses, which are managed from the area itself and by professionals so that they respond to the social situations or problems detected.

The economic sustainability of the model managed by the community also needs to be pointed out, given that the model is based on cooperation and volunteers collaborating within the community itself, as well as the professional teams themselves that are working there. This highlights the very important need for this component to be evaluated, so the project can be transferred to local residents and the community in general.

6. Conclusions

The main conclusions draw attention to the fact that the School is clear about its goals and has succeeded in reducing the loneliness experienced by the people attended to. Even so, and bearing in mind the ageing of the participants, certain limitations are still being identified.

The networking of the steering team makes the project sustainable over time. Community work is also essential for the project's success. The network that is established among students helps to achieve the goal of reducing isolation among the elderly and, in that respect, the experience drawn from previous editions is crucial for providing the work dynamics.

The School is presently a project that is deeply rooted in the area and whose development will require further analysis and redefining in the future, given the population and local-resident changes going on in the area. Other spaces with other timetables, and maybe annual running, ought to be created as well.

As for its sustainability, this is an inexpensive, diversified-funding project, with voluntary and participatory initiatives at its disposal from associations and professionals from the area or specialising in the elderly. That is why it is an example of “good practices” from community spaces recognised by the Elderly People’s Board. It is also a very good space for territorial dissemination of issues that affect or interest elderly people, besides helping to create links and contributing knowledge to users.

The intergenerational work started four years ago proved a successful component in this edition, during which primary and secondary schools became involved, giving students the opportunity to evaluate the work being done on “active ageing”. Finally, the School also has a high potential for constructing identities, cohesion and, consequently, active and participating citizens.

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