25

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Summary

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25
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Presentation

Bru Laín and Albert Sales

As this monographic issue entitled “The longevity revolution” affirms, the ageing process in our society is one of the main challenges we face, the importance of which will only become greater in the future. The labour markets and public policies, the housing sector, mobility, health, social participation, the use of technologies, and so on, are just some of the areas that must be adapted to this new reality. In effect, ageing generated by demographic change is a far reaching structural phenomenon driven by different and complex causes, the consequences of which have, and will continue to have, unprecedented repercussions on the social, economic, political and cultural realities of countries and, especially, cities. There is no doubt that Barcelona is ageing. According to the forecasts, before the end of the 2030s there will be nearly 375,000 people over the age of 65 registered in the city, almost 25% of the total population.

Due to the consequences this will have for the city, this monographic issue of *Barcelona Societat* offers a broad, diverse approach to this longevity revolution, presenting and discussing some of the most important issues and problems inherent to it. To this effect, the article in the tribune section, for example, addresses the issue of social participation in the ageing life stage, critically discussing the “active ageing” concept proposed by the World Health Organisation (WHO), and countering it with the new “friendliness” perspective, an approach that is more suited to the new reality of the urban era. The second article opens the section on in-depth studies, addressing the matter of theStrategy for Demographic Change and Ageing approved by Barcelona City Council in 2018, carrying out a full assessment of it in line with the main lines of action it proposes: the area of housing, care, social support, participation, and intergenerational relations. The third article delves deeper into the one of the lines of action which, at the same time, is a vital issue: the care of elderly people in situations of dependency in Barcelona. The document uses the Survey of People in a Situation of Functional Dependency conducted in the city in 2018 to identify the different groups of dependent elderly people and to analyse their different situations and needs. The fourth article focuses on a sometimes invisible but hard-hitting matter: the abuse of elderly people. The article asks what are the main family contexts, dynamics and patterns that produce this phenomenon and proposes some actions aimed at eradicating it. The fifth article analyses another problem associated with ageing: the digital gap due to age and, in particular, gender. Elderly women are the social group with most impediments in terms of opportunities to familiarise themselves with information and communication technologies, which is one of the outcomes of the structural inequalities they have historically been subjected to. The document is based on

in-depth interviews and discusses how the appropriation of technologies among this group will lead to a transformation and improvement in their lives. The next phenomenon linked to ageing is the unwanted loneliness experiences by many elderly people. This sixth article uses the study conducted by the Loneliness Observatory, which explores the loneliness experiences of people in different life stages: adolescence, young adulthood, adulthood and old-age. Its aim is to understand what strategies these groups use to counter their unwanted loneliness and what actions can be taken to improve this situation in the city.

Furthermore, in the experiences section of this edition of the journal, six proposals for specific actions or programmes which are currently being implemented in the city of Barcelona are discussed, the design and application of which are illustrative of the degree of innovation they represent for municipal public policies and civil society organisations. In this regard, the seventh article focuses on the "Baixem al carrer" programme, which seeks to reduce loneliness and isolation and improve the quality of life and health of elderly people who have difficulties getting out of their homes due to architectural barriers, giving them the opportunity to socialise independently. The programme started in the Poble Sec neighbourhood and is currently being developed in 38 neighbourhoods in the city, giving elderly people the chance to get out of their homes and widen their social circle and connect with their community. In the same vein, the eighth article talks about the VinclesBCN programme, started in 2014 as a pilot scheme designed to combat the situations of loneliness that many old people in the city may be experiencing, through reinforcing their social and community network and relations. This programme has now become a consolidated service with almost 2,000 users. Related to the Vincles programme, the ninth article explains and analyses the Radars programme. This project was implemented for the first time in 2008 in the district of Gràcia and its area of action has been widening ever since. In a scenario characterised by the emergence of new housing models, changes in family structures, increasing numbers of divorces and separations, and changes in the age of migratory movements, Radars is a community initiative promoted by the Area of Social Rights which aims to integrate the community as a way of detecting and preventing situations of risk and mitigating the loneliness that elderly people may feel. With a similar objective, the tenth article addresses the issue of the so-called "social super-blocks" or "care super-blocks", which emerged from the need to improve the home care model. This programme is designed to convert the homes of dependent people into recipients of residential services, with the associative and local resident fabric of the neighbourhood itself supplying part of the services. The eleventh article focuses on a relatively little explored initiative in our city which emerges from civil society. The group of elderly people Can 70 defend and propose senior cohabiting as a housing model for old age, where the ownership model and use of the plot and residence, as well as the rules of cohabitation and distribution of spaces and services, are decided cooperatively. The twelfth article explores the successful experience of the Old Quarter Health and Active Ageing School. Created in 2010 to combat situations of isolation and loneliness experienced by elderly people, the school was jointly launched by the municipal social services, the Old Quarter Elderly People's Board and the set of stakeholders involved in the Old Quarter.

As we would also like to emphasise here, ageing is an unbeatable plus for our society. The life experience and knowledge that elderly people can contribute are undoubtedly an incalculably valuable asset. However, ageing can also bring about specific situations of exclusion and inequality that must be addressed. This issue of the Barcelona Society journal brings you some reflections, analyses and diagnoses of what we do, how we do it, and what we should do in the cities and the metropolitan area. We hope to contribute to a debate that is emerging as one of the most critical current and future issues for our societies.

25
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Foreword

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In Barcelona in 2018, there were 1,169 city residents aged 99 years or over, most of whom were women (84%). Some estimates say that longevity increases by five hours every day, a figure totalling close to three months every year. Life expectancy in Catalonia, currently 83 years, is one of the highest in Europe and by 2050 the population over 65 years of age is forecast to be 30% of the total population. The ageing process, the so-called *longevity revolution*, is one of the main phenomena and challenges of our societies. Ageing is also a social advance and a challenge in terms of the care and promotion of people. It is an advance in the sense of the contribution and knowledge that elderly people can bring to society. However, in parallel with the many positive aspects, this demographic shift also presents risks and situations of exclusion and inequality. 'Ageism', discrimination for reasons of age, exists alongside situations of unwanted loneliness among elderly people. Around 22% of people aged 65 years and over in Catalonia live alone and three out of every four are women. Being alone is not a matter for concern if it is experienced in a positive way but, according to the association Friends of the Elderly, around 58% of elderly people who live alone express a sense of unwanted loneliness.

Moreover, while housing conditions, access to adequate housing and inequalities in income are all problems that transcend the age factor, they are also issues that create some specific situations in old age. Although elderly people are predominantly home owners, there are people aged 65 years and over who live in rented accommodation (almost 10% of this group in Catalonia) and have difficulties accessing adequate, comfortable housing, especially when health and mobility problems arise. There are currently 6,000 people in Barcelona waiting for housing (18,000 people in Catalonia), The inherent challenges of this situation are to take this as a serious issue, to shorten waiting lists and to improve housing conditions, and always under the assumption that what elderly people want above all is to age in their own home. Another worrying matter is inequalities in income: 60% of pensions in Catalonia are below €1,000 per month. The average contributory pension is €1,100 per month. These data, however, hide a huge gender inequality because women's pensions are 44% lower then men's. According to data provided by the Statistical Institute of Catalonia (Idescat) for 2017, widows' pensions average €660 per month, while non-contributory pensions average just €340. In this

panorama, the forceful emergence almost two years ago of the pensioners' movement calling for dignified pension payments is understandable.

Last, the demographic challenge is not an issue just for elderly people, but one that must be met by all of society. A whole series of social changes such as growing urbanisation and the rural-urban dichotomy intercept with current demographic changes, conditioning the actions taken in response to this situation. New family structures, changes in gender roles and the care crisis, the weakening of community ties and greater individualisation, and the technological revolution are just some of the huge paradigm shifts that affect people's daily lives. This context calls not only for a thorough public policy overhaul and new analyses and approaches to ageing (Subirats, 2018), but also for novel ways to redress unwanted loneliness and provide support to very elderly people. Within this context of accelerated change, three dimensions of the ageing process can be highlighted:

- Faced with the feminisation of ageing and the need for care, incorporating the gender perspective and feminism into public policies is essential. There are more elderly women than men and they inherit a situation in which conditions are unequal, a reality that has been called the 'feminisation of the conditions of ageing' (Ezquerra, 2017). There are also enormous social and gender inequalities in care provision, making finding a way for social and gender justice a priority.

- The diversity of ageing implies varying needs and demands, especially from the perspective of social inclusion and in terms of adequate care for specific groups: situations of unwanted loneliness, the ageing process linked to different cultural and geographical origins, and raising the profile of elderly LGBTI people. This situation inevitably requires a more complex set of policies for elderly people, which must also take their expertise and participation into account.

- Autonomy and active participation also become fundamental aspects of public policies, which must be more co-participatory, co-designed and co-produced. This challenge places elderly people at the centre of the process to make them a part of it and to hear their voices, not only when it comes to evaluating a service or knowing their opinion, but in all the areas and cycles of public actions. Public policies need to be redirected to make them more cross-cutting and intersectoral, like integrated health and social care. Innovative projects that take social entities' and organisations' experience into account, and which promote community action and elderly people's self-management, are also required. Some relevant examples are the health and self-care workshops in the neighbourhoods and co-housing experiences.

Moreover, like in other areas of public policy, the global-local connection has also helped lay the foundations of local policies and strengthen them. The turning point came with the presentation of the World Health Organisation's (WHO) document on active ageing at the United Nations' Second World Assembly on Ageing in 2002. The active ageing paradigm has become consolidated as a world-scale intervention strategy from a perspective of prevention and social inclusion. The Age-Friendly Cities movement emerged in 2010, from which a network aimed at identifying and advancing towards improving elderly people's quality of life has emerged. Five-hundred world cities and communities currently make up the Global Network for Age-Friendly Cities, the aim of which is to design safe, accessible environments to promote mobility and participation. Networks and cooperation agreements have also been made on a European scale to boost new policies, among which are the 2013 Dublin Declaration on cities and communities in Europe adapted to elderly people, and the Demographic Change Plan. The Eurocities network of cities has also been proactive in this area, creating a working group on urban ageing in which Barcelona City Council takes part, the aim of which is to exchange good practices between cities and

advance the local political agenda on ageing. This exchange also led to a group of eight cities winning a European project to investigate how these cities are responding to their populations' ageing process. Nonetheless, the problems elderly people face linked to income and accessing adequate housing and health and social services may worsen in the future. Obviously, other spheres of government with powers in these and other related areas must intervene decisively to strengthen both current and future welfare policies for elderly people. A case in point is old age pensions, an extremely serious issue if we consider that this is one of the pillars of the welfare state and that many people do not have access to anything like a decent income once they reach retirement age.

Both the active ageing paradigm and the age-friendly cities network are held up as benchmarks in the area of elderly people's policies. As with all interpretative frameworks, their approaches can emphasise different aspects. The different interpretative frameworks are important because they impact on the way problems are defined and the political options chosen. The active ageing paradigm, which is also a reference for age-friendly cities, can prioritise the area of health, the sustainability of the system, labour market participation or the citizenship rights of elderly people (Alfama and Cruells, 2016). Its approach can also focus on elderly people or on society as a whole, on the understanding that everyone must age in a healthy way. In short, the concept of 'active ageing' can be interpreted in different ways depending on whether the emphasis is placed on a more 'productivist' approach or if the perspective of the contribution made by elderly people based on voluntary work and knowledge transfer is defended. To this effect, some approaches consider that it is a concept that does not include diversity and the situation of the most vulnerable groups, and so as a model it must be re-examined to incorporate the idea of 'active ageing' in which diversity is acknowledged (Del Barrio *et al*., 2018). As David Harvey sustains, what is required is a different type of citizenship which guarantees the active right to collectively construct a city with shared spaces and common goods. Based on these proposals, the idea of the right to the city suggested by Henri Lefebvre more than 50 years ago has been re-visited.

While the concept has been incorporated into the Housing III and New Urban Agenda process approved in 2016, and has been defended by urban social movements, it also sparked some controversy at the UN summit. The right to the city emerges as an alternative approach which places social, economic, cultural and environmental rights at the centre of political action. Faced with the accelerated process of urbanisation and the injustices that take on a local dimension and are specific to world cities, the right to the city calls for more power for local institutions and more local democracy. The objective is to reverse the neoliberal model, which allows capital to transform cities and their services into just another commodity for private benefit. The defence of common goods and the right to the city acknowledge the ongoing urban conflict that should be managed by creating neighbourhoods, villages and cities capable of responding to their social needs. And what is more, this should be done in a cooperative and participatory way.

Barcelona currently leads the field in social investment and innovation policies, and the city also aims to contribute with a new approach to population ageing. This strategy has a long-term perspective and aims to align all municipal policies with the right to the city for all cycles of life as the driving idea. One of the ensuing priorities has been to strengthen the set of policies for elderly people and to meet the new social and demographic challenges head on. Following a year of shared analysis and planning, with the participation of Barcelona Advisory Council for the Elderly and the Municipal Council for Social Welfare, Barcelona City Council approved the 2018 Demographic Change and Ageing Strategy: a

City for Every Stage of Life (2018-2039)[1]. The strategy is based on a demographic diagnosis and forecast enabling effective, evidenced-based policies to be planned for now and for the future. First, maps were produced to identify current facilities and to locate elderly people and their needs on a micro-territorial scale. Among other indicators, the elderly people living in each block in the city were identified and information about their level of autonomy, the home care services they receive, and whether or not they have a carer was compiled. These data are an invaluable source of information to plan local services and community action.

The ageing strategy includes 77 actions organised into four lines: a) the right to live in the city at all stages of life; b) intergenerational community living; c) active ageing; and last, d) planning demographic change and innovation. It also presents a balance sheet with the objective of knowing the existing elderly people's policies and strengthening the services: a catalogue of 62 municipal services specifically for the elderly people living in Barcelona, to which the district services and actions can be added. A comprehensive, complex catalogue that describes a very active area of municipal policy, a fact that is further verified by the budgetary increase. In 2018, the Area of Social Rights was allocated €138 million in policies for elderly people, a 65% increase on the previous four-year term.From among the innovative aspects of the strategy, one of the most notable actions is the creation of the so-called 'social superblocks'. Taking the mobility superblocks as a reference, pilot projects have been launched to improve the home care provided to elderly people and to test the integration of the social and health services, with the aim of progressively extending them to the rest of the city. The strategy also embraces the intergenerational perspective, strengthening already existing projects and incorporating the idea of the right to the city at all stages of life.
Last, the municipal strategy aims to promote the capacity for innovation, which should encompass not only the planning and rigorous, participatory evaluation of policies, but also the metropolitan perspective and inter-institutional cooperation. The answers to some of the challenges of the ageing process must necessarily be based on a broader knowledge: for example, increased knowledge to be able to take action to meet the needs of the eldest members of society and those with cognitive disorders and dementia; more knowledge about the situation of people with different cultural origins; and more knowledge about how to facilitate the participation of the most vulnerable people.

The agenda of policies for elderly people is complex and encompasses a very varied set of issues. Some of the emerging areas that are being addressed at a local level, often with innovative approaches such as lifelong education and culture, are: employment, work skills and social contribution; promoting the social and solidarity economy and the third sector linked to ageing; integrated social and health care; new types of home care and community support; alternative housing; the fight against unwanted isolation and loneliness; and mobility, transport and friendly public spaces.And it is precisely at the local level that demand is multiplying and solutions must be found. Moreover, if the answers to these challenges must involve participation and community action, this can only be done from within the territory, in the neighbourhoods, through promoting elderly people's self-management. As already pointed out, this means strengthening local governments and providing them with more resources, while ensuring that other spheres of government are involved in implementing policies that are fundamental for generating well-being. Both the opportunities and the risks that emerge from the process of ageing and demographic change need planning and effort that is not yet being made and that local governments cannot do alone. To this effect, it is essential to reinforce mutual support, cooperation, community ties and care support, core values of feminism.

1. It can be downloaded at the following link: https://ajuntament.barcelona.cat/gentgran/ca/canal/estrategia-sobre-canvi-demografic-i-envelliment.

In short, to achieve greater social and gender justice, we must be capable of making the right to the city at all stages of life a reality. The 5th Elderly People's Voices Conference (2019)[2] ended with a call to promote an alliance among the generations to respect and reinforce the rights that are especially violated among groups such as women, youths and elderly people. Following Nancy Fraser, we need public policies that tackle not only the distributive dimension but also the recognition dimension, making the fight against social and gender inequalities the focal point of the local agenda. And above all, everybody's voice must be heard, with real community empowerment and participation.

2. The material from the Convention can be found at the following link: https://ajuntament.barcelona.cat/gentgran/ca/content/convencio-les-veus-de-les-persones-grans

Take stand

25
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Ageing and pathways to participation in the urban era: do we need to promote new landscapes?

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This article first presents the concept of participation, offering, on the one hand, the perspective of older people in their own words and, on the other, that corresponding to the political frameworks. For this purpose, the idea of "active ageing" developed by the WHO is presented as a frame of reference while introducing the international context in which it arises. The analysis of several basic principles and reflection on their application highlight the distance between the participation coordinates formulated in the proposal and their implementation. Subsequently, the contributions provided by the perspective of friendliness are analysed, as well as its contribution in a context of the increasing importance of cities, the urban era. Finally, different considerations and criteria, both theoretical and practical, are presented to move forward on participation.

Introduction

From the activity theory formulated in the mid-twentieth century to the co-research approaches (Walker, 2007), the participation of older people has continually featured in the gerontological sphere and policies targeted at older people as well as in everyday comments on ageing. It is a notion usually linked to the idea of ageing well.

In this article, we approach the concept of participation by exploring the perspective of older people through their own words, on the one hand, and that of the policy frameworks on the other. First, by taking as a reference framework the idea of "active ageing" proposed by the WHO and putting that in the international context from which it comes, and then the "friendliness" perspective. Studying both these formulations helps us to understand the meaning of their contributions, as well as how they differ with regard to participation. To conclude, I put forward a series of considerations and criteria of a theoretical and practical nature in order to promote new participation strategies.

What meanings does participation conjure up for older people?
To offer an insight into the perspective of older people, I will show the results of a broad, qualitative study that presents their views on participation, interlinked with experiences and everyday lives (Raymond, Sevigny y Tourigny, 2012)[3]. An analysis of older people's lives enables us to trace the following six lines of meaning behind social participation:

1. Seeing the world, being in the world and developing meaningful relationships. In this vision, what people stress is not the type of activity they do or its content but the fact that the activities are an opportunity to develop social relations. These relations are the common denominator they highlight. In some cases they emphasise the possibility of not being alone, of doing something together with other people. In others, on the other hand, the key is the quality of the relationship, the warmth of the contact, the affection. The connection with other people is presented as a strategy for combating isolation.

2. Enjoying pleasant, sociable activities in a group; taking part in leisure activities valued because everyone can choose, and appreciated for their role as a form of diversion. Taking part in activities offers a stimulus to get out of the house, be it the domestic space or a home. It offers opportunities for socialisation and establishing positive relationships, as well as enabling people to discover interests they share or to feel that they are keeping in shape.

3. Being involved in a collective project. The collective dimension refers to both the context in which the project takes place and its content. Thus, in their explanations, people mention the settings they participate in and also the different types of project in which the group involved come together. More than the scope of the project, they value the fact that the way it is set up and the context in which it takes place enable everyone to contribute. In other words, they value the possibility of doing things together as well as that of recognising diversity. Likewise, they stress that contributions should be on a tangible level with the possibility of varied contributions in a process with identifiable results and impacts.

4. Helping others as well as mutual help. Doing something for others makes people feel better in their everyday life. Often this is for vulnerable people, but not only vulnerable people, because young people are a group mentioned as recipients. The image of helping other older people is conceived as help between peers or an expression of solidarity, especially when it concerns people who are isolated or whose vulnerability impacts on the invisibility of their needs. This is a vision of social participation which makes clear the skills required: relationship skills such as a welcoming attitude and a willingness to listen to the other person; caring skills to sustain help, express affection and build a link of trust with the person being helped.

5. Transmitting knowledge. Here knowledge developed throughout a person's life merges with the expression of generativity, in other words, contributions that help or can serve to guide the following generations. This kind of transmission is possible in various spheres of activity and in different environments, social activities, volunteering and also in the family circle. In that type of participation, personal experiences serve the well-being of the immediate circle or the community. When older people conceive participation in that way, they often pose it as a demand for redefining the social role of older people. A demand they sustain by noting that knowledge transmission in any environment can contribute to reaffirming the ties between social groups, between different ways of living and thinking. For example, older people with motor or sensory

3. The research carried out in Quebec involved thirteen discussion groups in which over 100 participants were consulted, mainly older people and also frontline professionals who work with or for older people.

disabilities point out that this kind of participation constitutes an opportunity to transmit (to their peers as well as young people with a disability) “the little tricks” they have developed over the years for dealing with the challenge of social integration.

6 .Increasing the power to take decisions on matters that concern them. In this definition, participation is posed as a feature of mediation between people and the collective or political dimensions of life in society, This requires a space where everyone is listened to and all opinions serve to define collective choices. Participation linked to decisions is conceived as a way of tackling the social or political marginalisation of older people. The practices mentioned are to be found in both the local and national spheres, as well as within the framework of public and community organisations.

If we observe the whole set of meanings, we can see they revolve around three dimensions: relationships, contributions and the impact on policies. The centre of that triangle is where the “doing”, the activities, lie. We can also see the density varies between the three elements, with the first two having a greater presence than the third. Likewise, the range of meanings leads us to think in terms of a non-explicit position, that of older people as users of services that are both specific and common to other age groups.

How is participation shaped? An introduction to the international agendas and gerontologicial frameworks

A recent review of publications that deal with the civic participation of older people covering a broad period (1963-2017) shows the growth in the number of such publications from the end of the 1990s and especially since 2006 (Serrat, Scharf, Villar and Gómez, 2019). Of course, the amount of research published is only a sample in relation to what happens in everyday life. However, in this case, besides offering us a sign, it also leads us to explore this period. Are they arbitrary dates? To my way of thinking, taking a closer look at this period of growth in research is a useful way of examining how participation in the field of ageing has taken shape. Below, I will outline a non-exhaustive series of initiatives in gerontological policies with an international scope whose evolution from the mid-1990s to the first decade of the 21st century enables us to see how participation has taken shape.

The European Commission declared 1993 to be the European Year of Older People and Solidarity between Generations, while the United Nations declared 1999 the International Year of Older People. In 2002, the WHO presented its proposal on active ageing at the Second World Assembly on Ageing, which subsequently approved the International Action Plan. Five years later, within the framework of the 2007 International Day of Older Persons, the WHO presented its Age Friendly Cities project. Let us look at some features of those initiatives.

The European Year in 1993 was celebrated with a wide range of initiatives, in many cases highly visible ones. A number of characteristics are worth highlighting. These initiatives often involved both actors on the ground and organisations with a broader scope. Information about projects on different scales was widely circulated between states, inside countries and between cities. Financial help from the Commission encouraged the creation of networks involving projects from different countries to foster the exchange of concepts and practices. The issue of participation, as a both a central and a complementary feature, grew, along with its visibility. By way of example, we have Red Salmon (named thus because salmon is a fish that swims against the current), which brings together promoters of small living units as an alternative to residential centres in various European countries. These are experiences that take a variety of forms promoted by developers with diverse statuses too. In that network, we can identify the seed of the “person-centred care” approach and innovative concepts in the care of people with Alzheimer’s (Guisset, 2008).

The European call framework also put the intergenerational solidarity perspective at the forefront, leading to a growth in projects organised around participation. In Spain, during that period, both during the preparations for European Year and subsequently, there was a boom in initiatives of all kinds, among others, calls for support for projects, seminars and training courses that included participation. This contributed to broadening and diversifying the actors and spreading new ageing frameworks. In this regard, we should point out the rise and expansion of gerontological plans which, despite having no direct relationship with the European call, were indirectly stimulated by it. All the plans, from the state-wide one to those promoted by Spain's autonomous regions as well as some cities (Barcelona for example), make the participation of older persons a central issue.

An important line can also be traced on the United Nations' agenda in that period. In 1990, the UN General Assembly established 1 October as the International Day of Older Persons. The following year, the General Assembly adopted the UN Principles for Older Persons covering independence, social participation, personal realisation and dignity. And in 1992, it proclaimed 1999 as International Year of Older Persons.

The central feature of the route promoted by the United Nations was to hold the Second World Assembly on Ageing in Madrid. The Assembly adopted the International Action Plan, which revolved around three priorities: older people and development, fostering health and well-being in old age, and creating a favourable and conducive environment. Two aspects are worth highlighting. First, the Plan was put forward as the basis for policies formulated by governments, NGOs and other interested parties, policies that change the way societies perceive their older citizens, relate to them and care for them. The second aspect is that, for the first time, governments accepted the need to link questions of ageing to other social, economic and human rights' frameworks, in particular those agreed on by the UN conferences and summits held in the last decade. The aim is to change attitudes, policies and practices in order to take advantage of the enormous potential offered by older people in the 21st century.

The active ageing model, proposed by the World Health Organisation at the 2002 Assembly, is the most visible expression of that aim. The document "Active Ageing: A Policy Framework" (WHO, 2002), which followed a review of the programmes devoted to healthy ageing from the mid-1990s and various lines of consultation and debate, has had a big impact on planning and practices over the last two decades, which justifies a closer look at some of its main characteristics.

Active ageing: a policy framework for action

As its title indicates, the formulation presented by the WHO in 2002 is defined in terms of a political framework. In other words, it was not proposed as a conceptual model of ageing as was the case with other formulations, such as those relating to "ageing with success" or "productive ageing". Although it is true that all of them share the characteristic of putting forward proposals for adapting to ageing, the WHO's approach pays more attention to policies than the individual perspective. Active ageing is defined as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age[4].

With regard to participation, the core component is recognising older people as contributors and recipients of development, postulated as the alternative to the stereotypes of passivity and a burden. An analysis of the document clearly shows that this position

4. In 2015, the International Longevity Centre in Brazil, directed by Alex Kalache, published *Envejecimiento activo: un marco político ante la revolución de la longevidad* [Active Ageing: a policy framework for the ageing revolution] with the aim of updating the document published by the WHO in 2002.

revolves around five key elements: the notion of “activity”, the life-cycle perspective, the planning approach, the concept of disability and the multisectoral approach (Pérez Salanova, 2016b). Below, I will briefly describe those elements with some critical reflections on their application.

The meaning of the notion “activity”

Active ageing comprises all the important activities for the well-being of the person, their family, the community and society. *Activity* means being involved in family, social, cultural and civic matters. Consequently, from the perspective formulated by the WHO, it is a mistake to restrict that notion to the sphere of employability or productivity. The malleability of the notion “activity” is one of the traits that sustains, to a large extent, the trivialisation of what has been, and is, the object of the model proposed by the WHO. That trivialisation is probably linked to the common use of the term, a use that has undoubtedly facilitated its dissemination and contributed to its popularisation. However, that explanation should not prevent us from reflecting on the widespread use of the notion of “active ageing”, which is abused in my view, by institutional, public and private players, and the effects that stem from such use.

The life-cycle perspective

By incorporating the life course, the active ageing model highlights the importance of the opportunities presented and the decisions taken throughout life in terms of their influence on living conditions throughout old age. In this sense, the life cycle is shaped by a preventive side spanning the different stages of life and which therefore affects all age groups. At the same time, the life cycle has another side, that of interaction and solidarity between the different generations in each period.

The planning approach

This model proposes a planning approach where older people, and their carers, are involved in planning, monitoring and assessing policies and programmes. The guiding principle is the concept of older people as actors with social rights and duties. Consequently, planning with this approach requires overcoming a model based on the passive position of older people and standardised needs. Likewise, it requires a transformation of the relationship and interaction between planning managers and ordinary citizens and, accordingly, calls for the adoption of new methods and alternative procedures to those applied following the technocratic model. In practice we can see two phenomena: the approach adopted is not usually mentioned either in the “active ageing” projects or activities, and it is not uncommon for participation initiatives to be launched where older people are invited to express their opinion on matters that concern them without clarifying how those contributions will be studied or without offering accessible ways of monitoring the issues raised. In other words, an invitation to take part in transparent participation mechanisms.

The concept of disability

The active ageing paradigm encompasses all older people. It does not exclude people with functional limitations. Older people who need care or help in their everyday life are also subjects who can get involved, that is, be active in various ways and to different degrees. Here, two questions that need tackling are stressed, namely, how the disability process is constructed and how older people are perceived when they live in situations of dependency. Consequently, developing active ageing plans entails incorporating multidimensionality to the process and recognising the strengths of older people at different stages of their ageing, as well as when they need ongoing care and help.

At this point it is worth underlining that providing more care for people in fragile or dependent situations increases the risk of taking away their self-management. Applying

the disability approach advocated implies changes at both the service design level (guidance and prevention, evaluation and care services) and at a relationship level (between professionals and older people). In practice, we can see that people in dependent situations are not regarded as recipients of active ageing programmes or activities, nor are they recognised as persons to be invited to take part in organising or operating participation mechanisms. Consequently, that exclusion leads to their invisibility.

The multisectoral approach

The active ageing paradigm brings with it an expansion of the sectors involved in policies targeted at older people. While the importance of social services and the health sector is recognised, the essential contribution of other sectors such as housing, transport, security, the economy, urban planning, justice, education and technology is emphasised.

Expanding the sectors is consistent with a global approach which calls for societies to adapt to ageing. Making headway in a multisectoral direction is only feasible if a mainstreaming logic is developed. Once again, when we look closely at what happens in practice, what we find most of all is occasional interventions of a preventive or facilitating nature, presented as active ageing actions organised by each sector.

To sum up, we can conclude that the widespread dissemination of the notion of “active ageing” and widespread reference to the WHO paradigm in many environments (plans and activities, conferences and meetings, reports and popular texts) offers a mixed picture. It has certainly introduced new views on ageing and key elements, including the five key points outlined. In practice, however, the simplification, trivialisation or abandonment of one of its key principles, or a lack of precision in using others, weaken the potential of those formulations. The absence of application strategies aimed at guiding and supporting their application was identified as the main cause of that weakness. The Age-friendly Cities project (WHO, 2007) that we will look at next takes up that diagnosis.

The friendliness perspective and the urban era

The Age-friendly Cities and Communities project, publicly presented in 2007, stems from two phenomena: demographic ageing and the population increase, and the importance of cities. With its formulation, it puts urban policy at the forefront and, in doing so, goes beyond the conventional framework of old-age policies, redefines the position of older people in exercising their citizenship and introduces new coordinates for participation (Pérez Salanova, 2016b). The proposal, made public after a period of pilot experiences in various countries, was accompanied by documents designed to facilitate its application. If we examine the idea of age-friendliness and relate it to the perspective formulated by older people presented at the start of this article, we see that the three dimensions of relations, contributions and impact are incorporated and that now the density of the components is similar. In other words, participation in terms of incidence is stronger.

Below, I will outline some elements of the “friendliness” perspective that I consider to be of special interest due to the possibilities they offer with regard to the cities-ageing-participation triangle. The key elements set out within the active ageing framework are certainly reflected in the three but that content is not enough to account for the substantive and operative concept of the Age-friendly Cities project. Consequently, in my view, the friendliness perspective should be seen as a specific framework linked to the so-called urban era, “ a time when cities play a central role, as spaces that produce and reflect the main dynamics of the first decades of the 21st century” (Blanco, Gomà and Subirats, 2018:15).

The first element relates to the centrality of everyday environments. Talking of friendliness means we are on the ground, both at the stage when living conditions are diagnosed, at

the design and start-up stages and also when it comes to evaluating the actions on the different levels of the environment; physical, built, social and digital. Placing everyday life on all those levels enables opportunities to emerge for interaction and recognition that are associated with proximity and heterogeneity, typical of old age.

The second element is the participation of older people. This component is present in all the stages mentioned above, although the application guides only go into detail on the tasks relating to diagnosing friendliness. The friendliness perspective constitutes a seed for promoting new participation models in terms of formats and dynamics. For example, workshop-type experiences help to shape more inclusive participation dynamics, where people with no experience of participation spaces feel comfortable about intervening and being recognised.

The link between the two elements mentioned, everyday environments and participation, points to a concept for rethinking cities and ageing by taking into account life cycles and not just age groups. In the same way, it allows new strategies to be developed for involving older people throughout the different stages of ageing which, let's remember, is the first of the five key principles of active ageing. For example, incorporating the "territory" vector acts as a lever for developing new participation routes where links can be created between people regardless of their age, thus adding a cross-generational element and encouraging new social relation networks, essential for tackling unwanted loneliness. That requires versatile methodological instruments capable of taking root in different contexts. The social action groups of the "Siempre Acompañados" programme are an example of how to organise responses from the community by creating cooperation frameworks (Yanguas *et al.*, 2018). The "territory" vector's leverage function is reflected in various actions in the city of Barcelona. In the area of loneliness, the Radars project, which is analysed in this journal, is an emblematic example. The examples cited also have an added value: they are initiatives that help to reduce stereotypes.

The third element which needs highlighting relates to the importance that building alliances and developing cooperation strategies has in the friendliness perspective. Emphasising the different actors, levels of action or competences, brings us to the coordinates of network governance. It also includes different ways of involving older people, such as developing projects or co-research. Although these are not very widespread, they indicate new opportunities that I will deal with further on (Buffel, Rémillard-Boilard and Phillipson, 2018). These are new avenues that introduce new statuses for older people in participation, alternative statuses to those of consumers or service users. In my opinion, both forms of involvement nurture a conception of the position of older people in participation; more than that of social players who contribute, that have a position as political agents. This is an important question in a period where cities play a central role in creating well-being, among other things.

At the same time, the two forms of involvement cited above give shape to important resources in the coordinates of the new urban agenda, such as building the commons. Coordinates where the neighbourhood level, co-production of urban policies, impetus for community action, resident involvement in management and citizen-produced innovation are becoming key strategies (Blanco, Gomà and Subirats, 2018).

Some notes for promoting new participation routes for older people

Any reference to ageing requires us to highlight the heterogeneity which characterises that sector of the population we call older people. Longer life expectancy means a longer life course in which changes, and therefore transitions, occur. Changes in relationships, in health, in the places where people live, in the ways they live in environments that may be more or less favourable to their ageing process and the transitions that each person has to

face and go through[5]. Therefore, the key question we pose is how can we make progress on the diverse forms of participation. The civic participation of older people in Barcelona is expressed in many different ways in the form of institutional participation mechanisms, projects and organisations.

When we look into institutional participation, we see how the plurality focus has been inscribed in the new approach and ways of doing things. A good example to illustrate this is the experience of "The Voices of Older People", a series of conventions first held in 2003 as an alternative to the conference model. They are organised by the Older Persons Advisory Council, backed by Barcelona City Council, with two aims: to renew the participation dynamics in order to broaden the range of participants and the types of expression, and to increase their influence on municipal decision-making bodies. They are held every four years before the end of the Council's term of office[6].

Some criteria applied or learnt that can be transferred to other initiatives:

a) Hold participation processes closer to people. Meetings must be held on a district or neighbourhood level and the dynamics need to be geared towards encouraging exchanges. The material conditions of these spaces must be comfortable and the materials easy to use.

b) Think about the issues to be dealt with and the contents. Discussing both points provides an opportunity to exchange points of view, recognise various interests, confluences and divergences and, in that way, avoid simplifying the way issues are dealt with or creating a homogeneous group image. The design of the participatory processes (in the form of discussions, workshops, working groups) prioritises the aim of learning, proposing or questioning; the experiences of older people must show diversity; presentations of public actions must be quick and concise, and specialists need to gear their contributions towards providing information as well as encouraging reflection and discussion, facilitating all kinds of exchanges (questions, clarifications, comments, proposals, etc.).

c) Draw conclusions and draw up work plans. Council members are aware that when a convention finishes, the next one is already beginning. Drawing conclusions and drawing up work plans underpins its influence on the decision-making bodies on the one hand, and guides the Council's agenda on the other. That course involves establishing "who we are going to do... with" in the future, helps to prevent disengagement and enables possible associations, partnerships and fields of cooperation to be identified.

One of the challenges for making headway on pluralism is the participation of older people when they suffer from situations of fragility or dependence, and are often service users. In studying the actions undertaken in Barcelona, we have analysed some of the actions carried out at the conventions and outside that framework. We have also made clear the importance of public action in building identities and subjectivities (Pérez Salanova and Verdaguer, 2018). Making progress on developing the urban dimension of well-being, promoting local well-being, calls for an in-depth exploration of the opportunities, "the little

5. Pilar Gómez offers a thought-provoking take on the changes in old age: "Changes gradually become more difficult on reaching old age. And the capacity for adapting to change is an indicator of vitality. Capacity to adapt to change does not mean submission suffered but the admission of that and relocation that allows the best move for living well" (p. 103)

6. Detailed information on the five conventions is available on the Barcelona Older Persons Advisory Council's website.

windows of opportunity", in order to recognise or encourage the participation of older people when they rely on care services at home. For example, transforming a support product reinvented by the person who uses it, or connecting people in the same neighbourhood which serves as a transition to shared activities or solutions, and so on.

From the friendliness perspective, the situation of people with fragility is regarded as a priority from two angles: the relationship between the urban environment and the body and the environment-diversity relationship. The former leads us to reflect on age-related needs, to recognise the fragility of the human body and to incorporate contributions rooted in the spacial practice of women. In fact, incorporating contributions developed from the gender perspective or feminist theory strengthens both the analysis of the environments and the design of the proposals. Whatever the state of the city and its neighbourhoods – from deindustrialisation to gentrification – in every case it is necessary to visualise what the life of physically or psychologically fragile people is like (Buffel and James, 2019). The second angle concerns ageing and diversity. It refers to people with health problems and also ethnic diversity, and poses questions relating to coexistence, maintaining that the environments must be capable of sustaining and reflecting the diversity of a world that is ageing.

Making progress on participation involves propitiating or developing new or little-known and sometimes, therefore, hardly credible ways of involving older people. One of those ways is co-research, already mentioned in the section on the Friendly Cities and Communities project. Research carried out with the collaboration of older people is appreciated for its contribution to a better understanding of situations or problems, especially health or social ones, experienced by older people themselves. The results of research on social isolation carried out in Manchester by a group of older people acting as researchers provide arguments for promoting this kind of participation. The researchers value the fact that it has served as a link, a bridge, between their working life and retirement because, on the basis of their interviewing skills and also through the training workshops, they have been able carry out the reflection following the data gathering and dissemination of the results.

At the same time, they recognise in positive terms the contribution the project could make in bringing about changes in the community (Buffel and James, 2019). Starting from the principle that no form of participation is applicable to everyone, co-research looks like an interesting option for those involved in an experience of training, reflection and collaborative learning. Moreover, it projects an alternative image of older people and introduces new opportunities for generating knowledge and disseminating it.

The issues mentioned depict an array of challenges to which we could add others, such as the need to provide spaces and projects open to generational diversity that involve older people. In this sense, the life course of the baby boom generation, which played an active role in demanding rights, provides for an active role in the transformations required to adapt organisations and policies, as well as in the opportunities for social participation (Majón-Valpuesta, Ramos and Pérez Salanova, 2016). In this context, we might ask ourselves how can we promote spaces or projects where people from different generations come together? How can we highlight projects in which that coming together is based on some actions but is inconspicuous? These are questions that arise when faced with the challenge of groups of people interested in improving certain aspects of any of the domains of city life, from education to care work, mobility or urban ecology. In practice, it is a matter of associating the cross-generational plane to the issues, whether they arise from one generation or another. That plane could be projected in a chess or video-game workshop – both offer a cognitive or relational opportunity – or translated into initiatives for

applying technology, whether it is in the care of people, in the transformation of services in the home, in caring for public spaces or in mobility.

In order to tackle any of those challenges, it is necessary to include the professional dimension, whether or not the professionals are involved in participation spaces or projects. Their training and the focus of their action are factors that act as stimuli, favourable or otherwise, for involving people. It is therefore key to support their theoretical and practical training, as well as generate spaces to reflect on the practices.

Likewise, we cannot leave aside the challenges relating to participation dynamics. Participation spaces must be internally inclusive (Barnes, 2005). To achieve this it is necessary to promote exchanges that take into consideration particular forms of expression – for example, deferential expressions – recognise rhetorical expressions – which are usually more dramatic and emotional – and include a narrative or historical account. There is no model for participation dynamics that is applicable or suitable for all situations.

The status of older people in participation spaces is also determined by how the processes or mechanisms work. Let's put ourselves in the context of an activity workshop or a meeting to promote an anti-rumour project. Older people can feel integrated or ignored, appreciated or reified by means of the dynamics or based on the methods. The way the participation functions can restrict the kind of person likely to take part. In other words, people interested in an issue might be attracted if a meeting is called but feel uncomfortable and ignored, or out of place, due to the way the meeting is run.

With regard to experiences of being ignored or excluded in participation settings, it is useful to consider the contribution offered by Correa and Domènech (2012), who propose constructing an image of the ideal citizen, someone who participates putting aside their own interests, who puts the general interest first and forms their opinions on the basis of rational arguments. That image leads to the creation of a "non-citizen" in line with modern. male, heterosexual, independent, rich, white authority. This is a construct that encourages the exclusion from participation of people affected by policies that they are trying to influence. In a complementary way, it should be pointed out that the position of the ideal citizen can be reproduced in any participation setting. That happens when the principles of communication relegate personalised expression, which includes emotions and unconventional forms of expression, on the one hand, and advocates a descriptive or proactive construction similar to the contributions that come from institutional and professional spheres on the other.

Participation and its multiple forms in the urban era need to be rolled out on local scales and, at the same time, incorporated into shared frameworks of a global character where age is not the organising axis that includes or excludes issues, questions and responses.

Bibliography

BARNES, M. (2005), "The same old process? Older people, participation and deliberation", *Ageing & Society*, 25(2), pp. 245-259.

BLANCO, I., GOMÀ, R. AND SUBIRATS, J. (2018), "El nuevo municipalismo: derecho a la ciudad y comunes urbanos", *Gestión y Análisis de Políticas Públicas*, 20, pp. 14-28.

BUFFEL, T. AND JAMES, H. (2019), “Working with older people as co-researchers in developing age-friendly communities”, *Geron*, 21(2). Advance publication online.

BUFFEL, T., RÉMILLARD-BOILARD, S. AND PHILLIPSON, C. (2018), “Pour des villes amies des aînés: programme d’action en faveur du viellissement en milieu urbain”, *Retraite et societé*, 79, pp. 43-60.

CORREA G. AND DOMÈNECH, M. (2012), “Hackear la ciencia y la democracia. Decodificación y recodificación de un mecanismo de democracia deliberativa”, *Eä - Revista de Humanidades Médicas & Estudios Sociales de la Ciencia y la Tecnología*, 4(2), pp. 1-26.

GÓMEZ, P. (1994), “Espacio y comunicación intergeneracional. Construcción de vínculo, identidad y autoestima”, in Fernández J. and Pérez Salanova, M. (coord.), *Cooperación intergeneracional. Nuevas perspectivas de desarrollo social*, Barcelona: Fundación “la Caixa”, pp. 85-14.

GUISSET-MARTINEZ, M. J. (2008), “Peut-on innover en matière d’accompagnement des personnes atteintes de la maladie d’Alzheimer?”, *Gérontologie et Societé*, 31(126), pp. 77-89.

MAJÓN-VALPUESTA, D., RAMOS, P. AND PÉREZ-SALANOVA, M. (2016), “Claves para el análisis de la participación social en los procesos de envejecimiento de la generación baby boom”, *Psicoperspectivas*, 15(2), pp. 53-63.

PÉREZ SALANOVA, M. (2016), “Cinco elementos clave del envejecimiento activo”, in Ezquerra S., Pérez Salanova, M., Pla, M. and Subirats, J. (dir.), *Edades en transición. Envejecer en el siglo XXI*, Barcelona: Ariel, pp. 159-163.

PÉREZ SALANOVA, M. AND PLA, M. (2016), “La participación plural de las personas mayores en el siglo XXI. Desafíos y respuestas”, in Ezquerra S., Pérez Salanova, M., Pla M. and Subirats, J. (dir.), *Edades en transición. Envejecer en el siglo XXI*, Barcelona: Ariel, pp. 95-114.

PÉREZ SALANOVA, M. AND VERDAGUER MATA, M. (2018), “Comment impliquer des aînés en perte d’autonomie fonctionnelle? Le cas de Barcelone”, *Retraite et societé*, 79, pp. 61-81.

RAYMOND, E., SÉVIGNY, A. AND TOURIGNY, A. (2012), *Participation sociale des aînés: la parole aux aînés et aux intervenants*. Institut National de Santé Publique du Québec. Retrieved on 9 December 2019 from https://www.inspq.qc.ca/publications/1466

SERRAT, R, SCHARF, T., VILLAR, F. AND GÓMEZ, C. (2019), “Fifty-five years of research into older people’s civic participation: Recent trends, future directions”, *The Gerontologist*, vol. XX (XX), pp. 1-14. Advance publication online.

VIRIOT DURANDAL, J.P., MOULAERT, T., SCHEIDER, M., GARON, S. AND PARIS, M. (2018), “Adaptation des territoires au viellissement: politiques publiques et formes d’agencement démocratique. Les exemples de la France et du Québec”, *Retraite et Societé*, 79, pp. 17-41.

YANGUAS LEZAUN, J., CILVETI SARASOLA, A., HERNÁNDEZ CHAMORRO S., PINAZO-HERNANDIS, S., ROIG I CANALS, S. AND SEGURA TALAVERA, C. (2018), “El reto de la soledad en la vejez”, *Zerbitzuan: Gizarte zerbitzuetarako aldizkaria - Revista de servicios sociales*, 66, pp. 61-75. ISNN. 1134-7147. Murcia: Editum. Servicio de Publicaciones de la Universidad de Murcia.

WALKER, A. (2007), “Why involve older people in research?”, *Age and Ageing*, 36(5), pp. 481-483.

WORLD HEALTH ORGANISATION (WHO) (2002), “Envejecimiento activo: un marco político”, *Revista Española de Geriatría y Gerontología*, 37(2), pp. 74-105.

WORLD HEALTH ORGANISATION (WHO) (2007), Global Age-friendly Cities: A Guide. Retrieved on 9 December 2019 from http://www.who.int/ageing/age_friendly_cities_material/en/index.html

In depth

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Barcelona and the challenge of demographic change

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Population ageing is one of the main challenges facing our society. In Barcelona, one out of every five residents is over the age of 65, and according to the forecasts, that figure will rise to one out of four by 2040. There are currently over one thousand centenarians in the city, most of whom are women. In 2018, Barcelona City Council approved its Demographic Change and Ageing Strategy, in order to respond to this challenge from a new standpoint. This article analyses the challenges of ageing for the city, in the areas of housing, care, social support, participation and intergenerational relationships. It also highlights the most innovative actions that the Strategy foresees in these areas.

Introduction

The demographic ageing process that has been going on for decades in western societies is now becoming one of the main challenges facing the urban world. In Barcelona, one out of every five residents is now over the age of 65 and, according to the forecasts, that figure will rise to one out of four by 2040. While it is true that the massive arrival of foreign nationals (with a younger profile) from the turn of the century to the start of the economic crisis helped to stabilise the ratio of elderly people in the city, demographic change is unstoppable. The trend of a relative increase in the elderly population has returned in the last few years and another clear symptom is longevity, which has been steadily rising. Since 2000, the number of people over the age of 85 has doubled in the municipality, and is now over 4% of the total number of residents. In other words, everything points to the fact that in the near future the elderly population will be bigger and older in the Catalan capital.

It is also important to point out that in Barcelona this demographic change is acquiring a metropolitan scope (Antón-Alonso et al., 2019). In recent decades, the ageing process has spread gradually through the first metropolitan ring. In fact, the low-density areas of the Ordal and the Delta are where this growth in the over-65 population has had a greater impact. Furthermore, the forecasts say that it is precisely those areas where the ratio of elderly people will grow most in the coming decades, along with the municipalities of the Vallès that are closest to Collserola. Therefore, the population distribution of senior citizens has become more homogeneous throughout the metropolis, but in spite of this, the

central city still has the highest level of longevity, which is also set to spread outwards. As in other big cities around the world, the evolution of ageing and its territorial distribution form major challenges for the present and the future in the metropolis of Barcelona. The Metropolitan Area must become a more people-friendly residential area for senior citizens. The residential environment must favour the social integration of this group and maximise their well-being. The local and metropolitan policy agenda for the coming years must contribute to achieving these ends.

In that regard, in 2018, Barcelona City Council approved its Demographic Change and Ageing Strategy, which contains a set of actions to be implemented in the short and medium term (Barcelona City Council, 2018). The Strategy includes a major conceptual innovation with respect to previous plans: it aims to be not just an action plan for a certain age group, senior citizens, but to include the idea of ageing as a life-long process. For example, this involves taking into account that the living conditions of previous age bands will be fundamental for enjoying old age. That means taking into account the gender perspective for people's entire lives, in order to rethink the model we use for care, among other things. It also means acting while taking into consideration the great diversity that exists in a group of people who are becoming less and less homogeneous and in which the inequalities that affect all the other age groups still persist. It also involves working harder on actions that foster intergenerational relationships and on those that highlight the contributions of senior citizens to society as a whole. Putting this perspective for action into practice in specific policies also involves taking into account a wide range of plans and strategies that Barcelona City Council is carrying out at the same time, such as the 2017-2027 Strategy for Inclusion and Reducing Social Inequalities, the 2016-2025 Right to Housing Plan, the Democratising Care Strategy, the Government Measure for Promoting Community Health in Barcelona and the 2017-2021 Government Measure for Promoting Senior Citizens in Barcelona, among others.

However, the Strategy aims to become the main policy concerning ageing in the city. In order to tackle the big challenges of demographic change, where a new generation of active senior citizens will be a big factor and where there will be an increasing number of very elderly people in need of care and support, maintaining generational variety and complexity, the Democratic Change and Ageing Strategy will include 77 actions divided into 15 operational lines of action and 4 strategic areas. Without wishing to undertake an exhaustive review of all the actions set out in the Strategy, which would not make much sense, this article deals with the most relevant questions that appear in the analyses carried out on ageing in the Barcelona metropolis and how to tackle them in the short term using the Strategy.

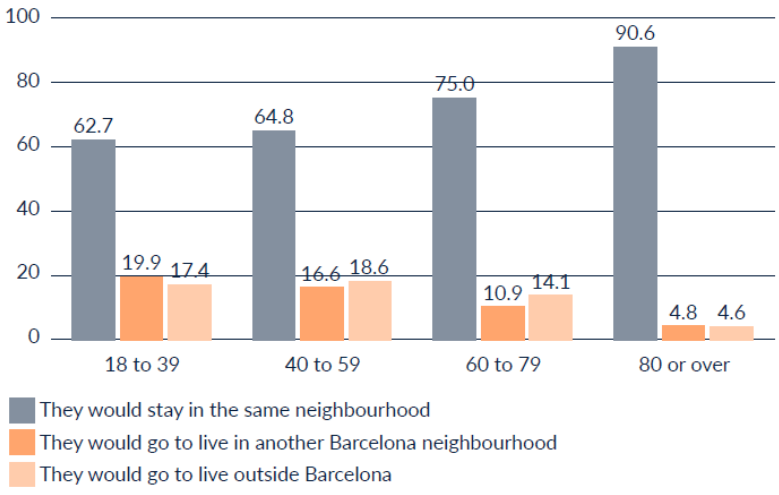
1. Housing, a pillar of well-being

For most of Barcelona's population of senior citizens, housing is now one of the most important pillars of well-being. Over 70% of the people aged 65 or over currently live in homes they own, without any pending payments to the municipality (if we extend the scope to the Metropolitan Area, the percentage rises to 80%). Clearly, this fact signals major economic differences between this group of people and the rest of the younger population, who have to assume the burden of much higher expenditure on housing. Not having to pay mortgage instalments or a monthly rent for their homes more than compensates for the drop in income associated with retirement. This has helped to place senior citizens as one of the least vulnerable groups in socio-economic terms, since the start of the Big Recession in 2008, without losing sight of the fact that there are also segments of this population group where this is not true and who are suffering difficulties, especially the very elderly population, mostly women who live alone (Porcel et al., 2018).

However, for the time being, there are serious doubts about whether privately owned housing's protective role in old age will remain as significant in coming decades as it is today. It is well known that, as a consequence of increased housing prices, due to the last property boom (1997-2007), access to housing is becoming more difficult for the younger generations. This means that in coming years, there is likely to be a progressive increase in the number of senior citizens who have to assume mortgage or rental payments, with the consequences that this increase may have on their income from retirement pensions. This fact, in conjunction with the gradual disappearance of old-style rental agreements and the current scarcity of social housing, leads to the conclusion that if we do not start to act now with regard to the future, with housing policies that broaden the range of affordable residential options available to senior citizens, in coming decades situations of risk and social vulnerability for elderly people in the city may increase drastically.

Furthermore, it is also well known that most senior citizens (87.3%) wish to continue living in their own homes while they are able to do so (IMSERSO, 2010). In the case of Barcelona, we know that as people get older, they also increasingly wish to remain in their own neighbourhoods (Graph 1). Over 90% of people aged 80 or over state that, in circumstances where they could and wished to change their residence, they would choose their current neighbourhood. This indicator shows the importance of the local relational network for senior citizens, as well as living in a residential environment that they know. Whether these people can voluntarily remain in their homes depends on a wide range of factors, including the type of ownership, their state of health, how accessible and adapted the home is, the possibilities of receiving social support and care at home, and the presence of local relational networks and nearby relatives.

Graph 1. Where you would go to live if you had the chance and the means to change your residence. according to age group. Barcelona. 2016



Source: Barcelona City Council. Municipal Services Survey. 2016.

From a broad perspective, in order to deal with this question relating to housing, the important thing is to keep increasing the pool of public housing, especially rental homes, for all age groups. The Strategy establishes actions for helping senior citizens to remain in their own homes and for seeking new housing solutions. With the former, a fundamental point is to reinforce and innovate home-care services, as well as support for carers, whether they are family members or professionals, as explained in the following section. But grants for adapting the accessibility and safety of the building and the home are also of fundamental importance. In that regard, the Strategy foresees an increase in budgetary allocations for the renovation of homes and stairways by the Municipal Institute of

Housing, including a line of subsidies for vulnerable people, who may be able to receive 100% of the cost of the work. Along the same lines, there is now an online website-guide containing recommendations for adapting homes to the ageing process, which includes possible functional and architectural adaptations, advice on furniture, everyday objects and energy matters, accessibility and safety, along with their corresponding grants and subsidies. At the moment, the districts with the most senior-citizen residents (Ciutat Vella and Nou Barris) are the ones that have the most buildings without any lifts. Housing is also located in surroundings that must become more accessible and people-friendly for senior citizens than they are at present. Barcelona's 2018-2026 Universal Accessibility Plan aims to continue with improvements concerning accessibility to municipal services.

In regard to housing solutions, the Strategy includes the creation of new adapted rental housing with the necessary support for senior citizens, and extending the existing ones. It is planned to build 11 new housing developments (approximately 650 homes) with services for elderly people by 2022. Meanwhile, the intention is to explore "senior cohousing" and provide support for groups that are already working in this area or who wish to promote it, given that this kind of experience does not exist in the city today.

However, when people are unable to remain in their own homes or in other housing solutions, there is still the public and private resource of day centres or even institutionalisation in residences for the elderly. Barcelona currently has 13,051 residential places and 2,736 day-centre places, including public, subsidised and private centres, which are distributed very unequally among the city's districts. The ratio of residencies per 1,000 people over the age of 65 in Barcelona is 32.9 places in residencies and 7.8 places in day centres, while these ratios for Catalonia as a whole are 43.2 and 13.5 places,[7] respectively. For the time being, there is an obvious lack of residential places. In 2018, there were nearly 4,000 people on the waiting list who were still living at home or in temporary residential accommodation. This means long waiting times, which vary according to type of centre (public, subsidised, collaborators, private accredited centres) and the geographical location of each residence. Generally speaking, the waiting period varies from 13 months for residences in Ciutat Vella to 56 months for those in Sant Andreu. This may be one of the factors that explains why the city has a net negative annual migration of 1,600 people over the age of 80,[8] although this may also be combined with other factors, such as a change of residence because people wish to be closer to children who already live outside the city.

1.1 Care and care services

One of the most important factors explaining the ageing process is the constant increase in life expectancy, something that has been happening for decades. In Catalonia, the current life expectancy is around 83.5 years. Needless to say, living longer is clearly a good thing, but it is also necessary to say that the number of personal-dependency situations is increasing among the very elderly. In Barcelona, more than half the people over the age of 75 find it difficult to carry out basic everyday activities themselves, including getting dressed, washing, eating, etc. Care of elderly people is becoming more and more central to political debate, mostly due to the resulting social impact. In 2006, Zapatero's government approved the Dependency Act,[9] which provides for either an additional benefit for dependent people or recognition by Social Security of the work done

7. According to the 2015-2017 territorial programme of the Catalan Ministry of Social Affairs, Employment and Families, the aim of the programme was to achieve 23.7 places for every 1,000 inhabitants over the age of 65. In the case of day centres, the aim for 2012 was a ratio of 6.2 places for every 1,000 inhabitants over the age of 65, for the whole of Catalonia.
8. Calculation made by analysing the 2011-2016 period (Barcelona City Council, 2018).
9. Act 39/2006, of 14 December, on promoting personal self-sufficiency and care for dependent people.

by carers (most of whom are women) in the form of contributions. This is a clear indication of how important this matter is. The approval of that Act was undoubtedly a major step forward in this area, but its deficient implementation, which was seriously affected by the period of economic crisis, means that it has never been able to provide optimal cover for the problem.

In the municipality of Barcelona, out of the population aged 65 or over who have difficulty in carrying out basic everyday activities, 60.4% receive help from their partners, other relatives or friends, and in the surrounding metropolitan area this percentage rises to 75.5% (Table 1).

These results speak for themselves. The care of dependent elderly people is mostly based on an informal system created by the family circle. This ends up increasing gender and class inequalities (García-Calvente et al., 2004). Gender inequalities, because the care falls mainly to women, who are most affected by the cost of care: health problems, which can be both mental and physical, employment difficulties, which may affect the work-life balance in terms of care and working life or even job placement, and social relationships, which can become minimal due to the lack of available time. There is also a clear class factor, because informal care is more frequent among working-class families. The typical stereotype of a carer is that of an unemployed woman with a low educational level. In that sense, in order to progress towards a more egalitarian model, it would be necessary to contemplate a transition towards a more institutionalised care model, which would begin with the proper implementation of the Dependency Act.

Table 1. Help provider according to place of residence. Population aged 65 or over suffering limitations to their everyday activities due to health problems. Barcelona metropolitan Area. 2016-2017

	Barcelona	The rest of the metropolitan Área	Area metropolitana de Barcelona
Does not receive help from anyone	22.5	14.8	19.0
Partner, other relatives or acquaintances	60.4	75.5	67.1
Privately-contracted person	11.1	6.9	9.2
Social Services	3.4	1.4	2.5
Others	2.7	1.4	2.1

Source: IERMB and Idescat. Metropolitan statistics on living conditions. 2016-2017.

Until that occurs, Barcelona City Council, through its Democratisation of Care Strategy, is deploying new support services for carers, such as the Care Information and Resources Centre, with the aim of fostering services and support for care. The Strategy also includes the expansion of Respir Plus, an economic-subsidy programme that enables dependent elderly people to temporarily stay in a private residential care centre for senior citizens, when their families need them to.

As we have said, one of the Strategy's objectives is to support the wish of elderly people to remain in their own homes. The most prominent actions aimed at making progress in this

area of care include a redefinition of the Home Care Service[10] (SAD), what has been called “social superblocks” or “care islands”. In the previous term of office, Barcelona City Council began eight pilot programmes in the neighbourhoods of La Marina, Sant Antoni, Vilapicina and Poblenou. This consisted of a new SAD supply model, based on the creation of teams of around 12 professionals caring for between 40 and 60 users within a small geographical area. In this case, the aim is to offer an efficient, local service, so that people are able to enjoy certain social, cleaning and health services in their own homes. The central themes of this initiative are in line with the current geriatric model of “Ageing in Place”, which is becoming more and more popular internationally. This trend is based on the benefits of conserving people's physical and social environment during old age.

At the moment, the results of the pilot programmes are positive, both in terms of the improved quality of the service and the working conditions of the professionals involved. For that reason, the Strategy aims to extend the new model to the city as a whole, when the new SAD tender has been resolved, reinforcing the coordination of this service with other local services and facilities. Along the same lines, another feature of the Strategy consists of improvements to the telecare service, with the application of new devices and better technologies than the current ones, as well as integrating it with the other services. An increase of 4,600 new users a year has been recorded in recent years, i.e. nearly 13 new people every day.

1.2 Company for loneliness

The process of ageing is associated with a progressive reduction in social contacts, due to factors that include the loss of working relationships, children leaving home, the death of friends, partners or relatives, as well as other aspects relating to levels of income and health (Jehoel-Gijsbers and Vrooman, 2008). This process can lead to the interpersonal relationships of the elderly being confined to close relations and to situations of loneliness, precisely at the time when social supports are becoming more necessary (Canal, 2016).[11]

Residential solitude among senior citizens is a phenomenon that is directly related to age, so that the most elderly people are more likely to live alone in their homes, mainly because they are widows or widowers. At present, 35.9% of Barcelona residents over the age of 75 live alone, although these are not all necessarily cases of loneliness. However, it is important to broaden the focus of sociability to a wider residential environment, the residential neighbourhood, and beyond a person's partner. In that sense, it should be remembered that the territorial proximity of family networks is a relevant factor, in terms of being potential sources of emotional and physical support. This phenomenon is especially common in southern Europe, with a context shaped by the existence of a Mediterranean Welfare regime. However, in recent decades in Barcelona, in parallel with the process of metropolitanisation, the distance between relatives has increased, mostly due to the residential dynamics produced during the recent property boom (Porcel i Navarro-Varas, 2014).

The availability of relatives who live in the same neighbourhood currently depends on two clear patterns in the Barcelona Metropolitan Area. The first pattern is related to age. In the metropolis as a whole, the proportion of people aged 75 or over who have relatives in their residential neighbourhood is higher (55.1%) than for the population between the ages of 65 and 74 (43.4%). This situation may be due to strategies of residential proximity among

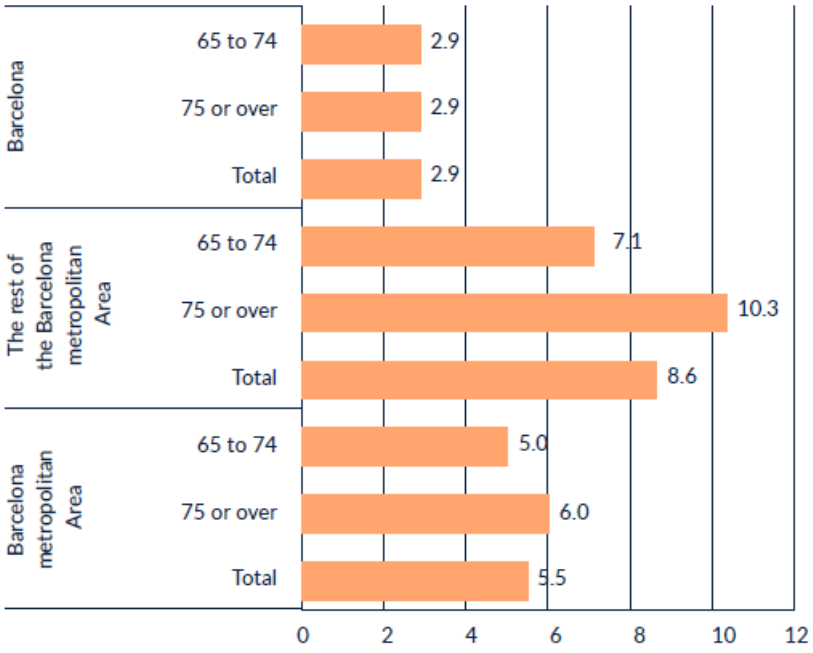
10. There are currently 23,811 people using this service in Barcelona, 72% of whom are women, an increase of 2,300 compared to the previous year, or more than six new people per day.

11. This is why social-support programmes and intergenerational contact become key factors for the physical and psychological well-being of elderly people who are in situations of loneliness (Coscolla et al., 2016).

relatives as people get older, in order to facilitate care in two senses: for the elderly people who have health-related problems (disability, dependency) or for the grandchildren. The second pattern is of a territorial nature. The municipality of Barcelona has a higher proportion of elderly people with a family network in their immediate surroundings, and this is especially true for the most elderly population. According to data compiled in the Strategy's analysis, in general, high levels of social support and low rates of loneliness are registered in Barcelona, although this figure may be above 10%, Ciutat Vella and Nou Barris stand out for having the lowest self-perceived rate of social support (an average of 80 points), as well as higher percentages of people who often feel lonely (11% and 8.9%, respectively). The districts of Sants-Montjuïc and Horta-Guinardó are at the other end of the spectrum, with average social support above 95% and lower percentages of people who often feel lonely (3.3% and 2%, respectively) (Barcelona City Council, 2018).

The most serious cases of loneliness are those of social isolation. The loneliness index, based on the Coexistence and Neighbourhood Relations Survey (ECAMB), measures the population that does not have any contact or relationship with other people, whether they live in the same home or not (Graph 2). These are the people who either have no one to talk to about everyday things, or those who do not have any kind of contact with relatives or friends, or who cannot count on anyone if they are in need. In the municipality of Barcelona, only 2.9% of the people aged 65 or over are in this situation. This figure is a lot lower than the one for the surrounding metropolitan area (8.6%). Furthermore, while there are no differences between age groups in Barcelona, those differences do exist in the Metropolitan Area, where the most elderly people show higher levels of social isolation (10.3% against 7.1% among people between the ages of 65 and 74). In accordance with this data, providing company to combat loneliness is another big challenge that will need to be tackled in coming decades, especially in the surrounding metropolitan area (Graph 2).

Graph 2. Loneliness index. according to age and place of residence. Population aged 65 or over. Barcelona metropolitan Area. 2018



Source: IERMB. Neighbourhood Relationships and Coexistence Survey in the Barcelona Metropolitan Area. 2018.

Meanwhile, in the central city, it seems that the programmes carried out to date are giving positive results, and for that reason, the Strategy also includes them. Such is the case of

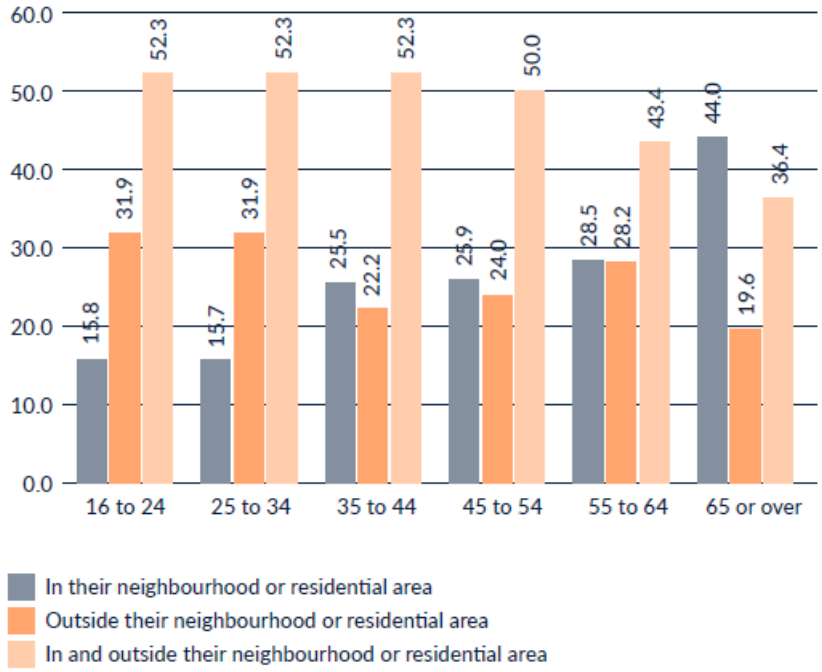
the Radars Programme, a community-action project for detecting and preventing situations of risk for the elderly and mitigating the negative effects of loneliness and isolation. The programme began in the Camp d'en Grassot neighbourhood in 2008. It has now been expanded to 40 city neighbourhoods, with 13 more being added in 2019. It is also planned to reinforce the home-companionship programme for senior citizens, where a volunteer visits the elderly person in their home once a week for around two hours, thereby establishing an emotional bond. In addition to activating volunteers and forming a local network, the idea behind VinclesBCN is to strengthen relationships with family members and broaden relationships with peers, through the use of new technologies, something the Strategy also aims to reinforce. As the people who socialise using these digital tools reach the age of retirement, their use and access to them will noticeably increase among senior citizens, along with the potential for mitigating social isolation through these tools. However, in spite of this improvement, it should be emphasised that there are still major differences among senior citizens and the rest of the population: 92.6% of the people between the ages of 16 and 64 have internet at home, while only 63% of people aged 65 or over are connected online. The gap is wider when we consider the use of social networks: only 17.4% of senior citizens participate in them, while nearly 70% of the rest of the population take part (Barcelona City Council, 2018). The Vincles BCN programme app is tackling this with improved design and usability, as well as ensuring that senior citizens know how to use them.

1.3 Social participation and intergenerational relationships

The best way to ensure healthy ageing with social support must surely be social participation. Recent studies (Age UK, 2017) indicate that social and community participation is as, or more, important than social and economic inequalities as factors for ensuring the quality of senior citizens' lives. Feeling connected, involved in life and in the world surrounding you. In previous stages of life, this mostly happens through work, but in old age, it is basically channelled through social, cultural and community activities. At the same time, having this involvement provides enormous potential for the social and economic development of society as a whole. However, there are various obstacles that must be overcome in order to reinforce and value the participation of senior citizens, and one of them is age discrimination. Innovative campaigns to combat ageism, such as Barcelona City Council's "I'm old, so what?", aim to foster recognition for the contributions of senior citizens and break away from these kinds of obstacles and stereotypes.

With regard to associations, one significant fact to take into account is that more senior citizens belong to them than any other age group, at around 35.6%, and they are mainly members of social, cultural and health organisations, as well as local-resident associations. In spite of this positive data, there are other indicators that show a lot of room for improvement: senior citizens take part less in community activities (political, cultural, charitable, religious, etc.) than the other age groups, especially where women are concerned. And when asked about attending organised group activities, most senior citizens state that they do not do those kinds of activities. However, there is a very active minority of senior citizens: 65.1% of people aged 75 or over state that they never attend activities of this kind, while 15% say that they take part in them several times a week. In any event, we know that as people get older, they increasingly prefer to do activities in their own neighbourhoods, and therefore the local factor takes on new relevance: 44% of people do activities in their own neighbourhood, while 36% do them as much in their own neighbourhoods as outside them. By contrast, in this age group, people who do this kind of activity outside their own neighbourhood drops to 19.6% (Graph 3).

Graph 3. Places for doing community activities. by age group. Barcelona. 2017



Source: IERMB. Urban Cohesion Survey. 2017.

Therefore, it is necessary to reflect on how the public authorities can facilitate contributions and improve senior citizens' capacity for getting involved, e.g. with new forms of the reciprocity economy, the transfer of experience and knowledge, self-organisation of services and provisions and active participation in the decision-making and design of public policies. The 2017 Citizen Participation Survey shows that, along with the younger age groups, senior citizens are the people who know least about Barcelona City Council's participation channels and venues. The Senior Citizen Advisory Council is the leading participation body in this area, and the "Voices of Senior Citizens" Convention, which is held every four years, is the main forum for debating and reflecting on policies for fostering active, healthy ageing. At the last convention, which was held in March 2019, a significant number of proposals were created concerning three main areas: ageing with rights, ageing with dignity and ageing while participating.[12]

Furthermore, since 2009, the Senior Citizen Advisory Council has lent its support to the "Barcelona is friendly towards senior citizens" project, an initiative that favours the well-being and health promoted by the World Health Organisation (WHO).

In the area of active ageing, it is necessary to note two major contributions made by the Strategy: showcasing a battery of actions to promote education and culture throughout life and another to foster intergenerational relationships. In the coming years, it will be necessary to explore both areas further. In the first block, the Strategy includes support for university programmes aimed at senior citizens, a promotional campaign in adult-education schools and reinforcing the participation of senior citizens in the city's cultural policies. The second block includes the programming of intergenerational cultural activities

12. The conclusions of the 5th Convention can be studied at: https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/5a_convencio_veus_persones_grans_conclusions.pdf

in libraries, museums, civil centres, neighbourhood centres and other cultural facilities. Furthermore, it also aims to reinforce intergenerational projects in the Educating City programme, as well as university extension courses for senior citizens and redefining the model used in senior-citizen centres.

Final reflections

The time has come to begin adapting the city to the new demographic structures that will become progressively more established in the near future. If not, it will be too late. As the demographer Juan Antonio Módenes recently explained in an illustrative way during the "Ageing, housing and environment" talks organised by the Barcelona Metropolitan Housing Observatory (OHB): "Ageing does not mean making more policies for senior citizens, but rather continuing to make policies for the population as a whole; what we have to remember is that most of that population will be older". This is the problem: to be more aware of the demographic change that is occurring and the need to respond in a cross-cutting way through all public policies.

Until recently, Barcelona City Council was increasing care for senior citizens in the area of social services and it was also dedicating major efforts to promoting the participation of this age group. It has also integrated this standpoint in other sectors in a more indirect way, such as urban planning and transport, by significantly improving accessibility for the population as a whole. But it is with the Demographic Change and Ageing Strategy that Barcelona City Council has finally introduced this change in perspective in a more decisive way. This is made clear by the stated objective "to achieve a Barcelona for all ages, with gender justice and generational equality, attention to diversity in life cycles and ways of life, and to do so with the participation of the various social and generational groups, through actions based on proximity and placing the care and self-sufficiency of people at the heart of policies".

The Strategy organises and aligns a set of actions around a series of strategic objectives and areas. Some of these actions are new. The others already existed, and the idea is to reinforce and improve them. It will be necessary to see how to promote the implementation of a strategy, which is certainly ambitious and cross-cutting, within the new municipal organisational structure, so that it is not just a document with a set of actions that are more or less well organised, but rather that it acts to achieve its proposed objectives. Among the most relevant are: a) to promote services and support for care; b) to provide support for people who wish to remain in their own homes; c) to combat loneliness in senior citizens; d) to work towards accessible public areas and local transport and commerce for everyone; e) to promote education and culture throughout life; and f) to guarantee good treatment and to work towards preventing mistreatment, among others. For that reason it is necessary to develop suitable governance forums among the various City Council councillor's offices and services, while also counting on the monitoring and participation of senior citizens themselves, e.g. organised through the Senior Citizens' Advisory Council or the Municipal Social Well-being Council's ageing group, which were involved in the drafting of the Strategy. The approach is correct and therefore what is lacking is consolidating it and to observing its effects.

Throughout the article we have taken an in-depth look at some of the aspects of the ageing process that may become more critical for the city's social cohesion in the near future. We have talked about housing, care, loneliness and social integration based on citizen participation. As we have explained, the Strategy foresees actions in all of these areas, which can then be shaped to improve their effects. But it will be necessary to deal with one more challenge, which concerns the territorial aspect of the phenomenon.

Barcelona is metropolitan, and the progression of the ageing process offers a new sign of this aspect. The metropolis needs to be governed as a whole, in order to favour its cohesion. Why not opt for a metropolitan strategy then?

Bibliography

AGE UK (2017). *Age UK's Index of Wellbeing in Later Life*. Available online at: www.ageuk.org.uk/our-impact/policy-research/wellbeing-research/index-of-wellbeing/

ANTÓN-ALONSO, F., PORCEL, S., CRUZ, I., SÁNCHEZ, A. AND COLL, F. (2019). "Demographic Change, Ageing and Metropolis". Barcelona: Barcelona Metropolitan Area.

BARCELONA CITY COUNCIL (2018). *Demographic Change and Ageing Strategy: a City for All Times of Life (2018-2030)*. Barcelona: Barcelona City Council.

CANAL, R. (2016). "Los diez retos de las políticas locales de envejecimiento en España". In: Subirats, J. (ed.). *Edades en transición. Envejecer en el siglo XXI* (pp. 165-200). Barcelona: Planeta.

COSCOLLA, R., COMAS, N. AND GARCÍA, L. (2016). *L'envelliment actiu en els programes que pal·lien l'aïllament de les persones grans*. Barcelona: Pere Tarrés Foundation and Cuberes-Donlo Foundation.

GARCÍA-CALVENTE, M. M., MATEO-RODRÍGUEZ, I. AND EGUIGUREN, A. (2004). "El sistema informal de cuidados en clave de desigualdad". *Gaceta Sanitaria*, 18(1), 132-139.

IMSERSO (2010). *Senior Citizens Survey 2010*. Available online at: www.imserso.es/InterPresent1/groups/imserso/documents/binario/presentacionencuestamayores_20.pdf

JEHOEL-GIJSBERS, G. AND VROOMAN, C. (2008). *Social Exclusion of the Elderly: A Comparative Study of EU Member States*. ENEPRI Research Report, 57.

PORCEL, S., ANTÓN-ALONSO, F., SÁNCHEZ, A. AND CRUZ, I. (2018). *Condicions de vida de les persones grans a Barcelona: situació socioeconòmica i habitatge, 2016-17.* Barcelona: Barcelona City Council.

PORCEL, S. AND NAVARRO-VARAS, L. (2014). "Transformacions familiars, metropolitanització i cohesió social: els efectes de la suburbanització barcelonina en la diferenciació de les dinàmiques familiars i la cura d'infants". In: Trullén, J. (ed.) *Crisi econòmica, creixement de les desigualtats i transformacions socials* (p. 58-93). Barcelona: Barcelona Metropolitan Area and the Barcelona Institute of Regional and Metropolitan Studies.

25
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The diversity of care for elderly people with functional dependency in Barcelona

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There is an ever greater proportion of older people of advanced years and with functional dependency in Barcelona. The aim of this study is to analyse their characteristics and the established forms of care according to the different profiles. Data collected in the Barcelona Survey of People with Functional Dependency (EPSD) carried out in 2018 was used to do so. The results show that there are certain inequalities depending on individual characteristics (degree of dependency, gender and age), characteristics of the carers (an extremely feminised sector), characteristics of the household (forms of co-habitation and levels of income) and territorial characteristics (according to the income status of the neighbourhood). The results reveal a scenario that is far from ideal, requiring the serious consideration of public decision-makers with the aim of broadening the provision of services and benefits for this group.

Introduction

One of the major challenges facing advanced societies in the 21st century is how to manage the growing proportion of elderly people and the resulting increase in the number of people with functional dependency. In the last few decades, the pace of this process has accelerated in developed countries and the city of Barcelona is no exception. In 2018, 21.6% of the total population were aged 65 years and over and the proportion of the population aged 75 years and over is larger than the proportion aged between 65 and 74 years at 11.4% and 10.2%, respectively.

The dependency status is based on the activities that a person is unable to do or has difficulty doing and which, therefore, require some form of help to perform (Rogero, 2010). There are a number of aspects in which a person may find themselves with limited capabilities (psychological, social and physical), requiring the help of a third party to be able to perform various everyday activities in a normal way (Gázquez *et al.*, 2007).

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14. Pompeu Fabra University (UPF).

Dependency for reasons of health mainly affects older people, so ageing is one of the most relevant factors to determine the care needs of a population. The probability of a person becoming functionally dependent increases in line with age. According to data from the Department of Work, Social affairs and Families of the Government of Catalonia, 8.2% of the population of Barcelona had a legally recognised disability in 2016. The prevalence in the population under 16 years of age was 1.5%; in the age group 16-44 years it was 2.9%, in the age group 45 to 64 years the percentage was above the city average at 10.3%; in the age group 65-74 years it was 16.9%; and in the over-74s it was 21.5% Hence, according to an estimate by Cabrero and Cordoniú (2002), 90% of the volume of health and social resources consumed is usually concentrated in the last seven or eight years of life for those who become functionally dependent.

This scenario is a primary social, economic and political challenge on which a large part of the structure of our welfare state depends. The care and welfare of the growing population of elderly people with functional dependency is one of the major challenges for public administrations. The actions taken in this regard have and will have huge repercussions on the quality of life of those with functional dependency and their families, who will be forced to varying degrees to take charge of the care required (in terms of time and money).

Despite the alarm caused by this phenomenon, the outlook is not all bleak. Changes and advances in biomedicine, technologies, mobility and so on are being made in parallel to these demographic changes which are neutralising the increase and impact of dependency among the elderly population. Some authors report that the effect of a longer life expectancy is not so much reflected in an increase in the number of years of life spent in a situation of dependency as a delay in the age when problems and the need for help arises (Sarasa and Mestres, 2007). According to Mathers *et al.* (2015) there is a positive correlation between the increase in life expectancy and the increase in the number of years lived in good health.

This study is presented in this context of the new (and already present) social risks linked to demographic change, increased population ageing and growing numbers of people with functional dependency. It is an analysis of the characteristics of elderly people with functional dependency in Barcelona, the degree to which their needs are being met, and existing types of care and associated factors[15].

1. Factors associated with the type of care received by people with functional dependency.

People with functional dependency are not a homogeneous group. Beyond the existing association between age and the risk of being functionally dependent or not[16], this is a diverse group made up of people with FD and families and cohabitants with different socio-economic and demographic profiles. These characteristics can influence the forms of care received by people with functional dependency. Generally, three forms of care that tend not to be mutually exclusive can be identified. This group can be provided with care by family members or friends (either living with them or not), which is usually an unpaid occupation, despite the 2006 Dependency Law allowing non-professional care workers to receive remuneration for their commitment. Then there are the people who are in a financial position to access the private market and hire paid care services. This employment relationship can either be a formal one (the carer is registered with the social security system by the person or company paying them) or an informal one (paid employment without a contract). Last, people with functional dependency can be cared for

15 These studies do not include people with functional dependencies living in residences.

16. The number of people in Barcelona recognised as dependent was approximately 65,000 in 2018, 85% of which were 65 years old or over.

by the public care services provided in each territory (in Barcelona the main service provider is the Home Care Service, SAD).

Different factors are at play in determining which care option, or combination of options, is chosen such as the characteristics of the person with functional dependency, the type of dependency, age (Gázquez *et al.*, 2011), gender (Kramer and Kipnis, 1995; Adams *et al.*, 2002) and ethnicity (Adams *et al.*, 2002). Other factors are the characteristics of the forms of cohabitation, family structures and the family or social support network, in addition to the available resources the family has for this end.

Types of care can also be conditioned by personal choices shaped by socialisation processes, the options offered by the official care system (public or private) and the degree of access the family has to these services. The welfare states in southern Europe is characterised by high levels of "familism" in terms of care responsibilities (Díe Olmos, Fantova and Mota, 2014). The public services provided and policies around care and dependency in these countries are usually less generous and comprehensive than in other European countries, meaning that families more often take on this responsibility. This circumstance cannot be taken out of the context of the cultural inheritance of this society in terms of who (the state or the family) should take responsibility for dependent people. As some studies have shown, a large proportion of the Spanish population still considers that it is the family's duty to care for its members. According to data provided by the CIS on the attitudes and beliefs of Spanish people regarding who should care for dependent people (including elderly people, disabled people and people with a chronic illness) who cannot do basic everyday activities (going to the toilet, showering or dressing themselves) without assistance, more than half of those surveyed believed that the best option to organise this care is for the person to live with a family member, while approximately a fifth thought that they should live in a residential centre or home, and another fifth that they should live with a paid carer (CIS n.º 3009, 2014). Furthermore, a huge majority of the Spanish population agree or strongly agree that offspring have a duty to care for ill parents (90.5%), a figure that is much higher than in countries with continental and liberal welfare models (Germany 65.9% and the UK 41.9%, respectively), and considerably higher than in Scandinavian countries (Denmark, 25%)[17].

Nonetheless, irrespective of people's beliefs, the evidence shows that the economic and human resources dependent people have at their disposal are fundamental to understanding forms of care. Some studies have shown that, depending on the economic level of the household, dependent people have a greater or lesser probability of being cared for by someone other than a family member (Kemper, 1992; Ayuso *et al.*, 2010). Other authors affirm that being cared for or not by family members or close acquaintances (neighbours, friends, etc.) varies depending on the network of family and friends the person with functional dependency has. Rogero (2009) reports that married people with functional dependency are more likely to receive care from the social services in an official setting due to the fact that their spouse acts as the link between the elderly person and the public system. Therefore, the presence or absence of support networks influences the choice of different care strategies. The paradigmatic case is a person with functional dependency living alone who is less likely to receive care from a family member (Rogero, 2009). However, it must also be kept in mind that care strategies depend to a large extent on the evolution of the existing public policies and services in the territories. The behaviour of both the elderly people in need of assistance and the family members who can take decisions about their care can vary depending on the public services offered, and irrespective of their own resources. However, as Eichler and Pfau-Effinger (2009) point out, elderly people may not take advantage of the "new" public care policies and services

17. Data from the European Values Survey, 2008.

due to their tendency towards traditional forms of care based on family support. According to the authors, the main reason for this phenomenon is that elderly people and their families behave more in line with traditional care values in which priority is given to mutual support between spouses and their descendants. The second reason is that there are certain differences between the type of care a public service and a family can provide, making the option of family care more attractive for elderly people and their families.

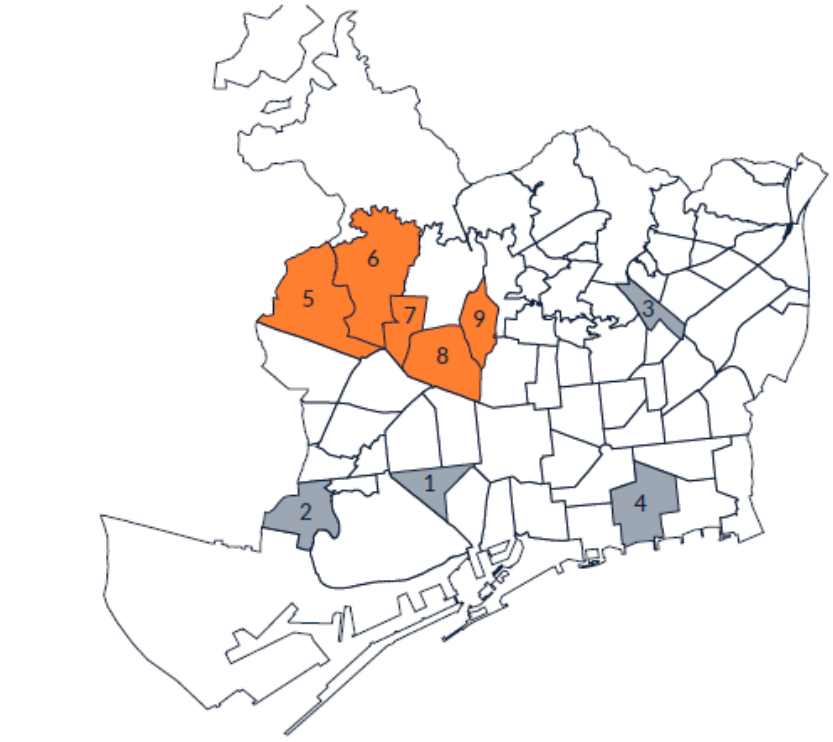
The Survey of People with Functional Dependency (ESPD) was conducted in Barcelona in 2018 with the aim of understanding more fully the situation of people with functional dependency in the city and the associated factors that can influence opting for one care strategy or another. In the following section, we introduce the main features of this survey, and in the subsequent sections we present the results of the analysis focusing on the elderly people with functional dependency (FD) in Barcelona.

2. Barcelona Survey of People with Functional Dependency 2018 (EPSD2018)

The Barcelona ESPD2018 is a survey addressed at people recognised as being functionally dependent. These can be users of the municipal Home Care Service (SAD) or people that receive economic benefits rather than the service (recognised under Law 39/2006). Neither the economic benefits nor the SAD make distinctions based on economic circumstances. In other words, neither the quantity nor co-payment of the service is determined by the financial situation of the dependent person. However, they do depend on the degree of dependency recognised by the public administration. The sample is comprised of 613 subjects representative of both the low income neighbourhoods (four neighbourhoods with an average level of 84.3 points on the RFD (per capita disposable family income) index[18]) and the high income neighbourhoods (five neighbourhoods with an average RFD level of 199 points). The sample group of older people (55 years and over) represented 88.6% of the initial sample (n = 543; 74.6% women and 25.4% men). Thirteen cases were lost with the set of variables used in the different models, leaving a final sample of 530 individuals aged 55 years and over. This sample was comprised of 36.8% SAD users in low income neighbourhoods; 28.9% again from low income neighbourhoods who received economic benefits (CNP); 19.2% SAD users in high income neighbourhoods; and 15.1% again from high income neighbourhoods who received economic benefits. Regarding the degree of dependency, 42.2% of the people with FD had a recognised grade I dependency; 33.1% had grade II; 12% grade III; and 12.7% were still waiting to be assessed and assigned a grade, but were nonetheless already entitled to SAD or benefits.

18. The disposable family income index (RFD) estimates the average income or the economic capacity of Barcelona residents based on a series of indicators that enables a number to be assigned in relation to the average for the city, which is 100 (Calvo, 2007).

Figure 1. Neighbourhoods included in the study



Low income neighbourhoods

1. Sant Antoni
2. La Marina de Port
3. Vilapicina i la Torre Llobeta
4. El Poblenou

High income neighbourhoods

5. Pedralbes
6. Sarrià
7. Les Tres Torres
8. Sant Gervasi - Galvany
9. El Putxet i el Farró

3. Profiles and forms of cohabitation among the elderly people with functional dependency

The data obtained from the ESPD2018 clearly show that the people with FD have different socio-economic and demographic profiles and varying degrees of dependency. To this effect, analysing this population in an aggregated way is not recommended. Taking these differences into account, some clear prevalences can be observed. The most frequent profile of a person with FD in Barcelona is usually a woman aged between 75 and 89 years with a dependency somewhere between grades I and II (Table 1).

One of the most important elements to understand the life circumstances of elderly people, and especially people with FD, is their cohabitation status. The support network and needs coverage to which people with some level of dependency can have access depends largely on whether or not they live with other people, and mainly family members[19]. Elderly people with FD usually have limited autonomy and often need help doing everyday tasks. People who do not have this help because they live alone are not only more unlikely to have their needs met, but their situation can also have a detrimental effect on their mental health due to an increased feeling of loneliness (Dean *et al.*, 1992). According to ESPD2018 data, 37.4% of people with FD who live alone have felt excluded from their immediate environment or have lacked company in the previous twelve months.

19. 68.2 % of the people with FD live with a family member. The most frequent profile is people who live with a husband/wife/partner (31.3 %), followed by those who live with a son or daughter (28.4 %).

Furthermore, according to the Duke-UNC-11 Functional Social Support Questionnaire (FSSQ)[20], people with FD who live alone are more likely to have low levels of social support (22.7%) than people who live with other people (6.6%).

Table 1. Characteristics of the sample

	N	%
Typology		
SAD low income neighbourhoods	200	36.8
CNP low income neighbourhoods	157	28.9
SAD high income neighbourhoods	104	19.2
CNP high income neighbourhoods	82	15.1
Degree of dependency		
Grade I	229	42.2
Grade II	180	33.1
Grade III	65	12.0
Not recognised/NC	69	12.7
Gender of the person with FD		
Men	138	25.4
Women	405	74.6
Age		
55-74	102	18.8
75- 89	281	51.7
90 or over	160	29.5
Nationality of the person with FD		
Spanish	538	99.1
Foreign origin	5	0.9

Source: Compiled from the EPSD2018.
Functional dependency (FD) and non professional care (CNP).

More than a quarter of the elderly people with FD analysed in Barcelona live alone (Table 2). There were no significant differences in terms of age groups and the different groups of neighbourhoods according to income. However, a certain association was observed between gender and not living with other people. Given that women have a longer life expectancy than their male partners and can therefore become widowed, the number of women who live alone is almost double the number of men in the same circumstance. Furthermore, the data show a very clear association between the cohabitation situation and the fact of being SAD users or not. 44.7% of the SAD users analysed live alone.

20. The Duke-UNC-11 Functional Social Support Index (Broadhead *et al.,* 1988; Spanish edition in Bellón *et al.,* 1996) is based on a battery of eleven questions that use a Likert scale (from 1 = "much less than I would like" al 5 = "as much as I would like") to measure the degree of social support perceived in relative terms, of belonging to a communicative and affective group . In the final scale of 11 to 55 points, it is determined that low self-perceived social support is indicated below 24 points.

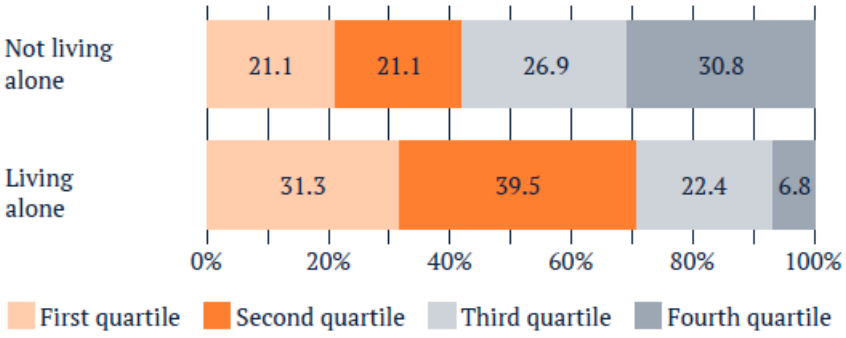
Table 2. Elderly people with FD living alone

	Living alone (%)
Total	27.6
Typology	
SAD	44.7
CNP	5.9
Neighbourhoods according to income	
Low income	27.7
High income	27.4
Gender of the person with FD	
Men	17.4
Women	31.1
Age groups	
55-74	26.5
75-89	29.5
90 or over	25.0

Source: Compiled from the EPSD2018.

There is a certain association between forms of cohabitation and the economic situation of the families. The number of people that make up a family unit is decisive in understanding their potential economic capacity. Households made up of fewer actively employed people (or more economically dependent people) are usually more likely to have lower incomes due to their reduced capacity to obtain income from the labour market. This phenomenon is given in certain cases. This association is found in households with elderly people with FD, mainly by means of the old age pensions. Of the people who live alone, there is a greater proportion with low incomes than with high incomes. According to the ESPD2018, only 6.8% of the people with FD who live alone are in the fourth income quartile (in other words, they have over 1,600 euros per month), while 70.7% are in the first two quartiles (below 1,065 euros per month). However, 30.8% of households made up of more than one person are in the fourth quartile and 42.2% are in the two lowest quartiles (Graph 1).

Graph 1. Percentage of elderly people with FD in the different income quartiles according to whether they live alone or with other people



Source: Compiled from the EPSD2018.

The first quartile is made up of households with an average income of less than 745 €/month; the second quartile between 745 and 1.065 €/month; the third quartile between 1.065 and 1.600 €/month; and the fourth quartile more than 1.600 €/month.

The relevance of income in households with elderly people with FD underlines the fact that, like in other households, income largely determines the purchasing power and life conditions of its members and, in a specific way, has a large influence on access to the different forms of care and the strategies set out for meeting the different levels of needs. The following section explains the associations produced in the different income profiles with forms of care, and due to other characteristics of the elderly people with FD in Barcelona.

4. Care strategies

The types of care people with FD receive depend on their individual characteristics (age, gender, degree of dependency), household characteristics (income and type of cohabitation), and even on the area where they live. The data show that elderly men with FD usually have more support from a family member (75.4%) than women (59%). On the other hand, women usually receive more help from the municipal social services (Table 3) As already pointed out, this difference is partly explained by women being at greater risk of living alone than men and, as can be seen in Table 4, by the very low proportion of people living alone having family support (just 10%).

The profile of the main carer depends largely on the cohabitation and economic situations of the people with FD and their family members. For 56.9%, the main carer is a family member; for 21.9% it is a paid carer (with or without a contract); and for 17.4% it is a person from the home help service provided by Barcelona City Council. It is basically people living alone with little or no family support whose main carer is a SAD employee.

The degree of dependency is closely linked with the type of support a person with FD receives. The data show that a larger proportion of people with a higher degree of dependency tend to have family support. To this effect, those with a grade II or grade III dependency are 15% higher likely to have family support than those with a grade I dependency, while those with a grade I dependency are more likely to receive municipal social services care and support. Barring public services support, the rationale behind the data is that the higher the degree of dependency (which implies higher levels of everyday basic needs) the higher the proportion of support and care of all types the person receives (Table 3).

As mentioned previously, household income has an important direct effect on access to the different care options, given that it determines whether or not a person is able to access the official or unofficial care market. The ESPD2018 data confirm this hypothesis (Table 4) A higher percentage of people with FD living in higher income households have an unofficially paid carer (28.9% for families in the fourth quartile) or an officially paid carer (39.5% if we consider carers hired with or without provision under the Dependency Law and carers from private companies) than those with a lower income (the figures for the first quartile are 13.4% of people with FD with

unofficial carers and 19.7% with official carers). Although the cost of carers is sometimes met by members of the family who do not live with the person with FD, the relationship between the household income of the dependent person and the types of care is significant.

Table 3. Typology of carers according to the characteristics of the people with FD. their household and the neighbourhood where they live (%)

		Gender of the person with FD				Grade of dependency		
	Total	Men	Woman	SAD	CNP	I	II	III
Family	63.2	75.4	59.0	47.0	83.7	59.8	75.0	75.4
City Council Social Services Employee	48.8	42.0	51.1	86.2	1.3	54.6	36.1	21.5
Hired carer (with provision under the Dependency law)	8.3	5.8	9.1	2.0	16.3	5.2	12.2	16.9
Hired carer (without provision under the Dependency Law)	7.9	9.4	7.4	9.2	6.3	5.2	8.9	15.4
Unofficially paid carer	19.0	19.6	18.8	15.1	23.8	19.7	17.2	30.8
Carer from a private services or health company	6.6	3.6	7.7	7.6	5.4	6.1	7.8	7.7
Third sector volunteers (Cáritas, Amics de la Gent Gran)	1.1	1.4	1.0	1.0	1.3	0.4	1.7	1.5
Friend/neighbour (unpaid)	9.4	11.6	8.6	7.6	11.7	7.0	13.9	9.2
Others	1.7	2.9	1.2	1.3	2.1	1.7	1.1	3.1
No support	2.4	2.2	2.5	3.0	1.7	3.9	0.6	1.5

Source: Compiled from the EPSD2018

The columns add up to more than 100% because people can receive more than one type of support of different kinds

Table 4. Typology of carers according to characteristics of the household and the neighbourhood where the person with FD lives (%)

	Household income (quartiles)				Cohabitation			
	I	II	III	IV	Living alone	Living with other people	Low income neighbourhoods	High income neighbourhoods
Family	54.3	53.2	66.2	80.5	10.0	83.5	65.3	59.1
City Council Social Services Employee	60.6	57.6	49.3	28.9	76.7	38.2	52.7	41.4
Hired carer (with provision under the Dependency law)	5.5	2.2	8.8	17.2	2.7	10.4	7.6	9.7
Hired carer (without provision under the Dependency Law)	8.7	8.6	8.1	7.0	8.7	7.6	9.0	5.9
Unofficially paid carer	13.4	13.7	19.1	28.9	14.0	20.9	14.6	27.4
Carer from a private services or health company	5.5	4.3	4.4	11.7	5.3	7.1	1.4	16.7
Third sector volunteers (Cáritas, Amics de la Gent Gran)	0.0	0.7	2.2	1.6	0.7	1.3	0.6	2.2
Friend/neighbour (unpaid)	9.4	13.7	8.1	6.3	6.7	10.4	11.5	5.4
Others	3.1	0.7	0.0	3.1	1.3	1.8	2.0	1.1
No support	2.4	4.3	2.9	0.0	6.0	1.0	2.2	2.7

Source: Compiled from the EPSD2018

The columns add up to more than 100% because people can receive more than one type of support of different kinds

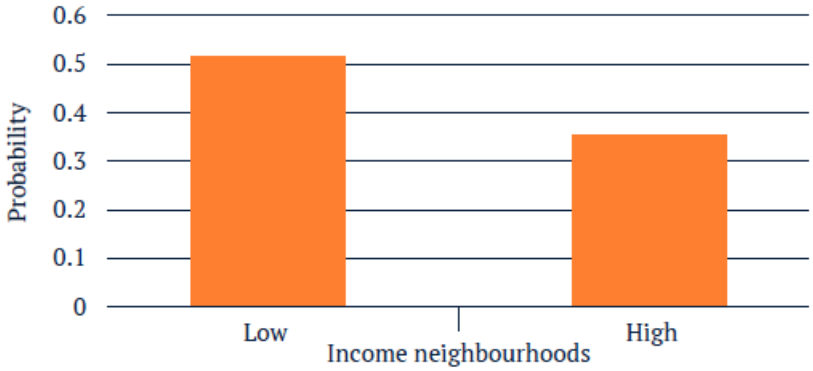
Another factor that can influence the type of care people with FD receive that has received less attention in previous studies is the influence of the territory. While some studies show the differences between the patterns and types of care received in rural and urban territories in other contexts (Herlitz, 1997), few have analysed the possible differences there may be within the same urban environment in what is supposed to be a blanket offer of public care services for dependent persons. There can be significant internal differences among the various urban territories which are not detected in aggregated care analyses. The large cities can have very unequal territories both because of their physical characteristics, urban design, communications (such as public transport), and so on, and because of other differences rooted in the profile of the population who live there, which can influence behaviour around the care of their residents.

Moreover, the different city resident profiles in the various neighbourhoods can affect their social capital, support networks and behaviour regarding their use of social services. Some indicators show that the use or not of social services by potential beneficiaries may be down to the neighbourhood and local community to which people belong. People with similar socio-economic profiles can make different use of some public services due to the

possible associated level of stigma in each territory. This phenomenon can be more apparent depending on the type of neighbourhood and the social profiles of the people in one's immediate surroundings. For example, according to data provided by Barcelona City Council, there is a negative correlation between the RFD level of each neighbourhood and the degree of cover of the population identified as vulnerable both in terms of requesting benefits for minors in their care (Blasco and Todeschini, 2019) and the number of social services cases open concerning coverage of basic needs (based on data from Barcelona City Council Social Services) In other words, there are indications that in higher income neighbourhoods, people who are economically vulnerable tend to request fewer services and less municipal public support than people with the same profile living in lower income neighbourhoods.

Under this premise, Graph 2 shows that elderly people with FD living in higher income neighbourhoods are less likely to use the home help public services offered by Barcelona City Council[21], irrespective of the level of income of the households with people with FD. In fact, elderly people with FD living in Barcelona's high income neighbourhoods are 32% less likely to be SAD users than residents in areas with predominantly low incomes.

Graph 2. Probability of being a SAD user according to the type of neighbourhood



Source: Compiled from the EPSD2018.

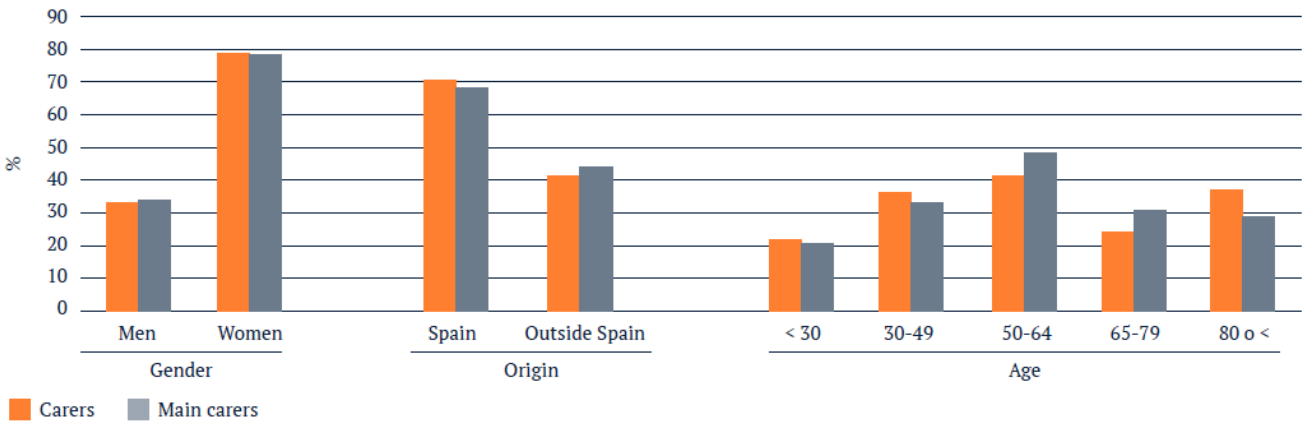
5. Carer profiles

Some studies have shown that the action of caregiving has certain positive effects on the carers themselves (Nolan *et al*., 1996), but there are a much greater number of studies that provide evidence of its potential negative effects (Larrañaga *et al.*, 2008). Some groups or social profiles may be more forced to take responsibility for this type of task, which represents a hugely important social inequality. Moreover, it is a specially significant sphere in terms of gender inequality. The data show that women account for almost 80% of the carers of elderly people with FD, and a similar percentage are these people's main carer (Graph 3).

As indicated in the previous section, there are unofficial (unpaid) and official carers. To this effect, both unofficial and official care is still basically a role carried out by women. In the group of paid carers the proportion of women is over 90%. It is basically a very feminised sector with a large proportion of people born outside Spain. More than 75% of the paid carers (both those paid officially and unofficially) were born in other countries, and approximately 50% of the public municipal employees were also of foreign origin.

[21]. The results of these probabilities are based on logistic regression models based on other variables such as household income, forms of cohabitation, degree of dependency, and the gender and age of the person with FD. The results are statistically significant ($p < 0.01$).

Graph 3. Characteristics of the carers and main carers of people with FD (%)



Source: Compiled from the EPSD2018.

Contrary to the situation with paid carers, the gender gap narrows if family carers are taken into account. The difference between men and women family carers is 13 percentage points. To this effect, the most frequent profiles of family carers of elderly people with FD are usually daughters (32%), male partners/husbands (21.2%), female partners/wives (19.2%), sons (18.2%) and mothers (13.5%).

Elderly people with FD can have more than one family carer. The responsibility undertaken by carers is not always the same, and it is worth taking into consideration who the person with the most responsibility is. The data show that the gender gap widens when the main family carer is taken into account. In this case, the difference between men and women widens to 31 percentage points (34.7% and 65.3%, respectively).

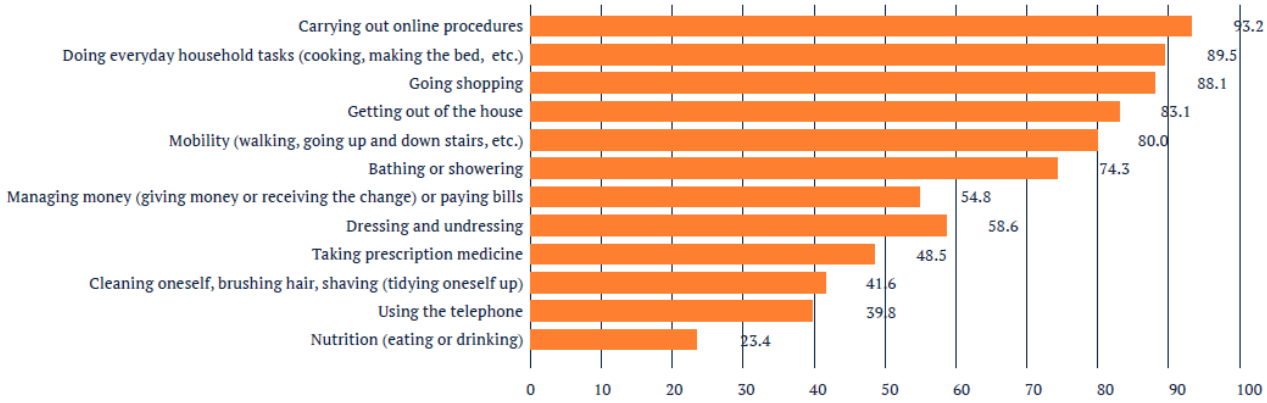
The age of the carer is a very important characteristic in terms of the possible negative effects that caregiving can have on the physical and mental health of carers. To this effect, the data show that 24.4% of main family carers are 80 years old or more. These people are usually the partner of the elderly person with FD. Becoming the main person responsible for the care of a person with difficulties carrying out everyday tasks is especially harmful for the health at this age, and these people run a high risk of suffering negative consequences.

6. Care needs and degree of coverage

The type of dependency people with FD have mean that there are different everyday activities that require the help of another person. These can be activities related to mobility (walking, going shopping, going up and down stairs, and so on), personal hygiene (showering, washing, cleaning oneself, etc.), household chores (cleaning, cooking, etc.), or even more basic activities such as feeding oneself. The data show that the main needs that elderly people with FD have are related to carrying out online procedures, mobility and doing routine household tasks (Graph 4).

The degree to which these needs are covered and the degree of satisfaction with the help received varies according to the type of difficulties the person has and according to the different profiles of the people with FD. According to the ESPD2018 data analysed, the everyday activities for which help is required that are least covered are those related to carrying out online procedures (for almost 20% of people this need is not met) and mobility (around 15%). Regarding the different

Graph 4. Elderly people with FD who have quite a lot or a lot of difficulty carrying out everyday



Source: Compiled from the EPSD2018.

profiles of elderly people with FD that have quite a lot or a lot of difficultly carrying out different everyday tasks, for all the activities analysed except for feeding oneself, those with a grade I dependency receive either occasional support or no support (less cover) more often than those with a higher degree of dependency (more cover). These results show that people with a higher degree of dependency or more difficulties doing everyday activities have more cover than those with lower degrees of dependency.

It was previously pointed out that people with FD from higher income families more often have family support and paid carers. The data also show that this group receive more support and care in terms of time. The ESPD 2018 not only allows us to know the dependent care coverage in terms of amount of time, but it also analyses who the person with FD is with at all times throughout an entire day (one week day and one at the weekend), including all the carers that are helping that person at any given time (similar to the time-use surveys). According to this data, people belonging to the fourth income quartile receive an average of 14.7 hours of care from a family member and 6.8 hours from a paid carer (sometimes simultaneously). People in the first income quartile, on the other hand, receive 9.1 and 3.4 hours, respectively. Regarding these profiles, there are no significant differences in the average time that care is received from SAD. In general, the difference in the number of hours of support and help received from all the profiles of carers throughout the day (taking into account that there are times when there is more than one carer present) is 7 hours: people in the first quartile receive help and care for an average of 12.8 hours per day (53.1% of the day) and people in the fourth quartile 19.8 hours (82.3% of the day).

The people with SFD need continual assistance from a support person rather than intermittent support. The fact of being physically present is an important characteristic of the care these people receive, with the number of hours varying according to the degree of functional dependency. In the case of elderly people with grade III FD, 100% of this group need help every day and 93.8% need 24-hour care. Regarding those with grade II FD, 91.1% need care every day of the week and 51.1% of this group need 24-hour care. However, a total of 75% of the people with grade I FD also need help every day of the week and 27.1% need 24-hour care. The fact that people with higher degrees of dependency need care and monitoring throughout the whole day is understandable, given that these are people who have difficulties carrying out all types of everyday tasks. On the other hand, the fact that more than a quarter of those with lower degrees of recognised dependency declare that they need continual 24-hour care seven days a week is in some way counter-intuitive. These are profiles of people with FD who are understood not to need

continual care and, based on this fact, they are usually assigned less time of SAD services or lower benefits to pay for non-professional care. These data are consistent with the profiles that declare that their needs are met to a lesser extent and have a lower degree of satisfaction with the support they receive. Double the number of people with a grade I FD consider as unsatisfactory the help they receive to meet their needs than people with a grade III FD (Table 5).

Table 5. Degree to which needs are considered to be met by the help received from other people according to characteristics (%)

	Totally	Partially	No
Total	60.0	26.8	13.1
Typology			
SAD	50.3	32.9	16.8
CNP	72.3	19.2	8.5
Neighbourhoods according to income			
Low income	57.4	29.1	13.4
High income	65.0	22.4	12.6
Household income			
First quartile	54.0	30.6	15.3
Second quartile	59.3	27.4	13.3
Third quartile	66.2	23.3	10.5
Fourth quartile	58.6	26.6	14.8
Degree of dependency			
Grade I	55.5	29.1	15.5
Grade II	65.4	22.9	11.7
Grade III	70.8	21.5	7.7

Source: Compiled from the EPSD2018.

7. Conclusion

The current and future population situation in Barcelona poses an unavoidable challenge if certain standards in terms of the quality of life of elderly people and people with FD and their families are to be maintained. The inverted demographic pyramid will peak in the following decades, which is when public administrations will be most challenged to respond to these demands with effective policies to manage the ageing functionally dependent population. As the ESPD2018 data show, a substantial proportion of this group lives alone (generally women) and has a limited or no social support network. In these cases, even though the home help services provided by Barcelona City Council are usually for a reduced number of hours, they are in effect vital for the welfare of these people whose needs tend to be covered to a lesser degree with the care they receive.

The city of Barcelona is a society predominantly based on familism, given that a person's level of welfare largely depends on each individual's family network. Family support and forms of cohabitation are essential for understanding the degree of coverage of needs and care strategies since these factors end up being more decisive than household resources. While there is no doubt that in households with more resources there is a greater presence of paid carers (both the official and the unofficial market), it is also true that these are the

very households where family carers are more prevalent. The data show that lower income households with people with FD are more likely to be single-person households, which increases the likelihood of their receiving less family care. In short, higher income households with people with FD have more cover throughout the day thanks to the multiple care types they have[22], while households with fewer resources have reduced access to the private market and family support, leaving them in a situation of greater risk of vulnerability.

Another factor shown by the ESPD2018 to be decisive in understanding the care strategies of the different profiles of elderly people with FD is the territory. Once again, it is pertinent to analyse the large cities in a disaggregated way due to the varying degrees of homogeneity of certain socio-economic profiles in specific areas. The city residents living in the different "Barcelonas" also have varying patterns of behaviour both in relation to their use of social services and care of elderly people that go beyond individual or household characteristics. Elderly people with FD that live in high income neighbourhoods are less drawn to using municipal social services than people with the same socio-economic and cohabitation profiles living in low income neighbourhoods.

In summary, this study reveals a situation of care for elderly people with FD that is far from ideal. The involvement of the different public administrations must be more decisive in providing home care services and benefits, which will also serve to "defamiliarise" the welfare of elderly people with FD. Any advancement in this direction must be aimed at improving the conditions of care of this group and reducing the inequality in care provision derived from having a lower income or a reduced or non-existent family or social support network. Improvements in public policies of this type would also impact positively on the health of family carers for whom the time and physical effort put into caring for elderly people with FD could be reduced. To this effect, the most vulnerable profile of family carers is currently women (caregiving influences their personal fulfilment and their availability to work/career path) and especially women of an advanced age, whose health can be seriously compromised.

Bibliography

ADAMS, B., ARANDA, M. P., KEMP, B. AND TAKAGI, K. (2002). "Ethnic and gender differences in distress among Anglo American, African American, Japanese American, and Mexican American spousal caregivers of persons with dementia". *Journal of Clinical Geropsychology*, 8(4):279-301.

AYUSO, M., RUBIO, R. AND ESCRIBANO, F. (2010). "Factores sociodemográficos y de salud asociados a la institucionalización de personas dependientes". *Revista Española de Salud Pública*, 84(6):789-798.

BELLÓN, J. A., DELGADO, A., DE DIOS, J. AND LARDELLI, P. (1996). "Validez y fiabilidad del cuestionario de apoyo social funcional Duke-UNC-11". *Atención Primaria*, 18, pp. 153-163.

BLASCO J. AND TODESCHINI F. (2019). *Avaluació del fons extraordinari per ajuts d'urgència social de l'Ajuntament de Barcelona 2017 i 2018*. Ivàlua.

22. The inequality between household income and care cover is even greater when taking elderly people with FD who are in old people's homes or other centres into account. These are overrepresented by high income households due to a lack of public places and their high cost.

BROADHEAD, W. E., GEHLBACH, S. H., DEGRUY, F. V. AND KAPLAN, B. H. (1988). "The DukeUNC functional social support questionnaire: Measurement for social support in family medicine patients". *Medicine Care*, 26, pp. 709-723.

CABRERO, R. G. AND CODORNIÚ, M. J. (2002). *Modelos de atención sociosanitaria: una aproximación a los costes de la dependencia*. Imserso.

CALVO, M. J. (2007). *Distribució territorial de la Renda Familiar a Barcelona*. Barcelona City Council.

DEAN, A., KOLODY, B., WOOD, P. AND MATT, G. E. (1992). "The influence of living alone on depression in elderly persons". *Journal of Aging and Health*, 4(1):3-18.

DÍE OLMOS, L., FANTOVA, F. AND MOTA, R. (2014). "Capital social y cultural en España. VII Informe sobre exclusión y desarrollo social en España 2014". Madrid.

EICHLER, M. Y PFAU-EFFINGER, B. (2009). "The 'consumer principle' in the care of elderly people: free choice and actual choice in the German welfare State". *Social Policy & Administration*, 43(6):617-633.

GÁZQUEZ, J. J., PÉREZ, M. C., MIRAS, F., YUSTE, N., LUCAS, F. AND RUIZ, M. D. (2007). "Análisis y satisfacción del Servicio de Ayuda a Domicilio en la provincia de Almería (España)". *Anales de Psicología*, 23(1):101-108. Murcia: Editum. Servicio de Publicaciones de la Universidad de Murcia.

GÁZQUEZ, *et al.* (2011). "Prevalencia de la dependencia funcional en personas mayores". *Anales de Psicología,* 27(3):871-876. Murcia: Editum. Servicio de Publicaciones de la Universidad de Murcia.

HERLITZ, C. (1997). "Distribution of informal and formal home help for elderly people in Sweden". *The Gerontologist*, 37(1):117-124.

KEMPER, P. (1992). "The use of formal and informal home care by the disabled elderly". *Health Services Research*, 27(4): 421-451.

KRAMER, B. J. AND KIPNIS, S. (1995). "Eldercare and work-role conflict: Toward an understanding of gender differences in caregiver burden". *The Gerontologist*, 35(3): 340-348.

LARRAÑAGA, I., MARTÍN, U., BACIGALUPE, A., BEGIRISTÁIN, J. M., VALDERRAMA, M. J. AND ARREGI, B. (2008). "Impacto del cuidado informal en la salud y la calidad de vida de las personas cuidadoras: análisis de las desigualdades de género". *Gaceta sanitaria*, 22(5):443-450.

MATHERS, C. D., STEVENS, G. A., BOERMA, T., WHITE, R. A. AND TOBIAS, M. I. (2015). "Causes of international increases in older age life expectancy". *The Lancet*, 385(9967):540-548.

NOLAN, M., GRANT, G., KEADY, J. (1996). *Understanding family care: a multidimensional model of caring and coping.* Buckinghm: Open University Press.

ROGERO, J. (2009). “La distribución en España del cuidado formal e informal a las personas de 65 y más años en situación de dependencia”. *Revista Española de Salud Pública* 83(3):393-405.

ROGERO, J. (2010). *Los tiempos del cuidado*. Madrid: Spanish Ministry of Health and Social Policy.

SARASA, S. AND MESTRES, J. (2007). *Women’s employment and the adult caring burden. Family formation and family dilemmas in contemporary Europe*. Madrid: Fundación BBVA.

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Relational context and family dynamics: elder abuse

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This paper presents the results of applied research that aims to explore the relational context, dynamics and patterns in families in which elder abuse (EA) occurs. Although this area is especially relevant, given that most of these situations occur within the family environment, there are few studies that establish which family environment factors influence the emergence of an EA situation. This is the reason for our interest in carrying out research that could help to improve this lack of knowledge. The research has enabled the identification of the types of family situations in which EA emerges and the definition of five basic relational factors present in an abuse situation that contribute to evaluating the degree of family functionality or dysfunctionality. Last, in light of the results, a guide has been designed for relational and family diagnosis in EA cases, which includes guidance for the psychosocial approach aimed at basic social services (SSB) professionals.

Introduction

As part of the Plan for Knowledge Management, the Department of Social Innovation in Barcelona City Council's Area for Social Rights, Global Justice, Feminism and LGBTI Affairs is promoting the establishment of a culture of applied research in public administration, as a basis for intervention, continual improvement and innovation.

This research pertains to one of the priority lines of action for promoting the adequate treatment of senior citizens and improving the prevention and response to elder abuse situations that may occur in the city, and provides continuity for the work undertaken by Barcelona City Council in recent years in order to improve our knowledge about elder-abuse situations and for innovation in the types of rehabilitating psychosocial approaches, in the context of basic social services.

The research is part of a broader project that has been carried out in various phases. The technical development phase aimed to establish a theoretical and conceptual basis that

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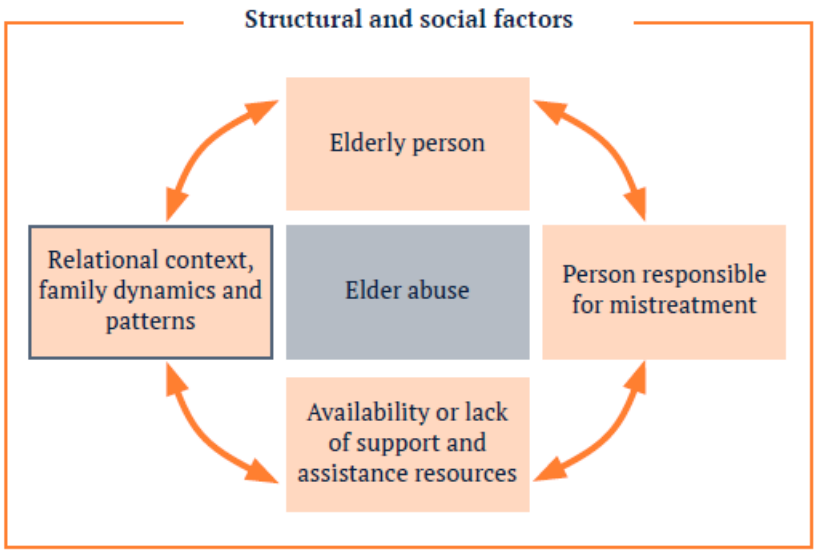
would identify types of situations that lead to elder abuse, as well as the various factors, triggers and associated variables involved. The production of a map of key areas[25] marked the beginning of a process for defining family-functionality parameters involved in an elder-abuse emergency.

Diagram 1. Structural and social factors



This map is a visual tool that organises the parameters that are relevant in an emergency and in the development of elder-abuse cases, as well as the way in which they interact with each other. It therefore shows the factors and features present in an elder-abuse situation, while also emphasising the multi-variable and relational nature of the cases. In other words, the map aims to compile and list all the interconnected factors involved in elder-abuse cases, in a schematic and summarised way.

This map is organised into four key sections which refer to the four main areas that must be taken into account when evaluating a possible case of elder abuse. These areas interact with each other, making the possible appearance of a case of elder abuse more or less probable. As shown in Figure 1, the four areas are as follows: a) the elderly person; b) the person responsible for the mistreatment; c) the availability or lack of support and assistance resources, and d) the relational context, family dynamics and patterns. In turn, all of these areas are influenced by a series of structural and social factors that determine the wider emergency context of elder-abuse situations.

Each of the key areas is one of the themes that must be evaluated in order to understand the situations that lead to elder-abuse cases. In order to facilitate this analysis, each area of the map includes a series of parameters that must be evaluated. Therefore, within each area there are indicators, variables or risk and protection factors that help the observer to decide on the probability of an elder-abuse situation occurring. In addition to evaluating each key area separately, it is equally important to take into account the relationship between each and every one of them. None of the key areas or indicators provide an explanation on their own, but rather act in combination with each other. It is therefore necessary to evaluate all of the parameters, risk and protection factors related with each

25. Directorate of Innovation and Strategy, Department of Planning and Processes, Spora Sinergies (2018), *Phase 2 Report. Technical development project. Identification of elder-abuse situations Factors involved, triggers and associated variables*, unpublished internal document, Area of Social Rights, Barcelona City Council.

area, as well as their possible combinations. Under no circumstances may any of the factors or areas be taken in isolation when evaluating the probability of an elder-abuse emergency.

The area of relational context, family dynamics and patterns is one of the four key areas; the bibliographical review undertaken enables us to affirm that this is the area where there is a lack of studies and scientific proof exploring its links with elder-abuse situations (Cardona, Meyer, Schiamberg and Post, 2007; Iborra, 2009; Sanmartín *et al*., 2001; Tabueña, 2006). Therefore, in contrast to the other areas, there are almost no studies that establish which factors in the family and relational sphere affect an elder-abuse emergency, in spite of this being especially relevant, given that most elder-abuse situations arise in a family environment, as indicated in a number of documents, guides and protocols concerning care in elder-abuse situations.

This is the reason for our interest in undertaking applied research that would reduce this knowledge gap and contribute to improving both the prevention and diagnosis of elder-abuse cases, as well as intervention in them. In order to make this possible, collaboration was initiated with the Couples and Family Research Group (GRPF) at the Faculty of Psychology and Educational and Sports Sciences, Blanquerna-Ramon Llull University and Barcelona City Council's Area of Social Rights, with the following objectives:

To identify and describe the relational contexts, family dynamics and patterns involved in situations where elder abuse occurs.

- To evaluate the types of situations relating to elder-abuse emergencies.

- To identify which processes relating to family functionality are present and in what way they affect each of the situation types.

- To carry out a relational diagnosis in order to define the most appropriate psychosocial approach and intervention strategy.

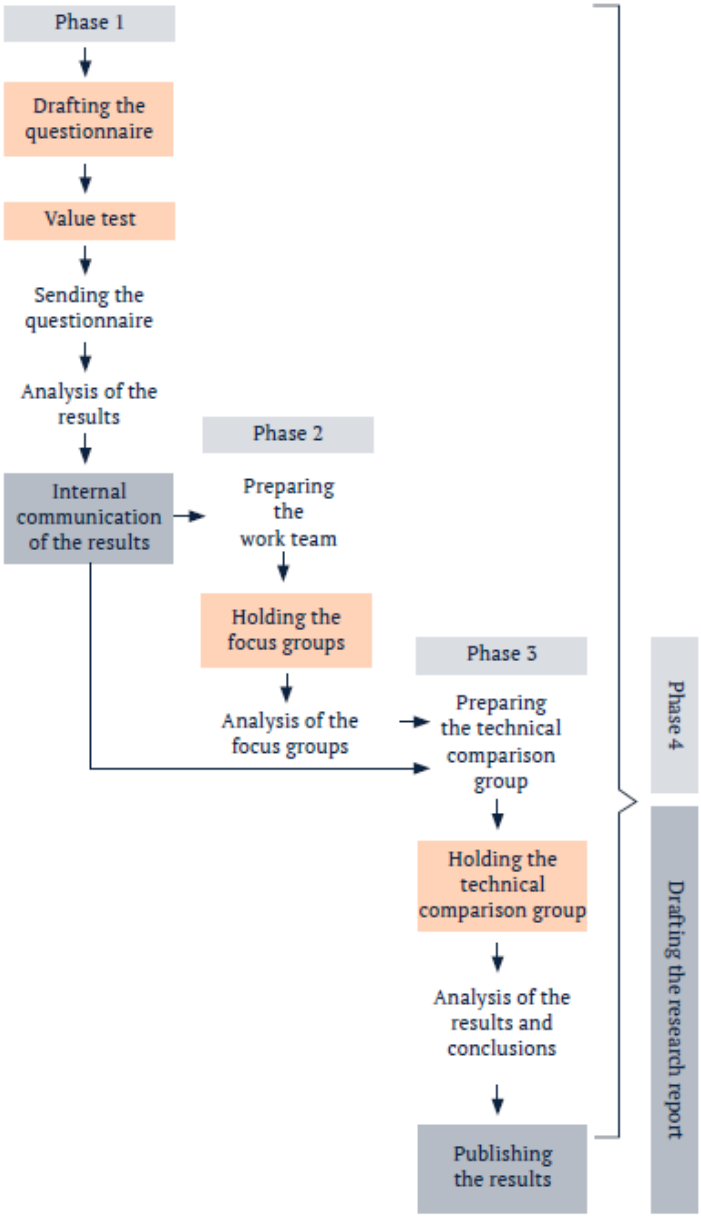
The research methodology used was a mixed quantitative and qualitative approach.

1. Methodology

Design. The design of this research is based on a mixed quantitative and qualitative approach, with the aim of obtaining greater understanding of the research objectives. More specifically, out of the various possible types of mixed design, we have based our research on the explanatory design according to Creswell and Plano Clark (2011), whose objective is to obtain quantitative information, with the subsequent use of qualitative information to explain, reinforce or modify the obtained results.

Procedure. This applied research was undertaken in four phases, following a sequential process in order to facilitate the collection of data through various techniques and its subsequent analysis (Diagram 2).

Diagram 2. Diagram of the four applied-research phases



Techniques and participants. The fieldwork was carried out using three main research techniques.

1. Questionnaire

Designing a questionnaire to compile quantitative data that recorded information relating to the work of professional members of staff at social services centres (SSC) and their experience in attending elder-abuse cases. The questionnaire had three sections:

- The first section consisted of questions on each participant's professional data: their professional role, the district where they worked and their years of professional experience in BSS.

• The second section compiled information about the frequency of the type of family situations leading to elder abuse, with or without family dysfunctionality, which they had come across during their professional careers in SSCs.

• The third and last section focused on answering various questions relating to two random cases (Case A and Case B) from the seven identified types of dysfunctional situations. The series of questions in this last section referred to variables relating to elder abuse, the relational factors and indicators that evaluated the degree of family functionality.

This questionnaire was sent to all SSC professionals. A total of 64 professionals from the USTAC (Monitoring, Treatment and Collective Action Unit) who work with senior citizens answered the questionnaire. 89.06% of the participants were social workers, while 7.81% were psychologists and 3.12% educators.

In regard to the distribution of participants in the SSC districts where they work, 23.4% work in the district of Horta-Guinardó, 20.3% in the Eixample and 10.9% in Sant Martí, followed by 9.4% in the districts of Ciutat Vella and Sant Andreu. In regard to their years of professional experience, it should be noted that 34.4% have had a professional career lasting over 16 years. It can therefore be affirmed that the professionals that answered the questionnaire have a lot of experience in the field under study.

2. Focus group or group discussion

Three focus groups were organised in order to compile qualitative data, in accordance with the guidelines proposed by Breen (2006) and by Morgan and Krueger (1998). This technique is considered to be appropriate for facilitating the generation of new ideas in a context of interaction (Breen, 2006) and it is an ideal data-collection procedure for recording the needs of the professionals as a group, in order to facilitate a joint discussion and discover the subject matter through the professionals' own words as individuals and as part of a group. 24 SSC professionals took part.

It was structured in three parts:

• Exploring the questions associated with the referral and detection of elder-abuse cases.

• Compiling the difficulties encountered during the intervention (whether in the data-collection phase or in decision-making about the type of approach to be used), qualifying the family pattern in accordance with the reality encountered, in order to contrast them with the situation types detected during the technical development phase, and exploring the work method (interdisciplinary, in coordination or individual).

• Compiling the types of intervention carried out by the professionals.

3. Technical comparison group

Once the data compiled from the questionnaire and the focus group had been analysed, it was presented in a technical comparison group made up of six professionals, in order to evaluate and make decisions about the triangulated data. These professionals had experience in attending elder-abuse cases and they had also answered the questionnaire and taken part in the focus groups. The triangulation procedure made it possible to provide more consistency to the obtained data (Patton, 2002) and refine the proposal in order to adjust it to the day-to-day needs of the professionals who undertake interventions (Cantor, 2002). The aims of this phase were as follows:

• To reflect on the conceptualisation of the situation types.

• To compare and evaluate the categories and subcategories based on an analysis of the relational context found in families with elder abuse.

• To show and discuss the main lines of relational diagnosis with respect to the degree of family functionality based on the five basic relational factors.

• To analyse the use of relational maps for each validated situation type, when defining the most appropriate psychosocial approach and intervention strategy to deal with the family situation.

• And lastly, the joint work with these professionals made it possible to check the contents of the Guidelines for the diagnosis and treatment of the relational context, family dynamics and patterns which lead to elder abuse, as well as the structure under which it has been carried out.

2. Results

The results of the applied research we are presenting should be read from a more macro and general perspective on the classification of situation types leading to elder abuse, resulting from the descriptive analysis carried out. There is then an analysis of the degree of family functionality and the processes which explain it, based on the five basic factors (identity, structure, adaptability, communication and family dynamics). Lastly, there are conclusions extracted from a more detailed analysis, resulting from the most significant correlations between the indicators for a single factor and among the series of indicators for the five factors. Therefore, the conclusions are grouped into three main blocks:

• Classification of the family situation types leading to elder abuse

• Relational patterns in dysfunctional families, according to the five family functionality factors

• Conclusions of the analysis of intra-indicator and inter-indicator correlations of relational factors for the five dysfunctional family situation types prior to the elder abuse situation.

1. Classification of the family-situation types in cases of elder abuse

The validated situation types for elder abuse situations can be divided into two main groups, according to the presence or absence of family dysfunctionality prior to the elder abuse situation (Table 1).

Table 1. Family situation types in cases of elder abuse

Family dysfunction	1. Adult children who have never become independent and who live with the elderly person
	2. Adult children who go back to living with their parents: pseudo-individuation
	3. Gender violence situations in elderly couples
	4. Families with dysfunctional patterns established prior to the current situation
	5. Opportunistically taking advantage of relationships with distant relatives
Non-family dysfunction	6. Situations where the carer becomes overburdened
	7. Difficulty in facing the change of life-cycle stage. Family interdependence. Difficulty in changing roles and functions

Situation type 1. “Adult children who have never become independent and who live with the elderly person”

• These are children who have not undergone the process of individuation and who have never separated from the family because the established type of relationship has not made this possible.

• These are families that do not facilitate the self-sufficiency of their members and where there are mutually dependent relationships and ties that are merged and not clearly differentiated. However, emotional bonds are not well preserved and there is little feeling of belonging.

• Mental health issues and/or consumption problems may occur and are commonly observed.

• A frequent trigger is the death of a father or mother, which is a critical moment in time, causing greater demands on the child, who is not able to cope.

Situation type 2. “Adult children who go back to living with their parents: pseudo-individuation”

• The elderly person is once again living with their child, either because the child returns to the family home, or because the elderly person moves in with the child.

• Although there are similarities with the type-1 situation, here the process of becoming independent from the family has occurred, to a greater or lesser extent. The return could be linked to stressful events in people’s lives, such as separations, losing their job or their home, chronic economic instability, etc., which cause new dependency situations.

• There is a relationship dysfunction and there are usually prior conflictive relationships.

Situation type 3. “Gender violence situations in elderly couples”

• The elderly person lives with their partner, who is the person administering the abuse.

• This violent behaviour is connected to the relationship that the couple has maintained throughout their time together. It must be taken into account that having to look after a partner may cause a change in the definition of “power” within the relationship. In couples with a history of violence, the role of the person who exercises the violence may increase, diminish or be reversed.

Situation type 4. “Families with dysfunctional patterns established prior to the current situation”

• Although they are not living together, it is observed that a conflictive relationship has developed over a long period of time, involving prior mistreatment or the use of violence to resolve disagreements.

• The dysfunctional patterns can be observed in two dimensions: vertical (from parents to children, children to parents, or both) or horizontal (between siblings).

• The patterns may go from not serious to very serious, and are situated on a continuum that ranges from conflict (degrading or discourteous messages) to established violence (physical mistreatment).

Situation type 5. “Opportunistically taking advantage of relationships with distant relatives”

- In most cases, the function of the carer is not clearly defined and, as there is no significant link, the care instils a feeling of obligation rather than commitment.

- The elderly person may become a hindrance, as their dependence and need for care increases, situations of negligence may occur, and if they have assets and material resources, there may be economic abuse.

Regarding type 6 and 7 situations, it has been shown that despite being evidenced in professional settings, these correspond to more functional and adaptive difficulties in families, where violent behaviour is to varying degrees an occasional symptom rather than an established, stable pattern of behaviour, which means they would not become a situation type in themselves.

Therefore, the psychosocial approach would not be as complex and would probably require an intervention involving resource management and assistance

However, it should be noted that when these circumstances appear together with the validated situations of family dysfunctionality prior to the EA situation, they are an additional factor that make things more difficult and complex.

2. Relational patterns in dysfunctional families, according to the five family functionality factors

Family functionality is an essential component of the emotional and physical health of its members, as it is considered that the quality of their relationships determines the promotion of the family's health and acts as a predictive factor in family dynamics (Castilla and Palma, 2014). Although the family is considered to be the ideal place for protecting its members, it can also become an environment where more conflicts and family dysfunctionality may be observed (Reyes, Valderrama, Ortega, and Chacón, 2010). When the family's functionality is inadequate, problems or frustrations become a threat to its internal dynamics. Evaluating the degree of family functionality can help to identify the conflicts and dysfunctions that are present in the family, with the aim of providing tools that help to mitigate them.

Reformulating the proposal of Martín and Menéndez (2014), we consider five main factors for understanding the degree of family functionality (family identity, structure, adaptability, communication and dynamics or relational game). In order to evaluate each of these factors, a series of binary parameters are used, which make it possible to identify the type of family functionality within a gradient that runs from less to greater functionality. In addition to these factors, we have identified a series of indicators for each of them, which make it possible to discover the reality of each family context (Table 2 and 3).

The results obtained have shown that the defined relational factors are valid and useful for evaluating the degree of family functionality in terms of elder abuse and also make it possible to discern whether there are relational processes that are more discriminating than others, in order to guide diagnosis and treatment.

Table 2. Evaluating the degree of family functionality

Factors	Parameters	
Family identity	**Individuation**- differentiation of family members Independence of thought, feelings and judgement	**Symbiosis** - precarious boundaries between family identity and individual identity, mutual dependence, fusion and little differentiation
	Belonging – cohesion emotional proximity, mutual commitment, intimacy	**Emotional distance** - lack of social contact, prevalence of individuality and emotional distance
Family structure	**Structure** - stable family framework. Clear boundaries between roles and hierarchies, complementary behaviour patterns	**Breakdown** - lack of agreements on the complementary nature of behaviours. Lack of clarity on rules concerning family functionality, boundaries and hierarchies
Family adaptability	**Flexibility** - the capacity to adjust to various conditions and changes	**Rigidity** - inadequate, stereotyped responses to various conditions
Family communication	**Clear communication** - exchanging information openly and effectively	**Confused communication** - Confused exchange and a negative-style of interaction
Family dynamics or relational games	**Functional** - Family dynamics and relational triangles that are flexible and adaptable to family life cycles	**Dysfunctional** - Family dynamics and relational triangles that are rigid and not adaptable to family life cycles Triangulation (condemnations) or coalition (disconfirmatory)

In regard to the family identity factor, it is observed that the indicators tend towards polarisation and make up two relational patterns. There are families with cases of elder abuse where family identity tends to be characterised by strong emotional bonds, with a strong feeling of belonging and diffuse boundaries between individual and family identities, which facilitates the possibility of there not being differentiation among the family members (symbiosis). There are also families in which the pattern of family identity is characterised by strong emotional detachment, with a strong feeling of independence and the presence of rigid boundaries between family and individual identities, which facilitates the possibility of there being pronounced differentiation and self-sufficiency among family members (indiviuation). In accordance with the contributions made by Minuchin (1974) and Minuchin and Fishman (1982), we can speak of families with elder abuse, according to the indicators that make up family identity, with a degree of functionality that tends towards aggregation or a degree of functionality that tends towards detachment.

Table 3. Evaluating the degree of family functionality

Factors	Parameters
Family identity	- Emotional bond
	- Sense of belonging
	- Individuation and symbiosis: boundaries and the presence of differentiation and self-sufficiency
Family structure	- Roles and hierarchies
	- Rules and regulations
Family adaptability	- The capacity for responding to an unbalanced situation
	- Mistrust and resistance to sharing a problem
	- The capacity to ask for help
Family communication	- The presence of positive, clear and effective messages
	- The presence of double messages
	- The capacity for openly sharing emotions
	- The presence of mistrust
	- The use of language that is excessively critical and disqualifying
	- The use of disconfirmatory language
	- Communicative and conflict-resolution abilities
Family dynamics or relational games	- The presence of triangulation-type dynamics or relational games
	- The presence of coalition-type dynamics or relational games

It can therefore be concluded that family identity is a relevant and necessary relational process, but that it does not discriminate enough to help in understanding the degree of family functionality in elder abuse cases.

In regard to the adaptability and family structure factor, it is observed that families with elder abuse tend towards low adaptability (little response capacity when faced with a destabilising situation and little capacity for sharing problems with their natural support network), to a type of family structure that is characterised by diffuse roles between subsystems (especially parent and child), with the presence of implicit and secret family rules and regulations, as well as a low or very low capacity for requesting help. This means that the family structure is confused and does not allow for functional, healthy adaptation (Minuchin and Fishman, 1982), and that the family members are less able to adequately deal with the challenges posed by the life stage they are experiencing (Segrin and Flora, 2001; Smith *et al*., 2009).

Lastly, in terms of family communication and dynamics, the most common pattern in these families is characterised by a type of communication based on mistrust, with great difficulty in openly sharing emotions and an elevated presence of double messages. In accordance with the contributions made by Watzlawick *et al*, (1985), these families are characterised by emitting confused and contradictory messages that affect healthy. fluid communication between their members.

In the same way, if we consider Segrin and Flora (2011) and Smith *et al*, (2009), these are families in which communication is clearly negative. In other words, they habitually use criticism, the negation of feelings and excessive conflict, and they do not show any capacity for listening.

In addition, if we add the analysis of relational games of a triangulation or coalition nature, we can form a more precise picture of the degree of family functionality or dysfunctionality, as it reveals the degree to which disqualifying or disconfirmatory messages are present.

According to Guerin *et al*, (1996), identifying relational triangles within a family system helps to recognise the extent of chronic and rigid relational conflict among its members. In accordance with the contributions of Minuchin (2003), families with relational games of a triangulation nature often use the elderly person as an instrument for their own benefit, and the interaction between its members is based on disqualifying messages.

It should be said that in this study, coalition-type relational games have not been observed as frequently. However, some cases have been detected, and therefore, it must be considered that coalition becomes a more pathological and conflictive relational game, given that the alliance between the two members has the aim of going against a third member (Minuchin, 1986).

Therefore, these considerations follow the same line as Corsi (1999), when they highlight the importance of family communication as an obligatory focus for analysis, as the evaluation of this area is a vital tool and resource in psychosocial intervention processes and a highly efficient predictor of the degree of family functionality.

3. Conclusions of the analysis of intra-indicator and inter-indicator correlations of relational factors for the five dysfunctional family situation types prior to the elder abuse situation.

Situation type 1. **Adult children who have never become independent and who live with the elderly person.**

- Family identity: the lack of differentiation between the family members correlates with strong bonds and the presence of disconfirmatory messages.

- Family structure and adaptability: low levels of adaptability to unbalanced situations are observed, with little ability to share problems and ask for help. There is also a clear presence of diffuse roles, along with implicit and secret rules and regulations.

- Family communication and dynamics: there is an explicit presence of double messages, emotional communication based on mistrust and a great difficulty in openly sharing emotions, factors that are also related with low communicative abilities and a low capacity for requesting help. There are also disconfirmatory and disqualifying messages that may facilitate the presence of triangulations and/or coalitions.

The most discriminating interrelated indicators are those of family adaptability with those of family communication.

Situation type 2. Adult children are once again living with their parents: pseudo-individuation.

- Family identity: strong emotional bonds and feeling of belonging, which involves a lack of differentiation among family members and the presence of diffuse boundaries, roles and rules. Mistrust in terms of sharing problems is observed. In contrast to type-1 situations, there are families where there is a certain level of emotional bonding and the presence of clear messages, but while this does not necessarily mean greater capacity for asking for help, there is less likelihood of coalitions.

- Family structure and adaptability: low levels of adaptability when faced with unbalanced situations. There is a clear presence of diffuse roles, implicit and secret rules and regulations which are related to a lack of differentiation and the presence of double messages.

- Family communication and dynamics: the presence of double messages and disqualifications, emotional communication based on mistrust and a difficulty in openly sharing emotions. There may be triangulations or coalitions. There may also be families in which the messages are clear, which indicates the presence of emotional bonds and therefore, a better prognosis for the family situation.

The most discriminative interrelated indicators are those of family communication with those of family dynamics.

Situation type 3. **Gender violence situations in elderly couples**.

- Family identity: strong emotional bonds and feelings of belonging are observed, and therefore a lack of differentiation. It is shown that there are diffuse boundaries between personal and conjugal identities, with the presence of double messages. According to what is shown in the results, individual and family identity is merged with couple identity. This factor is more discriminative in this type of situation than in types 1 and 2.

- Family structure and adaptability: there are confused, implicit and secret roles and rules. It is also observed that there is little capacity for reaction in the face of unbalanced situations and mistrust when sharing problems and asking for help.

• Family communication and dynamics: there is a confirmed presence of double messages that are related to the existence of diffuse boundaries between individual and couple identities. Emotional communication based on mistrust and difficulty in openly sharing emotions and problems. The use of critical and disconfirmatory language by the partner who adopts violent behaviour. Furthermore, it is observed that the partner who receives the abuse does not have much communicative ability, and has less capacity for asking for official help, information or resources.

The most discriminatory interrelated indicators are those of family communication with those of family adaptability.

Situation type 4. Families with dysfunctional patterns established prior to the current situation.

• Family identity: there is a lack of differentiation between family members, with strong emotional bonds and feeling of belonging, which is also correlated with diffuse boundaries between individual and family identities. The family structure is characterised by it functioning with diffuse, secret or implicit rules, which cause a reversal of roles and hierarchies. Communication is based on mistrust and it is complicated to share problems and emotions. There is an increase in the use of critical, disqualifying or disconfirmatory language.

• Family structure and adaptability: there is little capacity for requesting help, or for reacting when faced with unbalanced situations; at the same time, the more implicit and secret rules and regulations there are, the more confused the boundaries between individual and family identities will be, and the more diffuse the roles will be.

• Family communication and dynamics: there is a perceived presence of double messages and disqualifications, emotional communication based on mistrust and a difficulty in openly sharing emotions. Furthermore, in regard to family dynamics, there is a presence of triangulation or coalition, a use of critical disqualifying and/or disconfirmatory language which is related to confused, secret and implicit rules.

Family communication, structure and dynamics are factors that have a significant weight when evaluating the degree of family functionality in this type of situation.

Situation type 5. **Opportunistically taking advantage of relationships with distant relatives.**

• Although the existence of this situation has been confirmed, they are not the most frequent type, and for this reason, the analysis of the data has not been as exhaustive as for the other types of situation analysed.

• However, it should be emphasised that in order to fully explore this type of situation, the most discriminative factor is that of family communication and this is related to the strength of emotional bonds (family identity) between the elderly person and the relative with a distant-relative relationship. Triangulation (family dynamics) and diffused roles (family structure) are also present.

3. Conclusions

Given the results obtained, it can be affirmed that the planned objectives of this applied collaborative research have been achieved, as it has been possible to identify and describe the relational contexts, the family dynamics and patterns that lead to

mistreatment, validate the classification of family-situation types in cases of elder abuse and identify what processes relating to family dysfunctionality are present and how they affect each one individually.

These results have led to the design of the *Guidelines for the diagnosis and treatment of the relational context, family dynamics and patterns which lead to elder abuse,* which aims to provide BSS professionals with useful strategies for relational diagnosis and offer recommendations for the psychosocial approach and social and psychological treatment.

This guide is divided into two parts. The first part is concerned with contextualisation, providing a framework and compiling the most relevant aspects at a conceptual and technical scale, which leads to the second part, which is the guide itself.

The resulting document is a very practical workbook that provides help with the following:

- Systematising the compilation of information that is decisive for the case: analysis of the claim.

- Providing elements that facilitate the exploration of the family and relational system: a three-generation genogram and relational map, risk and/or protection factors relating to the elderly person and their relatives, a support and resources network.

- Compiling information to evaluate the degree of family functionality, based on the defined relational factors: identity, structure, adaptability, communication and family dynamics.

- And lastly, it provides work guidance for professionals in relation to the family dynamics of each and every validated situation type, defining work objectives and offering the most relevant elements for the social and psychological approach and treatment.

Bibliography

BARCELONA CITY COUNCIL (2017). *Línies d'intervenció en l'abordatge dels maltractaments a les persones grans 2017-2019*. Unpublished internal document. Directorate of Social Intervention, Department of Senior Citizens. Area of Social Rights. Barcelona.

BARCELONA CITY COUNCIL (2018). *Phase 2 report. Technical development project. Identification of elder-abuse situations Factors involved, triggers and associated variables*. Unpublished internal document. Area of Social Rights. Directorate of Innovation and Strategy, Department of Planning and Processes, SPORA Sinergies. Barcelona.

BREEN, R. L. (2006). "A practical Guide to Focus-Group Research". *Journal of Geography in Higher Education,* 30(3), p. 463-475.

CANTOR, G. (2002). "La triangulación metodológica en ciencias sociales". *Cinta de Moebio. Revista Electrónica de Epistemología de Ciencias Sociales.*

CARDONA, J. R. P.; MEYER, E.; SCHIAMBERG, L.; POST, L. (2007). "Elder abuse and neglect in Latino families: An ecological and culturally relevant theoretical framework for clinical practice". *Family Process*, N 46 (4), p. 451-470.

CASTILLA, R.; PALMA, Mª O. (2014). “El maltrato a personas mayores en el ámbito familiar. Aproximación a la situación en Málaga (España)”. *Trabajo Social Global*. *Revista de investigaciones en intervención social*, 4 (7), p. 20-35.

CORSI, J. (1999). *Violencia familiar: una mirada interdisciplinaria sobre un grave problema social.* Buenos Aires: Paidós.

CRESWELL, J. W.; PLANO CLARK, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed.). Thousand Oaks, CA: Sage.

GUERIN, P.; FOGARTY, T.; FAY, L.; GILBERT, J. (2000). *Triángulos relacionales: el a-b-c de la psicoterapia.* Buenos Aires: Amorrortu.

IBORRA, I. (2009). “Factores de riesgo del maltrato de personas mayores en la familia en población española”. *Zerbitzuan*, 45, pp. 49-57.

MARTÍN, J. C.; MENÉNDEZ, S. (2014). *Instrumentos para la evaluación del contexto familiar. 5th Positive Parenting Conference.* http://www.vjornadasparentalidad.esm

MINUCHIN, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press

MINUCHIN, S. (1986). *Calidoscopio familiar: imágenes de violencia y curación.* Paidós. Barcelona.

MINUCHIN, S.; FISHMAN, H. C. (2008). *Técnicas de terapia familiar*. Barcelona: Paidós.

MORGAN, D.; KRUEGER, R. (1998). *The focus group kit*. Thousand Oaks: SAGE Publications.

PATTON, M. Q. (2002) *Qualitative Research & Evaluation Methods* (3rd edition). Thousand Oaks, CA: Sage.

REYES, S.; VALDERRAMA, O.; ORTEGA, K.; CHACÓN, M. (2010). “Funcionalidad familiar y estilos de vida saludables. Asentamiento humano Nuevo Paraíso-distrito de Pativilca, 2009”. *Aporte Santiaguino*, 3 (2), p. 214-221.

SANMARTÍN, A. R.; TORNER, J. A.; MARTÍ, N. P.; IZQUIERDO, P. D.; SOLÉ, M. C.; TORRELLAS, N. R. (2001). “Violencia doméstica: prevalencia de sospecha de maltrato a ancianos”. *Atención Primaria*, 27 (5), p. 331-334.

SEGRIN, C.; FLORA, J. (2011). *Family communication* (2nd ed.). New York, NY: Routledge.

SMITH, K. M.; FREEMAN, P. A.; ZABRISKIE, R. (2009). “An examination of family communication within the core and balance model of family leisure functioning”. *Family Relations*, 58 (1), p. 79-90. doi: 10.1111/j.1741-3729.2008.00536.x.

TABUEÑA, M. (2006). “Los malos tratos y vejez: un enfoque psicosocial”. *Psychosocial Intervention*, 15 (3), p. 275-292.

WATZLAWICK, P.; HELMICK, J.; JACKSON, D. (1985). *Teoría de la comunicación humana: Teorías, patologías y paradojas*. Barcelona: Editorial Herder.

WATZLAWICK, P.; HELMICK, J.; JACKSON, D. (1992). *Cambio*. Barcelona: Editorial Herder.

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The digital gender divide in the life experiences of elderly women

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Despite the difficulties in adapting to digital skills, more and more elderly people are interacting in cyberspace; even so, the twofold digital gender and age divide continues to be a challenge for the e-inclusion of elderly women. Elderly women have faced more obstacles for socialising in information and communication technologies (ICTs) as a result of the combination of inequalities that have shaped their lives. The use and appropriation of ICTs can lead to genuine transformations in their daily lives, by creating an opportunity for carrying out other roles, occupying other spaces, creating other forms of personal relationships and so on, which would improve their quality of life. This article offers an interpretation of the relationship between elderly women and ICTs through life narratives of Catalan women who became users as they entered old age[26].

Introduction

The information society is emerging as a phenomenon that has favoured the creation of a global and knowledge society, where access and use of information and communication technologies (ICTs) are providing a source of new opportunities, but new social inequalities too (Bonder, 2004; Castells, 1998; García Canclini, 2004; Wolton, 2004; Tezanos, 2004). The 'network society' (Castells, 2006) has given rise to new forms of sociability and new social-participation mechanisms, having set the framework for digital citizen spaces. Access to ICTs and their use are a *sine que non* for participation in digital citizen spaces; participation is currently unequal and conditional on such factors as social class, gender, ethnicity and age.

The digital divide is a manifestation of such inequalities. The first digital divide relates to access to computers and internet connections; the second affects uses (both in intensity and in variety) and is determined by the individuals' capacities and skills for using ICT equipment and resources. Although the access gap still persists among elderly people and

26. The article's content is based on research for a project subsidised by the Catalan Women's Institute (ICD) entitled 'Analysis of the relationship of women aged 65 and over with new technologies in their association and education environments', conducted in 2011 by the Catalan Institute of Ageing's team at the UAB, which it is part of.

groups from low income and low educational backgrounds, today's policies promote such use and skills (Castaño, 2008). In the specific case of elderly women, the digital divide is expressed in two areas: access and use. Women are at a disadvantage compared to men, owing to their more limited use and a use that generally requires less technological skill.

Elderly people's motivations and obstacles to accessing ICTs are a well-worn topic (Castaño, 2009; Miranda, 2007; Sayago, 2009). Nevertheless, a gender-perspective approach continues to be an area of interest, especially where an analysis can help to identify obstacles and facilitators in the technology-appropriating process. Castaño (2008) focuses on this point, specifying the way in which training levels, work careers, economic levels and women's ages have made an impact when it comes to ICTs.

It is cultural, family and social elements that have an impact in the second gap; understanding how they are having an effect may be key to intervening (Gil, Vitores, Feliu and Vall-Llovera, 2011). It is in this context that gender stereotypes such as social construction mediated by socio-cultural interpretations could be acting negatively in the case of elderly women and strengthening their effect with age prejudices. Such duplicity ought to have a direct effect on the digital divide's reproduction. In addition, this is about women who have faced difficulties in their personal and educational development and for social participation. Some studies highlight the importance of researching the factors that help with overcoming the gap and remaining in cyberspace (Faulkner and Lie, 2007). So, the view is that finding out how gender stereotypes operate may contribute knowledge on the obstacles to ICT access and use. It may likewise shed light on the practices and strategies of elderly women to become a digital citizen. This article, then, offers an analysis of the influence of gender and age stereotypes, as well as obstacles and facilitators in relation to elderly women with ICTs. An analysis was accordingly made of narratives of women who had taken the step from non-user to user over the last three years at least, before the field work was carried out, and who are active members in educational and associative fields of participation in rural and urban environments.

1. The challenge of using ICTs for active ageing

According to the data from the Survey on Equipment and Use of Information and Communication Technologies in Households, conducted by the National Institute of Statistics (INE) in 2018, 85.7% of men and 84.6% of women regularly use the internet in Catalonia. The generation gap is notable: 95% of young people regularly use the internet, compared to only 48.5% of people aged 65 and over (Table1).

Table 1. People aged 16 to 74 by sex and age and main variables of ICT use Catalonia, 2018

	Total	Use of the internet in the last three months (%)	Regular use of internet (once a week) (%)	Online purchases in the last three months (%)
Gender				
Men	2,730,029	88.0	85.7	47.7
Women	2,797,719	87.9	84.6	50.8
Age				
16 to 24	659,239	97.8	95.8	62.2
25 to 34	854,198	94.5	91.1	61.4
35 to 44	1,222,974	97.3	96.0	60.0
45 to 54	1,155,520	95.0	92.8	46.4
55 to 64	915,625	80.0	76.6	38.4
65 to 74	720,192	54.2	48.5	23.1

Source: Idescat, based on the National Institute of Statistics Survey on Equipment and Use of Information and Communication Technologies in Households.

The 2018 edition of the annual report, 'La sociedad en red' [The Network Society], issued by the National Telecommunications and Information Society Observatory (ONTSI), confirms the data's trend for Spain. As regards ICT services hired in households with young and elderly people respectively, there are differences in internet access, given that nine out of every ten households with young people have an internet connection, compared to five out of every ten with elderly people. As for individual equipment, more than 90% of young people have a computer or smart phone, whereas, in the case of people aged 65 and over, only 59.7% have a computer and 28.3% a smart phone. Even greater are the differences in frequency of use of mobile phones: 93.1% of young people who have one use it daily, whereas only 36.6% of the elderly who have one use it daily. 86.9% of young people access the internet through their mobile, compared to 26.8% of the elderly (who do so more sporadically). Practically all young people have used the internet in the last three months (97.1 %), basically at home or a friend's home or at school. The figure drops to 36.9% for people over the age of 64 years of age, who mainly use the internet at home. 61.6% of elderly women have not used the internet or smart phone in the last three months, compared to 38.4 % of elderly men. When it comes to those who are connected to the internet, however, 53.2 % are women and 46.8% are men.

These figures show a double digital divide, according to sex and age, as well as the consolidation of women as users once the technology is used. They likewise highlight the established goal of continuing to bring technical literacy and skills to Spanish citizens, reaffirming, in turn, the digital agenda's targets for Europe. The digital divide of elderly women is a priority analysis and intervention subject, considering that technologies can become an opportunity for the social inclusion of elderly people and women in particular (Seguí Dolz, 2006; Ramírez Pino, 2008; Instituto de la Mujer, 2008).

The use of ICTs represents the double edge of social inclusion and exclusion for elderly women. On the one hand, ICTs coordinate new shared ways of living one's life, given that they facilitate the creation of new social networks and maintenance of family relations (email and social networks) and access to online services that can be managed from the household (for example, training for carers, health forums, managing social benefits, planning medical visits and so on), and represent a potential for healthcare and social assistance providers as well as an innovative tool for elderly people's associations (COM, 2007). On the other hand, non-use and non-access can limit the possibilities for social relations and for administrative and commercial management, which could make life easier in situations of dependence (Spanish Ministry of Health, Social Policy and Equality *et al.*, 2011). In sum, the appropriation of information and communication technologies offers elderly women an opportunity for empowerment in accessing resources that improve their quality of life, being a means to active ageing.

Active ageing has been defined as the process of optimising the opportunities for health, participation and security (WHO, 2002) and training (ILC-Brazil, 2015) to improve the quality of life of people as they age. In that sense, the concept of 'activity' refers to a social, cultural and civil participation process that goes beyond physical and productive-work aspects and has, in turn, an implicit empowerment value for elderly people towards their capacities and potential, far removed from the conception of old age associated with limitations and shortcomings. The use of ICTs and the role they play in the ageing process is an issue found in the European policies agenda for improving conditions in several areas: work, given that they have positive effects for staying in the labour market, in providing qualification flexibility and development; the community, as they facilitate social participation, promote social inclusion and reduce the risk of isolation; and the household, owing to the fact that it prolongs independence and autonomy for living at home as long as possible (COM, 2005, 2007). In addition, the fact that elderly people use ICTs like their

family members and the rest of the population creates an equality effect that contributes towards their social inclusion (Sayago, 2009).

Some studies, such as 'Mujeres y nuevas tecnologías de la información y la comunicación' [Women and new information and communication technologies] (Instituto de la Mujer, 2008), relate the digital divide to the generation factor, given that the socialisation process shapes a series of behavioural roles and guidelines that determine the use of ICTs. That being the case, the divide would narrow with future generations, owing to the fact that ICT culture and socialisation would be more homogeneous (Querol, 2011). For her part, Castaño (2005) argues that the digital divide is a manifestation of the social inequalities that depend on a multiplicity of factors: a) the structure of opportunities (availability and universality of technological education, investment in science and technology, services costs and telecommunication regulation, etc.); b) cultural attitudes relating to the use of computers and the information that circulates on the network; c) knowledge of English; and d) people's financial and educational resources for the IT field.

On the other hand, there are a series of initiatives geared to social intervention which are aimed at promoting actions for including women in the world of technologies: portals for good ICT and gender practices, guides for incorporating gender-equality criteria in institutional e-formats and collecting resources (Catalan Women's Institute, 2009) and actions for improving citizens' technological skills (e-Equality programme; Instituto de la Mujer's CERES programme; Avanza Plan and Avanza Plan 2; Strategy for 2011-2015). The documents' scope is significant; even so, such studies and initiatives follow an approach that fails to take a comprehensively deep look at the influence of cultural factors in the appropriation of technologies or to discover spaces for breaking away in the isolation and feelings of alienation that elderly women experience who have been left out of the technological process.

2. Gender and age stereotypes and their relationship with ICTs

Gender roles have traditionally been constructed on a 'binary' sexual-division work basis, according to which women would take up domestic work and family caring, whereas men would carry out their activity in the public arena, as regards their participation in the formal labour market and in the field of political decisions, essentially. Here the family model is the basis of an organisation founded on performative lines of activities, expectations and imageries that define gender identities (Martín Palomo, 2008).

Nevertheless, this typology is now being transformed, as a consequence of social changes that have been occurring at an accelerating pace since the end of the 20th century and which have been having a decisive influence on the traditional reproduction model for gender roles. Some of the most important aspects of these roles notably include the transformation of models for sexual, reproductive and family behaviour (couples living together later in life, single-person and single-parent households, low birth rates, late maternity, feminisation of old age, incorporation of women in the labour market which has diversified co-responsibility in household chores and so on). Gender is therefore a concept that denotes certain cultural constructions, shaped through the creation of ideals on the roles assigned to men and women, a way of referring to the social origins of subjective identities, a social category imposed on a sexed body (Scott, 1990). So, the ways that men and women experience old age relate to the cultural contexts in which behavioural models and gender attributions to each sex have been constituted (Fischer and Manstead, 2000). Jayme and Sau (1993) point out that gender has two sides to it: the collective, insofar as it involves people's adaptation to the society's expectations and gender roles, and the individual, in the way in which each person experiences their own gender. Gender identity is the personal experience of the gender role and that is the public expression of the gender identity.

For their part, stereotypes are exaggerated beliefs associated with a category (race, gender, age, social class, etc.,) whose function is to justify (rationalise) behaviour in relation to that category (Colom, 1997). There is a close relationship between the concepts of stereotypes, prejudices and discrimination and their effect on attitudes. Prejudice is defined as the sum of negative beliefs and judgements on a social group. These consist of knowledge, judgements and beliefs, and as such are made up of 'stereotypes', that is, the latter being the cognitive component of prejudices. Stereotypes facilitate social identity, the sense of belonging to a social group, through acceptance and identification and group integration, and have an adaptive value, given that they help us to understand the world in a simplified, coherent and unified way. Similarly, being learnt through social interaction, stereotypes can be eradicated over time (González Gabaldón, 1999). Jayme and Sau (1993) argue that there are some classic gender-differentiated aspects in analysing personalities that are associated with masculinity or femininity, which, put in relation with other parameters such as outer and inner space of interactions, can lead to the classification set out in Table 2.

Table 2. Classic gender-differentiated gender-personality aspects

Activity	Space	Masculine	Feminine
Public	Exterior	Activity, dominance, control, aggressiveness	Passiveness, submission, lability, inhibition
Private	Interior	Passiveness, submission, lability, inhibition	Activity, dominance, control, aggressiveness

Source: Jayme and Sau, (1993: 249).

So, then, we can observe that an initial classification based on gender stereotypes and their influence on personalities varies according to whether public or private activities are being dealt with, in inner or outer spaces, with the latter possibly even reversed in their behaviour models. This is an interesting approach when it comes to reflecting on gender roles in old age. Prieto (2009) argues that identities in old age tend to be constructed by cultural arrangements that are defined by oppositions between them:

- Centrality as opposed to periphery: men centralise the space of culture, above all the spaces of power such as politics, decision-taking at home, among other things; whereas women have remained outside power, preparing adaptive strategies to be accordingly implemented.

- The space of the public as opposed to the domestic: directly relating to the previous point, Prieto asserts that public space constitutes the place par excellence for constructing the masculine identity. Private and household spaces are not specifically about a women's place, but rather a men's space where women build their possibilities of identity.

- Independence as opposed to dependence: the most masculinised values are called into question when signs of dependence are presented among men, with their position 'setting the standards' questioned. It is in this masculine climate that women build their heteronomous identity, to be and care for the others.

- The everyday façade of the extraordinary: women have to represent stability to sustain the risks that men will take outside the home.

• The rational as opposite to the emotional: it seems like the values considered positive are reversed in old age, often, causing more difficulties among men for assuming and understanding their own feelings in this new stage.

Nevertheless, it is asserted that there is presently no dichotomy so pronounced among the attributes ascribed to the sexes, but rather a similarity experienced among the attributes conferred on men and women (Colom Bauzà, 1997). This would be marked by changes in the 'self-image' that women have of themselves, due to the attribution of instrumental, in addition to expressive, features. This process has been based on the socio-cultural changes that have been occurring since the 1960s and on which basis women's roles have been substantially transformed. Here, Prieto and others (2009) add an important notion in the experience of the constitution of gender identities in old age: in addition to this set of oppositions in the construction of identities in each stage of life, old age rolls into feminine. This is based on the fact that women carry more weight in the demographic structure and in the central role in family care. Likewise, awareness of and knowledge in self-care puts them in a positive position, basically in accepting the passing of the years. Skills for increasing independence, for biding time and knowing how to recreate emotionally difficult situations put them in a favourable position and gain spaces of power compared to men who resist new changes.

3. Gender identities, stereotypes and ICT

The literature on the relationship between gender and technologies first started to develop in the 1970s, in line with the libertarian gender movements of the previous decade, and brought an opportunity to the feminist movement to demand women's participation in science and technology. The theoretical approaches contextualised and historically placed the relationship of women and technological development, from the point of view of not just access and use but also the creation of technical devices, as well as their influence on the structure of society's power. It is through these theoretical gender and technology readings that the trends of liberal feminism, socialist and constructivist feminists were consolidated (Vergés *et al.*, 2009). The review by Gil-Juárez, Vitores, Feliu and Vall-Llovera (2011) makes the case of young women having underestimated technological skills and less confidence than men; in addition to expressing less interest in computers, women also feel greater anxiety (He and Freeman, 2009; Meelissen and Drent, 2008; Todman, 2000). Here the studies indicate that young people's positive experiences with ICTs since first contact and informality in learning enable them to become expert users. Despite all that, girls have fewer positive experiences and this has a negative impact on the process for learning expert uses (Baldassarri *et al.*, 2009; Hackbarth, 2001). Such learnt behaviour helps to shape different identities, in both aptitudes and skills for using ICTs.

The lack of women's interest here in technologies is determined by a socio-cultural construction on the issue, which is associated with an activity typical of men (Wajcman, 2006). Technological skills are performed by gender. Men are considered to be more competent because of a supposed affinity of masculine attributes, whereas women lack these skills in the performativity of their femininities (Cockburn, 1992). Research in the symbolic issues constructed around gender and its relationship with technologies is a way of discovering intervention alternatives in this regard, which help to raise the number of elderly women accessing ICTs by taking the opportunity they offer in the face of some of the elderly people's social problems.

4. Access to ICTs and their use: the inter-generational and life-cycle perspective

Introducing cyberspace into everyday life has an impact on age stereotypes; there is a constant association between youth and technology, built on designations such as 'digital natives' and 'network generation' (Querol, 2011).

Age stereotypes are found not just among young population groups (Montañés and Latorre, 2004) but also among groups of elderly people (Chasteen *et al.*, 2002). This factor may operate from outside, that is, from the values that society imposes on the stage of old age, and, extensively, on elderly people; or as a 'self-limitation', seeing that they themselves perceive age as a limitation for social participation and experimentation in several areas of daily life (learning and physical exercise, among other things). They act negatively, in turn, when they keep elderly people out of cyberspace, discouraging and underestimating the effort and interest of more and more elderly people who struggle to leave behind this obstacle to digital inclusion. The stereotyped characterisation of elderly people is based on a series of 'myths' that reinforce the notion of regarding them as a 'burden on society' and is constructed in opposition to the notion of youth (Fernández Ballesteros, 1992; Losada, 2004; Duque and Echanogorria, 2008). By contrast, the positive perceptions of elderly people and on old age do have effects on increased life expectancy and on adaptability in this process (Levy *et al.*, 2002). Table 3 reproduces a classification of myths on old age and its central features and what the reality is like.

Table 3. Myths and facts on old age

Myth	Fact
Old age starts at 65	Old age does not start uniformly but is variable and individualised
Elderly people are a homogeneous collective	Diversity is a feature of the experience of old age, based on the heterogeneousness of life paths, generational belonging, place of residence, family histories and so on
People who retire have entered a stage of non-productivity	Non-productivity can be interpreted in several ways, depending on a person's circumstances
There is a gradual phasing-out of interests in life, including to the point of becoming isolated	Many elderly people are interested in various social projects and even become more involved
Elderly people are very limited in their aptitudes	Elderly people have many possibilities
Elderly people are inflexible and incapable of changing and adapting to new situations	Many elderly people not only continuously adapt to new situations but teach us through example
Old age may be accompanied by loss of memory	Loss of memory can occur at any age
Elderly people are dependent	Most elderly people live independently
Elderly people are idyllic figures who live in a happy context full of affection	There are many, varied situations at this stage
Old age is a totally negative stage	Old age is a particular stage in life
Elderly people are conservative and repositories of tradition	Each person reflects the essence of their personality as time passes
Sexuality ends with old age	Sexuality does not disappear with age

Source: Pérez Serrano, G. (coord.) (2004). *Calidad de vida en personas mayores*. Madrid: Dykinson.

As for the digital inclusion of elderly people, a dangerous association of negative stereotypes sometimes arises, along with elderly people's supposed lack of interest in and capacity for learning new things, which are part of the most classic myths. Castaño and others (2009) argue that, for all the difficulties that they present in this area, the fact of having more free time to dedicate to pursuing personal interests is an important motivation for accessing ICTs and using them. The same author points out that elderly women's motivations for connecting to the internet are of a practical nature and organised into three categories: 1) employment reasons (training in the work area), 2) family reasons (children need it for studying and these elderly women gradually adapted) and 3) the need to communicate with the family and friends. Elderly people have lacked socialisation in this area; at best, for personal reasons, ICTs were introduced during the last stage of their careers. The closest generations today (development, *baby boom* and transition) correspond more to the features of an acquired-rights and socialised awareness in a more participatory culture (Duque and Echanogorria, 2008); the digital divide, however, persists among them.

The generational perspective helps us to understand the values, roles and daily routines that give meaning to the life project of the women and men that make them up. These frameworks for understanding help us to understand the difficulties and social practices of elderly women in the face of technologies. As their careers were forged, what were their opportunities for training and socio-cultural participation and what were the levels of income their households had? Each of these factors affects knowledge and permeability with regard to ICT appropriation and everyday life. This is the only way we can avoid an evolutionist-technological view of generations and consider the most recent to be 'best' for attending to the diversity of personal careers (Querol, 2011).

Here the decision to study the collective of women aged 65 and over is based on a non-chronological life-cycle perspective of ageing which recovers the dynamic character that constitutes people's lives (Villar and Triadó, 2006). The notion of life cycle refers to certain situations of their paths which prove significant for people. The age of 65 is not a fixed cut-off point, but quite the opposite, inviting analyses of the ICT-appropriation processes in certain circumstances and life contexts. An example would be early retirement, though this is hardly widespread among elderly women, given that some of them have not taken part in the formal labour market. Other situations take central place for them, such as reclaiming the personal project after the stage of family obligations, living in widowhood and caring for dependent family members. The challenge for the analysis is attempting to avoid a reductionism of the 'women's problem in ICTs' (Gil *et al.*, 2011) as if it were a women's problem with ICTs, since it is gender and feminine and masculine identities that are in question.

5. Analysis model

The analysis model was constructed from the perspective of considering access to ICTs and their use as an opportunity for active ageing. Elderly women must get around gender stereotypes to introduce themselves into the world of technology and delve deeply in its uses. Stereotypes have been partly considered through the social practices of the relevant generations. Therefore, the generational perspective is key to understanding the process of elderly women's ICT appropriation. Analysing the relationship between ICTs and the life cycle of elderly women will highlight the meaning that technology has for them, the points in their lives when they decide to tackle it and how they change or give new meaning to their everyday experiences. Here, the fact of becoming technological users can generate spaces for breaking away from the acceptance of traditionally assigned roles, causing changes in the function of the stereotypes that they would have reinforced. So, technology becomes constituent of the identities of elderly women among whom a series of factors operate such as facilitators or obstacles to accessing and using ICTs. Some of them will function as a reinforcement of stereotypes and others as clearly resistance and break-away factors.

Semi-structural in-depth interviews were conducted for collecting data. The issues that are tackled identify the life situations where ICTs have been significant for elderly women, as well as their influence in the construction of gender identities. The interviews met a purposive-sampling criterion. Eight women over the age of 65, living in Catalonia and who had been using a computer and basically the internet for at least three years were interviewed. The women were contacted in participation spaces and in university programmes for elderly people. For the purposes of achieving greater diversity among the people consulted, interviewees were sought out who were residents in not just urban (Barcelona city) but also rural contexts (villages with fewer than 5,000 in habitants) in Catalonia. Diversity was also sought in level of studies, civil status, the household unit's features (living alone, as a couple, with family members) and in the occupations carried out as their main activity throughout their lives (productive and reproductive work). A total

of seven interviews were analysed: four urban and three rural[27]. The content was analysed with support from the ATLAS.ti program.

6. Results

We shall then present the main results of the analysis of the life narratives, ordered according to the following aspects: a) obstacles, b) facilitators, c) motivations, d) stage of life, e) gender stereotypes and f) uses/non-uses of ICTs.

a) Obstacles

The obstacles identified include some directly linked to the generation, such as difficulties in adapting to software changes and understanding computer language in general. Lack of confidence and of personal safety were associated with a generational disconnection with respect to the technological environment, which emerges as a new universe far removed from the usual social practices. The daily routine is built up from family and local relationships, as well as by carrying out activities that only allow the use of computers when a sufficiently justified need arises. Family care is linked to the previous obstacle and clearly has a value as work time that hampers both access to and the learning of the most advanced uses of ICTs.

Another feature that limits ICT access and use is the priority that the male partner imposes in organising time and activities carried out at home, attaching greater importance to tasks that 'correspond' to carer work and rejecting other tasks that involve the use of technology. The financial costs of computers and internet connections are also perceived as obstacles. In the rural context, it is harder to compensate lack of individual income with access to public facilities, because socio-cultural spaces with equipment and free internet connections may be located far from the home and, in turn, reduce the possibilities of access to support resources for learning.

Age emerges as an obstacle associated with state of health, basically in relation to cognitive capacity and the impossibility of remaining in front of a computer owing to muscular, skeletal and visual problems and so on.

b) Facilitators

As regards facilitators, they occupy a central place in three aspects: a) proximity of socio-cultural facilities (specifically, centres for the elderly); b) methodology of learning; y c) mutual and family support.

The proximity of facilities where training is given on using computers and ICT tools enables women working as their family's carer (partner and grandchildren, mainly) to carry on with their everyday activities while taking courses. The gender variable plays a favourable role in this subject in particular, in the sense that there is a habit of synchronising various tasks at the same time which allows women to organise themselves and go over to the neighbourhood centre to take an IT course, do practicals and so on. So, the capacity to organise reproductive-work time offers a margin of independence for taking part in activities outside the home. The facility (old people's centre, association, classroom,

27. A balance of participation areas was followed. Income levels delimited the sample to middle-class realities, a sample with users with a smaller level of income may make the analysis more complex, even though stereotypes will continue to play a decisive role, given their socio-cultural basis of constitution. Even so, an initial exploration of technological transformations in the everyday lives of ICT users may provide clues for compiling a situational map on the effect of gender stereotypes, which may be later compared to the developmental paths of people who do not use equipment and others with another socio-economic profile (lower income and education levels, etc.)

etc.,) where the course is given is an important space for social relations and technology, a new element for generating interpersonal ties.

As for methodology, personalised learning-access and paces are very positively evaluated: informal ICT-accessing spaces in facilities have been identified as ideal where one computer per person can be used and the time taken that is needed for understanding content. Note that aids and course repetitions for affirming and going over content complement methodological resources. It could be said that they are resources created by the women themselves. Mutual support between classmates and help from volunteers are key to the process; some value this resource so much that they subsequently become volunteers themselves. Likewise, family support is another key facilitator in ICT access and use: help from children and grandchildren is an important aspect here, mainly in encouragement to learn with the added motivation that comes with a gift of a technological device or by cross-learning with grandchildren.

The combination of facilitators has an effect on the social inclusion of elderly women because they can enter cyberspace and encounter new social and more egalitarian relation spaces in the process, on subjects that facilitate intergenerational contacts. The women realise that a good part of the existing obstacles will be overcome in the future with the arrival of new generations who will be socialised in the use of ICTs and for whom continuity in such use will be simpler.

Emotions also have a key space in the gender reading of ICT access; what stands out from the discourse is the need to use tools that enable the maintenance of affective ties between close individuals (friends and family), technology-mediated carer work and the conveyance of intergenerational values. Likewise, the embarrassment that leads to access difficulties has been repeatedly pointed out along with the explanation that once users have achieved their goal of managing a tool, they present a great sense of security and personal reaffirmation. This is an important achievement in a field of knowledge where elderly women have historically felt undermined in their capacity to manage it. So, when skilled use is confirmed, the sense of triumph is twofold, in other words, both personal and social. An example of such facilitators is given below, as expressed by one of the women interviewed:

> ‘I thought I was stupid at first; then I thought I wasn’t stupid, that it was simply something [UAB virtual campus] that I didn’t know and that if I did [not] know how to do it, I would learn to do it – if not in two sessions, in ten, it's all the same to me –, but I had to know how to do it. I later thought... also out of pride, thinking that if the others can do it so can I; I’ve always believed that whatever others do, I can do too. We women always make the mistake of letting men sort out the technical problems. No, emphatically, and I’m telling this to all the women: let's never let them do anything for us, because that's where we’re a sort of victim that sometimes, maybe, suits us’ (woman from the training area, aged 72, urban context).

The influence of careers on access and use is relative, seeing that it has not been identified as a favourable factor for learning, the argument being that only some specific programs are used for administration, a feature that is maintained in women currently between the ages of 65 and 75.

c) Motivations in ICT access and use

The most important motivations include: the need to fight against digital illiteracy, need to bide one’s time, interest in learning new things and curiosity. Working hand in hand with these are effort and perseverance. Some of the interviews emphasise the pleasure and entertainment provided from using ICTs, with the current use perceived as more gratifying

and preferable to what it could have been during the paid-work stage. As for the interviews held in training spaces, the interest stems from accessing specialist information and applying IT tools for learning. Technological volunteering is also a motivation for continued training and adaptation to technological changes. In general, motivations are strongly connected to stage of life, as we shall see in the following point.

d) Stage of life in ICT access and use

There are several stages in the life cycle that the interviewees considered key in their narratives and which define some transition or change in life stories. In some cases these play an active role in ICT access, the most illustrative being widowhood and the end of intensive family care or, on the contrary, the start of caring for dependent people. The following quotation demonstrates how using computers represented a breathing space from caring for a dependent family member, which very probably involved a healthy resource for the emotional overload of the time.

> ‘As the process of my husband’s dependency progressed, the computer was useful to me as it enabled me to keep him company, spend more time by him and continue with my chores. What's more, I used to do a lot of knitting and sewing before, but I can't do any of that any more following an operation on both my shoulders and wrists. I certainly can use the computer, however... so, it keeps me company, I can write, do power points, send emails, always trying to get whatever I do to be positive for me and for someone else too. Computing has been very useful to me’ (woman from the association's environment, 81 years old, urban context).

Retirement emerges less forcefully, partly because jobs have rarely been the guiding thread of the life narrative, let alone its main feature. Jobs are present in the discourse, but it is the reproductive work space and the affective and identity-building connotations they consequently have that are more important. Widowhood and dedication to family care are stages of life that in most cases present interdependence with gender stereotypes, as we shall see below.

e) Gender stereotypes

The analysis shows that the most significant stages of life in the interviewed women's narratives relate to social practices assigned to women: a) reproductive work, b) completion of the stage of intensive family care and c) widowhood. The narration of the elderly women’s relationship with ICTs connect important technological experiences to these stages of life. The quote given below shows how technology filled an elderly woman’s existential void after the sudden death of her husband, whom she had been taking care of. The experience of the interviewee reflects the inaccuracy of age stereotypes, showing that, facing break-up situations, a new opportunity arises for learning and doing more and more new activities:

> ‘My husband had a long illness... The second time he was operated on for an aneurysm, he died from an infection. He died suddenly, it happened very quickly, and I needed to do other things. He was 67. I had to keep myself distracted, because life went on and I wasn’t going to burden my daughter with problems of any kind [...], and, above all, I had to make the most of life up to the very end. I had to make the most of it with dignity and I had to cheer everyone around me, that is, all my family. Studies, then, are clearly what I liked the most, I also really like to do chores, but I thought I was past it with all that, as doing chores was tantamount to my not thinking, and what I need to distract myself from this sorry business was to fill my thoughts as much as possible with my studies, and there were a lot of things to do in order to move on. I still think today that if I had a thousand lives, I'd still need more to do everything I'd like to do; as long as we live, we never know enough, and I want to know as much as possible. Let’s

say I’m a busybody who likes life and I intend to live it to the very end’ (woman from training area, aged 72 , urban context).

The narratives that include ICTs in critical stages of life refer to the preparing of life stories, by learning how to use new functions for adding photos, editing texts, looking for information and so on. It is interesting to observe a recovery of pre-marriage life in one of the narratives; that is, the need to reclaim a profound identity beyond reproductive family roles such as wife, mother, grandmother.

‘I compiled my own life story, yes. It doesn't reach the time of my grandchildren, it goes up to when I married, with photos from when I was very young, of my parents when they married, of me during my early childhood, from the war years, as I was born in 1932, and I have some recollection, not too much, of when we used to go to the shelter, things that came back to me in my memory [...]. Afterwards I did other things too, for example, recovering all the photos of my children, from childhood to adulthood; I've tweaked a few photos where they were damaged. We now have a volunteer colleague who is giving us lots of help with all this’, (woman from the association's environment, aged 78, urban context).

By observing the links between the aspects, we can clearly see the influence of the sexual division of work inside and outside of the home as a structural aspect in ICT access. It should be pointed out that this situation could be linked to training and personal development opportunities in general; the careers, however, show a break when transformation points are recorded in all or part of the routines of reproductive work. Women who have devoted themselves entirely to family care, just when their children leave home and their grandchildren go to school, find time to be able to learn the things that prove interesting to them and this is when technology appears. Some of the women argue that men have more learning possibilities since they have more free time for all that. As for use of computers at home, there are two single episodes that invite reflection on how gender stereotypes operate in private spaces through an unequal process in power to take decisions over the use of space and time. First, the space at home where computers are used; the experiences of widowhood have the effect of restructuring spaces and functions in the home. One of the interviews describes the master bedroom becoming a study and place for carrying out new activities, such as using computers and university education.

Other narratives similarly explain how what was once the ‘study where the husband spent most of his time’ is now being remodelled and the laptop is in the dining room. The second notable fact is the case of a technological volunteer who has found a hobby in it but is unable to enjoy it at home as it annoys her partner and she cannot cut her working time caring for him. Productive careers correspond to feminised work, such as that of the shop assistant, secretary, dressmaker and hairdresser. Only two of the women managed a personal undertaking. Seeing that people who belong to a generation where women occupied the place of family well-being production and men took on the role of productive worker, there is an inequality for knowledge and leisure access. Here is a typical narrative on the matter:

‘I didn’t work because I married at the age of 20, just when I finished my studies. I took the last exam in September and got married in October. Then my husband had a shop, restaurant, bakery, and I was no longer able to move away from there’ (woman from the association's environment, aged 76, rural context).

Uses are also recorded that reverse the logic of the established distribution of tasks according to the man/woman binary, where women take charge of activities that their partners previously carried out. For example, some administrative procedures or monitoring bank accounts and family expenses. Uses are likewise made in a distinct way; for example, men organise travel, women look for information, or delegate specific actions to their male colleagues at associations or to their sons-in-law.

f) Uses and non-uses of ICTs

The aim of analysing the uses is to observe how they influence the technological appropriation process and active-ageing issues. Some uses are highlighted here which were key to the 'entry' stage of the learning and use process with greater intensity. When they managed the tool, they became attached to the training activities, such as accessing the virtual campus, to the documents they need and for facilitating learning in general. As for people taking part in association environments, the concerns were more personal or for taking part in political, cultural or religious areas.

As regards ICT uses in health issues, they were generally quite low in intensity (of interest when something happened to a family member). They are also used for seeking information on travelling and places and issues of interest and for relating to friends and family members. We can confirm that the relational aspect is key to the value of the uses and, possibly, one of the values recognised as more important. Relating with contemporaries, maintaining and renewing affective networks, accessing information on family members living far away, helping other people with learning how to use ICTs, speaking with grandchildren on various issues, playing with them online and so on.

Most of the people interviewed found that using ICTs could be very useful in lonely situations and declared that they used them more often when they felt lonely or when they no longer had anything to do (without social relationship), and explained that their lives had undergone a significant change since they were widowed. Here some of the non-uses of ICTs can be related, such as online banking management, virtual purchases or for managing healthcare appointments. They do not know how to look for information on aid resources for everyday life, they are not interested in taking part in forums on specific issues and they make little use of chat although they are keener to learn. These uses and non-uses also relate to types of everyday life activities according to gender roles and their promotion could help to highlight situations requiring support for carrying out everyday life activities; for example, ordering purchases through the internet and managing home deliveries.

7. Conclusions

Gender stereotypes, as well as educational, employment and generational factors, have impact on the digital inclusion of elderly women

The analysis made sheds light on the central role of some factors associated with gender stereotypes regarding elderly women with ICTs. The sexual division of work is a central aspect in this regard, revealing the negative effects of that social contract in various generations of women. The assignment of certain social roles and performance of practices confined to private spaces, with the consequent burden of reproductive work, have had consequences for their life paths. Caring involves a rigid burden of work throughout the life cycle which has direct consequences on the availability of free time and the possibility of deciding one's personal development and search for opportunities for education and social participation.

The generational aspect is equally crucial; the careers analysed show that women's exclusive dedication to the family and their 'dual presence' when working outside the home has kept them far away from the technological information revolution, possibly because

that revolution was not necessary for repeating basic work routines. Even so, if they were central players in the development of other types of technology, such as that of household appliances, since the latter bring greater 'efficiency' to the performance of household chores and enable the addition of other simultaneous responsibilities, that role has never received any kind of recognition. Women did not need ICTs in reproductive work or for their studies as they had no opportunity to continue educating themselves throughout their lives. Here, they feel the new generations of women who have joined the labour market will be socialised in the area of ICTs. They also believe that there are now fewer inequalities, that values are different and that domestic chores are shared more between couples, which means women can have more resources (time) at their disposal.

The strategies for appropriating ICTs: the opportunity of stages of life, local resources and mutual support

ICTs come into lives just when the reproductive work cycle has practically finished. This is therefore when they rekindle their deferred wishes, seek out activities that will give sense to their new routines, experiment with the opportunity of starting again and giving meaning to a life project. Widowhood, children leaving the family home, grandchildren attending school and even caring for dependent partners can be reasons for finding a resource in ICTs that gives new meanings to life. Biding time in something these women like, in something they always wanted to do; it is a way of searching for pleasure. Old age can be experienced as a period of liberation and opening up of new opportunities, according to one of the interviewees:

> 'The computer was crucial, I spent many hours on it, that stage was a complete clearing of the air: writing my story, the customs of Banyoles... a true liberation. It was very important for me and I recommend it to people who are retiring or live alone' (woman from the association's environment, aged 78, rural context).

As they get older, some women who rarely questioned the gender-assigned roles they socialised in start to challenge and resist those roles (Arber and Ginn, 1996). Age stereotypes are perceived in contrast to the youngest population, given the surprise they express facing this new reality with grandmothers using computers and even able to teach certain functions, although they show they have no influence on technological experience. On the contrary, life episodes are identified which show the erratic stereotyped construction of elderly people as solitary, unmotivated individuals who have renounced active participation.

Environments of belonging are important because they raise greater or lesser possibilities of access to resources for access to ICTs and their use. Specific facilities (centres for elderly people) are decisive in the process: their local nature is key to the time management of the women who plan a day of reproductive tasks. They are likewise a type of 'universal' facilities they can easily associate with and at a very affordable cost, the only problem being whether they have sufficient places available to match the demand for activities. This reality is more complex in the rural context. Facilities are not always nearby and it may well be there are some women who cannot drive. In addition, there are fewer participatory spaces on offer for elderly people who offer these courses. Nevertheless, once the use is learnt, it may be of great use, as they create the possibility of diversifying daily activities (entertainment, social relations, education and so on).

We should also highlight the positive value that elderly women attach to mutual support in the learning process, so much so that some, on completing their IT courses, have become technological volunteers. The teaching methods do not seem very developed as most of these women have explained self-learning techniques, hence the importance they attach to mutual learning.

ICT uses in active ageing

Developing social relations is an aspect of vital importance at the stage of old age. Technological education is very often an excuse for relating to other people, although it is also used for revitalising long-term relations or socialising in chats with other people on issues. Whatever the motivation, the central role that they have in promoting social relations among elderly women is clear, and this factor needs to be taken into account when it comes to planning interventions in the area. This is possibly the most important aspect to technological uses for active ageing, as they promote social participation and are a space recognised by elderly women themselves for social inclusion and, or as they put it themselves, 'for being part of today's world'. There is also an awareness of the effects on mental health, seeing that they are resources used for feeling well and, sometimes, as a distraction from everyday problems. In addition, they create a sense of personal security, this being a very important subjective aspect in the strategies used for taking on the changes involved in old age. However, there is still much to be done in the field of promoting uses in preventing situations of dependence, in learning new uses and even in delving deeper into some that may be of help in daily life, such as applications for physical exercise.

The importance of ICTs is not visualised for financial uses such as online purchases or managing administrative or bank procedures. Little use is likewise made for searching for specialist information while using and building blogs or information-updating applications are unknown, etc. It would be important here to promote other uses of computers and the internet, by helping elderly women to deepen their knowledge and discover new personal interests.

The value of ICTs and opportunities in old age for elderly women

Technologies, by themselves, have not sustained the changes that might occur in the identities of the women who told us about their experiences, but they have become part of the history of each of them. These are therefore new stages of life that are emerging accompanied by an innovative resource, putting them in a different position with regard to the world. Fighting against the digital divide involves initiatives that go beyond technology itself, which is why we need to observe what kind of impact contextual factors make. The features that make up stereotypes exist but change according to the social relations that sustain them, and the life stories and new interactions that are managed around them. It is not only important for resources to be accessed but also for the meaning of technologies to be found in elderly women's life experiences. Their own accounts are an empowering factor for those who still feel such learning to be unfinished business.

Later generations of elderly women may have more knowledge of ICTs; even so, there is still a tendency for inequalities to continue in aspects relating to use and the incorporation of women in designing technologies. Adaptation to tools and the value they have for everyday life will require continuous technological updates; the problem then will not end with one generation. Having an impact on areas such as sexual division of work and uses of time is an issue that remains valid, and more so in a social model in crisis such as the present one, where some practices are repeated even more forcefully, such as caring for individuals.

Bibliography

ARBER, S. AND GINN, J. (1996). *Relación entre género y envejecimiento.* Madrid: Narcea.

BALDASSARRI, S.; MOLINA-GAUDO, P.; VILLARROYA-GAUDO, M.; CEREZO, E. (2009). 'The 1st Girls' Day at the University of Zaragoza: attracting women to technology', *Interacción*, 14, pp. 1-8.

BONDER, G. (2004). 'Mujeres en la ruta hacia la Sociedad del Conocimiento: Reflexiones sobre contextos y oportunidades'. Cátedra Regional Unesco. Jornadas Solidaridad en Red: Nuevas tecnologías, ciudadanía y cambio social organizadas por Hegoa-Instituto de Estudios sobre Desarrollo y Cooperación Internacional, University of the Basque Country, Spain.

CASTAÑO, C., FERNÁNDEZ, J. M., VÁZQUEZ, S.; MARTÍNEZ, J. L. (2009). *La brecha digital de género: Amantes y distantes*. Madrid: E-Equality Observatory at the Complutense University of Madrid.

CASTAÑO, C. (2008). *La segunda brecha digital*. Madrid: Cátedra

CASTAÑO, C. (2005). *Las mujeres y las tecnologías de la información. Internet y la trama de nuestra vida.* Spain: Alianza.

CASTELLS, M. (2006). *L'era de la informació. Vol. II: El poder de la identitat*, chaps. I and IV. Barcelona: Open University of Catalonia.

CASTELLS, M. (1998). *La era de la información: Economía, sociedad y cultura*. Alianza Editorial.

CHASTEEN *et al.* (2002). 'The Activation of Aging Stereotypes in Younger and Older Adults. The journals of gerontology'. *Series B, Psychological Sciences & Social Sciences*, 57, pp. 540-547.

COCKBURN, C. (1992). 'Abriendo la caja negra: la tecnología en los análisis de la sociología feminista'. *Sociología del Trabajo*, 15, pp. 91-107.

COLOM BAUZA, J. (1997): 'Aportaciones al estudio de los estereotipos de género'. *Pedagogía social*, 15-16, pp. 145-154.

COMMISSION OF THE EUROPEAN COMMUNITIES -CEC (COM) (2007). 'Envejecer mejor en la sociedad de la información. Una iniciativa i2010'. Plan de acción sobre Tecnologías de la Información y de la Comunicación y envejecimiento. Brussels: Commission of the European Communities.

COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS (COM) (2005). *La accesibilidad electrónica*. Brussels: Commission of the European Communities, p. 425.

DUQUE, J.; ECHANOGORRIA, A. (coord.) (2008). *La participación social de las personas mayores.* Colección Estudios. Serie Personas Mayores, n.º 11005. Madrid: Imserso.

FAULKNER, W.; LIE, M. (2007). 'Gender in the Information Society: Strategies of Inclusion'. *Gender Technology and Development*, 11 (2), pp. 157-177.

FERNÁNDEZ-BALLESTEROS, R. (1992). *Mitos y realidades sobre la vejez y la salud*. Barcelona: SG Editores.

FISCHER, A. H.; MANSTEAD, A. S. R. (2000). 'The relation between gender and emotion in different cultures', in Fischer, A. H. (ed.). *Studies in emotion and social intervention. Second series. Gender and emotion: Social psychological perspectives*, pp. 71-94. Cambridge University Press.

GARCÍA CANCLINI, N. (2004). *Diferentes, desiguales y desconectados*. Barcelona: Gedisa.

GARCÍA UREA, S. (2007). 'La democratización tecnológica y la inclusión social: un análisis desde lo sociocultural', online access from: www.analitica.com/premium/ediciones2007/4876591.asp.

GIL-JUÁREZ, A.; VITORES, A.; FELIU, J.; VALL-LLOVERA, M. (2011). 'Brecha digital de género: Una revisión y una propuesta', en Barrios Vicente, I. M. (coord.). 'Mujeres y la sociedad de la información'. *Revista Teoría de la Educación: Educación y Cultura en la Sociedad de la Información*, University of Salamanca, 12 (2), pp. 22-53.

GONZÁLEZ GABALDÓN, B. (1999). 'Los estereotipos como factor de socialización en género', *Comunicar,* 12, pp. 79-88. *Revista científica de educación y comunicación,* pp. 89-95.

HACKBARTH, S. L. (2001). 'Changes in Primary Students' Computer Literacy as a Function of Classroom Use and Gender', *TechTrends,* 45 (4), pp. 19-27.

HE, J.; FREEMAN, L. (2009). 'Are Men More Technology-Oriented Than Women? The Role of Gender on the Development of General Computer Self Efficacy of College Students', *AMCIS 2009 Proceedings. Paper 672.* Extracted on 18 March 2012: http://aisel.aisnet.org/amcis2009/672.

ILC-BRAZIL (2015). *Active Ageing: A Policy Framework in Response to the Longevity Revolution*, International Longevity Centre Brazil.

INSTITUTO DE LA MUJER (2008). *Mujeres y nuevas tecnologías de la información y la comunicación.* Madrid: Instituto de la Mujer.

JAYME, M.; SAU, V. (1993). 'Sexo, género y personalidad', in *Psicología diferencial del sexo y el género*. Barcelona: Icària.

LEVY, B. R.; SLADE, M. D.; KUNKEL, S. R.; KASL, S. V. (2002). 'Longevity Increased by Positive Self-Perceptions of Aging', *Journal of Personality and Social. Psychology,* 83 (2), pp. 261-270.

LOSADA B. A. (2004). 'Edadismo: consecuencias de los estereotipos, del prejuicio y la discriminación en la atención a las personas mayores. Algunas pautas para la intervención'. *Informes Portal Mayores*, n.º 14. Madrid: Portal Mayores.

MARTÍN PALOMO, M. T. (2008). 'Los cuidados y las mujeres en las familias', *Política y sociedad*, 42 (2), pp. 29-47.

MEELISSEN, M. R. M.; DRENT, M. (2008). 'Gender differences in computer attitudes: Does the school matter?', *Computers in Human behavior,* 24, pp. 969-985.

MIRANDA DE LARRA, R. (2007). *Los mayores en la Sociedad de la Información*. Pozuelo de Alarcón (Madrid): Orange Foundation.

MISA, T. J. (2010). *Gender Codes: Women and Men in the Computing Professions*. New Jersey (U. S.A.): Wiley IEEE Computer Society.

MONTAÑÉS, J.; LATORRE, J. M. (2004). *Psicología de la vejez. Estereotipos juveniles sobre el envejecimiento*. Cuenca: Ediciones de la Universidad de Castilla-La Mancha.

PÉREZ SERRANO, G. (coord.) (2004). *Calidad de vida en personas mayores*. Madrid: Dykinson.

PRIETO, D.*, et al.* (2009). *Las dimensiones subjetivas del envejecimiento*. Madrid: Imserso.

QUEROL, V. (2011). *Las generaciones que llegaron tarde. Análisis de las prácticas sociales de los mayores en el ciberespacio.* Barcelona: Editorial UOC.

RAMÍREZ PINO, R. (2008). *¿Dónde estás…? El teléfono móvil y la vida cotidiana. Análisis del caso de las personas mayores en la ciudad de Barcelona* (doctoral thesis). Barcelona: Autonomous University of Barcelona. Department of Audiovisual Communication and Advertising.

SAYAGO, S. (2009). 'Older people and ICT: towards understanding real-life usability and experiences created in everyday interactions with interactive technologies', in Stephanidis, C. (ed.). *Universal Access in Human-Computer Interaction, Part I*, HCII 2009, LNCS 5614, p. 154.

SCOTT, J. W. (1990). 'El género: una categoría útil para el análisis histórico', en Amelang, J. S.; Nash, M. (eds.) *Historia y género: las mujeres en la Europa moderna y contemporánea*. Edicions Alfons el Magnànim, Institución Valenciana de Estudios e Investigación.

SEGUÍ DOLZ, (2006). *Jóvenes en cibercafés: la dimensión física del futuro virtual*. Barcelona: Editorial UOC.

SPANISH MINISTRY OF HEALTH, SOCIAL POLICY AND EQUALITY *et al.* (eds.) (2011). *Libro Blanco del Envejecimiento Activo*. Instituto de Mayores y Servicios Sociales (Imserso).

TEZANOS, J. F. (2004). *La sociedad dividida. Estructura de clases y desigualdades en las sociedades tecnológicas*. Madrid: Biblioteca Nueva.

TODMAN, J. (2000). 'Gender Differences in Computer Anxiety among University Entrants since 1992', *Computers & Education*, 34 (1).

UNITED NATIONS WORLD HEALTH ORGANISATION (2002). 'Envejecimiento activo: un marco político', *Revista Española de Geriatría y Gerontología*, 37 (2), pp. 74-105.

VERGÉS, N.; CRUELLS, E.; HACHE, A. (2009). 'Retos y potencialidades de las mujeres en la participación de la sociedad de la información'. *Feminismo/s,* 14, pp. 163-182.

VILLAR, F.; TRIADÓ, C. (2006). *El estudio del ciclo vital a partir de historias de vida: Una propuesta práctica.* Barcelona: University of Barcelona.

WOLTON, D. (2004). *La otra mundialización: Los desafíos de la cohabitación cultural global*. Barcelona: Gedisa.

25
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Ageing and loneliness: how to address it from the point of view of its complexity[28]

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"Loneliness knows no age". Exploring multigenerational experiences' is the first study published by the Loneliness Observatory. The Observatory was founded as a Friends of the Elderly - Spain foundation initiative to create a forum for knowledge and places for reflecting on loneliness, and particularly on loneliness that affects an older person. The aim of this first study is to explore the experiences of different people who feel lonely at a particular time in their lives (adolescence, early adulthood, adulthood and old age), what coping strategies they use when they feel this way and what can be done to help with this loneliness. In this document, we will highlight some of the areas of the study relating to loneliness in ageing processes and the actions and programmes for addressing it carried out in Barcelona city.

1. Loneliness in ageing

Unfortunately, talking about loneliness is fashionable. The media are increasingly reporting the significant consequences of loneliness in society, often with undesirable consequences (such as the many times the fire brigade has entered a home and found the body of an older person whose absence has gone unnoticed by neighbours and family members for weeks, or even years in some cases). The lack of meaningful relationships affects people's quality of life, the chances of receiving support, and the feelings of belonging and usefulness in the community. This problem doesn't affect only an older person, but it does have significant consequences on their physical and psychological health.

Along the same lines, research on such loneliness has also been increasing, with a particular focus on the older person (Graph 1), even though a person can be lonely at any point in their life cycle. In fact, this life cycle perspective is fundamental when trying to

28. This article has been prepared on the basis of the main conclusions of the study 'Loneliness knows no age. Exploring multigenerational experiences' carried out by Observatori de la Soledat [Loneliness Observatory]. You can read the report on: https://amicsdelagentgran.org/ca/la_soledat_no_te_edat

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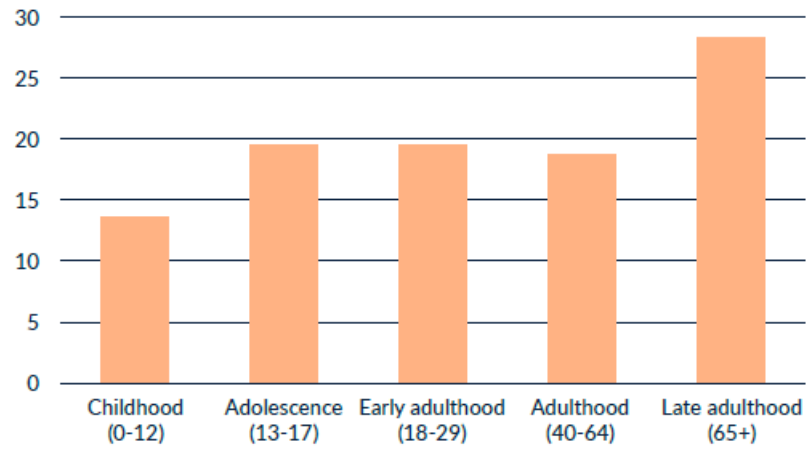
understand loneliness in the older person. Questions such as, ‘At what point in their life did this person’s feelings of loneliness begin?’ Or ‘How did they face them at other stages in their life?’ are seen as crucial to understanding the complexity of loneliness.

Graph 1. Percentage of publications in the Psycinfo scientific database containing the keyword loneliness based on the age of the study participants



Source: Original.

For example, some longitudinal studies have associated the presence of loneliness at a specific stage of a person’s life, such as childhood, with negative consequences on their health once they reach adolescence, such as a higher instance of symptoms of depression (Qualter, Brown, Munn and Rotenberg, 2010), or loneliness in adolescence and its link to health problems in early adulthood (Goosby, Bellatorre, Walsemann and Cheadle, 2013).

Similarly, it is essential to observe what factors or elements lead a person to a situation of loneliness during the ageing process in the concept of the ageing process itself. In relation to this, there is abundant literature on the risk factors that can lead an older person to experience chronic feelings of loneliness (Table 1).

Table 1. Loneliness risk factors

Risk factor	Examples
Changes in the person’s social support network	Widowhood Death of friends or other people close to the person Retirement Change of address/city Being a carer
Personality factors/coping strategies	High levels of neuroticism Low levels of responsibility as a personality trait Ineffective coping strategies, such as rumination or resignation
Structural aspects	Structural problems in the home or building Lack of adapted transport Gentrification
Health problems	Mobility problems Bad health Loss of sight or hearing Cognitive loss
Life cycle	Inequalities accumulated over a person’s life making them more predisposed to social isolation

Source: Original, based on Cohen-Mansfield, Hazan, Lerman and Shalom (2016), Pinazo and Donio-Bellegarde (2018) and Warburton and Lui (2007).

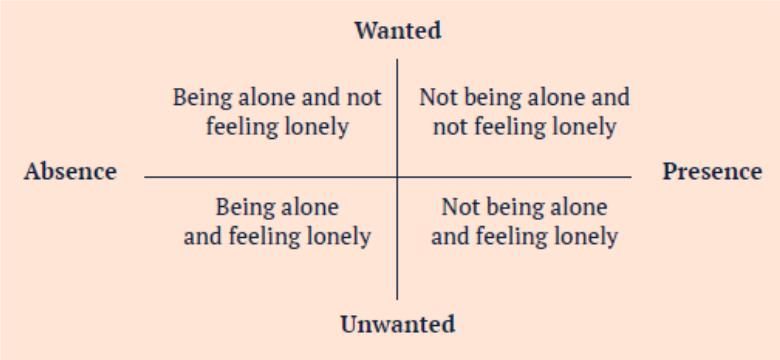
In a longitudinal study with a 28-year follow-up period, one third of the people aged 60-86 who reported not feeling lonely at the start of the study developed feelings of loneliness in the long term. The factors linked to the appearance of loneliness include losing their partner, a reduction in social activities, an increase in physical difficulties and increased

feelings of uselessness, nervousness or lower mood as compared with the start of the study (Aartsen and Jylha, 2011). Another longitudinal study similarly found older people who can escape situations of loneliness, in which elements such as good health as perceived by the subject, a higher frequency of socialisation activities and less stress in family relationships were associated with this reduction in loneliness (Hawkley and Kocherginsky, 2018).

However, not all studies conceptualise and measure loneliness in the same way. The literature usually associates loneliness with a feeling based on a mismatch between the relationships we have and those we would like to have (Gierveld, 1987). Two of the most usual measures for assessing loneliness, the UCLA Loneliness Scale (Russell, Peplau and Ferguson, 1978) and the Jong Gierveld Loneliness Scale (DJGLS) (Jong Gierveld and Kamphuis, 1985), also follow this conceptual line of seeing loneliness as subjective and unwanted. However, people find it difficult to recognise loneliness, particularly if they are not actually alone (being objectively alone and being subjectively lonely therefore do not necessarily go together), as well as because of the negative connotations usually attributed by society to loneliness (such as blaming the older person or assuming they are alone due to some personality trait of theirs).

We must therefore make a distinction not only between this objective component ('I am alone') and the subjective component ('I feel alone') but also between the person's positive or negative assessment of such solitude. There are times in a person's life when they may need or want to feel alone, and this positive need for solitude must also be taken into account (Diagram 1). Although desired solitude hasn't been the subject of many studies, it is also an important feeling in personal development since, in order to achieve a new skill, be creative in a task or make a decision in an autonomous way, it is sometimes necessary to have one's own space in order to get away from everything and spend time on one's own. However, it is not usual for older people to mention this desired solitude (Hauge and Kirkevold, 2010).

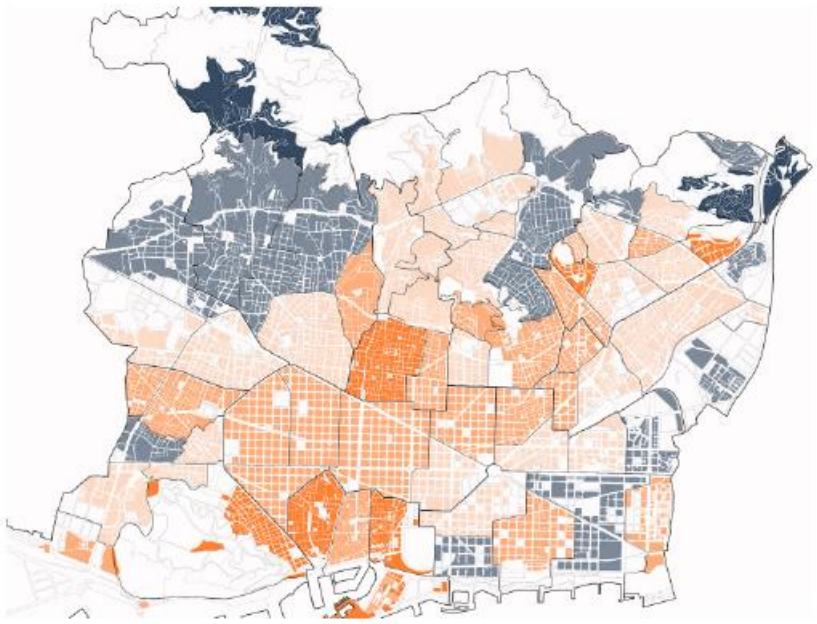
Diagram 1. Conceptualisation between objective and subjective solitude/loneliness



Source: Original.

If we look at the data on these types of solitude/loneliness in our territory in relation to objective solitude, the data from Barcelona shows that the city follows the same trend as other European cities in relation to the ageing of its population. We can also see that many older people, particularly from the ages of 75-80, live alone, and that this solitude is unevenly distributed between the various districts and neighbourhoods of the city (Figure 1).

Figure 1. Percentage of people over ≥75 living alone out of the total population



Source: Demographic change and ageing strategy: a city for every stage of life (2018-2030).

The data becomes more varied when we look at feelings of loneliness in the older person. Thus, while data about the European population suggests that the percentage of loneliness in people over 65 is 12% (and higher in women than in men) (Fernández, Abellán and Ayala, 2018), according to other surveys it is as high as 39.8% of the older population (la Caixa, 2019). The same study by Fernández et al. (2018) found a link between living in a single-person household and a higher level of perceived loneliness. Data from organisations such as Friends of the Elderly – Spain highlights that 1,758 of the older people it supports feel lonely, and 64% of these live in Barcelona city. The average age is 87 years old, and 84% are women as compared with only 16% who are men (Friends of the Elderly –Spain-, 2019).

The importance of addressing loneliness can be seen in its consequences on the physical and psychological health of the older people who suffer it. In fact, for authors such as Walsh, Scharf and Keating (2017), this lack of good social relations is one of the six dimensions of social exclusion in ageing. This is in addition to the dimensions of: 1) neighbourhood and community; 2) services and mobility; 3) material and financial resources; 4) social and cultural aspects; and 5) civic participation. In the long term, chronic subjective loneliness has consequences such as worse physical health (both objective and subjective) and increased morbidity and mortality. In addition, it is a risk factor for cognitive decline and is associated with lower self-esteem and sense of identity in the older person (Courtin and Knapp, 2017; Hawkley and Cacioppo, 2010).

The Friends of the Elderly – Spain foundation was created in 1987, under the guidance of the French foundation Les petits Frères des Pauvres, with the aim of addressing such feelings of loneliness and their consequences on the older person's health and welfare. In addition to the constant improvements achieved by its social action programmes, awareness-raising projects and volunteer training and involvement, in 2018 the

organisation decided to take a step forward by creating the Loneliness Observatory[31] with the aim of generating and sharing new knowledge around the complex issue of approaching loneliness in the older person. The publication 'Solitude knows no age. Exploring multigenerational experiences', on which this article is based, is one of the observatory's first results.

2. Methodology

Four discussion groups with people in a particular age range (Table 2) were created for this publication, as the aim was to share the experiences they were going through at that particular time in their lives (adolescence) that could have the feeling of loneliness as their common denominator. Each discussion group followed the same sequence of four thematic blocks: 1) their own experience of loneliness; 2) loneliness coping strategies; 3) the perception of loneliness in relation to the older adults; and 4) proposed actions.

Table 2. Summary of the qualitative methods of the study on loneliness

Metaplan® group moderation method or structured brainstorming	4 discussion groups	Teens (16 to 18)	Young adults (19 to 35)	Adults (36 to 65)	Older adults (over 65)
	Script based on thematic blocks on solitude and...	1) experience, 2) coping strategies, 3) perception in other generations, and 4) proposed actions.			
Bibliographic research, analysis of results and discussion					

NB Civil society persons, both individually and as members of: the Ciutat Vella Centre for Senior Citizens, the Àgata Group (Catalan Association of Women Affected by Breast Cancer), the Roure foundation, Saräu Associació d'Oci Inclusiu [Saräu Association for Inclusive Leisure], the Friends of the Elderly foundation.

3. Main conclusions

3.1 Loneliness knows no age

Feelings of loneliness are present at all stages of a person's life and are linked to our need as human beings to relate to each other, to have bonds, significant attachments to meaningful people that can ensure that our need for belonging, self-esteem and recognition, among others, are met (Table 3).

Table 3. Elements of loneliness over a person's life cycle

	Childhood	Adolescence	Early adulthood	Adulthood middle age	Late adulthood
At this stage...	Acquisition of essential skills and needs for development	Possibly the time during which desired solitude plays the most significant role	Process of building a life project	Coping with the demands that may result from the various roles acquired	Loneliness in the older person becomes the most studied type
Specific elements...	Attachment	Peer group	Partner	Being a carer	Loss of the person's social network
	"Kids of the Key"[1]	Singularity	Loneliness and difficult times	Maternity	Reflection on social changes
	The importance of play	School bullying	Blaming	Empty nest	New technologies
		Social media			Expectations

Source: Original.

1. This term was used in order to talk about those children of working families who are often left home alone, and therefore are carrying their home's key.

The discussion group with the oldest people was the only one that did not mention being alone as something they sought or wanted, whereas both adults and teenagers did see the need to feel alone as a positive thing. While teenagers sought to be alone in connection with the vital need to find themselves, adults considered solitude as a privilege, particularly if they had to look after other people or had heavy workloads either at work or with their family.

31. ://amicsdelagentgran.org/ca/observatori_soledathttps

3.2 Different ways of coping

The discussion groups considered a number of actions that each person could carry out in order to address, mitigate or eliminate feelings of loneliness. It is worth noting that using a strategy does not necessarily mean that it actually works, but it is important to know what a person can spontaneously do when they feel lonely (Table 4).

Table 4. Ways of coping with loneliness

Sphere	Type	Description	Contributions of the discussion groups
INDIVIDUAL relating to...	**Thinking**	Strategies of a more cognitive and emotional nature, focusing on the interior of the individual	'Screaming and crying' 'Not repressing loneliness' 'It needs to be destigmatised' 'Having an open attitude'
	Doing	They place themselves more in the action, emphasising behaviour or the visible management of the problem	'Watching YouTube videos' 'Available entertainment resources' 'Asking for help' 'Engaging in new activities'
SOCIAL such as...	**Formal**	They take place within a functional structure, in an organisation or institution	'School protocols' 'Engaging in associative activities' 'Creating help groups' 'Volunteering'
	Informal	These happen spontaneously, in a non-institutional context	'Associating with similar people' 'Maintaining contact with old friends' 'Having a family in which everyone gets on with each other' 'Socialising with a variety of people'

Source: Original.

Of the answers analysed, it is interesting to see that the oldest people in the discussion group:

- Particularly highlighted the strategies that focused on thinking and using cognitive and attitude-related mechanisms to cope with loneliness.

- Emphasised the importance of ensuring that older people do not lose their autonomy when deciding the type of relationships they want. Paternalistic actions in which professionals or relatives end up making decisions about the older person's daily life which, even if made with the best intentions, would infringe the principle of the person's autonomy to make their own decisions (Cicirelli, 1992).

- Sometimes young and older people mentioned the same coping actions in the 'doing' area (entertainment or distractions), but they differed in the specifics. For example, while teenagers talked about watching videos of influencers on platforms such as YouTube, older people sought this kind of 'company' on the radio.

- In the formal sphere, the usefulness of the various facilities available in cities such as Barcelona (for example, centres for senior citizens, civic centres and libraries) in helping people socialise are particularly worth noting. Actions that can be undertaken by older people themselves, such as volunteering or helping in an organisation at community level, were also highlighted.

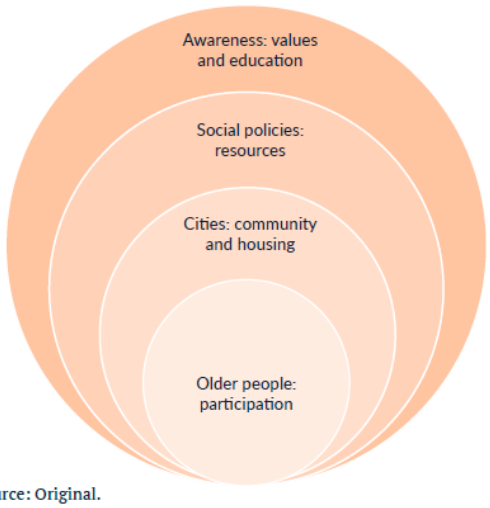
- Finally, in the field of informal actions, older people talked about the ability to diversify their social relationships and about going out and taking part in cultural activities. The group of older people was the one that least mentioned family as a resource for informal relationships to reduce feelings of loneliness.

3.3 Proposed actions

The various proposed actions that arose in the discussion groups were examined by topic. It is worth noting how, in many cases, they talked about creating a service or programme

of some kind without mentioning any specific ones that might already exist (such as intergenerational homes). This may suggest the need to better publicise the range of resources to deal with loneliness that are currently available. Diagram 2 shows the four major actions proposed by the discussion groups, from the macro level to the smallest micro level (the closest to older people).

Diagram 2. Proposed actions for dealing with loneliness



Source: Original.

However, the proposals that were mentioned most often related to the city environment and the social relations experienced in communities, with neighbours or at home. It was also surprising that, in the discussion group composed of older people, no one mentioned any actions regarding raising awareness of the problem of loneliness among the general population. Table 5 contains examples of each of these areas of action, specifying programmes or actions that already exist in Barcelona city.

Table 5. Actions and programmes against loneliness in the older person

1. Awareness and education about loneliness	
Raising awareness of loneliness among the general population	'Soc gran, i què?' ['I'm old. So what?'], an initiative to debunk stereotypes about the older person 'Roses contra l'oblit' ['Roses against forgetting'] (Friends of the Elderly)
Introducing contents and methods to promote the values of solidarity and respect into the school curriculum	Centre Promotor d'APS [Learning and Service Promotion Centre]
2. Promotion of public policies	
Increasing the public resources, both financial and professional, allocated to the older person	Services, research, minimum guaranteed income
Promoting the achievement of a balance between care tasks and work life, as well as the need to look after the carer	Respite units Espai Barcelona Cuida [Barcelona Care-Related Services]
Providing more support and assistance to organisations in the third sector that work with the older person	Networking, loneliness surveillance and detection services
3. Housing, coexistence and social relations	
Creating homes or neighbourhoods/communities for the older person	Homes with services, the Sostre Cívic cooperative housing project, Fundació Llars Compartides
Promoting intergenerational housing	Viure i Conviure [Living and Coexisting] (Roure Foundation)
Residential services that foster intergenerational relationships and adapt to people's preferences	Support in homes for the elderly (Friends of the Elderly), RESIVOL (Caritas)
Increasing shared living spaces that promote shared responsibility and mutual help	Radars and Vincles projects
Cities that are friendlier towards the older person	Friendly Cities Network
4. Fostering participation	
Creating mechanisms to ensure that older person people are the central focus of the measures and areas that affect them, as well as facilitating communication between the older person and public bodies	Advisory Council for the Elderly of Barcelona, Council of the Elderly of Catalonia
Facilitating and promoting activities that are meaningful to the older person	Federation of Associations of the Elderly of Catalonia (FATEC)
Intergenerational involvement in order to avoid losing the social capital associated with older person people's knowledge and values	Voluntary senior business advice association (SECOT)
Providing home-based leisure activities for older person people with mobility problems	Home-based social gatherings (Friends of the Elderly), 'Baixem al carrer' ['Let's go out'] project (Poble Sec Community Plan)

Source: Original.

4. By way of reflection

The publication 'Solitude knows no age. Exploring multigenerational experiences' is a turning point in the Friends of the Elderly – Spain foundation's history of over thirty years of social work fighting loneliness. Thanks to the ability to generate knowledge and share synergies with other organisations, we are able to continue growing and adapting to the new needs of a population that is increasingly ageing but that at the same time has more diverse personal, social and cultural characteristics.

Loneliness not only affects everyone at some point in our lives: in addition, the way we deal with it at any given time will affect our emotional baggage and the social skills we need to address the various challenges involved in the ageing process. The most cross-cutting view in this study also enables us to analyse how people who are currently between 50 and 60 years of age will experience loneliness. Many in this age range are taking on the role of carers for other dependants, something that not only has consequences in the present (due to the extra work of having to look after someone without the necessary support from the environment) but also in the future (Serrano et al., 2018). According to the studies carried out on this segment of the population in our cultural environment (Rodríguez et al., 2013), there will soon be an ageing generation that has a higher compulsory education background, makes greater use of ICTs and has different expectations regarding their autonomy when making decisions or establishing their role in society and communities. Some of the future challenges of fighting loneliness during ageing can be found summarised in the following table (Table 6).

Table 6. Final reflections as a result of the study on loneliness over a person's life

Expectations and loneliness	Care and family support	Multigenerational learning and stereotypes
Generational and cultural factors	The family as a source of help	Fighting stereotypes
Mediterranean societies and family	Socio-economic changes increase tensions	Preferred coping strategies when designing programmes
Improving the reality and modifying or adjusting expectations	Senior citizens are the witnesses of change	Similar meanings of loneliness
Effects of the discourses we construct	Valuing quality care Supporting prevention	

Source: Original.

Expectations and loneliness: Barcelona city and its society are changing at lightning speed. The way we build relationships in the city's communities and neighbourhoods is strongly linked to the way people relate to each other and, therefore, to how they can fight feelings of loneliness. In addition, changes to family configurations and the rise of certain values such as individualism are important when designing social policies that help construct a good network of social relationships throughout life and particularly in the ageing process.

Family care and support: Family support and care for older people have been linked to feelings of loneliness and the risk of social isolation not just for the carer but also for the older person. Looking after the main carer (not just with support groups or programmes to make them better carers but also to ensure they do not neglect other areas of their own lives and lose important social relationships) is an intervention goal that should be highlighted (Kovaleva, Spangler, Clevenger and Hepburn, 2018). In addition, the feelings of loneliness that can be experienced by the carer receivers, particularly in cases of dementia, are often not taken into account. This raises new opportunities for social action in the support of older people with dementia, particularly in the early stages of the illness (Balouch, Rifaat, Chen and Tabet, 2019).

Multigenerational learning and stereotypes: Finally, this first study conducted by the Observatory has revealed the similarities between the forms of loneliness that appear

during people's lives and how they deal with them. This can open doors to the possibility of multigenerational ways of addressing the problem of loneliness while helping fight the usually negative stereotypes associated with ageing. Intergenerational housing programmes, intergenerational culture and work spaces and intergenerational education are forms of exchange between people of different ages that can help innovate in educational and community work over a person's life.

Bibliography

AARTSEN, MARJA; JYLHÄ, MARJA. 'Onset of loneliness in older adults: results of a 28 year prospective study'. *European journal of ageing.* Vol. 8 (2011), no. 1, p. 31-38.

AMICS DE LA GENT GRAN. *Memòria 2018* [online]. 2019. <https://amicsdelagentgran.org/ca/descargables_biblioteca#memorias> [Consulta: 4 November 2019]

BALOUCH, SARA, et al. 'Social networks and loneliness in people with Alzheimer's dementia'. *International journal of geriatric psychiatry*. Vol. 34 (2019), no. 5, p. 666-673.

CICIRELLI, VICTOR G. *Family caregiving: Autonomous and paternalistic decision making*. Sage Publications, Inc, 1992.

COHEN-MANSFIELD, JISKA, et al. 'Correlates and predictors of loneliness in older-adults: a review of quantitative results informed by qualitative insights'. *International Psychogeriatrics*. Vol. 28 (2016), no. 4, p. 557-576.

COURTIN, EMILIE; KNAPP, MARTIN. 'Social isolation, loneliness and health in old age: a scoping review'. *Health & social care in the community*. Vol. 25 (2017), no. 3, p. 799-812.

JONG-GIERVELD, JENNY DE. 'Developing and testing a model of loneliness'. *Journal of personality and social psychology*. Vol. 53 (1987), no. 1, p. 119.

JONG-GIERVELD, JENNY DE; KAMPHULS, FRANS. 'The development of a Rasch-type loneliness scale'. *Applied psychological measurement*. Vol. 9 (1985), no. 3, p. 289-299.

FERNÁNDEZ, ISABEL; ABELLÁN, ANTONIO; AYALA, ALBA. *…Sentirse solo. Envejecimiento en Red* [online]. 2018. <http://envejecimientoenred.es/sentirse-solos/> [Viewed on: 4 November 2019]

GOOSBY, BRIDGET J., et al. 'Adolescent loneliness and health in early adulthood'. *Sociological inquiry*. Vol. 83 (2013), no. 4, p. 505-536.

HAUGE, SOLVEIG; KIRKEVOLD, MARIT. 'Older Norwegians' understanding of loneliness'. *International Journal of Qualitative Studies on Health and Well-being*. Vol. 5 (2010), no. 1, p. 4654.

HAWKLEY, LOUISE C.; CACIOPPO, JOHN T. 'Loneliness matters: A theoretical and empirical review of consequences and mechanisms'. *Annals of behavioural medicine*. Vol. 40 (2010), no. 2, p. 218-227.

HAWKLEY, LOUISE C.; KOCHERGINSKY, MASHA. ‘Transitions in loneliness among older adults: A 5-year follow-up in the National Social Life, Health, and Aging Project’. *Research on aging.* Vol. 40 (2018), no. 4, p. 365-387.

KOVALEVA, MARIYA, et al. ‘Chronic stress, social isolation, and perceived loneliness in dementia caregivers’. *Journal of psychosocial nursing and mental health services*. Vol. 56 (2018), no. 10, p. 36-43.

LA CAIXA. *Soledat i risc d’aïllament social en les persones grans* [online]. 2019. <https://premsa.lacaixa.es/obrasocial/enquesta-la-caixa-sobre-la-soledat-cat__816-c-29493__.html> [Viewed on: 4 November 2019]

MARTÍNEZ, REGINA; CELDRÁN, MONTSERRAT. *La soledat no té edat: explorar vivències multigeneracionals.* Barcelona: Observatori de la Soledat. Fundació Privada Amics de la Gent Gran, 2019.

PINAZO, SACRAMENTO; DONIO-BELLEGARDE, MONICA. *La soledad de las personas mayores. Conceptualización, valoración e intervención.* Madrid: Fundación Pilares, 2018.

QUALTER, PAMELA, et al. ‘Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study’. *European Child & Adolescent Psychiatry*. Vol. 19 (2010), no. 6, p. 493-501.

RODRÍGUEZ, G., et al. *Las personas mayores que vienen. Autonomía, solidaridad y participación social.* Madrid: Fundación Pilares, 2013.

RUSSELL, DAN; PEPLAU, LETITIA ANNE; FERGUSON, MARY LUND. ‘Developing a measure of loneliness’. *Journal of personality assessment*. Vol. 42 (1978), no. 3, p. 290-294.

SERRANO GARIJO, P., et al. ‘Situación de las personas mayores cuidadoras usuarias del programa “Cuidar al cuidador” tras la pérdida de la persona cuidada’. *Revista Española de Geriatría y Gerontología*. Vol. 53 (2018), p. 171.

WALSH, KIERAN; SCHARF, THOMAS; KEATING, NORAH. ‘Social exclusion of older persons: a scoping review and conceptual framework’. *European Journal of Ageing*. Vol. 14 (2017), no. 1, p. 81-98.

WARBURTON, JENI; LUI, CHI-WAI. *Social isolation and loneliness in older people: A literature review*. Queensland: Australasian Centre on Ageing, 2007.

Experiences

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Keywords: elderly people, social isolation, architectural barriers, health committees

"Baixem al carrer" [Come Outside]: ten years working to improve the health of people isolated by architectural barriers

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The "Baixem al carrer" [Come Outside] programme aims to reduce the loneliness and isolation of senior citizens who find it difficult to leave their homes due to architectural barriers, as well as improving their quality of life and their mental and physical health. It offers them the chance to go outside and recover their social lives, through voluntary work and the use of a stair lift on community stairways, improving their social networks, their relationships with their neighbours and citizen participation. The intervention was designed by the community in Poble Sec in 2009 as part of the "Barcelona, health in our neighbourhoods" programme, and in recent years it has been extended to the entire city. This article first presents the development and evaluation of the programme for the 2009-2015 period, and then covers its situation in 2019. The results from the first period show an improvement in people's state of health and quality of life after they had been taking part in the programme for six months. In 2019, after being progressively expanded, "Come Outside" is being implemented throughout the city through three service providers, with municipal funding. From January to November 2019, 275 people were helped in 38 city neighbourhoods, going on a total of 757 outings. The current challenges are to consolidate and extend the programme, guarantee care for everyone who needs it and to improve the quality of the service.

Introduction

Social isolation and loneliness, defined as a subjective experience involving the absence or involuntary loss of company (Dickens, 2011), lowers senior citizens' quality of life and increases their mortality rate (Hand, 2017; Singh, 2009). Many elderly people feel lonely because they have lost their partners or other loved ones (Hand, 2017; Singh, 2009). and their loneliness is increased when they experience difficulties with mobility, because they come up against architectural barriers that prevent them from leaving their homes and

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interacting with their surroundings (Gené-Badia, 2019). The positive effects of participation and social support on the health, well-being and life-expectancy of senior citizens are well documented (Wilkins, 2006). Participation in social or leisure activities and interaction with relatives and friends improve their reasoning and are a source of emotional support (Hsu, 2007; Glei, et al. 2005). People who maintain social relations and get actively involved in life are happier, have a better state of physical and mental health and have a greater capacity for facing up to changes and life transitions (Pool, 2017, Niedzwiedz, 2016, Cattan, 2005).

“Barcelona, health in our neighbourhoods” (BSaB) is a community health programme that was initiated by the Barcelona Public Health Agency in 2007, in collaboration with the Barcelona Health Consortium and the city’s districts, with the aim of reducing health inequalities among the city's neighbourhoods (Fuertes, 2012; Diez, 2012). During these twelve years, priority has frequently been given to combating loneliness and social isolation among senior citizens, associated with architectural barriers, in the neighbourhoods where the programme has intervened. The data shows that in 2018 in Barcelona, 21.6% of city residents were over the age of 65, and 25.6% of them lived alone. In the same year, 31.6% of Barcelona buildings did not have a lift, and this percentage was higher in the neighbourhoods with the worst economic and social indicators.

In 2009, as part of the BSaB programme in the neighbourhood of Poble Sec, community analysis revealed the existence of people who had no contact with their surroundings because they lived in a building that did not have a lift. This fact, together with the knowledge of a risk of psychological and physical deterioration for isolated people and the improvement in health produced by social interaction, led to the neighbourhood's Plan for Community Development and the Barcelona Public Health Agency (ASBP), together with the Primary Care Centre (CAP) and other major stakeholders in the neighbourhood's health service, to develop and undertake the pilot project for “Come Outside” (previously known as “Puja’m, baixa’m” [Get me up, get me down]). The intervention helped to reinforce the neighbourhood's community network, because it responded to a need that had been identified by professionals, community stakeholders and local residents. And two years later, the pilot programme was extended to Sant Pere, Santa Caterina i La Ribera and to the three Zona Nord neighbourhoods: Ciutat Meridiana, Torre Baró and Vallbona. Evaluation of the pilot project showed an improvement in various health indicators for the people taking part (Díez, et al. 2014), and this led to the programme being gradually extended to other areas from 2013 onwards.

The objectives of this article are, firstly, to describe the programme and its results in regard to health during the first implementation phase (2009-2015) and secondly, to describe its current situation, in the phase where the programme has been extended throughout the city, including a brief description of the participants’ profile and the programme's future challenges.

Development and evaluation of the “Come Outside” programme (2009-2015)

This section presents the programme and its objectives, criteria for inclusion, activities and evaluation results for the 2009-2015 period. The objective of the “Baixem al carrer” [Come Outside] programme was to reduce the loneliness and isolation and improve the quality of life and general and mental health of senior citizens who find it difficult to leave their homes, due to architectural barriers, and offer them the chance to recuperate their social lives. It was also aimed at people who could get out of their homes because they lived on the ground floor, but were experiencing social isolation due to mobility problems on the street. The specific objectives of “Come Outside” included improving the social networks

and neighbourhood relations of isolated senior citizens and fostering volunteering and citizen participation.

The programme was aimed at people over the age of 65 who were experiencing unwanted social isolation and loneliness due to architectural barriers, such as stairs and steps in their buildings that prevented them from getting out to the street, or mobility problems. The criteria used for inclusion during this period were having been unable to leave their homes for three months or more and not suffering from a serious pathology. The criteria used for exclusion were: a) living in a building where the stairs made it impossible to use a stair lift or where it was impossible to use an ambulance chair (due to the stairs, obesity, etc.), b) suffering from a cognitive deficit or severe dementia that made it difficult to interact with other people, c) the healthcare team advised against the person leaving their home for health reasons and d) bedridden people. The detection of participants was carried out by primary care teams, social services teams and community stakeholders that were part of the neighbourhood community committees. Once they had been detected, the service provider team studied the viability of the solution and, where possible, offered the person the chance to get out of their home. The people using the programme made periodic outings to do activities, accompanied by volunteers. There were various types of outing available:

- Weekly or fortnightly outings, where the participants agreed the proposed type of outing with the volunteer, such as strolling in the street, visiting acquaintances or going for a coffee. These outings lasted between two and four hours.

- Outings to take part in activities run by the service provider organisations, relating to special dates (Sant Jordi, Christmas, etc.) or cultural activities such as going to the theatre or on guided visits.

- Outings to take part in activities organised by neighbourhood organisations, such as activities with schools or group outings with other neighbourhood programmes, such as the Health Schools.

- Group outings, either groups from the neighbourhood or outings with participants from all the Barcelona areas taking part in the programme. These outings were usually six-monthly in nature and involved visiting interesting places in the neighbourhood or the city.

These outings can be divided into three groups:

- The volunteer offering their hand in order to provide stability and confidence when the participant was able to reach the street under their own steam, but with appropriate supervision.

- Using a motorised stair lift for going up and down stairs, indicated in cases where a person's physical deterioration meant they were unable to reach the street. Once the person was on the street, they could go for a stroll either accompanied or in a wheelchair.

- Using an emergency-evacuation chair, used in exceptional cases where the person was unable to help with their own mobilisation and where the stairway did not meet the technical requirements for using a stair lift.

Evaluation

The Barcelona Public Health Agency undertook a pilot evaluation that showed very favourable results for the health of participants(Díez, et al. 2014). The results for the 2010-2015 period were analysed at a later date, using a larger sample, which included operations in the neighbourhoods of Poble-sec; Sant Pere, Santa Caterina i la Ribera; El Raval; El Besòs i el Maresme; Ciutat Meridiana; Torre Baró and Vallbona. A non-experimental design was used to evaluate the before and after data for the programme. The data was compiled by interviewers, who gave the participants a questionnaire before they joined the programme and after the first six months of participation and a minimum of four outings.

The following explanatory variables were analysed: a) sociodemographic characteristics: gender, age, months without having left their home, residential neighbourhood and educational level; and b) characteristics of the received intervention: number and type of outings. The dependent variables were those of perceived health, mental health and quality of life. The answers to perceived health were dichotomised as good (average, good or very good) or bad (poor or very bad). Mental health was measured using the general-health questionnaire (GHQ-12) and it was analysed as a variable category in which people with three or more positive responses were considered to be at risk of suffering from deficient mental health (Goldberg, 1978), and also as a continuous variable from 0 to 36, which applied a Likert-type score to each answer. Quality of life relating to health was assessed using the EuroQol scale (EuroQol, 1990), which measures five factors: mobility, personal care, daily activities, pain or discomfort and anxiety. The EuroQol EQ-5D-3L scale has three levels of severity for each item, which was dichotomised as “no problems”, “some problems” and “serious problems” (Janssen, 2015). The participants’ general satisfaction with the programme was also measured, in terms of the frequency, duration, time, place and punctuality of the services, and finally, whether they would recommend the programme to other people.

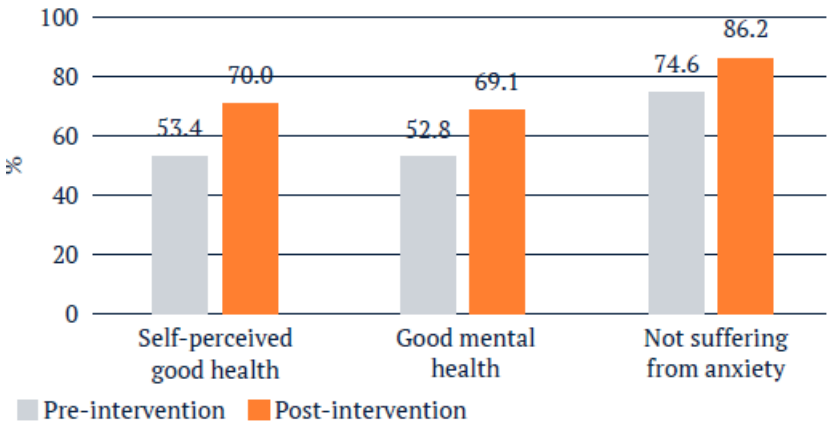
The sociodemographic characteristics of the participants for the 2009-2015 period (n=135) are described in Table 1. The participants were mostly women (58.5%), aged 85 or over (44.8%) who had not left their homes in four months or more (55.9%). Among the people lost to the study during the monitoring period or those who remained in the study, no differences were observed in terms of gender, age or time without leaving their homes, but the people who were lost to the study had a lower educational level. The participants made an average of eighteen outings (average of eight outings) during the six months that were studied. 40% of the participants needed the support of a volunteer's arm to go down the stairs and undertake the outing, and 35% needed to use the stair lift, under the supervision of a volunteer, as they had limited mobility.

After the intervention, there was a statistically significant improvement in the participants’ perceived health, mental health and anxiety. The perception of good health increased from 53.4% to 70%; good mental health rose from 52.8% to 69.1% and the percentage of participants not suffering from anxiety rose from 74.6% to 86.2% (Graph 1). No significant changes appeared in other quality-of-life aspects (mobility, personal care, daily activities, pain or discomfort).

Table 1. Sociodemographic characteristics of participants (n=135) and the intervention. Barcelona, 2010-2015

Individual characteristics	% (n)
Gender	
Women	58.5 (86)
Men	41.5 (61)
Age	
59-74	14.0 (20)
75-84	41.2 (59)
⩾ 85	44.8 (64)
Residential neighbourhood	
El Poble Sec	27.7 (36)
Sant Pere, Santa Caterina i la Ribera	28.8 (42)
Ciutat Meridiana, Torre Baró i Vallbona	27.4 (40)
El Raval	15.1 (22)
El Besòs i el Maresme	4.1 (6)
Time without leaving their home	
< 4 months	44.1 (60)
⩾ 4 months	55.9 (76)
Level of education	
No education	21.6 (27)
Primary	55.2 (69)
Secondary	19.2 (24)
University education	4.0 (5)
Individual characteristics	**% (n)**
Number of outings	
4-8	53.4 (71)
9-24	24.1 (32)
⩾ 25	22.0 (29)
Average (DE)	18.0 (21.3)
Median (interquartile range)	8 (7-18)
Type of outing	
Help with walking	40.5 (51)
Stair lift	34.9 (44)
Others	24.6 (31)

Graph 1. Perceived health, mental health and anxiety before and six months after the intervention (n=135). Barcelona, 2010-2015



The participants were very satisfied with the programme (an average of 9.3 out of 10 points). 99% stated that they would recommend the programme to other people. All the satisfaction factors (frequency of outings, duration, time, place and punctuality) were qualified as adequate by nearly 100% of the people taking part, and the frequency of the group outings was the only item considered to be less satisfactory (Graph 2).

Graph 2. Satisfaction of participants according to various factors. Years 2010-2015

"Come Outside" ten years later

In 2013, in light of the positive results for various health factors in programme participants, an agreement to expand the intervention and make it a city-wide programme was signed between Barcelona City Council, the Red Cross and subsequently with the Poble Sec Organisation Coordinator, with the collaboration of the ASPB. In the last two years, in light of some indicators, such as the proportion of buildings without lifts, and in accordance with demand, the programme has been extended to the neighbourhoods that have the highest proportion of people at risk of suffering undesired social isolation and loneliness. In 2019, "Come Outside" was operational in 46 of Barcelona's 73 neighbourhoods, with weekly outings, and in the rest of the city, in response to specific demands, with fortnightly outings. The service is currently provided by three organisations: the Poble Sec Organisation Coordinator, the Barcelona Red Cross and Airun SL, coordinated by Barcelona City Council's Department of Health, with the collaboration of the ASPB and

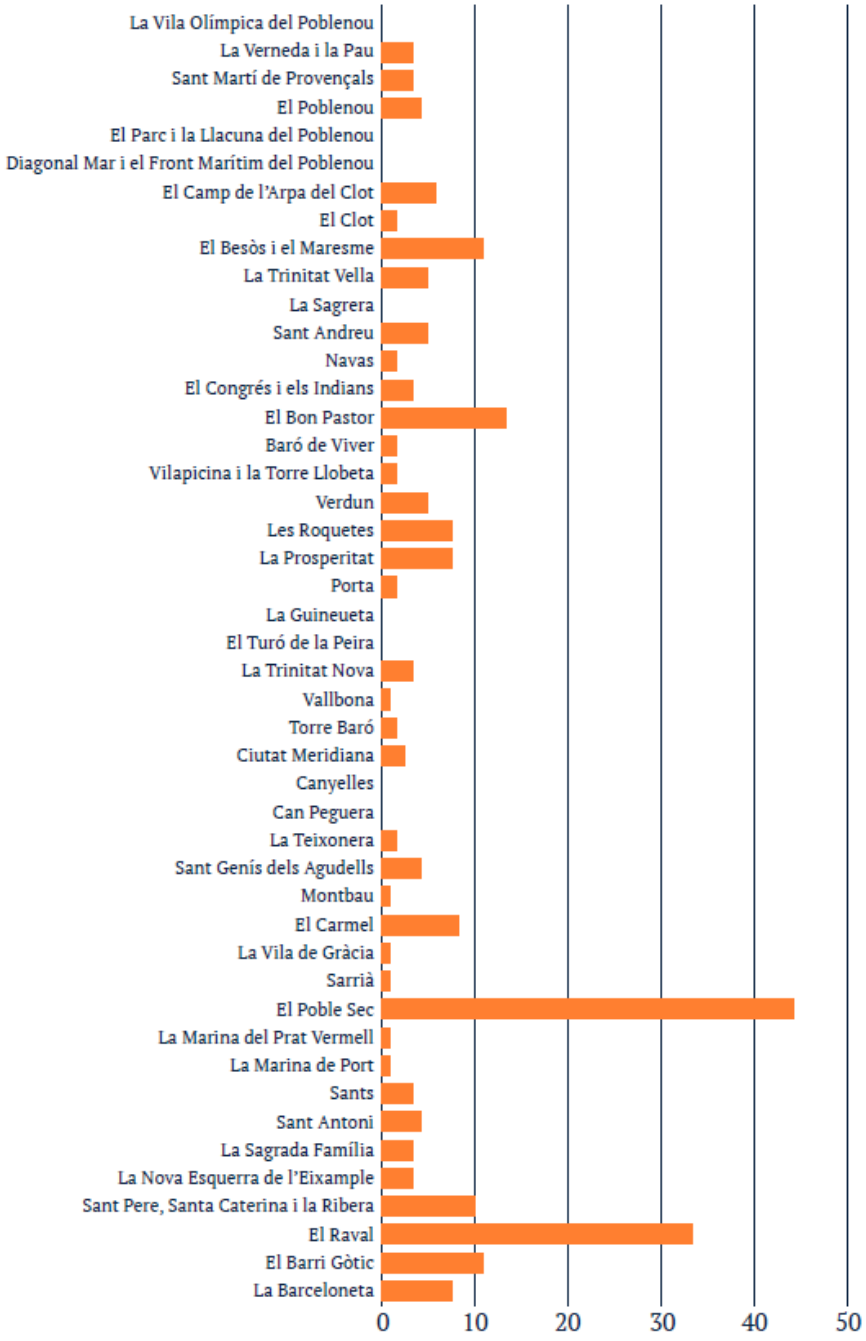
In general, the programme is run in a similar way to the previous period (2009-2015). It is presented to the community's driving forces or health committees which are able to monitor the programme, analysing the monthly data in their regular meetings. The cases are detected by primary healthcare and social services teams, along with other community stakeholders (services and organisations in contact with the target

population). When a potential participant is detected, the data is sent to the neighbourhood's primary social healthcare team, which makes an evaluation based on health aspects and refers the person to the organisation. The organisation's technical staff carry out a new social evaluation of the person and their surroundings during a visit, in order to ensure the service is appropriate, along with a more detailed technical evaluation to facilitate going downstairs (by stair lift or on foot) and concerning support items (wheelchair, walking stick or walker) and companions. In cases where the person does not meet the criteria for inclusion, there is a follow-up to determine the reasons why they have not been included and a recommendation for referral to other, more appropriate support services is issued.

In regard to the outings, there must be a technician to operate the stair lift, and wheelchairs, walking sticks and walkers are also necessary. One or more people are also needed to accompany the participant during the activity, once they have reached the street. The organisations providing the service usually count on volunteers to accompany the participants, and in cases where volunteers are not available, there has been collaboration with people linked to Barcelona Activa employment plans. The average duration of each outing is two and a half hours, including the time needed to go down and upstairs, to and from the person's home, and the time needed for the participant to do the activity. The total time varies according to the person's degree of mobility, the neighbourhood's topography and the weather conditions. The outings are undertaken from Monday to Friday, preferably in the morning and early afternoon, depending on the season of the year. The outings are weekly in the most disadvantaged neighbourhoods and fortnightly in all other neighbourhoods.

From January to November 2019, 275 people participated in the programme, going on a total of 3,756 outings. 71% are women, 74% are aged 85 or over, 61% live alone or with their partners and 30% live with other relatives. Graph 3 shows the number of participants from January to October 2019, according to their residential neighbourhood. The programme surveys participant satisfaction every six months. As in previous years, there is a high rate of satisfaction.

Graph 3. Participants according to their residential neighbourhood (n=275). Barcelona, 2019



Strengths, limitations, conclusions and challenges

According to the evaluation of the results, “Come Outside” helps to improve the health of its participants. Significant improvements are observed in perceived health and mental health, as well as lower levels of anxiety, mainly among people who had not left their homes for a long time prior to the programme, those people with lower education levels and those that had gone on more than nine outings during the analysed period. There was a high level of satisfaction with their participation.

The main strength of the study is that it was one of the first community interventions to combat loneliness among isolated elderly people and measure the results on people's

health using validated scales. The main limitation of the evaluation is the absence of a control group. This was not included, because using a control or comparison group with an experimental design was not advisable for ethical reasons and because of the limited number of eligible participants. Another limitation may have been the inverse causality between the number of outings and perceived health, i.e. that the participants in a better state of health may have been more likely to go on more outings that those in a worse state of health. However, some features reinforce the results: a) the intervention's pilot programme showed similar results in the self-evaluation of health, mental health and reduced anxiety (Díez, 2014); b) the improvements observed in the variables are greater than the maturation bias, as both the self-perceived health and mental health of elderly people tend to deteriorate over time, c) the degree of satisfaction described by nearly all of the participants. In regard to the programme's strengths, "Come Outside" included the networking of various institutions and community stakeholders, including Barcelona City Council's Department of Health, the Neighbourhood Plan of Barcelona City Council, the Barcelona Public Health Agency, the Barcelona Health Consortium with primary healthcare teams, the Municipal Institute of Social Services with primary social services care teams, and the networks of associations and other community stakeholders in the city.

During its latest period, the "Come Outside" programme has reached its consolidation phase, in which various aspects have been worked on: a) expanding and agreeing on the criteria for inclusion and exclusion, b) improving the diffusion of the programme among CSB social workers, c) monitoring the reasons for not including participants and their referral to other programmes, d) systematising the collection of personal, health and satisfaction data from the participants. Future challenges include the consolidation of the programme as a city resource, reinforcing the project's technical and community quality, and incorporating it into social strategies, such as the social care blocks.

Bibliography

BARCELONA PUBLIC HEALTH AGENCY. (2018) *Infobarris BCN. Barcelona Health in the Neighbourhoods 2018 Report.* Available online at: http://www.aspb.cat/documents/informes/*/promocio-entorns/barris/*/

CATTAN, M.; WHITE, M.; BOND, J., AND LEARMOUTH, A. "PREVENTING SOCIAL ISOLATION AND LONELINESS among older people: a systematic review of health promotion interventions". *Ageing and Society*, 2005, 25(1), 41-67.

DAHLBERG, L. and Mckee, K. J. "Correlates of social and emotional loneliness in older people: Evidence from an English community study". *Aging Ment Heal*, 2014, 18(4), 504-514.

DICKENS, A. P.; RICHARDS, S. H.; GREAVES, C. J., AND CAMPBELL, J. L. "Interventions targeting social isolation in older people: A systematic review". *BMC Public Health*, 2011, 11. Available at: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-647

DÍEZ, E.; Pasarín, M.; Daban, F.; Calzada, N.; Fuertes, C.; Artazcoz, L., i Borrell, C. "« Salut als barris » en Barcelona, una intervención comunitaria para reducir las desigualdades sociales en salud". *Comunidad*, 2012, 4(2), 121-126.

EUROQOL GROUP. “EuroQol–a new facility for the measurement of health-related quality of life”. *Health Policy*, 1990, 16(3), 199-208.

FUERTES, C.; PASARÍN, M. I.; BORRELL, C., AND ARTAZCOZ, L. “Feasibility of a community action model oriented to reduce inequalities in health”. *Health Policy*, 2012, 107: 289-295.

GENÉ-BADIA, J.; COMICE, P.; BELCHÍN, A.; ERDOZAIN, M. A.; CÁLIZ, L.; TORRES, S., I RODRÍGUEZ, R. “Perfiles de soledad y aislamiento social en población urbana” *Atención Primaria*, 2019. Available at: www.elsevier.es/es-revista-atencion-primaria-27-avance-resumen-perfiles-soledad-aislamiento-social-poblacion-S0212656718303810.

GLEI, D. et al. “Participating in social activities helps preserve cognitive function: an analysis of a longitudinal, population-based study of the elderly”. *International journal of epidemiology*, 2005, 34(4): 864-871.

GOLDBERG, D. *Manual of the general health questionnaire*. Windsor: National Foundation for Educational Research, 1978.

HAND, C.; RETRUM, J.; WARE, G.; IWASAKI, P.; MOAALII, G., AND MAIN, D. S. “Understanding social isolation among urban ageing adults: Informing occupation-based approaches”. *OTJR Occup Particip Heal*, 2017, 37(4), 188-198.

HSU, H. (2007) “Does social participation by the elderly reduce mortality and cognitive impairment?”. *Aging & Mental health*, 2007, 11(6), 699-707.

JANSSEN, B. AND OPPE, M. *EQ-5D-5L User Guide. Basic information on how to use the EQ-5D-3L instrument*, Rotterdam: EuroQol Research Foundation, 2015.

NIEDZWIEDZ, C. L.; RICHARDSON, E. A.; TUNSTALL, H.; SHORTT, N. K.; MITCHELL, R., AND PEARCE, J. R. “The relationship between wealth and loneliness among older people across Europe: Is social participation protective?”. *Prev Med*, 2016, 91, 24-31.

POOL, M. S.; AGYEMANG, C. O., AND SMALBRUGGE, M. “Interventions to improve social determinants of health among elderly ethnic minority groups: A review”. *European Journal of Public Health*, 2017, 27, 1048-1054.

SINGH, A. AND MISRA, N. “Loneliness, depression and sociability in old age”. *Industrial Psychiatry Journal*, 2009, 18(1), 51. Available at: www.industrialpsychiatry.org/text.asp?2009/18/1/51/57861

WILKINS, K. “Predictors of death in seniors. Health reports”. Statistics Canada, Canadian Centre for Health Information, 2006, 16 Suppl, 57-67.

25
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VinclesBCN: combating solitude in Barcelona

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Faced with the inevitable ageing of the population and the consequences of this, Barcelona City Council launched a pilot of a project --VinclesBCN - in 2014, with the main objective of combating the feeling of loneliness among the elderly. Five years later, that project, which came about thanks to the Bloomberg Foundation and for which the municipal government received the Mayors Challenge award, has become a consolidated service that now has 2,000 users.

Why was VinclesBCN created?

In 2011, 20.8% of the population of Barcelona was 65 years of age or older. In 2018, that percentage was 21.6%, 349,922 people, of whom one in four were living alone (about 90,000). These figures are expected to rise, so that by 2030 it is estimated that one in three inhabitants of Barcelona will be 60 years or older.

Ageing is associated with loneliness, a complex feeling that results from the discrepancy between the relationships we have and the ones we want to have, that is, when a person's social needs do not correspond, either in quantity or quality, to their real social relations. Loneliness has become a phenomenon that affects today's society and has implications for physical and mental health, as well as the use of health and social resources. Scientific evidence shows that some interventions in the area of loneliness prevention have improved quality of life and mental and physical health, and have also reduced resource use and mortality. The most widespread view, however, is one that has associated loneliness with isolation or solitude, and not so much with loneliness as feeling. And this feeling of loneliness, if left unattended, can cause constant suffering.

In addition to the ageing population and an increased sense of loneliness, we must add the digital divide that many older people suffer. It is true that older people are a very heterogeneous group and, therefore, a standard profile cannot be established. But it is also true that the use of mobile devices among this group is lower than in the rest of the population, not so much because they do not see their usefulness, but because they don't have the skills or practice. VinclesBCN was set up, therefore, to combat the feeling of loneliness among the elderly, through the use of new technologies and with the support of

a social revitalisation team. The service intervention is focused on strengthening the social relationships of older people who feel lonely and creating new ones, improving their well-being and quality of life[35].

What is VinclesBCN?
Thanks to VinclesBCN, older people can manage their social relationships based on new technologies, using a simple app installed on a tablet or smartphone as a means of communication.

The app makes it possible for users to communicate with their families and friends, as well as with other people in VinclesBCN groups. The communication is in either a text message, or in audio, photograph or video format. They can also invite other people to activities and make appointments in their personal diary. So, VinclesBCN is a new way of communicating - easy, simple and visual - for getting in touch with networks of family and friends, but also for creating communities of older people with common interests. The service is based on the following principles:

- Promoting empowerment and personal autonomy.
- Encouraging communication in a trusted environment.
- Promoting social participation and a sense of belonging.
- Facilitating to giving and receiving support.
- Facilitating intergenerational relationships.
- Providing entertainment and fun.

Who can become a user?
To be a VinclesBCN user, the person must be over 65 years of age, be registered as a resident in the city of Barcelona, have a feeling of loneliness, be motivated to participate and have sufficient sensory, psychomotor and cognitive ability to manipulate a tablet and use the app.

What is the service intervention like?
On the one hand, VinclesBCN offers support and empowers the user to activate their trusted personal network, incorporating family, friends, neighbours and people from their surroundings. Today, more than 7,000 people make up the family network of the 2,000 users who currently access the service.

But, on the other hand, the service facilitates the incorporation of users into groups created with other seniors, and proposes participation and interaction in online activities as well as face-to-face activities that are promoted by professionals. It is this community aspect that makes the service unique, because beyond promoting online communication, what is most valued by users is the ability to have face-to-face meetings and the consequent bonding with the community.

35. All programme information can be found at the following link: www.barcelona.cat/vinclesbcn.

Image 1. Diptych and postcard of the VinclesBCN project

Service intervention model
As representative data of these group networks, it should be said that in 2019, 160 groups were counted. There are currently 138 active groups, consisting of an average of 25 people each who participated in a total of 247 activities with streamlining and 91 training workshops on the use of the VinclesBCN application.

The community side and the role of streamlining
The VinclesBCN service has been evolving from the beginning to adapt to the real needs of the elderly and to promote a person-centred service. It is in this sense that in 2015 the project was reconsidered in order to deepen the involvement and participation of the community, the territory and the group network, as well as empowering the elderly when dealing with their situation of loneliness.

This new approach promotes the relationship and integration of the users within the local community. The aim is to bring the user closer to the resources and services of their neighbourhood and motivate them to participate actively in their environment. At the same time, the aim is also equally to reach the entire elderly population, regardless of the neighbourhood in which they live and their economic possibilities.

The new conceptual orientation entails a rethinking of technology, as well as of the theoretical framework of reference, the profile of the user and the design of the service. But, most of all, what is emphasised is the figure of the promoter as the fundamental axis of the service, as the element that favours the links between the elderly and the links with the community.

These professionals are the leaders of the groups. Therefore, they must know all about the resources, facilities and services of the neighbourhoods that they promote in order to gain information and bring them closer to the users. They are also facilitators of networking in

the neighbourhood and propose daily activities to the users in order to establish links beyond the app.

And what do the users of the service say?
VinclesBCN was born with the following ambitious goals and expected impact:

- Reducing the feeling of loneliness among the elderly.

- Helping older people who live alone maintain and strengthen their social relationships, as well as expanding and creating new relationships.

- Teaching people how to use information and communication technologies (ICT) as a tool for interacting with their environment.

- Improving the quality of life and promoting active ageing.

- Giving more autonomy to the users, because it makes it easier for them to share their day to day life with family and friends.

- Providing new motivation through the group network, through which activities based on interests, hobbies and needs are promoted.

- Connecting senior citizens with each other, and fostering inter-generational relationships.

- Increasing social support and opportunities for senior citizens to interact by participating in VinclesBCN user groups.

- Improving self-esteem, because users feel more useful, more technologically competent and more socially active.

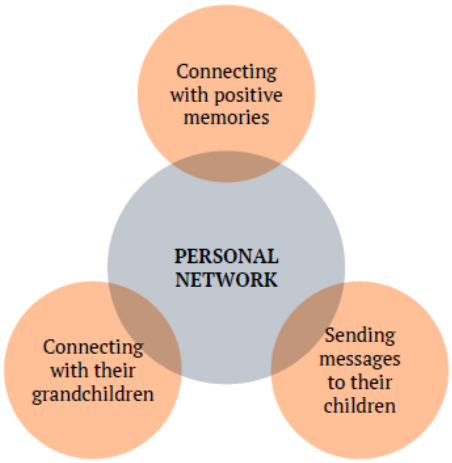
- Combating isolation while allowing new friendships to be made and providing entertainment.

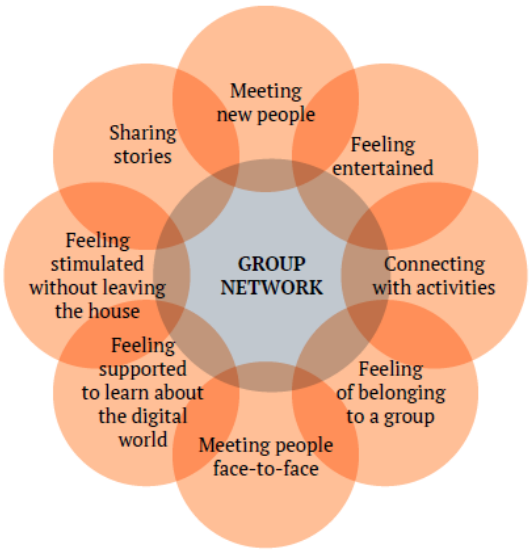
The service as such was set up in 2017 with the first user in January of that year. As we mentioned earlier, VinclesBCN wanted to help improve the lives of older people by expanding their social interaction circles and supporting them in the process of active ageing. The app, creating personal and group networks, connecting with the neighbourhood, introducing new technologies and promoting activities made us think that older people's well-being would be improved and, in particular, they would feel less alone. But we could not rely solely on intuition. When we asked the users' about their experience, the elderly have told us that being part of both the personal and group networks brings the following benefits (Diagram 2 and 3).

In addition, the results of qualitative interviews with users indicated the positive effects of VinclesBCN. The first thing to note is that more than 50% of people thought that participating in the VinclesBCN service had changed their lives. But what is very significant is that more than 70% of the users managed to expand their network of friends.

Also, when asked about how they believed their participation in the service was affecting their capacities, abilities and feelings, 80% said it had improved their self-esteem, 60% said it had improved their mood, 53.4% had gained in mental agility, and finally, 70.5% said they felt less alone. Some 84.4% of users gave the service an overall rating of excellent.

Diagrams 2 and 3. Benefits for seniors who are members of VinclesBCN





Assessment of the impact with artificial intelligence

To measure the actual impact of the VinclesBCN service on reducing feelings of loneliness, a tool was designed that has begun to be used experimentally. This tool automates, through the application of Machine Learning, the analysis of different data sources with the creation of models that are then updated. This analysis generates reports that show the state and evolution of VinclesBCN's impact on feelings of loneliness. The aim is to detect patterns of behaviour and to have a tool that is fed daily with new data, enriching the model and constantly monitoring its impact. Automated data sources are as follows:

- DUKE-UNC questionnaires (feeling of loneliness), LUBBEN social network (social activity), WHOQOL-AGE (quality of life) that are conducted every six months;
- Detailed data from video conferencing by each user;
- Messages that users send to each other;
- Messages that the users exchange in the groups, and
- Data extracted from the Comprehensive Social Care Service - SIAS (date of registration, origin of registration, date of termination, reason for termination, address, post code, gender, file number).

This artificial intelligence tool will allow us to assess the impact the service has on reducing solitude based on three elements:

1. The difference between the results of the questionnaires referenced above, conducted every six months by VinclesBCN users.
2. The clustering algorithm is calculated based on a) the results of the questionnaires, b) the activity of using the tablet, and c) the group activities. In this sense, four clusters have been created according to the degree of perception of loneliness.

3. Cluster change difference. In the event that the impact is to reduce loneliness, the results should indicate that the users of clusters 1 and 2 (those with the lowest results) have moved to clusters 3 and 4. That is, they would get more positive results and, therefore, feel less lonely.

As the number of users increases and also the period of time they have been enjoying the service, this tool will give us more reliable and consistent data on the impact that VinclesBCN has on older people.

How do we want the service to evolve?

From its inception, VinclesBCN has been configured as an evolving service that, with a focus on the person, has been incorporating improvements and functionalities based on what the older people have told us. In this sense, we could say that this evolution has enabled, on the one hand, the following in the technological field:

1. Opening the app on mobile devices that users already have.

2. Redefining the features of the app in accordance with their needs, incorporating new features such as text messaging and the ability to send videos and links.

3. Creating a responsive app, with a design that adapts the display to their mobile phone or tablet.

4. Eliminating kiosk mode, so they have access to any application or service offered by their tablet. Therefore, they enjoy the free provision of service and information.

5. Addition of new features.

On the other hand, focusing the intervention on revitalisation and community involvement through online and face-to-face group activities.

Once we have reached this point, the future of VinclesBCN is based on three key points:

1. Integrate, or further link, VinclesBCN with the rest of the services that are part of the municipal services portfolio aimed at the elderly. We are referring, for example, to the Radars project or the telecare service.

2. Getting VinclesBCN to become a platform for older people to access, with a single click, information, social resources and other public services aimed at their age group.

3. Starting the line of work to make the service accessible to the hearing and visually impaired.

Adapting technology to the needs of users and redefining VinclesBCN to focus on the person and their involvement in the community network have been key in the evolution and consolidation of this innovative service, which continues to evolve every day to adapt to technological advances and the changing needs of users.

Bibliography

BARCELONA CITY COUNCIL. (2017). *Informe d'avaluació de l'efecte del Programa Vincles en els seus usuaris*. Fundación Acreditación Desarrollo Asistencial (FADA).

BARCELONA CITY COUNCIL. (2018). *Informe d'avaluació de l'efecte del Programa Vincles en les famílies*. Barcelona.

BARCELONA CITY COUNCIL. (2018). VinclesBCN Service Report. December 2018 (internal document).

BAZO, Mª T. (1990). *La sociedad anciana*. Centre for Sociological Research (CIS). Madrid.

CELDRÁN, MONTSERRAT; MARTINEZ, REGINA. (2019). *La soledat no té edat: explorant vivències multigeneracionals*. Barcelona: Observatori de la Soledat. Fundació Privada Amics de la Gent Gran.

COLL PLANAS, L.; ARES, S.; MARTÍNEZ, R. (2017). *Estudi de la participació de les persones grans a activitats de socialització*. Barcelona: Fundació Salut i Envelliment i Amics de la Gent Gran.

DE BEAUVOIR, S. (1983). *La vejez*. Barcelona: Edhasa.

FERNÁNDEZ, R.; MONTORIO, I.; HERNÁNDEZ, J. M.; LLORENTE, Mª G. *et al*. (1992). *Mitos y realidades sobre la vejez y la salud*. Barcelona: Fundación Caja de Madrid.

SAN ROMÁN, T. (1990). *Vejez y cultura. Hacia los límites del sistema*. Barcelona: Fundació Caixa de Pensions.

25
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The Radars project: a community approach to loneliness

Rosa Rubio[36], Clara Costas[37] and community outreach officials[38]

Radars is a project designed to enable local residents, entities, services and shops to take care of the elderly, with sensitivity and respect, from nearby, from the immediate, everyday environment of the elderly people who inhabiting the city's neighbourhoods.

Introduction

We live in an increasingly longer-living society and, in recent years, the study of ageing has aroused the interest of various sciences, as well as helping to see the ageing process as a more complex phenomenon. Historically, it was a process explained from the perspective of medical science, where biological aspects were of paramount importance. Currently, however, general health and ageing are being explained more specifically from a broader, biological and psychosocial perspective.

The relational aspect is a basic factor for peoples' well-being and having a supportive social network is an important element when measuring the quality of life of the elderly. Failure to have a network, apart from leading a person into a situation of (often unwanted) loneliness, can also lead to increased risks on multiple levels, both to physical health (*Cacioppo et al.,* 2007). 2002; O'Luanaigh and Lawlor, 2008) and psychological health (*Cacioppo et al.*, 2006; Holwerda *et al.*, 2016).

Unwanted loneliness is a complex phenomenon to describe, so there is no consensus on a single definition, although theoretical approaches can be summarised in four perspectives (Yanguas *et al.*, 2018):

- Cognitive perspective: loneliness is understood as a discrepancy between the social relationships that a person desires and those they really have.

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37. Radars project coordinator
38. Isaac Farré, Genís Giner, Anna Bordes, Violeta Carrasco and Aitor Matas

- Interactionism: loneliness is not about being alone, it is the lack of meaningful and intimate relationships, as well as the lack of community bonding.

- Psychodynamic perspective: loneliness is the negative consequence of the need to feel close to people, to have interpersonal relationships that give a meaning to life.

- Existentialism: loneliness is a reality that is inherent to humans, it can cause suffering and pain or it can be an opportunity.

Unwanted loneliness may be present at any time in the life cycle, but it is during the ageing process when it is associated with smaller social networks and a lower frequency of human contact (Ajrouch *et al.,* 2005). The loss process associated with ageing is multifactorial and exacerbates relationship difficulties: relational losses, such as those in the workplace after retirement; loss of a partner or friends with whom leisure time is shared (by death, entry into a residence or the appearance of cognitive impairment); losses from the nearby cohabiting circle (neighbours and local shops they have been living with for years that are now "replaced" by less stable residents or more impersonal commercial chains); loss of mobility, vision or other capabilities; loss of the spaces "belonging" to the neighbourhood with urban changes, and so on.

Although the loss process is not reversible in some respects, action can be taken in terms of the consequences it brings. Often this loss process is accompanied by a lack of foresight, the design of a large living pattern that makes it difficult for people suffering from unwanted loneliness to change the situation. However, all people have potential and, in the case of people who feel lonely, that potential must be taken into account in the action taken to end this situation and remake the links lost.

Thus, the Radars project approach to breaking with unwanted loneliness is to build a community network which seeks to involve everyone in building kinder, more responsive communities that respect older people, close communities that take care of the people who are part of their immediate environment and help to re-establish ties with the local area, in order to end the unwanted loneliness in the most natural way possible: by putting life back into the neighbourhoods with some clear components of friendly interaction and closeness.

Origins of the Radars project

The Radars project is a community initiative led by the basic social services which arose in the Camp d'en Grassot and Gràcia Nova neighbourhoods (Gràcia district) in Barcelona in 2008.[39] In a context marked by the increase in vulnerable situations, in part due to demographic changes (such as changes in the residential model from extended households to nuclear or single-person households, or the increase in divorce, life expectancy and migration in working age, etc.), and also after some internal reflection, the area social services concluded the community needed to be involved in order to improve the detection and prevention of risk situations and alleviate the loneliness that older people may feel. Thus, with these two major goals in mind, Radars was born at a time when public policy did not have any long-standing, proven tools for combating loneliness. That meant building from scratch and giving shape to the project through a process of trial and error.

To achieve its goals, the Radars project directs its efforts towards raising awareness about the situation of elderly people and creating a neighbourhood network that will make the city

39. The project can be consulted on its website, radarsgentgran@bcn.cat , as well as in this explanatory video: www.youtube.com/watch?v=-K3EQVNANuI.

a safer and more friendly space for this group. At the heart of it lies the idea of "becoming a village again" where everyone knows each other and support networks are a given. As a community project, it is built collectively alongside the residents of the neighbourhood, with its facilities and services, shops and pharmacies, neighbourhood entities, social and health services and all the other local resources. This co-production implies the existence of co-responsibility, which redefines the roles and values of both professionals and agents in that environment who, together, design new communication mechanisms and experiment with new intervention methodologies.

The project's emphasis prior to the implementation of the Promoting Autonomy and Care for Dependent Persons Act (2008-2012) was on detecting risk situations. Thanks to this Act, many people contacted Social Services, which made it easier to detect and address the most problematic ones. Since then, Radars has been able to concentrate on combating unwanted loneliness, from a residential perspective (older people living alone) to a more broadly focused one – the feeling of that unwanted loneliness.

The fact that a person lives alone does not directly imply they need more help but people who do not have strong social ties and do not leave their homes are more likely to be at risk (Klinenberg, 2001), as this may become a factor of vulnerability if, for example, health conditions worsen. In the same vein, living alone may not lead to a feeling of loneliness (though it is more likely). In fact, apart from the reality of older people living alone (25% of people over 65, 31% of people over 75 and 38% of people over 85 in Barcelona), as stated above, there is a feeling of loneliness that may not be associated with living alone, since it is subjective and manifests itself in the face of the discrepancy between "desired relationships" and "real relationships".

It should be borne in mind that one of the biggest difficulties in dealing with unwanted loneliness is that it is a feeling that, at times, can be difficult for people to admit (to those around them and sometimes even to themselves). That is because it can be a feeling which can make us feel embarrassed, to the extent that the person who feels this way may fear that their circle will judge them for being alone and consider that their loneliness is the result of their own decisions and actions throughout life.

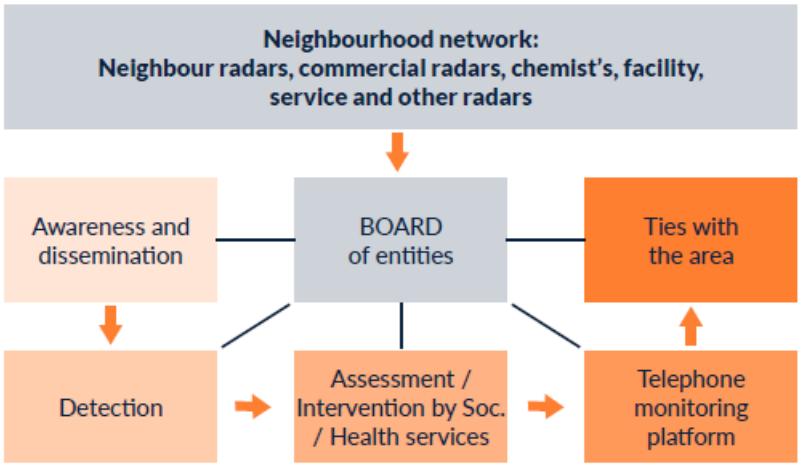
To reverse this reality, it is necessary for the entire circle around elderly people to be involved in creating a kinder society that is more sensitive to them. Radars therefore seeks to create a supportive neighbourhood network that increases the possibilities of detecting all these situations, addresses the possible risks from different angles and, in particular, makes it easier to re-establish the older people’s links with the area they live in, while helping them to participate in that process.

How the Radars project works

The Radars project is a community action project promoted by Barcelona City Council social services. All the lines of action followed within the framework of the Radars project are based on the following scheme:

The project is rolled out around a community space, the RADARS Board, and generates a space for participation and decisions on the lines of work that must be followed at each point in the project. It is a space open to all stakeholders in the community who want to participate and contribute to improving the quality of life of older people.

Diagram 1. Network of operations of the Radars project



Each of the spaces plays a prominent role in constructing the lines of work, which take different forms in each area without forgetting Radars' objectives. So, awareness-raising and outreach activities are carried out in all the neighbourhoods, as well as actions to detect older people in situations of unwanted loneliness, follow-up phone calls with the indispensable help of volunteers, and actions to establish links with the area.

In order to carry out awareness-raising activities, we rely on volunteers going to shops and chemists, as well as putting up stalls to publicise the project with the aim of making it known and fostering a neighbourhood network that can sustain situations of unwanted loneliness and, at the same time, communicate risk situations. The project has in mind a figure known as the neighbour radar, that is, the person who provides us with information and joins the project as an aware and informed citizen, and who we offer the tools for communicating with social services so they can warn us of any elderly person in their circle in a situation of risk or unwanted loneliness. We believe in the value of closeness. If an older person receives attention from their close circle, they are more confident about starting their relationship with the project.

The task of detection is shared by the various players in the community because it is promoted among the public together with a sensitive outlook towards the elderly, in particular those who may be in a situation of vulnerability. In that sense, the Radars project carries out actions to raise public awareness and focuses on those people who, due to their links with the area, may be better able to detect problems. Thus, local shops, chemists, professionals, organisations, associations and neighbours are invited to join the project as detection assets. All of them, together with the Board participants, form the neighbourhood network.

The Telephone Monitoring Platform, made up exclusively of volunteers, is responsible for making calls to elderly persons detected by the Radars network and, thanks to the relationship of trust they establish, inviting them to activities in significant neighbourhood spaces in which they will play a prominent role, alongside other elderly people, and in which the volunteers will play the role of facilitator in promoting peer relationships.

Area social services lead the transformative and integrative process in the neighbourhood, seeking to stimulate the capacity of action that the various agents have, based on their own autonomy, and encourage them to collaborate and deal with conflicts – if there are any – in order to enhance each of the spheres outlined and build or strengthen the so-called *neighbourhood network*. Thanks to working with the neighbourhood network, elderly

people in general and Radars users in particular will find a neighbourhood that is more friendly and respectful towards them.

The Radars project approach to breaking with unwanted loneliness: trusted calls and nearby activities

Various strategies exist to alleviate the loneliness of the elderly. There are some longstanding organisations that opt for accompanying them, both individuals and groups. Volunteers visit the home of an older person and then accompany them to a group activity. At the Radars project we are committed to the community methodology in the form of various actions.

An elderly person detected by Social Services, the CAP (health centre) or the neighbourhood network enters Radars when they say that they feel lonely or want to have more contact with the neighbourhood. Once they have joined, they receive regular calls from Radars volunteers, who call them from a neighbourhood facility or Social Services. The purpose of the call is simply to be able to spend some time on the phone and have a space to talk to someone else, in which being close is a factor (the volunteer is from the same neighbourhood, which is perceived positively). Within the framework of the call, a space of mutual knowledge is generated, which in most cases ends up leading to the key question and an equally important answer: when will we be able to meet? We will meet in the context of an activity we have organised. These activities of linking people with the area are organised from the Radars neighbourhood board. Once this initial contact has been established, it is easier to encourage users to re-enter their surroundings and, through the neighbourhood network, offer activities that take place locally and which may be of the interest to users of the project, with the aim that, whether alone or accompanied, they are linked to some activity or reference space and gradually become more independent when going out of the house. Social Services and the neighbourhood network ensure there is someone to accompany elderly people who do not have enough autonomy to attend the linking activities.

Experience shows that people who are in a situation of unwanted loneliness are less resistant to going out if the suggestion comes from someone they have an emotional link with, such as those established with volunteers who call them frequently.

It is worth noting that not all users of the Radars project end up coming to linking activities, in some cases, due to mobility difficulties (despite the offer of someone accompanying them) and in others, because they simply choose not to come. However, they value the calls positively and recognise that the time they spend talking to their volunteer is a recreation time, different from what they are used to in their day-to-day life. They see the call as a possibility and choose what their level of involvement is in the project.

With regard to participation in the project at the beginning of 2019, and in view of the success of the linking activities, several Radars project areas highlighted the need to increase the frequency of these activities and, at the same time, organise them in more informal spaces. These meetings are called *small moments* and, in these communication spaces, the autonomy of the group is encouraged so the people themselves decide on the meeting place, the frequency, the topics they deal with and so on. The meeting group is usually a stable group that new people gradually join. They are made up of people who live close by, in order to achieve a double closeness effect: that of the link between the volunteer and the elderly person who is participating, and also that of a close space that is recognised by the elderly person and, at the same time, gives them security.

Preventing risk situations, another of the project's objectives
Apart from alleviating unwanted loneliness, another goal of the project is to prevent risk situations developing. In the call space, once trust has been established between the volunteer and the elderly person receiving the call, conversations may arise where an implicit request is made or situations that are considered at risk are explained. In these cases, the role of the volunteer is to inform the Social Services so that they can evaluate the intervention.

To achieve this goal, the volunteers have joint working spaces with Social Services, as well as the necessary guidelines for reporting risk situations and for Social Services to evaluate the case in order to decide on the action. That is why we can say that Radars project volunteers also act as a protection network for the older people they call.

Calls are a space for risk prevention but bear in mind that when an elderly person attends activities, establishes links with facilities, makes new friends, etc., they are also weaving a network that serves to prevent risk situations because the more neighbourhood relationships you have, the more friendships and community life you have, the less fragile you are.

Radars volunteers: training and support. Encouraging active ageing
Radars volunteers are present at various phases and stages of the project. They are responsible for spreading information and raising awareness in the neighbourhood, attracting shops, chemists and neighbours that act as radars, making calls to the elderly and also for the activities to which they are invited. In order to perform all these tasks, they receive the help and support of Social Services staff.

When you join the volunteers, you are provided with basic training so that you know about your rights and duties, as well as more specific training on the work that you will be doing. These training sessions, which are compulsory, ensure that volunteers have all the information before starting their work and that the project functions properly. It should be pointed out that during the first weeks of volunteering they receive support from Social Services staff.

As regards the profile of Radars volunteers, it is worth noting that the average age is 67.5, which means we are also fulfilling another goal: promoting active ageing. Participation in volunteering activities among older people can be a positive factor for successful and positive ageing (Ferrada and Zavala, 2014).

Current status of the project
The Radars project began in 2008, in the neighbourhood of Camp d'en Grassot and Gràcia Nova. It has gradually spread to other Barcelona, supported by a technical team who specialise in community work and ageing. The project is currently present in 49 of the city's 73 neighbourhoods. That translates into 32 Radars project boards, the decision-making forums where citizens can participate in developing the project, make decisions and contribute ideas and initiatives that help to make their environment more elderly friendly and sensitive.

Results and effects of the Radars project: a pioneering community project in dealing with unwanted loneliness and detecting risk
In the process of evaluating the project, several studies have been carried out on users' links and their situation. In the last survey (August 2019) it was found that 81% of users were in better spirits. A third (34%) say they go out more often since they have been receiving calls and, as a result, know their neighbourhood better. Participation in Radars project activities stands at 49.6% and participants say they have met new people, which

contributes to their socialisation. The overwhelming majority of respondents (90%) say they would recommend participation in the project.

This information, after Radars has been running for more than ten years, leads us to conclude that the project improves participants' quality of life, while working on the awareness of people around them, and fosters neighbourhoods that are closer to their elderly citizens.
In that sense, Radars has been a pioneering project in community care for unwanted loneliness and risk detection, which has meant that several local authorities have been interested in replicating the project in their municipalities. So far, Barcelona City Council has signed an agreement with the city councils of Badalona, Granollers, Mataró, Premià de Mar, Arenys de Mar, Arenys de Munt, Igualada and Xàbia. These councils receive initial support from the project's technical team so they can promote it in their municipalities.

Bibliography

AJROUCH, K. J.; BLANDON, A. Y. AND ANTONOUCCI, T. C. (2005). "Social Networks Among Men and Women: the Effects of Age and Socioeconomic Status". *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 60, 311-317.

CACIOPPO, J. T.; HAWKLEY, L. C.; BERNTSON, G. G.; ERNST, J. M.; GIBBS, A. C.; STICKGOLD, R.; HOBSON, J. A. (2002). "Do lonely days invade the nights? Potential social modulation of sleep efficiency". *Psychological Science*, 13(4) (2002), pp. 384-387. [PubMed: 12137144].

CACIOPPO, J. T. AND PATRICK, W. (2008). "Lonely in a social world". In: Cacioppo, J. T. and Patrick, W. (ed.). *Loneliness: human nature and the need for social connection.* Chap. 1, pp. 3-19.

FERRADA, L.; ZAVALA, M. (2014). "Bienestar psicológico: adultos mayores activos a través del voluntariado". *Ciencia y Enfermería*, 20, 123-130.

KLINENBERG, E. (2001). *Dying alone: the social production of urban isolation*. Northwestern University, USA.

YANGUAS, J. *et al.* (2018; press). *Vivir es descubrirme*, Programa de Mayores, Obra Social "la Caixa".

25
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Barcelona for older people. The social superblocks

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Barcelona is ageing. According to the forecasts, before 2030 there will be nearly 375,000 people over the age of 65 registered in the city, almost 25% of the total population. The social superblock stems from the convergence of two ideas: the need to improve the home care model and the need to tackle the social sustainability of ageing in our city. The idea is the so-called "distributed" or "virtual residence", according to which the flat of a dependent person receives the services of a room in a residential centre, while the neighbourhood supplies all the communal services that a residential block for older people would receive.

The challenge of growing numbers of older people

Barcelona is ageing: there are nearly 350,000 people over the age of 65 registered as living in our city. The forecasts say that before 2030 there will be around 375,000, heading to 400,000 – almost 25% of the total population – when the baby boomers born between 1960 and 1975 have joined the older age group. Is that a problem or an opportunity? I would say it's a challenge. We are not talking about an external threat, we are talking about ourselves. But it's true that it is a formidable challenge for the city, because it is combined with a context that is complex and. at the same time, specific to Barcelona.

For example, we could all guess that pensions will be lower and also that house prices will be higher. Even with ambitious municipal housing plans like the present one[41], we might take several generations to get a social housing stock that is big enough to have a decisive effect on the price of housing and guarantee the middle and lower classes, which will included most retired people, access to it. And I'm writing in the conditional because even European cities that already have much more affordable housing now (whether it is in the hands of the public sector, non-profits or private entities) are starting to be worried about accessibility to housing.

40. This article is a revised and expanded version of a talk at the TransJus Conference, held at the University of Barcelona on 9 April 2018.
41.https://habitatge.barcelona/ca/estrategia/pla-dret-habitatge.

The combination of low pensions and high rents and energy prices is similar to what young people suffer now, with low wages, precarious contracts and unable to live on their own. Younger and older people differ in two aspects. The former want to set up a home and some even want to have children, while the latter would need to downsize their homes and, at the same time, access increasing home-help services. There is a common denominator between young and old which is called the *care economy* and which, unfortunately, is characterised by being an activity of very high social value but vastly under recognised economically, tremendously inequitable and particularly unfair to women. Let's remember that, using data from surveys on time use and salaries and pensions, if we add up all the hours women work at home and at their workplace and all the money they earn, over the course of their life, women work twice as much as men and earn half as much[42].

If we look into the needs of older people and the shortcomings of our inadequate social welfare system, we find a figure: in Barcelona there are 13,000 places in old people's homes, with a waiting list for public places of 8,000 people (they only have access to them if they have grade 2 or 3 dependency) of whom 4,000 are living in their own home. In relation to the Catalan average, Barcelona has a shortfall of almost 2,800 places[43].

But even if these figures were improved, what would they mean? Obviously, that the vast majority of our older people will live most of their time at either their current home or another one until they die, but only a small number in an institutionalised manner. And that brings us to one of the big challenges of ageing and our society as a whole: facing up to the fact that part of our population, increasingly with age, will need specialised care at home, due to the progressive deterioration in their physical and mental condition, either because they develop a chronic illness or due to a combination of various factors.

Dependency in Barcelona

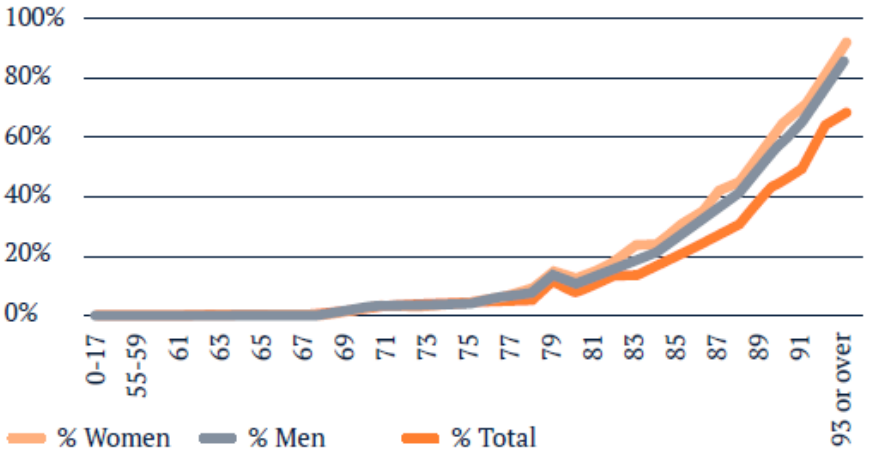
How many older people are there who need care in the city? We have various figures, some from surveys and others from administrative registers. The first socio-democratic survey, carried out in 2017, tells us that in Barcelona there are 117,000 people who need help with their daily activity[44], half of them (some 56,000 people) on a regular basis, and the other half (some 61,000) sporadically. A second source is the register of people who have a recognised degree of dependency according to the personal autonomy and dependency care Act, or people without that who receive care at home. There are 67,000 of them in the city (fewer in the higher classes) of whom 57,000, or 84%, are 65 or over. It is useful to see how this group increases with age:

We see that the ratio of dependent persons by age grows very slowly up to 75 and accelerates from that age on. The same happens with the recognised degrees of dependency: 2nd and 3rd degrees only start to increase their quota of the total number of persons recognised – or not recognised but who already receive the municipal Home Care Service (SAD) – from the age of 80, which is when ageing with physical or mental effects really starts to rise in a big way. Social and health-care advances have put the concept of

42. http://www.sinpermiso.info/textos/la-garantia-del-tiempo-libre-desempleo-robotizacion-y-reduccion-de-la-jornada-laboral-parte-
43. https://ajuntament.barcelona.cat/premsa/2018/07/06/barcelona-xifra-per-primer-cop-el-deficit-dinversio-de-la-generalitat-en-residencies-publiques-per-a-la-gent-gran-2-780-places-menys-i-18-milions-de-sobrecost/.
44. https://www.bcn.cat/estadistica/catala/dades/tvida/esd/esd17/persones/taxes/t0111d.htm.

elderly people back to at least 75. In fact, in terms of the effect on dependency, the 65-74 band resembles the lower 55-64 band more than the 75-84 band. If we add all the other people with a recognised dependency who receive benefits (residential centre, day centre, informal carer provision, monetary benefit for contracting services privately, etc.), we see a similar trend, although the growth soars from 80 onwards.

Graph 1. Percentage of Barcelona residents with a degree of dependency or SAD. Barcelona, April, 2019



Source: Barcelona City Council, administrative registers and residents' register statistics.

In economic terms, if we assign to each dependent person the maximum potential costs they would have for the City Council to be attended by the SAD[45], the cost of the service to the city of Barcelona would be €364 million a year, a figure which, according to the demographic forecasts, would be close to €400 million in 2026, not counting the increases in the unit costs of the provision. That means €5,432 a year per recognised dependent or €221 a year per citizen. (To put that in context, the Generalitat's health budget per capita was €1,186 in 2017.) Here we need to add the costs of managing the service (degree assessments, preparation and follow-up of individual care programmes, administrative expenses, etc.). That figure needs to be increased for people who receive specialised residential services (a residence accredited by the Dependency Act can cost between €1,800 and €2,300 a month in Barcelona). Let's remember that currently the Generalitat only "guarantees" accessibility to publicly funded residences to 2nd or 3rd degree dependent persons (half of those who receive benefits).

Not only that, assisted residencies for dependent persons that perform a very clear social function are not the ideal place for an elderly person. They are the final solution to a problem that, if it were possible, ought to be dealt with by other instruments. Even other tried and tested solutions in advanced countries, such as the housing developments for older people in the North American Sun Belt, are not generally applicable or even

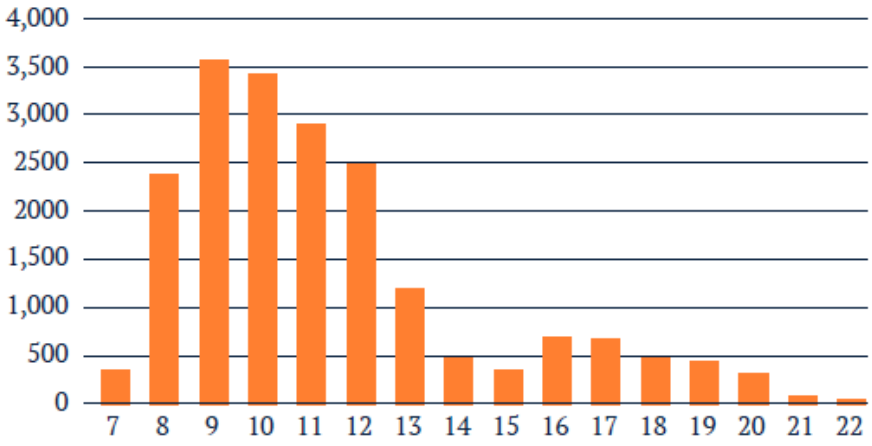
45. That does not mean that everyone is attended to by the SAD, rather that even if they make use of other services, such as provision for non-professional carers, or day or permanent residential services, we estimate the cost as if they all received the maximum number of hours assured by the Dependency Act according to the recognised degree – and if it is not recognised, the 1st degree equivalent –from the SAD.

desirable, as most older people want to continue living in their normal environment. The book *The Longevity Economy*[46], by the founder of the MIT's AgeLab, explains it by describing the more dystopian than utopian life in a community like these, aseptic and armored children, compared to living in an environment fully integrated with the rest of the population.

The organisation of care in Barcelona

And this is where we have to introduce new elements. First, the Home Care Service (SAD) has grown exponentially in the last ten years, with the coming into force of the Dependency Act making care a universal right. Almost 20,000 people currently receive this City Council service through three companies, which provide stable employment to approximately 4,000 family workers and cleaning assistants, and nearly 1,000 additional workers who cover absences and staff turnover. However, "stable" does not really define the service, whose growth has generated enormous insecurity due to its inability to adequately supply the 4.5 million hours of service offered. Most of the services are provided during the morning (as most are related with personal hygiene tasks, getting users up and bed rest) with some peak times that make it impossible to plan full working days for most family workers. Consequently, 71% of the SAD staff work part-time. In addition, the collective bargaining agreement sets low wages (about €950 net a month for family workers for a full working week and €900 for cleaning assistants) and that, combined with the fact it is part-time, means the most frequent wages are between €600 and €800 a month, nowhere near enough for surviving in Barcelona, where two thirds of the workers live.

Graph 2. Daily service hours the SAD per time band (over 19,817 services). Barcelona, 2018



Source: Municipal SAD administrative registers.

Moreover, attending to 20,000 different homes each week poses additional problems if the service is seen in organisational terms as a billing machine, where the SAD is funded by the public authorities for each hour of service actually carried out. That is almost the only thing that counts, not the results obtained in terms of quality or the impact on the independence of the people attended to. Neither the service (nor the collective bargaining agreement that regulates sector workers) takes into account any differences between the workers who deal with users with standard needs and those that have special needs, for

46. Joseph F. COUGHLIN (2017), *The Longevity Economy*, Public Affairs.

example, heavily dependent persons or people with mental illness (increasingly numerous). The difficulties of the model and the insecurity act as a formidable disincentive to any strong service vocation (although a large part of the staff have this) and this results in high levels of time off work and staff turnover). That means the service enters a vicious circle, as the need to constantly replace staff lowers the quality of the care, where a close personal relationship between user and carer is very important because the bonds of trust and intimacy that are created are very strong.

At the same time, over 15,000 families receive the non-professional carer's (CNP) allowance for attending to a relative. Unfortunately, that is a purely monetary benefit paid directly by the Generalitat, which should be an exceptional resource and on which, as the City Council, we have no control.

To the families benefiting from the CNP benefit from the city council we only offered the Respir program until recently, extended to Respir Plus, with which up to a thousand caring families received financial support to temporarily enter their relatives in a residence. Additionally, self-help groups of carers have been set up in some parts of the city. And in 2019, Barcelona Cuida, a support centre for the city's non-professional carers, was set up as an essential part of Barcelona's innovative carer family support strategy[47].

And if we have little information about this group of dependents, we still have less than those outside of publicly funded care and their carers. I am referring to the thousands of home workers, interns or not, who provide dependency care services with much more limited training, often without any work contract and who supplement the public services in some cases. And also, even more strongly, the social value of the dedication of family members, basically women, who take care of their relatives.

In an effort to assess the scale of these services in relation to the real needs, we present the results of a survey of 600 people who used the SAD or are cared for by non-professionals[48], which can be summarised as follows: a dependent person who uses the SAD receives on average one hour of service per working day, while people who subjectively feel well looked after and, therefore, receive care from family members or other paid carers who supplement the SAD, receive 17. Those who do not feel well cared for receive 12. The SAD only represents 8% of the care they receive. Multiplying public spending by 12 or 17 is clearly beyond the capacities of the system.

And, to complete the picture, at least partially, let's look at the population distribution by household and its relation to the care of dependent people.

According to the Socio-demographic Survey, 82,000 people over the age of 65 live alone in Barcelona. That figure has been growing in recent years and is combined with other phenomena such as the growing number of households with just one person under 65 (119,000) or single-parent families (69,000). And, with the phenomenon of tourist rooms and apartments (legal or not), the city's extraordinary population dynamism (last year the equivalent of 20% of the population moved home, taking natural moves, migrations and changing municipality into account) and foreign investments in property as a safe haven help to increase the property shortage we are suffering and the rise in rents. With the

47.https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/estrategia_familiars_cuidadors.pdf. This strategy is also part of the measures for democratising care work approved by the City Council in 2017. https://media-edg.barcelona.cat/wp-content/uploads/2017/06/05124906/MGDCures_web.pdf

48. The results are provisional and have still not been published.

same population we need more housing, and Barcelona suffers a shortage of small homes adapted to demographic changes, so under-use of the housing stock is increasing.

Table 1. Structure of the households, 2011 and 2017

	ESDB 2017		CENS 2011	
Structure	Absolutes	Percent	Absolutes	Percent
Woman under 65 living alone	59,612	8.2	56,790	8.3
Man under 65 living alone	58,418	8.2	53,145	7.8
Woman aged 65 or over living alone	58,402	8.0	70,505	10.3
Man aged 65 or over living alone	23,236	3.2	17,615	2.6
Father or mother with a son/daughter under 25	35,772	4.9	32,165	4.7
Father or mother with all children aged 25 or over	33,707	4.6	35,140	5.1
Couple without children	185,724	25.5	153,005	22.4
Couple with a son/daughter under 25	159,580	21.9	137,645	20.1
Couple with all children aged 25 or over	33,170	4.6	39,995	5.7
Other types of household	79,065	10.9	89,080	13.0
Barcelona	727,687	100.0	684,085	100.0

Source: 2017 Barcelona Socio-demographic Survey (ESDB).

As a reference, the average surface area of a flat in Barcelona is 80 m^2, while a place in an individual room in a municipal home for older people or flats with services for older people with use of all the shared spaces is 35 to 40m^2 per place. Second, the growing phenomenon of loneliness, which derives from increasingly less extended families, relatives moving away and the combination of this trend with the problems of dependency and reduced mobility they often generate. Just one more figure: a couple of years ago, more than 4,200 people with 2nd and 3rd degree dependency were living in flats without a lift.

The social superblocks

What is the future of care? We have initially dubbed it “social superblock”. The social superblock adapts the mobility superblock[49], an innovation already introduced in some city neighbourhoods, to the fact already explained that older people – us, now or in the future – will not want or be able to leave our homes but will gradually be demanding more social and health services, as well as emotional ones, at an increasing rate depending on our age, and in a context where resources, being optimistic, will not be growing. The basic superblock stems from the convergence of the two main ideas expressed in the two previous section: the need to improve the home care model, for the people who use it as well as the staff, and the need to disruptively tackle ageing in our city.

The basic idea is what we call “distributed” or “virtual residence”, a concept according to which the flat of a dependent person receives the services of a room in a residential centre, while the neighbourhood, on a scale small enough for people with reduced mobility, supplies all the communal services that a residential block for older people would receive.

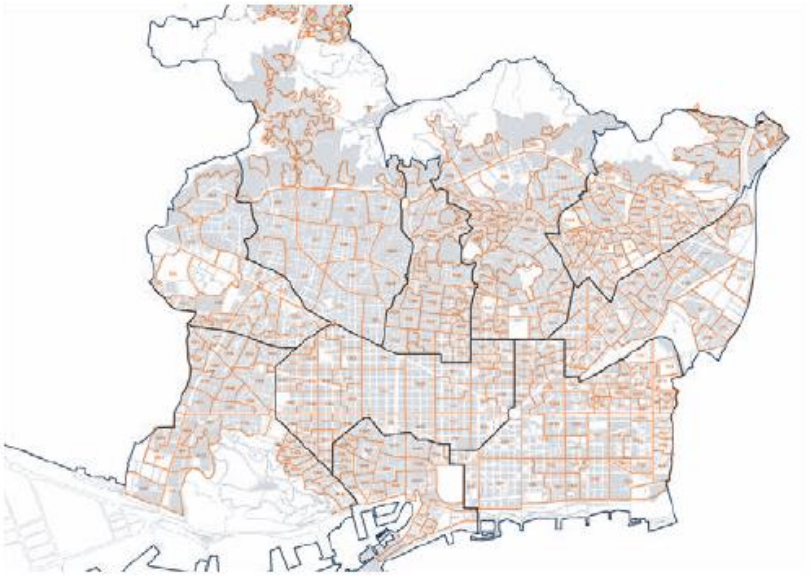
Francesco Tonucci, a renowned Italian pedagogue, promoted the concept of the “tribe” having shared responsibility for children’s education. The social superblock extends that idea to looking after our elderly. This implies a radical change in how we deal with the challenge of ageing. The superblock takes into account the potential advantages of the population density of a city such as Barcelona, one of the highest in the world. Density in

49. https://www.slideshare.net/Barcelona_cat/mesura-de-govern-oomplim-de-vida-els-carrers-lla-implantaci-de-les-superilles.

terms of people, facilities and, in short, proximity and immediacy. That means we can divide a large part of the city into social superblocks (with a surface area equivalent to between 3 and 6 Eixample blocks) where, from a fixed point inside or nearby (a logistics base, or what would be the equivalent to a warden room on a floor of a hospital or a home), each dwelling attended to would be 5 minutes walk at most. That way we can create superblocks which, in an initial operational deployment phase, would attend to between 40 and 60 SAD users, with teams of between 10 and 14 professionals who could work full time, planning and personalising the care given to users, and making it more flexible.

The map below is a first, provisional division showing how the city could be divided into 316 social superblocks, where most of these include between 1,400 and 1,800 hours of SAD services a month that could be provided by local teams of 10 to 14 professionals. The biggest superblocks are those areas with low user density. The excluded zones (no hours assigned) are uninhabited areas and account for approximately half the municipal surface area (green zones, industrial areas and facilities), while the low density zones are such for various reasons: low density neighbourhoods (in the foothills or part of the Collserola range, for example), wealthy neighbourhoods with low SAD penetration, gentrified neighbourhoods (such as part of Ciutat Vella or the Passeig de Gràcia axis) or young neighbourhoods such as the Vila Olímpica and other parts of Sant Martí. For each social superblock there is basic information on the demand (SAD users as a base data) as well as other possible service claimants (people with non-professional carers, older people, etc.) and the services available (public health and civic facilities, among others).

Figure 1. Provisional map of superblocks with SAD hours a month. Barcelona, 2019



Nº. hours a month: Family worker (TF) and Cleaning Servicie (NET) by superblocks

Source: Original map by Department of Rsearch and Knowledge (Direction of Barcelona City Council's Social Innovation) with data provided by the Urban Ecology.

The superblock teamwork model is adapted from an existing one in Holland developed by Buurtzorg[50], a social care company which works with a thousand teams of up to 12 nurses that enjoy a high degree of self-management and which, in 10 years, has become the undisputed home care leader in Holland. Now it is spreading the model to other countries such as Sweden, the United Kingdom, the United States and Japan. In the Barcelona model, users keep a family worker as their regular contact but they also meet the rest of the superblock team, so if that person is absent, they will know whoever replaces them, who, in turn, will be familiar with the user's particular characteristics. Moreover, the proximity of the homes means the services can be more flexible (adapting to unforeseen situations) and broken down to shorter, more frequent periods if necessary (as happens in the day-to-day life of an old people's home). That way, the total monthly hours agreed are maintained and the working day is fuller.

Barcelona City Council launched four pilot experiences in November 2017 with the idea of learning how the model works and so it could be replicated across the city, both in territorial terms (which will surely mean diverse models adapted to different densities, for example, those found in more rural areas like those closer to Collserola – something which could provide valuable lessons for other parts of Catalonia) as well as extending the services that the SAD can offer. After one year it was decided to expand the experimental superblocks to the four closest areas (which now attend to over 500 users with 8 teams of almost a hundred professionals), and the plan is for a minimum of 60 social superblocks to be rolled out in 2021-2022 under the new SAD contract, to the point where, in the coming years, most of the city will be covered.

Expanding the functions: towards a comprehensive social superblock

The social superblock, as the smallest territorial intervention unit, has great transformative potential and makes it possible to gradually incorporate new functions, either by taking advantage of the existing SAD teams, or by coordinating with other services or creating new ones. As early as 2018, work began in one of the first pilot zones on a programme to coordinate the superblock team with the local primary healthcare home team. First of all, the project involves training for the SAD team of professionals on health matters so they can spot changes in a user's state of health early and are better able to treat users with chronic diseases. Secondly, a direct relationship, of trust is established between the family workers and the health teams, where the former feel they have more recognition and support in case of doubt, while the latter have some privileged eyes visiting their patients daily.

But the list of possible new functions that can be rolled out is very long: giving support (training, temporary breaks) to non-professional carers and other workers who attend to service users; coordination with the other City Council intervention programmes to help older people such as "Radars" and "Vincles" (to detect and treat loneliness); coordination with the meals at home and in company service; "Baixem al carrer"; telecare, etc. It is also worth pointing out the potential of new technologies as a tool for improving public health care at home and cutting costs while improving care quality. For example, developing technological equipment connected to houses (such as sensors or social robots) that send alarm or monitoring signals to a decentralised system of emergency rooms in each superblock where social and health services keep an eye on their users day and night. In addition, coordination with nearby public and private facilities that provide a service for older people: social services centres, day centres (sometimes under-exploited), civic or old people's centres, residential centres or libraries, cultural or sports centres, urban allotments, and so on. And also with the health centres, pharmacies or other shops or businesses frequented by older people.

[50]. https://www.buurtzorg.com/.

Moreover, social superblocks have to enable new, local occupations to arise. I offer three I think would be very useful:

- A housing expert with the task of analysing and facilitating the functional adaptation of all the homes of older or dependent persons for dependency, mobility, energy efficiency and domotics.

- That of a housing stock "mobiliser" who, in collaboration with the sector, could push for more rational use of the housing stock in the superblock with actions such as promoting flats shares among older people or proposing intergenerational solutions, spotting and reusing accessible ground floor properties for housing, improving the occupancy of large flats that are underused by dividing them into smaller subunits or putting them on the social housing market, putting more pressure on investment funds to buy the flats of older people and offering them alternative solutions for getting more liquidity or a greater return on their asset to tackle new needs, etc.

- The figure of a social "animator" (something we are already trying out in the Vincles project) who can bring together residents, communities of property owners, the business community and associations (shops and other businesses, pharmacies, schools, etc.) in projects of interest to the community, while also taking advantage of the social media (the neighbourhood website, for example) and helping to develop community services such as time banks or voluntary systems for helping older people in their everyday tasks (such as going shopping, taking their rubbish out, going out for a walk, or doing little repair or maintenance jobs).

Thus, in the same way we think of the Business Improvement Districts or Urban Economic Promotion Areas (BIDs in English or APEUs in their Barcelona version) for boosting business in our city on the basis of public-private collaboration in specific areas on a small scale, why not think about social superblocks for care work, for establishing public-private collaboration frameworks and the possibility of co-funding these occupations and services?[51].

It should be mentioned that in a city such as Barcelona, the size of a superblock will include between 5,000 and 7,000 inhabitants, a size which in socio-political terms allows for very direct citizen intervention in very local affairs. Therefore, the next steps for the superblocks could also include the creation of participation and governance bodies where the residents and service users themselves could have their say and which the various bodies and authorities would be accountable to. It is unsurprising that surveys tell us the highest levels of stated subjective well-being (happiness) are usually among people who live in towns of between 10,000 and 50,000 inhabitants or that the greatest affinity with people in the neighbourhood or town is in those with under 2,000 inhabitants. Social superblocks enable big city challenges to be confronted on a human scale. When problems that affect thousands of people are divided by 300 they become problems that can be tackled, concerning people with names and faces, seeking ways of involving each community's assets.

By way of example, in each superblock, there are up to 700 families caring for older people, with or without public support, and on average, 12 children from 0 to 2 years old, who cannot attend a public nursery due to the lack of places. In each superblock, there could be between dozens empty flats and hundreds of flats and premises that are underused, as well as dozens or hundreds of people living in sublet rooms, without even having the right to a kitchen and, therefore, in need of communal spaces. There is not one

51. This model was started in Boston almost two decades ago https://www.beaconhillvillage.org/.

census section out of the 1,068 (there would be 3 or 4 per superblock) into which Barcelona is divided where there is not at least a minimum of 4 households living below the poverty threshold who also need the support of their closest community. A social superblock, horizontally coordinated with the other superblocks, vertically with the reference neighbourhood and district social centres and with other units and entities, would have a degree of granularity to enable volunteers to be channelled to public and private projects focused on the specific problems of each one, making the most of its assets. Let's not forget that 300 social superblocks can be turned into 300 urban social laboratories for testing and innovating on a small scale and, in that way, tackling with renewed energy the city's challenges, striving to ensure greater well-being for the whole population, while searching for and replicating the best practices that are generated.

25
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Can 70: a community ageing project

Designed collectively by Can 70 (seed group of Sostre Cívic)[52]

At Can 70, our life experiences have led us to believe that, from a certain age, loneliness is the worst affliction, that necessary care need not be provided by family and that cooperative experiences make it easier to live in harmony together. And we know that we want to continue to be a part of our city. That is why we have decided to spend the last stage of our lives as a community, in cooperative cohousing based on a right-of-use model, with communal guidelines discussed and set by all of us, with mutual assistance and, when necessary, with professional collaboration from cooperatives. In late 2015, we presented our project to the municipal administration to request space and support and, since then, we have developed our values, vision, governance procedures, architectural design and community care plans. We have come across both opportunities and obstacles when looking for an available space, but we are convinced that ours is a valid, replicable model.

Introduction

The ageing population is one of the most significant social transformations of the twenty-first century. In just a few years, towns and cities will have to face new challenges, such as how to guarantee the social inclusion and active participation of older people: a group that is growing and becoming more diverse day by day, with a huge variety of tastes, priorities and needs. The current model of facilities and services for older people must adapt to these needs and to the demand for varied, personalised care. We must face this reality from an inclusive, dynamic and flexible perspective and, above all, encourage skills acquisition and prevention. All too often, despite current regulations and existing services, care ends up being a gruelling duty for family members, especially daughters. We do not want to be a burden to our families; we want to live the last years of our lives with dignity, as part of a community. These are the foundations of our project.

1. Who we are

Can 70 is a group of older people who are working to create an alternative to the current ageing model. For us, this alternative is a right-of-use model of collaborative, supportive cohousing that provides care so that we can age actively, autonomously and healthily in an environment that encourages personal and collective growth. The aim of our project is

52. Written up by the external communication work group (https://sostrecivic.coop/grups_llavors/can-70/).

to share life in our old age and value personal emotions and differences to overcome difficulties. Commitment and participation will be required to reach consensuses and achieve the dream future: coliving with mutual support and the necessary care, so that we can enjoy the start, middle and end of this life stage. Our motto is: 'share, experience and enjoy old age together'. Currently, in late 2019, there are 23 of us, in 19 coliving units, with around 75% women, aged between 55 and 70. We would like to reach between 25 and 30 coliving units for the project to be viable. We mainly live in various

neighbourhoods of Barcelona, we belong to cooperatives and we do voluntary work for various associations in the city.

2. What we want

We want to be active and empowered in our old age and to transform the prevailing social model based on public subsidies and family taking on responsibility for the care and services required in the last stages of life. Our community is based on a 'right-of-use cooperative model',[53] because this system aims to focus on the use of housing, rather than turning it into a consumer product, in order to create a generalisable alternative for access to housing.

We want to create social, human and community links in the local area (basically, the neighbourhood) and contribute towards the transformation of the city, in stark contrast to the global context of liberal-capitalist individualism. We want to diversify models of coliving by establishing mutual support networks and shared spaces that encourage emotional balance on a personal and relationship level and prevent isolation and loneliness. Furthermore, we intend to cooperatively self-manage the services needed by the community (maintenance, cooking, cleaning, shopping, etc.), including aspects relating to care and the employment of staff and resources needed in administrative, care, medical and other areas. We want to live in our own home, in housing with spaces for private and communal use for group activities, in an ecologically sustainable, healthy, welcoming environment with communal services. Finally, we aim to create a replicable, multiplicable model for future generations.

3. How we see ourselves

Cooperation, commitment and consensus are the pillars of any cohousing project. Ours respects each person's individuality in their own private space. Residents are jointly responsible for the management and use of communal spaces, which will be controlled by the community. The housing and its spaces are designed to facilitate relationships within the community and mutual help.

All management is carried out by the residents themselves, who can delegate services or responsibilities to other people or entities, if they so wish. The social structure is therefore not a hierarchy; decisions are made democratically in the corresponding decision-making space (assembly, work groups) and, if possible, by consensus. Meanwhile, finances are kept separate, meaning that each resident retains their economic independence while contributing towards communal expenses agreed upon by the cooperative and towards the

53. We see collective ownership as ownership that is neither private nor public. The cooperative is the owner of the housing for an indefinite period. It is therefore not possible to transform this model to obtain privately owned housing. Collective ownership prevents speculation, as it is impossible to profit through sale or lease. In the 'right of use' model – meaning neither renting nor buying – housing is considered an asset to be used by members of the cooperative indefinitely or for a very long period (to be determined in the transfer of use agreement). It is a much more stable model than renting and more affordable than buying. The initial investment and monthly payments are derived from acquisition, maintenance and cooperative operations costs, not market prices.

solidarity fund. At Can 70, our philosophy is based on eight values: knowledge, communication, trust, cooperation, commitment, consensus, conflict and celebration. Each of these values has been defined and accepted by the group.

As for the surroundings, we are certain that the space where we want to share our lives cannot encourage or represent 'isolation', but rather the opposite. We want to experience our new reality 'in the neighbourhood' and, above all, we want to 'experience the neighbourhood', making ourselves a part of it and making it part of our everyday lives. We want to make ourselves seen and offer help to promote peaceful, fruitful coexistence, whether on a service, social or experience level, both individually and as a group. As a collaborative living project, it is important for Can 70 to have communal spaces and activities open to residents of the neighbourhood.

4. How we organise and govern ourselves

Although we have no internal regulations, the group has established some guidelines to follow.

4.1 How we make decisions

We work to achieve a thorough democracy through the project's horizontality, the opportunity to create work groups, and transparency. As founders, it is right that we see consensus as the best way of making decisions for the future of the project.

4.2 How we get on

The size of the group is closely linked to opportunities for communication. In a group of around 30–40 people, we will need to achieve fluidity in terms of both direct communication and communication through new technology, and establish general, specific and one-off information and exchanges we will define as meetings, assemblies or work groups in a later section. Basically, we want communication to flow from each member of the community. We need to establish clear mechanisms for debate and create various channels, in the form of new technology and a noticeboard, as well as informal, everyday channels, which we also consider highly important. Everyone must have the chance to be heard and to find any information they need. Therefore, everyone must take part in setting the rules and they must be shared. The meaning of these rules must be shared in advance, either through readings that can be discussed in an informal setting or through meetings where this meaning can be shared.

4.3 How we build the group

As for the welcome process, anyone who wants to meet us will receive some documents and can come for a relaxed meeting with some members of Can 70, who will act as their 'buddies'. They can then request to be part of the project if they so wish. The group then decides whether to accept the person or not and informs them of their decision. For six months, a mutual 'getting to know you' period takes place, during which time the newcomer participates in all activities and decision-making processes, while their 'buddies' take care of any queries they may have. After this time, if the process has been satisfactory, the person will become a fully fledged member of Can 70 and can enjoy all the corresponding rights. New members of Can 70 must be aged between 50 and 70. We strive to integrate new members while always maintaining our common values. They say you can see how a community works by observing how newcomers are treated, so this is an important issue for us. We know we need to strike a balance between diversity and proximity in terms of age, social class, political and cultural values, etc., in order to ensure cohesion, but we cannot let similarities turn us into a closed community.

Voluntary exits from the group or deaths within the group require financial decisions, which will be covered in the internal regulations, and a process of loss or grief, which will be

discussed. Non-voluntary exits – meaning exclusions from the group – will be defined in the internal regulations and will only take place after a cooperation period to try to resolve any problems from a personal and collective point of view.

4.4 The official standards we will follow

We will set the internal regulations with the aforementioned aspects in mind and in accordance with the generic elements referring to this model detailed in the statutes of our cooperative, which is currently Sostre Cívic.

4.5 Where we meet and make decisions

We are trying not to be too rigid in this area, so as to allow for different communication possibilities and levels of decision-making. Firstly, there will be informal meetings where the group can chat, exchange and share their time and opinions on any generic issue, with no specific aim. Secondly, voluntary or non-voluntary work group meetings will be a place to coordinate and develop projects of a social or leisure-oriented nature. Thirdly and finally, assemblies will make sure the whole collective's voices are heard and may be intended for information or decision-making purposes, or a combination of the two. We may also consider a kind of council or board in the form of a voluntary core group that makes decisions on everyday issues, taking care not to make any voluntary activities obligatory. Our group culture requires maintenance activities in the form of community rituals (meals and celebrations), which can be added to the more formal spaces, such as general assemblies and work group meetings. Finally, we must mention a different kind of meeting we plan to hold: the emotional assembly. As we believe that 'the group is more important than the building', it is essential to maintain the group both formally and emotionally.

4.6 Who decides what

Firstly, there is the general assembly, which involves an agenda and participation from all members and has decision-making powers on any matter. Secondly, the core group can resolve everyday issues, both of a material (maintenance, purchases, management, etc.) and of a personal nature (assistance, collaboration or sanctions). There will also be work groups that focuses on specific issues or areas. We would like to establish an informal voice that encourages residents to participate in groups, while not expressly making them mandatory. Rather than one leader, we need a whole collective where anyone can lead. Finally, there is the umbrella group, where volunteers are essential, as this is the entity that sets up emotional assemblies. When there is an unspoken issue hanging in the air or making noise within the group, it is essential that we organise a meeting to talk about it and start to resolve it. This is the group where conflict resolution can be provided, as it will have external mediation and facilitation support.

4.7 How we help each other

Mutual support is an integral concept within our purpose. Now we must establish how much we can take on, what we do and do not want to do or to have done for us, where our limits are, etc. We don't want to be a burden to our family or our friends. We know that the clearer our wishes, the fewer problems we will have with care management, and that any purpose-driven space must be designed through consensus to inspire trust. Our project is based on four axes of care: a) care in a shared home, b) care as support to tackle dependence, c) end-of-life care, and d) care relating to financial implications and needs.

4.8 How we want to age

We want it to be a shared process: we have already started to describe our hopes for the future and to talk about the end of our lives. Some of our community's values are rooted in active ageing and mutual support in old age. We aim to empower older people, without becoming a retirement home, with activities in the wider community linked to the neighbourhood. We need an infrastructure in the form of a network between equals, while

recognising our diversity. This can be achieved by talking openly about what the end of our lives represents. From proposals like the right to a dignified death, with possible legalised euthanasia in the future, to personalised end-of-life support options. All perspectives must be respected.

5. How we can satisfy people's invisible needs

It is important to propose elements to be taken into account in order to ensure psychological well-being and create positive relationships and lasting affection, which are as essential in life as food.

5.1 Emotions, empathy, roles and status

We have to learn to seek perspective, to look inside ourselves, to accept what we do not like about ourselves, to see what we can change and what we cannot, to accept that nobody is perfect, to listen, to stop worrying about things we cannot solve, and to love ourselves more. We need to do this as soon as possible in order to build a solid group, a human building. We must work on empathy, which we define as putting yourself in another's shoes, suspending all judgements, attending to the other person's emotions, connecting with their needs, etc. The solution is never giving advice or consolation, playing down their feelings or telling a similar story of ours. In any group, a range of roles start to appear, and they are mobile; they are not attached to a particular person. Therefore, distancing a person with a specific role (critical, conflictive, etc.) does not get rid of the role; it makes another appear. So, our task is to learn to separate the role and the person. We must realise that, in all groups, even if they have a horizontal structure, power always exists: not power over others, but the power to do. This is why we need to differentiate between role, status and person.

5.2 Conflict

We must deal with conflict at the preventive phase via the umbrella group, which will detect signals, listen, help to inhibit the spread of rumours and provide support to anyone who needs it. It will be useful for us to have tools to manage conflict in the initial phases, through sofa meetings, lunches and dinners to talk and shed light on different points of view. In the second phase, conflict is open and, if left unresolved, may lead to crisis or even violence. To deal with it, we must reflect on the power of the group, where it is, how we communicate, what we talk about and what we do not talk about, which values have not been shared, what is happening, what it says about each person and about the group, etc. In any event, conflict is human nature: it is an inevitable part of life and living together. We are therefore considering talking about conflict with external experts, even before the coliving project officially begins.

5.3 Participation, dedication and commitment

Participation is not just about being there or attending. It means taking part in a common mission, getting involved and committing, contributing towards results, taking ownership of the project. We are talking about attitudes and feelings, as well as work to be done. Any rejection of what is agreed may be down to a perception of authoritarianism. We must therefore work to link it to care and cohesion within the group. So, we have to remember that any mandatory work is to be done for the benefit of the group, not just through obedience. We do not want to be 'carers'; we want everyone to take on responsibility.

5.4 Leadership

We know that leadership is linked to power, but we see power as ability or possibility: not power 'over', but rather power 'to', which also involves privilege. We must be able to identify who has more or less power, whether or not we have power, and in what area. Leadership in Can 70 must be positive and, above all, linked to the care of people within the group. This way, no one takes the lead; the group must grant leadership.

5.5 Personalities and attitudes, red lines

As this is a project involving older people, we know that there may be unexpected attitudes or unforeseen situations that may hurt individuals or the group. Should these circumstances occur, initially, we will submit the issue to the emotional assembly, where the conflict will be dealt with (with external help, if required). If necessary, we will then take it to the general assembly to make the necessary decision as a group.

6. How to fulfil visible needs

We want to cooperatively self-manage the services needed by the community (maintenance, cooking, cleaning, shopping, etc.), as well as aspects relating to care and the employment of staff and resources needed in administrative, care, medical and other areas.

6.1 General basic services and care

We know what we want and what we can do. This means we need to plan what we need others to do for us. We intend basic outsourced services to be managed by organisations in the cooperative world in each area. We also foresee voluntary collaboration from members who wish to participate. The domestic services required will be administration; centre and staff management; reception; cleaning of communal spaces, the building in general and private spaces (optionally); building maintenance (structure, light, water, gas, internet, etc.); and shopping. Healthy eating is also important to us, as looking after our second brain is essential; eating is one of the most important activities of the day and must be enjoyed with company in the community dining room at least once a day, initially. We have also looked at laundry, ironing and sewing: depending on our situation, we may leave this in the hands of others or not, but there will certainly be communal appliances and other tools. Then there are more personalised services, including physical and mental health, with staff leading physical exercise sessions (physiotherapists and trainers), physiotherapy workshops and psychological care, podiatry, hairdressing and barber services. We can enjoy these services if we do not use the ones in the neighbourhood or when it is too difficult to get around.

6.2 Healthcare services

We will have use of the CAP (Primary Care Centre) and the services offered by the Catalan Health Service. Alongside this, we can add healthcare staff, including specialist doctors, nursing professionals and care assistants specialising in the elderly, if needed. We are considering both official and alternative medicine, which we can share. The purchase and distribution of pharmacy products (both traditional and natural) can be outsourced when required.

6.3 Leisure

Leisure is health for the soul and for the emotions. We will need staff to organise activities; reading, cinema, theatre, cooking, singing and dancing workshops; parties and festivals (seasonal or personal); outings; exchanges with other centres; and trips.

7. Ideas for the architectural design and building maintenance

The development of coliving projects, especially when groups and cooperatives are involved, requires specific organisation and design processes, which differ from those usually found with other kinds of work and clientele. There are many intermediate steps needed to make community decisions among the future users. As well as the usual services, the architectural design must include all the elements needed for the coliving process to begin: a suitable plot, a programme of uses for a specific group of people, technical support from work groups to assess and certify the building’s energy performance, etc.

Any conventional architectural design is usually carried out in four phases: the preliminary design, the basic design, execution plans and construction documents. But which is the best model to use? Whichever corresponds to the lifestyle and type of social and environmental relations we have decided to have. We want to create new housing that offers a different kind of care and improves the relationship between the residents and their immediate and not-so-immediate environment. We are not going to be an alternative care home. We want to create collaborative, self-promoted housing, with spaces where activities relating to caring for people can be shared and reciprocal, mutual support initiatives can be carried out. In a project of this kind, we will define the hard infrastructure as the building and its spaces (private, shared, interior, exterior) and the spatial relationship between these spaces; and the soft infrastructure as the social systems, meanings, practices and relationships connected to these spaces. When defining the hard infrastructure, it is essential that we consider the soft infrastructure, as the latter must facilitate the former.

As for surroundings, the building must be in a flat neighbourhood with plenty of services, shops and public transport. Externally, the shape and design must blend in with the surroundings. We envisage a building with a useful surface area of around 2,000 m^2, which would provide space for between 30 and 40 residents. We want flexible, versatile spaces to create shared housing that can be used for socialising. The building must function as a whole, fully functioning space: when you step in the main entrance, you will find a spacious foyer area, which will act as the start of the route through the different spaces and as a pleasant entrance area to the home. The ground floor might be the most suitable place for the general kitchen, connected to the community dining room (for lunches). There should be a small, quiet, multi-purpose room with space for reading; a multimedia space in a quiet, well-lit area; a living room connected to the dining room, to provide extra space if necessary; and a multi-purpose leisure room for workshops, other activities or general or group meetings. To join this level to the upper floors, an architectural solution must be found that guarantees easy accessibility for all, whatever the level of mobility.

On the upper floors, there will be private spaces or coliving units, which will measure approximately 40 and 60 m^2 and will be equipped with a kitchen, an adapted bathroom accessible for wheelchairs, and an open-plan space for the sleeping, living and working area, organised and furnished according to each user's needs. There will also be other communal spaces, such as the laundry room and sewing space, the general maintenance workshop (which can also be used for users' occasional DIY tasks), storage areas (general and individual, on different floors to be close by for different uses), guest rooms, a first aid area, etc. We must also think carefully about the transition spaces between the private and the communal, so that social contact in these areas can be adjusted in terms of interaction and intensity. They will work like internal streets within the building, where users can meet others, if they so wish, and interact, and will create different spaces where each person can find their personal way of communicating and their own space for interaction according to their personality.

The building must have some basic general characteristics. First, it must be sustainable in terms of energy, with materials that insulate rather than heating or cooling, open spaces and flexible distribution (moveable walls/wardrobes), and industrial-style modules to reduce time, energy and waste during construction. The structure in contact with the ground must be concrete, then there will be a cross-laminated timber structure for the housing and community spaces and a metal structure for the light elements of horizontal and vertical circulation spaces. In terms of water supply, we plan to use recycled greywater. There will also be a focus on reducing and recycling waste. At the same time, we want to ensure this is a healthy place to live, so a geobiological study will need to be

carried out to avoid illness. We need to use biocompatible, natural, non-toxic materials; achieve hygrothermal comfort through breathable, insulating materials; and opt for a star electrical installation, which will prevent electromagnetic alterations. Finally, it must be an accessible building, with easy access to upper floors, hydraulic lift(s), baths, the floor; bathroom fixtures, plug sockets, blinds, windows and wardrobes at accessible heights, as well as adapted door and corridor widths. Everything must be adapted.

As regards services, facilities and maintenance: we will need to find out how to efficiently create elements like a garden, a solarium, a gym, therapeutic baths, etc.

Another factor to consider will be the technology to be included: lifts, phones, internet, Wi-Fi, cable television, fire system, regulation compliance, compartmentalisation (automatic doors), etc. Preventive maintenance of the building is wise, and it may be necessary to hire an external social organisation for this purpose. This maintenance consists of planned action to be carried out to infrastructures to minimise the impact of breakdowns and guarantee maximum availability. Generally, services will be provided by cooperatives or business linked to the social economy.

Bibliography

EZQUERRA, SANDRA AND MANSILLA, ELBA. *Economia de les cures i política municipal: cap a una democratització de la cura a la ciutat de Barcelona* . 'Estudis Temps i Cures' collection. Barcelona: Barcelona City Council, 2009.

DURRETT, CHARLES. *El manual del Senior Cohousing*. Madrid: Dykinson, 2015.

LACOL AND LA CIUTAT INVISIBLE. *Habitar en comunidad. La vivienda cooperativa en cesión de uso*. Madrid: Fundación Arquia and Catarata, 2018.

MOGOLLÓN, IRATI AND FERNÁNDEZ, ANA. *Arquitecturas del cuidado. Viviendas colaborativas para personas mayores. Un acercamiento al contexto vasco y las realidades europeas.* Zeberio: Emakunde (Basque Women's Institute) and Eusko Jaurlaritza (Basque Government), 2016.

25
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The Escola de Salut i Envelliment 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 Envelliment 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 Envelliment 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.

Bibliography

WINDLE, MICHAEL; C. WINDLE, REBECCA (2014). "A Prospective Study of Alcohol Use Among Middle-Aged Adults and Marital Partner Influences on Drinking". *Journal of Studies on Alcohol and Drugs*, 75(4), p. 546-556.

DICKENS, ANDY P.; RICHARDS, SUZANNE H.; GREAVES, COLIN, J.; CAMPBELL, JOHN L. (2011). "INTERVENTIONS TARGETING SOCIAL ISOLATION IN OLDER PEOPLE: A SYSTEMATIC REVIEW". BMC PUBLIC HEALTH, 11. <HTTP://WWW.BIOMEDCENTRAL.COM/1471-2458/11/647>

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