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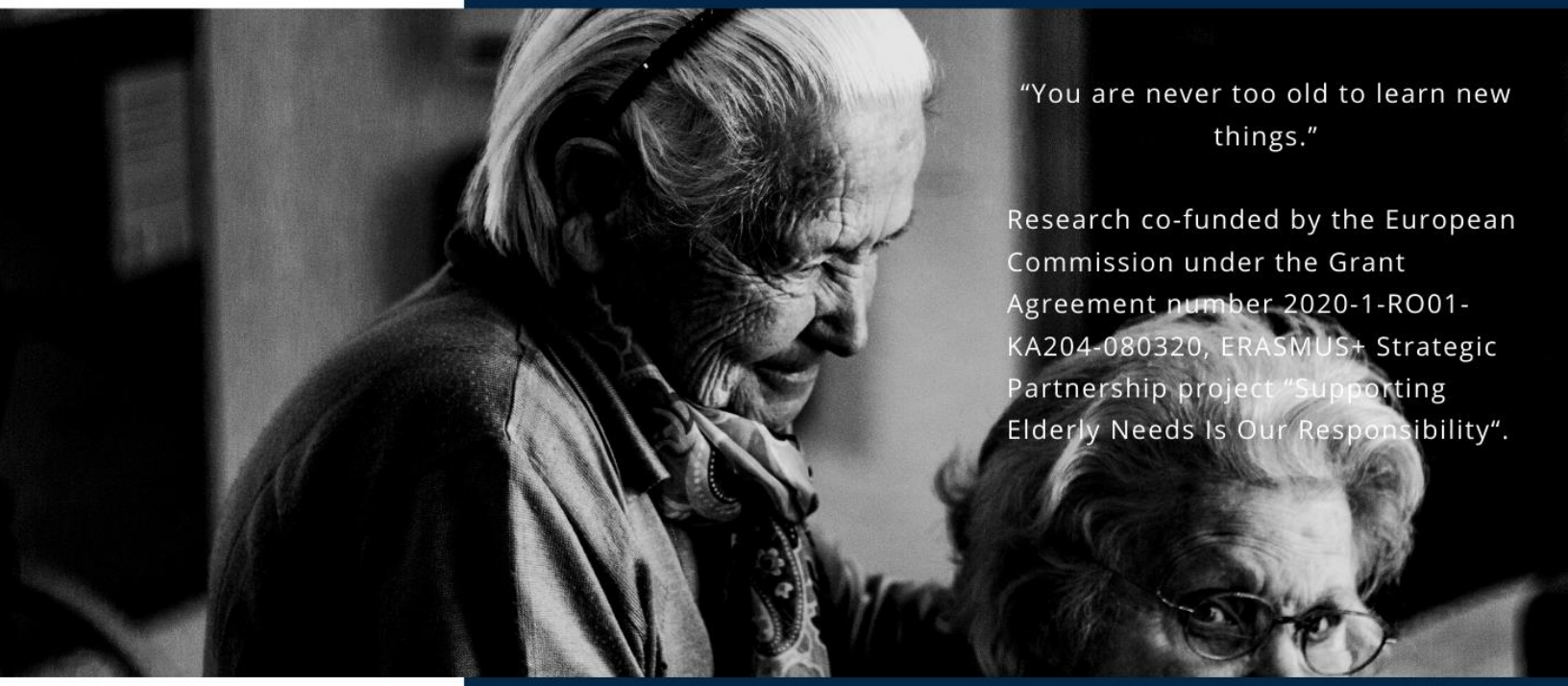
ESSENTIAL NEEDS OF EDUCATORS TO SUPPORT SENIORS



"You are never too old to learn new things."

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Supporting Elderly Needs Is Our Responsibility

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Abstract	Active ageing means helping people stay in charge of their own lives for as long as possible. Because keeping minds active is equally as important as keeping bodies physically active, there is an urgent need for an educational, cultural and social context. According to the Active Ageing Index Analytical Report (UNECE, 2019) the involvement of older persons (age 55-74) in education varies among the 28 EU countries from 0.2% to 19.3%. A consortium formed by five non-governmental organisations conducted primary research national country analyses and interviews to understand the causes of the reduced level of commitment of seniors to participate in activities for education, inclusion and exchanges of experiences.

	The results revealed that there is a lack of enabling environments to foster active ageing and lifelong learning. In addition, only a few initiatives at the national and European levels address the professions of educators and staff working with the elderly. The report summarises the educational needs of educators and staff working with seniors, along with good practices identified. These may be adapted and implemented by relevant social workers in communities. Based on the data collected, the research team concluded upon an innovative course framework to improve the skills of the educators and staff working with seniors.
Keywords	Active ageing; lifelong learning; elderly; seniors; educational context

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Summary

Active ageing means helping people stay in charge of their own lives for as long as possible. Because keeping minds active is equally as important as keeping bodies physically active, there is an urgent need for an educational, cultural and social context. From this perspective, the report addresses the educational needs of educators and staff working with the elderly.

The study is part of the Erasmus+ project "SENIOR - Supporting Elderly Needs Is Our Responsibility", implemented by a consortium of five partners from Italy, Romania, Spain and Poland, aiming at increasing the level of commitment of seniors to participate in activities of education and exchanges of experiences.

Educators and adult education institutions play an important role in the development of an enabling environment for an active ageing society. In this context, the report addresses several aspects of education, from the needs of educators that work with seniors to the methods of keeping the seniors engaged in activities. The report is structured in three main sections.

The research methodology section summarizes the research methods applied to identify the needs of educators, the categories of respondents, the approach to interviews and the limitations of the study.

The national reports set forth a range of country-specific aspects, with references to political frameworks, educational opportunities and potential barriers to active ageing. Drawing from desk research and individual interviews, the report summarises the challenges around active ageing and education with and for seniors, along with areas of improvement suggested by interview respondents. Each interview was guided to foster an understanding of what working with seniors implies and what the educators teaching seniors need to consider. Questions lead to recommendations concerning the cooperation between different actors for an active ageing society.

The European synthesis chapter generates the basis for creating an innovative educational context for educators of seniors. It offers organizations working with seniors the possibility to improve their processes with methods developed at the European level. An array of educational instruments and initiatives are presented to underline the potential of transferring models and good practices across local communities.

Currently, there are efforts at the national and EU levels to improve active ageing. The analysis reveals that harmonization of the educational programs for educators and staff working with seniors at the European level can foster an active ageing society. In addition, developing moderns and effective cooperation models that enable networking is expected to improve the continuous professional development of staff by sharing and exchanging pedagogical models validated across Europe.

Based on the data collected, the research team concluded upon an innovative course framework to improve the skills of the educators and staff working with seniors.

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Introduction

Education and lifelong learning are essential for all people, no matter the age, background or social statute. As set out in the Sustainable Development Goal no. 4, efforts shall be directed to Ensure an Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All. In this regard, the slogan “You are never too old to learn new things” worth being recalled. Even at 65+.

Adult learning courses help to keep the brain healthy as seniors are continuing to challenge it. The more the brain works in old age, the higher its defences are against the onset of dementia.

Apparently, there are plenty of adult learning courses and plenty of advantages to signing in. Even so, according to the Active Ageing Report (UNECE, 2019) the involvement of older persons (aged 55-74) in education, varies among the 28 EU countries from 0.2% to 19.3% in Denmark. The lowest level was for Romania, where only 0.2% of the respondents received education within the latest 4 weeks preceding the survey. Low percentages were accounted for in all other consortium countries: Poland (0.8%), Spain (3.1%) and Italy (3.8%).

In this context, the project consortium assembled by five non-governmental organisations conducted primary research national country analyses and interviews to understand the causes of the reduced level of commitment of seniors to participate in activities for education, inclusion and exchanges of experiences.

Background of the study

Europe is getting older and socially isolated. To make it more age-friendly and better adapted to the seniors' needs, there is an urgent need for intergenerational cooperation. This report encompasses the essential needs of educators and staff working with seniors, and the enabling environments that foster intergenerational activities. To provide an overview of the needs of educators, five NGOs collaborated with 10 associated partners and summarized the outputs in this report.

Analysing the common challenges that adult educators face, as well as the needs of seniors in Italy, Poland, Romania and Spain the consortium noticed not only internal capabilities of organizations must be improved for addressing the newly identified challenges, but also the fact that the needs are not adequately defined. This category of educators needs to consider various problems resulted from health or mental problems, even psychological and low self-esteem. This is the main reason for carrying out this research, where these needs and challenges to be thoroughly investigated.

By this approach, the research team creates the premises that the following course modules and practical scenarios planned to be developed for educators of seniors are fit for purpose.

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Objectives of the study

This study investigates the needs and challenges of educators and staff working with seniors in four European countries. To allow for the integration of models and practices implemented at the EU level, the study addresses the European policies and strategies for ageing well.

The objectives of the study are:

- To determine the educational context for staff working with seniors
- To provide an understanding of challenges encountered by those who work daily with the elderly and today's problems
- To identify the needs and requirements of caregivers/educators
- To highlight the potential barriers with regards to seniors involvement in social activities
- To strengthen cooperation between organizations working with seniors for further exchange of good practices
- To determine the areas of improvement in the field of continuous preparation and motivation of caregivers for the elderly
- To stress the importance of cooperation between state agencies, community and seniors for the creation of an enabling environment for active ageing.

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Chapter 1. Research methodology

The research methodology summarizes the aim and objectives of the study, the research methods applied for the identification of needs of educators, the deliverables envisaged, the limitations of the research and the approaches to desk research and interviews.

Aim of the research

"Europe is getting old" (EC, Demographic Aging Report, 2018). In 1950, just 12% of the European population was over 65 years old. By 2050, we expect more than 36%.

Unfortunately, the COVID-19 pandemic affected these statistics. More than ever, it is our stringent responsibility to value our seniors and create an enabling environment for them to learn and to express themselves. It is urgent to take them out of this picture, where the human rights were limited and the seniors' rights were limited even more than for other categories.

The needs of educators are widely addressed and several courses are available on the internet. The topic of our project is special, addressing the needs of those educators and workers that support the elderly.

Analysing the common challenges that adult educators and staff working with seniors face, as well as the needs of seniors in own countries our consortium noticed not only that our internal capabilities must be improved for addressing the newly identified challenges, but also the fact that the needs are not adequately defined. This category of educators needs to consider various problems resulted from health or mental problems, even psychological and low self-esteem. This is the main reason for carrying out this research, where these needs and challenges to be thoroughly investigated. This way, we ensure that the course modules and scenarios created in the SENIOR project are fit for purpose.

Research methods

The ASSURE model is being employed as an overarching approach to the development of the "Essential needs of educators to support seniors" study.

ASSURE is a very successful tool to plan effective educational content. ASSURE is an instructional design model that has the goal of producing fruitful teaching and learning. We adapted the model to guide us through the process of elaborating the current study. ASSURE is an acronym that stands for the various steps in the model. The following is a breakdown of each step:

- **A**nalyse target group (learners) needs
- **S**tate the objectives of the research
- **S**elect the research methods for desk research and interviews
- **U**tilize media and materials for elaborating the report
- **R**equire target group (learners) participation
- **E**valuate (peer review with partners) and revise the final version before transferring to target groups

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The research deals with all the above-mentioned activities, most efforts being focused on collecting primary and secondary data, analysing these and elaborating the report.

To provide a complete and consistent report, a three steps research approach has been applied:

1. Data collection from international and national aggregated sources

The collection of data envisages carrying out a preliminary literature review as a secondary research method to inform the interview questions. The literature review addressed political framework, provisions for the elderly, provisions for elderly educators, initiatives to support learning and active ageing of elderly and potential barriers, as available from national and international reports, research studies, Eurostat data, as well as national and international laws and regulations. Based on these data, the questions being answered by educators/ facilitators/ social workers/ volunteers working with the elderly within the next step were formulated.

2. Data collection from national sources

The interviews (as primary research method) are followed by further secondary research at the national and European levels. This iterative process is designed to provide data of sufficient quantity and quality data to enable course designers to create meaningful course materials later during the SENIOR project.

The desk research and interview activities are expanded upon later in the next sections of this chapter.

3. Compiling a complete and consistent study

Based on the data collected in steps 1 and 2, the analysis has been completed applying the below methods:

- Highlight the key points resulting from the analysis of the data collected
- Categorize the results to meet the objectives of the study
- Structure the results of the analysis and formulate conclusions and recommendations

Report structure

The report comprises chapters, which are simply the results of the project or the processes in the project. That means a chapter can be something as big as the objective of the project itself or as small as a report chapter or data set.

The research team of the SENIOR project structured these chapters to meet the workflow requirements of course designers. Hence, the main sections are:

- Research methodology for desk research and interviews
- National needs analyses: Italy, Poland, Spain and Romania
- European synthesis report on essential needs of educators
- Conclusions
- Recommendations

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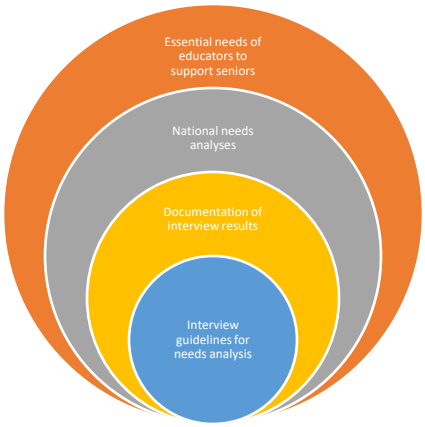

Source: Authors

The above structure of content enables us (and any other designer of courses for the elderly) to use Chapter no.1 as guidance for interviews which lead to the interview results included in Chapter no.2. The latter feeds into the national needs analyses – Chapter no.3. Finally, Chapter no.4 wraps the whole research effort together in a complete document of reference for educators/ facilitators/ social workers/ volunteers working with the elderly.

Research boundaries and limitations

The current study is thought to explore the needs of educators to support the elderly at its early stages, then to explain why and how these needs should be addressed, in an explanatory approach. For this purpose, the research does not carry any statistical significance. Moreover, while an overview at the European level is provided, the study collects data mainly from four EU countries, namely Spain, Italy, Poland and Romania.

Desk research

The literature review sought to explore mainly documentary data from various sources, thus building on the initial secondary research carried out during drafting the SENIOR project proposal, when the main directions of research were formulated.

Recognising the limitations and disadvantages of the secondary research (Saunders & Lewis, 2009), the secondary research is integrated into the research design together with the primary research, thus overcoming the possibility of the previously collected secondary data being inappropriate for the current research purpose (Denscombe, 2007).

Desk research areas

The following areas were investigated using the 5WH (What, Who, Why, When, How, Where) technique to guide desk research:

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Political framework — Laws, public services, state agencies, national programmes

- Relevant laws for elderly and elderly educators
- Structure of the relevant public services and state agencies
- National programmes. State efforts to support elderly education and active ageing. Examples:
  - Subsidising social workers who support elderly
  - Subsidising facilities for elderly (housing, medical care and activities)
  - Holiday and health/wellness tourism

Provisions for elderly — Demographics, retirement age, housing options

- Demographics
- Retirement age
- Housing options and elderly distribution in these; housing by age distribution:
  - Ageing in place (staying in own home)
  - Independent living (housing arrangement designed exclusively for older adults – apartments, freestanding houses)
  - Assisted living facilities (residential option for seniors who want or need help with some of the activities of daily living)
  - Nursing homes (providing medical are + custodial care, including getting in and out of bed and providing assistance with feeding, bathing, and dressing)

Provisions for elderly educators — Who are those working with elderly people

- Educators, facilitators, volunteers and paid staff
- Where they work
- What they do
- Payment levels
- Formal, non-formal, informal education opportunities for educators
- Volunteering opportunities to support elderly
- Career opportunities
- Challenges

Initiatives to support learning and active ageing of elderly — Networks, websites, projects, good practices, community activities

- National, regional, local networks
- Elderly support websites (in own countries)
- Small scale projects (EU, Erasmus, privately financed) implemented
- Good practices in terms of elderly learning
- Community activities for and with seniors (empower + value), e.g.:
  - Book club,
  - Elderly Club
  - School programmes (e.g. Tea with a grandparent)
  - Activities in parks
  - volunteering opportunities for elderly (volunteer at old age), etc.

Potential barriers — Focus on barriers that SENIOR project can help solving

Depending on your findings in the national context

- May be: lack of educators/personnel, lack of supportive laws and financing, lack of good practice examples, problems not known, misconceptions, lack of intergenerational activities.
- With focus on barriers that SENIOR project can help solving through direct intervention or lobby.

Data sources and keywords

While primary data can be collected through questionnaires, depth interview, focus group interviews, case studies, experimentation and observation, the secondary data can be obtained through internal sources (within the organization) and external sources (outside the organization). For the SENIOR desk research, a limited amount of data was available inside partner organisations. Therefore, external sources were investigated to provide answers to the themes previously set out. The collection of external data is

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more difficult because the data have much greater variety and the sources are much more numerous. To cope with that, the project researchers identified a range of most relevant sources for this research, with a focus on publications not older than ten years:

- Publications from the European Commission
- National policy frameworks and guidelines
- European and national reports
- Annual reports and other census data
- Databases (including peer-reviewed scholar literature)
- Relevant textbooks
- European projects
- Professional social networks
- Global and local newspaper
- Adult organisations websites
- Other relevant literature produced by civil society organizations/grey literature.

These sources may be accessed using search engines such as Google, Google Scholar and any academic or training databases partners have access to. The reason for including such a wide selection of sources is to ensure that there is sufficient coverage of a complex topic that is differently understood across various stakeholders and countries.

To guide researchers during the desk research, the following keywords are suggested to be used, in English and partners' languages:

Seniors, elderly
Public policies for elderly/seniors
State agencies for elderly/seniors
Public services for elderly/seniors
National programmes for elderly/seniors
Seniors retirement
Educators, facilitators, volunteers and paid staff working with elderly
Elderly/seniors support
Education for elderly caregivers
Elderly support networks
Elderly support organisations
Activities for elderly/seniors
Active ageing

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Interview guidelines for needs analysis

The interviews in this study seek to address a simple, yet fundamental question: what are the needs of educators in their endeavour to support the elderly? The main purpose is to offer insight into different opinions, beliefs, attitudes and experiences of interview participants by conducting an interactive dialogue (Mason, 2002).

The overall rationale of the interviewing method is to provide rich and detailed answers on the research topic. Moreover, during interviews, new issues and new ideas may emerge that could further facilitate the analysis of any topic in question. To help these new issues and ideas to emerge, interviews in qualitative research tend to be less structured. This flexibility yields, in turn, wider aspects on the topics in question as well as unexpected themes that can, however, be as important as the initial researcher's concerns.

Each project partner is expected to undertake the following actions in the context of the interviews (Collis & Hussey, 2014):

1. Translation of the interview questions
2. Conducting of Interviews
3. Producing partial transcripts of interviews
4. Coding data for confidentiality and anonymity
5. Analysing data towards meeting the research aim
6. Conceiving the interview results report, including the interpretation of data and comparison of findings with existing literature

The above interview process was designed to allow for generalisability and transferability of the research in the area of essential needs of educators to support seniors. Everyone can benefit from this study, free of charge. This is one of the key features of Erasmus+ strategic partnership featuring innovation.

Categories of respondents

The current research seeks to identify the essential needs of educators to support seniors. "But who are these educators which support the elderly?"

Our preliminary literature review shows that the lifelong learning of seniors does not and must not take place in schools or alike class settings. Instead, it takes place in the everyday life of senior citizens. That is, one shall not seek to bring the elderly into class, but shall create learning contexts and opportunities at places and institutions in the community which represent the living environment of the elderly. In this context, the educators are not just professional trainers, but people active in a wide range of disciplines, roles and institutions. Although the list below is not exhaustive, these people may be:

- Educators/Trainers
- Institutionalised caregivers
- Home caregivers
- Elderly parent caregiver
- Healthcare employee (doctors, nurses, etc.)
- Psychologists/counsellor
- Rehabilitation Counsellor

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- Speech Therapist
- Occupational Therapist
- Social workers
- Physical Therapist
- Volunteers
- Local/regional agency employees
- Policy makers

Each partner is to select five interviewees. These may be members of the partner organisations, delegates from associate partners or other organisations. In selecting the interview participants, project partners shall consider gender equality, equal opportunities and relevance in terms of knowledge, experience, skills and line of work.

Interview confidentiality and anonymity

Confidentiality and anonymity: upon request, the name of the interviewee will be anonymized and coded with initials.

The interview process is designed to overcome concerns from interviewees regarding the anonymity and confidentiality of data. In this regard, interviewers shall seek permission from participants for video/audio recording before carrying out the interview. If permission is not given, then interview data are collected by note-taking.

In addition, the interview contextual data are stored separately from the interview transcripts. The two sets of data were linked together by using a code system. While the contextual data will be available only to the partner organisation which conducted the interview, the transcripts in English will be available to the entire consortium, which will use these for the research report. The names of the interviewers will be publicly available.

Contacting the potential interviewees

A pool of suitable interviewees is considered upon delivery of the interview methodology with questions. The potential interviewees are initially contacted directly or via email or phone. Following their preliminary expression of interest, the interviewees are provided with the interview sheets (Appendix 1) in electronic form. Along with interview questions, the interview sheet includes basic information regarding the project and the research study.

Interview consent and scheduling

Upon completion of the contacting process, the interviewers require the interviewees' confirmation for participation and agreement with the associated arrangements. The interviews are then scheduled at the earliest convenient opportunity.

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Interview sample size

The numbers of interviews were already established during the planning phase of the SENIOR project. The interviews were divided among the project partners, who carried out interviews in national contexts.

The interviews are sought to complement each other, rather than overlap. Because of that, these interviews are considered sufficient for providing sufficient quality and quantity of primary data.

Interview questions

The nature of the research requires rather non-standardised interviews (Healey, 1991). However, (Robson, 2002) recommends participant discussions rather than informant interview, because explanatory interviews are best direct (Center for Human Resource Development, 2021)ed by the interviewer.

For that reason, the research methodology envisages semi-structured interviews, with a key set of themes and a range of guiding questions relevant to those themes being formulated.

The main interview themes draw from the preliminary literature review and include:

- Background of interviewees and their organisations
- Societal misconceptions about elderly
- Activities with good results in practice
- Training opportunities for people working with seniors
- Character traits of people working with elderly
- Useful skills of people working with seniors
- Challenges in the line of work related to senior citizens
- Community support in existence and potential

The themes for the semi-structured interviews aim at allowing for asking both descriptive and explanatory questions during the interview. Based on the chosen themes, a set of nine complex and open-ended questions were designed, with explanations and examples to guide each interviewee:

1. Introduce yourself and your organisation. How long have you been working with the elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.
2. In your experience, what do you think is the most common misconception about the elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)
3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage the elderly to remain active in society?
4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?
5. What do you think are some of the most valuable character traits for professionals who work with elderly individuals?

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6. In your opinion, what are the most important skills which help the overall relationship and experience of working with the elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?
7. What are the difficulties encountered while working with the elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?
8. How can the community help you more in your work? How can it help the elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?
9. Do you have anything else to add?

The interviews carried out using the above question-based framework may last for 20-30 minutes, with some degree of flexibility. The expectation is that the above questions could clarify the essential needs of educators and those working with seniors in their line of work. Course modules and activities will be designed later during the project, to meet those needs.

Data analysis

The transcription of the interviews is a process that requires a lot of time and effort. A good tip is the act of taking notes during the interviews (Patton, 2002). This can facilitate the formulation of an axis upon which the major themes. Although time-consuming, the partial transcription of interviews ensures the quality and authenticity of data. Although the use of computer-assisted qualitative data analysis software could speed up the processes of coding, grouping and comparing, it is preferred to conduct the analysis manually, since in that way the analysis of data will be a continuous process and in constant relationship with the data collection.

The data collected during interviews are intended for being furnished in the results section. To confer focus in relation to the research aim, the results are laid out to five critical areas, previously set out in the project plan:

- Knowing seniors
- Understanding seniors
- Working with seniors
- Empowering seniors
- Valuing seniors

The key research outcomes emerge by taking into consideration their high frequency and importance underlined by the interviewees. The use of any quotations by the interviewees is classified accordingly to maintain the anonymity of the participants.

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Chapter 2. National needs analyses

Partners in Spain, Poland, Italy and Romania carried out desk research and interviews aiming to collect knowledge on learning and active citizenship of old people from studies, political discourse and practical experiences in their countries.

National needs analyses. Country report Spain

The national needs analysis from Spain summarizes the results of desk research and interviews together with suggestions from respondents.

Research team: Manuel Carabias, Damiana Sudano, Jonas Martin Vega

Desk research results

Spain is one of the European countries with the most significant societal changes in the 21st century contributing to an ageing population, in particular, high life expectancy coupled with low fertility, which will result in a doubling of the old-age dependency ratio. Demographic ageing implies important challenges that affect the lives of people, families, the economy, public finances, and the reorganization of the health and social systems.

Political framework

As Spain is divided into autonomous communities, each community has their law regarding the attention and protection of elders, as well as the coordination of elderly residences is also the responsibility of each autonomous community. However, there is a national strategy regarding active ageing.

The State Council of The Elderly of Spain, with the support of the Ministry of Health, Social Services and Equality, has developed the project "National Strategy of the Elderly for Active Ageing and for Their Good Treatment 2018-2021" (EUSKADI, 2018). The document contains a set of measures for the promotion of active ageing, quality of life and good treatment in the design and implementation of public policies.

Aimed primarily at public administrations and entities but also with associations of the elderly and the elderly themselves, its OBJECTIVES include:

- Guaranteeing older people equal opportunities and dignified living in all areas.
- Ensure the active participation of the elderly in the formulation and implementation of all activities of public life and especially in the policies that affect them.
- Promote the permanence of the elderly in their family and community environment.
- Promote forms of organization and participation of the elderly, which allow society to draw on the experience and knowledge of this population.
- Promote comprehensive and inter-agency care, focused on the elderly, by public and private entities, and ensure the proper functioning of programmes and services for this population.
- Ensure the protection and social security of the elderly.
- Avoid age discrimination.

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- Prevent, diagnose, care for and eradicate situations of ill-treatment and abuse against the elderly.
- Maintain the quality of life with worthy pensions, as set out in our Constitution.
- Provide rights and legal certainty to the elderly in all areas that affect them.
- Promote with effective measures active ageing since through it will achieve healthy ageing.

Lines of action

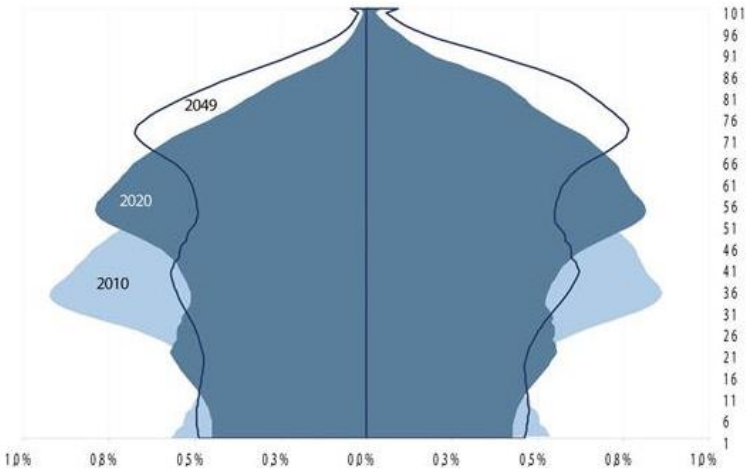
Taking as a starting point a comprehensive situation diagnosis (which delves into diverse issues such as the residential environment, lifelong learning, health, access to new technology or care, among others), the Strategy promotes the development and implementation of policies to achieve a higher quality of life for older people, around five major lines of action:

- Improve the work of the elderly and extend their working lives.
- Promote participation in society and its decision-making bodies.
- Facilitate a healthy and independent life, in adequate and safe environments.
- Ensure non-discrimination, equal opportunities and attention to the most vulnerable situations.
- Avoid ill-treatment and abuse of the elderly.

Provisions for elderly

In 2020, the general population of Spain was 47,329,000. The segment 54 to 64 years old represents 12.1%, with 2,899,088 men and 3,044,111 women. Moreover, the population over 64 years old represents 17.9% of the total population (3,763,989 men and 5,040,737 women). The legal retirement age in Spain is set at 65 years and 10 months (INE, 2020).

It is also important to note that the increase of people older than 80 years of age is greater than the remaining population groups (Abellán, 2012). In 2014, they form 5.3% of the total population. It is calculated that in 2049 this will rise to 11.8%, which will cause a greater consumption of health assistance and care in the home because chronic diseases have a greater risk of causing disability and will require greater long-term care (Serrano, Latorre, & Gatz, 2014).



Spanish population 2010, 2020, 2049. Superimposed pyramids, Source: (IMSERSO, 2012)

Taking into consideration this data, the promotion of quality of life in senior centres should have the following fundamental axes:

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- The promotion of active ageing.
- To ensure that equal opportunities for the elderly are recognized as citizens with legitimate rights.
- Create structures and channels of coordination between all institutions and entities involved in the recognition of the elderly in society.
- The transformation of the elderly into agents of their development.

Specialized accommodation options

Age-restricted communities, also known as "active adult" or "55+" communities, cater to older adults who have a common preference for not having younger people around. Usually, there is a mix of housing types - single-family homes or apartments, often connected by sidewalks or trails. There is a focus on an active lifestyle, so many communities have well-equipped clubhouses and other amenities, such as tennis courts and golf courses.

Active adult communities are more appropriate for older people who are healthy, independent and interested in the social benefits of living among people with the same characteristics.

Senior Apartments are apartments with age restrictions that are usually available for people 55 years of age or older. Although some are luxury apartments with high prices, many have market prices or lower. Some are even built specifically for low-income people. Because the units are built for older adults, they are often designed to be accessible and include transportation services. Many of them also offer recreational and social services.

Cohousing designates "an intentional type of neighbourhood' in which residents actively participate in the design and functioning of the community." Residents are private owners of their homes and do not pool their income, but there are common facilities for daily use. Decisions are made cooperatively, rather than through top-down hierarchies or by majority vote. Cohousing communities are vibrant places where there are many opportunities for multigenerational interactions and social connections. In senior or senior communities, the "intentional community" is for seniors only. Homes and facilities are designed to age on-site, and residents often share the cost of on-site health care or a health care provider.

Often the reason families are looking for different housing options is that their older family members need help on a daily basis. Depending on the level of care required, options include assisted living homes and nursing homes.

Assisted Living arrangements help people stay as independent as possible while offering the necessary help. They provide personal care and support services or help with basic daily activities, such as bathing, dressing, and controlling medications. Most assisted living homes provide an apartment lifestyle, although there are also "council and care homes" and "personal care group homes," which are state- or locally licensed single-family homes to provide care. They offer meals, activities, cleaning, transportation and some level of security.

Nursing Homes facilities provide specialized nursing care for older adults who require it. While households have doctors on staff, nursing assistants provide most of the help with basic daily activities, and nurses direct medical monitoring and intervention when needed. Their work is often supported by speech and occupational therapists or physicist, who work to keep residents as strong as possible. The decision of choosing a nursing home is one of the most difficult housing decisions families have to make. Quality may vary across these facilities.

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Continuous Care Retirement Communities are facilities featuring independent apartments and living homes and offer the diverse social, recreational and cultural activities of other retirement communities. But they also have assisted living and nursing-level care. In this "continuity of care" system, residents often enter the establishment to an independent standard of living. Later, if their health and abilities decrease, they can move to assisted living and then, if necessary, to the nursing home level. The most important feature of continuous care is that all needs can be met. Family members can be sure that if their loved one's health status changes, the resources on the site are there to provide support.

Provisions for elderly educators

Social educators in Spain earn an average salary of 15,000 euros gross per year, which means having a payroll of about 1,100 euros per month in 12 pays. As employment is mainly registered in the public sector, these salaries can be increased with seniority, travel bonuses and other salary supplements to EUR 18,000 gross per year.

The social educator in residential centres and day centres for seniors: professional profile

In accordance with current regulations, as of Decree 284/1996 on Social Services, it is determined that one of the functions of residential and day centres, is sociocultural dynamization. Historically, this task has been developed by professionals in the field of sociocultural animation. With the emergence of the University Diploma of Social Education, sociocultural animation activities became the competence of the social educator.

Definition of the objectives of the Social Educator in residential centres and senior day centres

The philosophy of action is to "bring the years to life" and from it, the following objectives are implemented:

- To enhance the playful, creative and relational dimension of the person.
- Generate illusion.
- Contribute to the eldest person reworking and continuing their life project.
- Integrate residents' relatives into the dynamization process.
- Enhance the person's ability to make a decision and self-management.
- Normalize the life of the eldest person as a person rather than as sick.
- Recovering and maintaining the link with the institution, the environment and social life
- Maintain and enhance physical, psychic and social capacities taking into account the person as a bio-psycho-social and spiritual being.

Social functions of educators in residential centres and senior day centres

These include:

- Design, plan and evaluate dynamization activities
- Motivate, facilitate and channel initiatives.
- Transmit strategies and tools that facilitate relationships and interpersonal communication.

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Good practices

An example of good practices is the Regional Government of Andalucía, which has an information society portal dedicated exclusively to mobile applications for the elderly, Andalucía es Digital (INICIO, 2016). Depending on the purpose and objective, there are Apps from entertainment or leisure to health control (Mendía, 2015). In addition, there is a volunteer for these people, called digital accompaniment, where people with no knowledge or very basic knowledge about new technologies are helped to learn how to work with ICT. Below are only cited some applications as examples, dedicated to health and entertainment:

- Medisafe or Pillboxie. Applications that warn when medicines need to be taken also inform family members if they have.
- Lumosity. Application designed to exercise memory.
- Words with Friends. Mental agility application that allows you to play between people.
- Fit Brains Trainer. Application to exercise through games concentration, mental agility, visual perception, etc.
- Prime Alert. GPS alert app that alerts family members and doctors where the person is located.
- RunTastic Pro. Application to stay in shape by monitoring daily physical activity.
- Dragon Dictation. Application for people who have difficulty handling the keyboard. It's done through speech recognition.
- BIG Launcher. Application for people with reduced vision. The icons and keyboard are much larger.

Projects for the elderly

- AGE: It is a project created in 2009 by the Orange Foundation and the Complutense University of Madrid. This project aims to prevent cognitive decline and promote the social integration of the elderly through the use of technological systems. Several entities collaborate in this project, including the Quality of Life and Ageing cabinet of the University of Granada.
- ENRED@TE: This is a project that allows older people to stay in touch with others to talk, share experiences. It was created in 2015 by the Vodafone Spain Foundation and the Red Cross, its main mission being to promote active ageing and strengthen the social participation of this group.
- Video support: project created in 2012 by Vodafone, aims to facilitate the development and maintenance of the physical, cognitive and relational capacities of the elderly with the support of new technologies.
- ICT Photography Project for the Elderly (Course 2015/2016): it is a project created by students of the Degree of Social Education of the University of Granada, aims to give voice to the elderly through photography while learning to use new technologies since they have to work with a photo editor.
- The publishing house Aula Planeta implemented a project called "I am a fan of my grandfather/mother: an intercultural and intergenerational project with ICT as a tool" (AulaPlaneta, 2015). It is a project that is carried out in Children's, Primary and Secondary Education in some centres of the province of Malaga, with the aim of students knowing and teaching their grandparents the use of ICT. These types of initiatives go far beyond learning and acquiring skills by older people in the use and management of ICTs, the important thing is that the elderly, children, adolescents, youth and adults, are in contact so that age discrimination, or ageing, does not grow in a society where the full integration and equality of people regardless of age, sex or provenance is pursued.

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Potential barriers

If older people centres in Spain have traditionally been an essential resource for fostering relationship spaces and leisure activities, this offer is not sufficient for today's elderly, let alone for new generations of older people. Thus, community socio-educational interventions are advocated to provide a significant impact on the social and personal development of older people; socio-educational interventions that have been vehiculated, not starring, through the professional work of social educators (Martínez de Miguel López, Escarbajal de Haro, & Salmerón Aroca, 2016).

A study (Ramiro, 2012) has shown that stereotypes act as disruptive and limiting factors in the social image of the group of elders (Dionigi, 2015). In Spain, this image is often associated with equating majors with dependence, idleness or illness (Carral, 2019). That is why it is very important to work in the line of offering society a picture more adjusted to the current x-ray of this group. For example, breaking the stereotype of the elders as a social burden and without a producer role, as the real data that yields economic contribution figures of this group in terms of financial support to younger relatives (87%), informal care (77%), creation of social capital (attention to grandchildren) (78%) and new avenues of economic development (64%).

Interviews and results

The decided respondents were contacted via email and the questions were sent for them to have time to prepare. The interviews were performed by phone, due to the impossibility of physical meetings due to Covid-19 restrictions, between December 2020 and January 2021. During the interviews the responsible took notes, to ensure that all the needed information will be documented.

The purpose of the interviews was:

- to understand what working with seniors implies
- to understand what educators teaching seniors/caregivers need to consider
- to provide recommendations concerning the cooperation between different educators/ facilitators/ volunteers

The interviews were codified as the following example: DES-1-JOR

- DES = Deses3 - Name of the organization
- 1 = number of the interview
- JOR = Name of the interviewed person

The partial transcripts of the interviews are presented at Appendix 2. After performing the interview and analysing the answer, several conclusions were drawn:

- The misconception regarding the elders are all related to the lack of information regarding old age, and lack of knowledge related to ageing, the life style of elders, their abilities and the diseases related to ageing;
- There is a real need for courses related to the emotional needs of the elders and how to deal with loneliness, fear, sadness, apathy;
- Empathy was considered one of the main skills and traits that caregivers and/or educators working with seniors need to possess;
- The difficulties encountered by the respondents in their daily work are mostly related to the discrimination and lack of respect upon old people and bad treatment;

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- The community can get involved and help through getting informed about the real needs of elders and offering adapted environments and adequate social activities which will help them get involved and feel valued in the society;
- The profession of caregivers is not properly appreciated or valued and due to lack of resources, these professionals have difficulties in their daily work.

Due to these findings, Deses3 has decided to write the module of Know your seniors, to provide the needed information and data about ageing, elders challenges and how to deal and overcome them as well as information regarding the figure of care giver and the activity of caregiving.

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National needs analyses. Country report Italy

The national needs analysis from Italy summarizes the results of desk research and interviews together with suggestions from respondents.

Research team: Fabiola Porcelli, Laura Amoruso, Savino Ricchiuto

Desk research results

Italy is the oldest country in Europe: 21.4% of the population is over 65 years old, compared to an EU average of 18.5%, and 6.4% are over 80, against an average of 5.1% (Eurostat, 2020). ISTAT predicts that there will be 21,775,809 elderly in Italy by 2050, accounting for 34.3% of the population (ISTAS, 2020).

Political framework

In Italy, the rules governing social and health care for non-self-sufficient elderly people start from the Decree of the President of the Council of Ministers of 14 February 2001, called "Act of guidance and coordination in the field of social and health services", while for what concerns measures to promote ageing, we have a bill presented in 2016.

The Republic, to promote and recognize the role of elderly people in the community and their participation in social, civil, economic and cultural life, provides policies aimed at active ageing according to the following principles:

- enhancing the educational, cognitive, professional and human experiences of older people by promoting their commitment in the voluntary sector and enhancing solidarity and intergenerational relationships;
- promoting integrated policies in favour of the elderly, recognizing their active role in society through a useful and gratifying commitment capable of making them protagonists of their future;
- countering phenomena of exclusion and discrimination by supporting actions that guarantee healthy and dignified ageing and by removing obstacles to full social inclusion;
- to support social tourism as a way of cultural promotion;
- encourage the search for gradual ways of leaving work, which allow the reorganization of purposes and roles, also through the promotion of retirement preparation initiatives;
- supporting integrated projects and actions aimed at guaranteeing the well-being of people at all ages, overcoming any form of categorization and any welfare logic;
- promoting and supporting training, updating and retraining those who work, in various capacities and with specific skills, in favour of the elderly.

In relation to this last aspect, there have been significant steps forward. The figure of the professional educator has been present in Italy since the 1950s, but the profession found wide recognition and employment starting from the mid-sixties. It is interesting to note how, at the dawn of the birth of the professional educator, his employment with the elderly was residual.

Concerning this age group, initially, the employment of the professional educator was mainly on the educational and animative side, taking the form of community animation projects, offering places and contexts in which elderly people could meet and cultivate interests. More recently, however, the figure

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of the professional educator is widely employed in working with the elderly in the rehabilitation and care fields.

The “Iori Law”, approved in the Chamber on 20 December 2017, represented a turning point for educators, regulating the professions of socio-pedagogical professional educator and pedagogist, as well as the profession of the socio-health professional educator (SIPED, 2017). It is a law that introduces some innovations on the recognition of these important figures who take care of people in a state of fragility such as children, the elderly, and the disabled.

Concisely, the law provides for the need to follow degree courses to be able to carry out the professions of an educator (both pedagogical and social health care partners) and pedagogist.

As part of Active Ageing, an ambitious national initiative was launched in 2019 that aims to create a multi-level participatory coordination of active ageing policies thanks to a three-year collaboration agreement between the Department for Policies of the family and the National Institute of Rest and Care for the Elderly (INRCA, 2018). The activities involve all the relevant stakeholders (regions, ministries, civil society, research, etc.) at the various national, regional and local levels, to implement in a participatory manner, through a co-decision-making process, an intervention model on active ageing.

Among the objectives of the three-year project, also those of creating guidelines on the implementation of policies relating to AI, developing an integrated model of intervention that strengthens the territorial centrality and that favours horizontal and vertical coordination between the various institutional sectors, public and private bodies, third sector and civil society involved in the issue. In this way, the initiative aims to build a social welfare system that values active ageing as a tool for social inclusion, intergenerational solidarity and social cohesion with a view to sustainable development, also considering the issue of human rights.

The interventions of the Ministry of Education on the subject of active ageing mainly concern lifelong learning (SenatoIt, 2020), which concerns the adult and mature population since it consists of "any activity undertaken by people in a formal, non-formal, informal way, in the various stages of life, to improve knowledge, skills and competences, from a personal, civic, social and employment perspective".

Provisions for elderly

The age pyramid at 1 January 2019 clearly shows the very old age structure of the resident population in Italy: for 100 young people between 0 and 14, there are 173 people aged 65 and over. As for the retirement age, from 2019 the retirement age is set at 67 for all categories.

From the second Report promoted by Auser Nazionale on ISTAT data from the 2011 Census, to photograph the housing conditions of the elderly in Italy, it emerges that almost 10 million elderly people live in their own homes and that very often these are old houses without a lift (Durr, Karpati, & Vihavainen, 2015).

In more than one in three cases of elderly homeowners live alone (34.9 per cent) and the number of those who live alone in large houses increases. In many instances, the home option can prove to be a trap because it is not always a guarantee of quality and safety. On the other hand, there are the elderly who prefer to live in structures that welcome elderly people, each with different characteristics, suited to individual needs.

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In Italy, there are various types of residences for the elderly. Among these we distinguish:

- Nursing homes (RSA)
- Protected residences
- Nursing homes
- Community housing
- Hotel houses
- Stay homes for the elderly
- Vacation homes for the elderly
- Day care centres

Residence for self-sufficient elderly

Nursing homes, hotel homes, stay homes and holiday homes for the elderly are residential social welfare structures that welcome partially self-sufficient or mildly non-self-sufficient elderly people. They offer hospitality and assistance, but also recreational, recreational and cultural activities.

RSA and protected residences

The nursing homes (RSA) and protected residences are residential social and health facilities that welcome elderly people with a medium or high level of non-self-sufficiency but who in any case do not require hospital services. These facilities provide medical, nursing and rehabilitation assistance as well as protective assistance and hotel services aimed at improving the health and well-being of the elderly.

Day care centres

Day care centres are social and health structures that provide their services only during the day and are intended for elderly people with varying degrees of non-self-sufficiency. Their purpose is to enhance skills and abilities related to the autonomy of the elderly.

Provisions for elderly educators

The **professional educator** in Italy can work for both the public and private sectors. The most widespread work contexts are Social Cooperatives and in some cases Associations. The possibility of inclusion in ASLs, municipalities or other public bodies is limited to the current tendency of the Public Administration to resort to external services.

In residential or semi-residential facilities, the professional educator usually works in a team and reports directly to the service manager or project coordinator. In social health structures, the professional socio-health educator generally works on shifts, even at night. In the case of educational projects in the area, the professional socio-health educator and the professional socio-pedagogical educator generally have more flexible hours and benefit from a greater level of responsibility and autonomy, however referring to the project coordinator.

The average salary of a Professional Educator in Italy is about € 1,100 net per month (about € 19,100 gross per year), € 450 (29% lower than the average monthly salary in Italy). The salary of a Professional Educator can start from a minimum salary of € 650 net per month, while the maximum salary can exceed € 1,550 net per month.

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The Professional Educator is a health professional in possession of a first-level degree in class L-SNT2 and specific qualification or possession of qualifications declared equivalent or equivalent by decrees of the Ministry of Health; its training is the responsibility of the Faculties of Medicine and Surgery of the Universities and provides for professionalization paths at health facilities of the National Health Service and social and health care facilities of public bodies identified in the memoranda of understanding between the regions and the universities in which activated the course.

The **Social Healthcare Operators** (OSS) have technical skills (working in healthcare contexts, where they can only deal with basic care for patients with some autonomy). They can take care of further activities under specific attribution and instructions from nurses. The OSS cannot carry out actions of purely medical-nursing competence.

The bond of empathy that must be established with the patient is of fundamental importance and falls within the area of skills that the market seeks the most. The patient's relationship with the operator in the early stages is probably tiring, because patients do not easily accept their physical state, showing a certain embarrassment in receiving assistance. The OSS needs to understand the discomfort the patient feels and try to identify with the patient, making the approach less difficult.

The training of the SDGs is the responsibility of the Italian Regions; it is possible to obtain a qualification following a training course that lasts a total of 1000 hours (composed respectively of 450 hours of theory, 100 hours of exercises and 450 of internship, including the final exam) organized specifically according to the organization that manages the course.

Volunteers are those serving in associations or cooperatives supporting the elderly. The volunteering activities include: telephone support; social transport in favour of all self-sufficient or partially self-sufficient people on a physical level who, regardless of age, are not able on their own to exercise the right to mobility; personal services, companionship for lonely people; aid to people for small jobs; participation in moments of animation at Protected Homes; management of the Territorial Elderly Centres; visits to lonely elderly people; home delivery of medicines; community services, care and management of green areas and parks; surveillance in front of schools; international solidarity, education in the values of peace and the protection of human rights; joining and supporting international solidarity projects; socialization activities, leisure activities, physical education and movement activities; food education; disease prevention education; cultural training courses; information and culture of belonging and citizenship rights; visits to exhibitions and museums; cultural tourism in Italian and European cities; social tourism for older people; summer and winter stays. These activities are free of pay, and volunteers are trained in the field or privately.

Initiatives to support learning and active ageing of elderly

According to the WHO, active ageing allows people to exploit their potential in terms of physical, social and psychological well-being throughout their life. The role of public social services is crucial as they implement active ageing measures to support older people who are already in need of assistance so that they are socially included and have a good quality of life (Poscia, 2017).

Here are some indications from AUSER, the Association for Active Ageing, to improve the quality of life of elderly people, and some initiatives already implemented (Auser, 2016).

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Grandparents at school

Grandparents at school initiative was born in 2008 from an idea of the Auser of Alessandria, as part of the regional project "Pony of Solidarity", and consists in the creation of computer literacy courses for elderly people. The project aims to counter the so-called "digital divide" but at the same time to encourage the meeting between generations: elderly people without computer skills and young digital natives.

Once a week, for two hours, during the lessons held by a teacher, the young high school students work alongside a grandfather by carrying out a tutoring activity.

The project inspired by the principles of intergenerational learning and fighting against the digital divide has two main objectives:

- To provide the elderly with opportunities to improve their knowledge and skills
- To offer basic information technology competences while connecting distant generations with each other, promoting the exchange of skills and knowledge

Volunteers in libraries

Volunteers, mainly over sixty, collaborate in the proper functioning of cultural centres and municipal libraries through multiple activities: welcoming the public; initial information on the characteristics and the different possibilities of use of library services; support in the use of the online catalogue; collection and reporting to the library manager of unresolved problems and needs expressed by users; distribution and relocation, with both manual and automated procedures, of book, documentary and multimedia material; rearrangement of the shelves; collaboration in setting up the room for events; keeping the attendance register; distribution of printed material on the occasion of cultural activities; a collection of addresses to be included in the mailing lists of the library circuit; collaboration in the preparation of flyers, posters and invitations; surveillance and supervision the correct use of the material and spaces of the structure.

Transferability factors:

- Collaboration with the local institution that manages the libraries and cultural centres.
- Agreement with the public body

Solidarity tailoring

The Tailoring of Trani Solidarity was born from the idea of using an artisanal activity such as cutting and sewing to offer people in conditions of psychological distress opportunities for socializing and growth in self-esteem. At the beginning of 2015, the tailoring was within the local health company which recognized the therapeutic importance of the project. Three volunteer Auser seamstresses teach sewing to a group of ten women reported by the mental health centre.

At Auser, they produce clothing, canvas bags, pot holders, bags, knitting, crochet and embroidery. The Auser, together with other associations, organizes solidarity markets in which artefacts are given to people in need or given in exchange for a donation to buy cotton, thread, needles. Periodically, the manufacturing companies of the municipality deliver waste material to Auser: fabrics, wool, knitwear.

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The innovative elements:

- The collaboration between the volunteers of the Auser and a group of women suffering from psychological distress who find relief in carrying out an artisan activity in the company.

Transferability factors:

- Agreement with the local health authority.
- Expert sewing volunteers.
- A location in which to set up the Solidarity Tailoring

Social garden

The Social Garden was born from a need to redevelop a park/garden within a municipality. The Social Garden has the important role of being a place of meeting and intergenerational integration for young people, the elderly, families, workers, the unemployed, people of different social origins and nationalities.

The Social Garden proposes collective gardening and horticulture and fruit growing activities, to promote the education and training of adults and children, respect for the environment, the creation and consolidation of social ties (Battito, 2020). The Social Garden does not exhaust its objective in the field but is an instrument of dissemination and information to the entire population for a more sustainable lifestyle. The objectives of the Social Garden are:

- Create a living space where you can feel at ease, converse, walk, garden, plant, sow, get dirty, have fun, help yourself, listen, read, spend hours
- Redevelop the territory
- Promote socialization and integration between citizens
- Raise awareness and educate about an eco-sustainable lifestyle
- Allow all inhabitants to actively participate by giving each their own contribution
- Improve the quality of life
- Allow the intergenerational exchange of knowledge: adults and the elderly can take care of the garden together with the youngest to pass on to them ancient knowledge consolidated by years of experience.
- Constitute an attempt to slow down the frenetic pace imposed by modern society.
- Become an instrument of knowledge and enhancement of the territory and the culture linked to it.
- Monitor and evaluate the experience to derive elements of transferability to other neighbouring areas and countries
- Act as a territorial garrison: the Garden constitutes a possibility of controlling the territory and removing unwanted activities such as vandalism.

Potential barriers

Italy has famously become one of the most ageing countries in the world, but as evidenced by the research, the system of social interventions is very weak: the number of users in charge is significantly lower than for health care.

In Italy, social services are implemented by joint rules and interventions that affect all levels of government (State, Regions and Municipalities) while, in compliance with the constitutional provision of subsidiarity, the provision of services is the responsibility of the subjects closest to the citizens, that is to the Municipal Administrations. According to the same principle and in line with the dictates of the

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framework law for the reform of the social services system, the role of provider of services is preferably entrusted to third sector organizations.

The use of social services by citizens can be free, facilitated or paid. In the first two meanings, the right to benefits is subject to the verification, by the responsible public offices, of the possession of specific requirements (of income) and of the actual conditions of the person or the nucleus (function of taking charge by the public social services).

The area most affected is that of Information Services and reception of users accompanied by a set of operational interventions consisting in order of Home, Day and Residential Services. The primacy of domicile testifies, on the one hand, to the attention to protecting the family context of the person, but on the other, it limits the inclusive perspective to this space. In this regard, it can be assumed that the scarce presence of social integration services, of the overall offer, is an effect of the prevalent approach to the physical care of non-self-sufficient people, leaving more aspects of socialization and inclusion in the background.

A look at the distribution of social professions helps to frame the situation more precisely. In services for the non-self-sufficient, socio-health workers (better known as OSS) prevail, who is a basic figure employed for hygienic-health interventions, professional educators, who implement educational programs in the context of complex therapeutic projects elaborated in teams and aimed at the positive insertion or psycho-social reintegration and the recovery of autonomy. The figures of reintegration and social integration technicians are rarely used (Turchini, 2020).

For our project, we believe that the figure of an expert who can help the elderly to integrate or reintegrate into society, make them feel like active citizens able to actively contribute to the communities in which they reside. This expert could activate collaborations with other professionals/educators/trainers, and plan ad hoc learning programs for the elderly, considering the specificities of each elderly person.

Interviews and results

After identifying the target group to contact, in February 2021 Petit Pas interviewed five people selected from the target group respectively the elderly's educators, a caregiver and a social health worker.

Because of the restrictions due to the Covid-19 pandemic, only two interviews were conducted in person, while the other three by telephone, taking notes and documenting the respondents' answers.

The purpose of these interviews was:

- understanding from the inside the point of view of those who work daily with the elderly and today's problems
- understanding the needs and requirements of caregivers/educators
- provide advice on the areas of improvement in the cooperation between these different caregivers for the elderly

The interviews were codified as the following example: PP-1-BT

- PP = Petit Pas - Name of the organization
- 1 = number of the interview

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- BT = Name of the interviewed person

The Interviews started with a general question like:

The partial transcripts of the interviews are presented at Appendix 3. The interviews allowed Petit Pas to collect information on the problems and perception of the elderly in Italian society from different angles. From gathering the experience but also the testimonies of volunteers, educators and professional caregivers as industry professionals, some points in common have emerged such as:

- A widespread misconception about the elderly, according to which they are no longer suitable, from a physical and mental point of view, to actively contribute to society or learning new skills
- The most important trait, the requirement for an educator/caregiver is listening and be patient with the elderly, valuing their expertise knowledge and wisdom, respecting their time and being attentive to not give anything for granted because what it looks obvious or extremely easy for someone it cannot be the same for someone else
- Networking and cooperation between associations and local institutions is vital to improve the life quality and guarantee support to the elderly

Consequently, Petit Pas considered that a course module on “valuing your senior” would help to fight the greater problem of prejudice affecting the elderly on their ability and willingness to be active members of society, to underline the importance of senior citizens in our society and their contribution especially regarding the intergenerational exchange with the new generations, the transfer of knowledge that would otherwise be lost and the support offered to their families (we need only think of the fact that they look after grandchildren, or very often become real caregivers themselves of their spouses or friends).

Acknowledging seniors' contributions would help to make ours a more age-inclusive society that does not pit one generation against the other. It would also be a more accurate reflection of how most of us engage with each other in our everyday lives.

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National needs analyses. Country report Poland

PL

The national needs analysis from Poland summarizes the results of desk research and interviews together with suggestions from respondents.

Research team: Renata Ochoa-Daderska, Agnieszka Kopiec, Luis Ochoa Siguencia

Desk research results

The ageing of the population in Poland is a consequence of complex socio-demographic changes with a long-term tendency. These processes generate the need to create solutions that support people in retirement age in a way aimed at providing them with conditions conducive to health and activity.

Undoubtedly, the issue of providing the elderly with decent living conditions has always been a moral and economic challenge for the community due to specific problems and the increased need for care. Also, today, the situation of the constantly growing elderly population forces the search for appropriate legislative solutions. For this reason, the European Union has declared 2012 the European Year of Active Ageing and Solidarity between Generations (European Parliament, 2011). As a consequence, the implementation of the rights of older people also becomes the subject of interest of the executive, in particular public administration bodies (Mik, 1992).

Political framework

Nowadays, the concept of public administration is understood as "taken over by the state and implemented by its sovereign bodies, as well as by local government bodies, meeting the collective and individual needs of citizens, resulting from the coexistence of people in communities" (Boc, 2004). Various obligations that the public administration performs based on legal provisions to satisfy the collective needs of the population of a given territory are defined in law as "public tasks" (Constitutional Tribunal, 1993).

In Poland, the functioning of modern public administration is an extremely complex undertaking that requires more and more specialization of individual administrative structures. The very concept of "public administration" refers only to the socio-legal phenomenon, the specification of which is made in the operation of the relevant authorities and their subordinate administrative units.

Specifying the rights of older people, as in the case of other specialized catalogues of human rights (e.g. children's rights, patient's rights, etc.), is based on the idea of positive discrimination, according to which the more difficult situation of certain categories of people justifies their wider legal protection, including guaranteeing special powers or means of their enforcement, thanks to which it becomes possible to maintain real equality before the law.

Relevant acts:

- The Act of September 11, 2015 on the elderly - On September 11, 2015, the Act on the Elderly was adopted (Journal of Laws, item 1705). The document obliged public administration bodies, state organizational units and other organizations involved in shaping the situation of older people to monitor the situation of older people in Poland, which resulted in the annual preparation of the Council of Ministers - Information on the situation of elderly people in Poland. The product of this process is the Information on the situation of elderly people in Poland, prepared annually by the Council of Ministers. Article 1 of the Act defines the

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scope of monitoring and presenting information about the situation of elderly people, as well as entities participating in the implementation of this task and the sources of its financing. The information on the situation of elderly people in Poland for 2015 was a historical study, as it was the first document on the situation of elderly people in Poland, as well as the state of implementation of the senior policy prepared by the Council of Ministers.

- The Act on the Elderly From January 1, 2016 President Andrzej Duda signed the Act on the Elderly, the main purpose of which is to monitor the situation of the elderly, especially the income situation, professional activity, the situation of disabled people and their careers. The law is expected to enter into force on January 1, 2016. President Andrzej Duda signed the law, according to which the government will provide the Sejm and Senate with information on the situation of elderly people in Poland every year until October 31. Monitoring the situation of older people - defined as 60 plus - is to include, inter alia, analysing information regarding, for example, the demographic situation, income situation, housing conditions, professional activity, family situation, the situation of disabled people and their careers, social and civic activity, as well as educational, cultural, sports and recreational activity, as well as information on health, accessibility and level social services.

Provisions for elderly

The increase in the senior population in Poland contributes to the greater demand for instruments for the implementation of social security, which are a natural consequence of the ageing process. Therefore, it is of strategic importance to formulate recommendations for social policy and supporting the postulate of active ageing. Activating seniors is a complex process of delaying and alleviating the effects of ageing. It requires awareness of the needs of older people and acceptance of their age and functional limitations while supporting the potential of seniors and building an image of old age without negative stereotypes (MPIPS, 2020).

According to the forecast of the Central Statistical Office in Poland, as early as 2035 people aged 60 or more will constitute almost 1/3 of the Polish population, and in 2050 already 40%. The above processes raise many challenges related to planning and shaping social policy towards the elderly so that it serves to improve the quality of life of seniors by enabling them to remain independent and active for as long as possible, ensure both physical and social safety and promote health and, if possible, respond to for caring needs (IPISS, 2020).

In June 2018, the population of Poland was 38,413,000. residents, including 6 619 thousand. people are people aged 65 and over (GUS, 2018), which constitutes 17.2% of the total population. The result of changes in demographic processes, and above all, the birth depression lasting since the beginning of the 1990s, are changes in the number and structure of the population by age, i.e. a decrease in the number and percentage of children (0-14 years) observed until 2015 and an uninterrupted an increase in the group of older people (65 and over). For comparison, in 1990 people aged 65 and more constituted only 10.2% of the total population.

According to the Central Statistical Office, the ageing of the Polish population is accelerating. This is indicated by the tendencies of changes concerning the share of the post-working age population (women - 60 years and more, men - 65 years and more). In the years 2000-2017, the number of this sub-population increased by over 2.3 million to 8 million (an increase from less than 15% to almost 21%). The increase in the number of people in retirement age (80 and more) has a significant share in the increase in the number of people in retirement age. In 2000, the group of the oldest age group was 774,000. (2% of the total

population), and in 2017 more than 1.6 million, which accounted for 4.3% of the entire population of Poland (GUS, 2018).

Provisions for elderly educators

Active ageing concerns both individuals and groups of society. Enables people to fulfil their potential for mental, social and mental health throughout their lives and to participate in society according to their needs, desires and abilities while providing them with adequate protection, safety and care when they need help.

In Poland, the statistical healthy life expectancy is relatively short - according to the Central Statistical Office of Poland, in 2019 it was 59.7 years for men and 63.3 years for women at birth. That is why complex health needs and often the resulting care needs appear long before the age of eighty. For men aged 65, life expectancy is expected to be around 15 years, of which 8.3 years in good health, and for women, it is 20.2 and 8.6 years, respectively. A large proportion of elderly people, not only those considered long-lived, are potentially at risk of being dependent to a greater or lesser extent on care and support in everyday life.

The caring needs of an older dogfish have so far been largely met by loved ones, but the family's care potential is crumbling. This is a field for the development of formal care and support services for the elderly, although so far this sector, in terms of quantity and quality, leaves much to be desired. So let's look at the sector of these services.

When analysing the population of elderly people in 2018, it can be concluded that the most numerous group was the youngest group, aged 60-64, whose share in the total number of elderly people was 29.2%. The smallest group were people in the oldest age group (85 years and over), whose share in the population of senior citizens was at the level of 8.3% in 2018. Compared to 2017, among the elderly, the share of people aged 70-74 and 65-69 in the total population of Poland increased the most (by 0.4 percentage points and 0.2 percentage points, respectively), a slight increase (by 0.1 percentage point) was also recorded for the oldest age group. Compared to 2010, the highest increase (by 2.8 percentage points) concerned the age group 65-69 years, a decrease was recorded only for the age group 75-79 years old, both compared to 2017 and 2010 (respectively by 0.1 and 0.2 percentage points) (PortalStatystyczny, 2020).

Initiatives to support learning and active ageing of elderly

The "Good Support" program is a comprehensive and innovative solution that uses many years of experience of employees of the social welfare system and local governments, based on the latest technologies. The system was created as part of a partnership project of the Science for the Environment Foundation, the Regional Centre for Social Policy and Caritas Koszalin and Szczecin. The value of the project co-financed by the European Union under the Regional Operational Program of the West Pomeranian Voivodship for 2014-2020 is over PLN 10 million. The "Good Support" program was also the winner of the prestigious European Commission competition as the best project of 2019, setting the direction of activities in the cohesion policy.

The project Babciotherapy (Granma-therapy) was implemented in 2017 thanks to funding from the Government Program for Social Activity of the Elderly for 2014-2020. The brochure includes, among others information, recipes and tips on how to use herbs to reduce our negative impact on the

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environment. Developed based on herbal workshops. The brochure is divided into 12 months containing the "herbal" block, which has been enriched with information about the changes taking place in the body and psyche over time (IPISS, 2020).

Government programs for seniors for 2016-2019 (IPISS, 2020):

- Government Program for Social Activity of Elderly People for 2014-2020;
- "Senior +" multi-annual program for 2015-2020.

Despite the steady increase in the number of operating institutions, research indicates that municipalities have problems with providing adequate infrastructure for the creation of a day house "Senior +" and with meeting employment requirements. It is also sometimes the reason for withdrawing from the project implementation after it has been awarded. It is proposed to announce competitions in advance and support the employment of specialist staff (e.g. by extending the possibility of employing interns).

Despite the steady increase in the number of operating institutions, research indicates that municipalities have problems with providing adequate infrastructure for the creation of a day house "Senior +" and with meeting employment requirements. It is also sometimes the reason for withdrawing from the project implementation after it has been awarded. It is proposed to announce competitions in advance and support the employment of specialist staff (e.g. by extending the possibility of employing interns) (IPISS, 2020).

Professional activation of people aged 50+ - the nationwide information and promotion campaign begins. Since 2008, the number of working people over 50 has been steadily increasing. A nationwide information and promotion campaign organized by the Ministry of Labour and Social Policy and the Centre for Human Resource Development has just joined the government's activities aimed at further professional activation of people aged 50+ (Center for Human Resource Development, 2021).

New programs and forgotten concepts, it is worth noting that the problem of insufficient development of care services has been noticed and has received public interventions in the form of launched programs "Opieka75 +" and "Care services for people with disabilities", which from the ministerial level are to be used to invest (in competition mode) in selected municipalities developing this type of service. The budget of both programs, however, is modest ("Care 75+" - 56 million in 2020, and Nursing services - 40 million), and own contribution is required from those applying for local government funds. The impact of the program can therefore be considered positive, but limited in its scale (Bakalarczyk R. , 2020).

Potential barriers

One of the manifestations of marginalization of care work is the social isolation of people performing it. The otherwise harmful stereotype that women who take care of children "stay at home" also is maintained by official institutions and can be adapted to people who care about seniors.

In Poland, there are no national standards for the qualifications of people who provide these care services, the quality of their performance, scope and monitoring. Concerns about the quality and safety of care can act as a disincentive for families to use such services. When it comes to specialist care services, there are basic regulations contained in the regulation. The problem, however, is that many municipalities, especially small and rural ones, may have difficulties in finding people with the appropriate qualifications to perform this job, which is also so poorly paid. As a result, in the area of services for the elderly, there

are large staff shortages and a high turnover of employees (usually - female employees). The timing of a pandemic can only exacerbate these problems.

When it comes to the professional situation of family carers of the elderly, limited access to care services is probably a key, but not the only barrier. The system of acquiring rights to financial benefits, for example, in connection with the provision of permanent care for severely disabled relatives in adults, also in old age, is also unfavourable. If the caregiver - in working-age - wants to receive financial support on this account, he cannot combine it with any professional activity.

A large share of small (including micro) companies, where work is often not very innovative and difficult to transfer, e.g. to the home office mode, means that in many enterprises and professions in our economy it is difficult to provide conditions for reconciling work and seniors care without strong support from external care services, which would relieve the caregiver-employee and allow him to perform professional activities. It does not mean that the regulations applied in the Labour Code, as well as good practices in the organization of work, should not be forced and promoted. But it is certainly not enough. In my opinion, what can and should be changed at various levels of public management is presented in a separate report prepared for the Social Dialogue Committee of the Polish Chamber of Commerce in the recommendation section (Bakalarczyk R. , 2020).

Employment in the senior care sector needs to be developed. We have a lot of catching up to do when it comes to developing employees in the long-term care sector. According to the Organization for Economic Cooperation and Development - OECD, in 2016 the rate of long-term care workers in Poland was 0.5%, while the average for the countries associated with this organization was 4.9%, i.e. it was almost 10 times higher in percentage (OECD, 2019). At that time, a lower rate than in Poland was recorded only in Greece. Even in the remaining countries of our region, which were also below the average for the most developed European countries, the indicators are higher: in the Czech Republic: 2.3%, in Hungary - 2.2%, and in Slovakia - 1.5%. For comparison, in Sweden, the share of people professionally engaged in caring work was 12.4%, and in Norway - 12.7% (Bakalarczyk R. , 2020).

Interviews and results

To be able to know from our target group the “essential needs of educators to support seniors”, Instytut Badań I Innowacji w Edukacji interviewed five people [February 2021] that gave an understanding of the challenges that adult educators face, resulted from health or mental problems, even psychological and low self-esteem of seniors in our local community.

We decided to interview staff working with seniors in different areas and specializations. After identifying the target group the five people selected from the target group were:

- 42 years old, dealing with art therapy
- 38 years old. working in a social care home in Częstochowa as a physiotherapist
- 31 years old, working as a social worker at the Municipal Social Welfare Centre in Częstochowa MOPS
- 42 years old. working with seniors on a volunteering basis, teacher of andragogy
- INBIE volunteer, elderly worker

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Because of the restrictions due to the Covid-19 pandemic, three interviews were conducted in person and in different days, while the other two were conducted by telephone, taking notes and documenting the respondents' answers.

The purpose of the interviews was:

- to understand what working with seniors implies
- to understand what educators teaching seniors/caregivers need to consider
- to provide recommendations concerning the cooperation between different educators/ facilitators/ volunteers

The interviews were codified as the following example: INBIE-1-AT

- INBIE = Instytut Badań I Innowacji w Edukacji - Name of the organization
- 1 = number of the interview
- AT = Name or pseudonym of the interviewed person

The partial transcripts of the interviews are presented at Appendix 4. The conclusion upon analysing the interviews was that most seniors are mentally fit like young people, with the difference that their bodies are older, often also sick, and we should trait them not as mentally ill but people with lack of physical conditions and willing to be active in the society. Naturally, physical limitations may appear sooner or later, but this should not affect how we treat seniors. perhaps what they used to do faster and more accurately now will come with some difficulty, but the goal will be achieved.

Elderly people need to find a way to be active citizens and be motivated to participate in different activities like physical exercises, meetings with other seniors and young generations, working in some volunteering activities. This will make them socially active and will avoid social exclusion.

The interviews made us find the most important aspects people working with the elderly need to learn to be able to “Empower seniors to become active citizens for others”

A course/workshop dealing with the following topics were decided to create in our Institution:

- Health: Nutrition; Physical activity exercises; Tips and tricks for healthy ageing
- Life-style aspects: Intellectual aspects; Life-long learning; Social aspects – social engagement; Volunteering; Part-time jobs; Use of social media

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National needs analyses. Country report Romania

RO

The national needs analysis from Romania summarizes the results of desk research and interviews together with suggestions from respondents.

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Desk research results

The European population has undergone an intense ageing process in recent years, with the main causes of the phenomenon being increased life expectancy and reduced fertility. Romania has also followed the European trend. The country had a positive natural increase until 1991. The year 1992 marked the beginning of a period of demographic decline with negative natural growth rates, a situation that continues today. In 2017, the lowest value of the natural increase rate was registered (indicator that measures the algebraic difference between the birth rate and the general mortality rate of the population), of only -3.1 ‰. On January 1, 2019, the population aged 65 years and over represented 89.21% of the total population under the age of 18, and the ageing index for the same year was 114.3% (INS, 2019).

Political framework

In Romania, the main internal normative act that guarantees the observance of human rights is the Romanian Constitution (Romanian Parliament, Romanian Constitution, 2003). It guarantees, in equal measure, the right to life and physical and mental integrity (art. 22), the right to defence (art. 24) and freedom of conscience (art. 29) or expression (art. 30). Along with the Constitution, there are a number of other laws which regulate the relationship between the state and its citizens and complete the system of fundamental rights and freedoms, e.g. the Civil Code (Romanian Parliament, Civil Code, 2009) and the Criminal Code (Romanian Parliament, Criminal Code, 2009). All laws and decisions must be in accordance with the Constitution. The relevant laws include the Law on Social Assistance for the Elderly (Romanian Parliament, Law 17, 2000), the Law on the Protection of Persons with Disabilities (Romanian Parliament, Law 448, 2006), the Government Ordinance on the Prevention and Sanctioning of all Forms of Discrimination (Romanian Government, Government Ordinance 137, 2000), the Law for Preventing and Combating Domestic Violence (Romanian Parliament, Law 174, 2018). According to art. 6, letter cc of the Law on Social Assistance (Romanian Parliament, Law 292, 2011), the concept of social inclusion is multidimensional, comprising measures and actions in various fields (social protection, employment, housing, education, health, mobility, security, justice, culture, communication-information) intended to combat social exclusion. Ensuring the initiation, adoption and implementation of social inclusion measures is carried out by public institutions that are part of the promotion mechanism that operates at the central and county level. The established mechanism is complex and includes a set of ministries and central public administration authorities. Like most European states, Romania is facing an ageing process caused by three categories of factors: declining birth rates, increasing life expectancy and external migration. Changes in the demographic structure have a strong impact both economically and socially, and the pressure of these changes is expected to become even more difficult in the coming years in terms of increasing demand for social services. The 2015-2020 National Strategy for the Promotion of Active Ageing and Social Protection of the Elderly (Romanian Government, 2015) and the National Strategy for

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Social Inclusion and Poverty Reduction (Romanian Government, 2015) are documents that recognize the importance of making changes to this category of the population from the perspective of:

- increasing the level of participation in social life for the elderly, which implies changes in mentality and perception, both among the elderly and especially among other members of society;
- preventing abuse of the elderly and combating social exclusion among the elderly;
- developing a complex system of social and socio-medical services, in which it is important to conduct regular studies to monitor the social, behavioural aspects of ageing while monitoring providers and how to implement quality standards. Provisions of social protection policies, issues related to the physical environment, health and life expectancy, social networks, family are all social exclusion risk factors for the elderly.

We appreciate that these factors can be added to:

- stereotypes, prejudices and age discrimination;
- barriers related to the lack of accessible living conditions adapted to old age;
- ensuring transport systems that contribute to reducing the isolation of the elderly, strengthening intergenerational ties;
- increasing the participation of the elderly in cultural and recreational activities, respectively in volunteer activities.

Provisions for elderly

In Romania, the population aged 65 and over increased over recent years. In the period 2011-2017 the phenomenon continued to manifest itself, the share of the elderly population increasing from 16.12% in 2011 to 17.79% in 2017. For the entire period analysed, the proportion of people aged 65 and over is slightly below EU28 level. Most of the elderly population was women and people living in rural areas. Observing the distribution by age groups within the elderly population, it can be stated that in the period 2011-2019 for both groups (65-79 years and over) there was an increasing trend (INS, 2019). This is manifested regardless of gender or place of residence. We can also say that for the same time horizon, the elderly population, regardless of gender, lived mainly in rural areas.

The higher share of the elderly female population is due to the higher mortality rate of the male population, mortality that manifests itself all the more as the age increases. All the changes in the structure of the elderly population are permanent, lasting and as we stated before it is due to changes of a demographic nature but also of sociocultural changes (such as changes in the family structure).

In Romania, as in the other member states of the European Union, living at an advanced age has become a reality difficult to ignore. However, many of the elderly live in isolation, neglect, abandonment, have a precarious level of livelihood and are often in poor health. Therefore, although life expectancy has increased, the quality of life has not improved, as will be seen from the data presented in this section.

Social services for the elderly. The main types of social services addressed to the elderly provided by both public and private social service providers (associations, foundations, cults recognized by law) are the following:

- temporary or permanent home care;
- temporary or permanent care in a home for the elderly;
- care in day centres, clubs for the elderly, temporary care homes, apartments and social housing.

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Temporary or permanent home care consists of:

- aid granted for carrying out the usual activities of daily living:
- basic activities of daily living, mainly: ensuring body hygiene, dressing and undressing, feeding and hydration, ensuring the hygiene of eliminations, transfer and mobilization, moving inside, communication;
- instrumental activities of daily living, mainly: food preparation, shopping, housekeeping and laundry activities, facilitating travel abroad and accompanying, goods administration and management activities, accompaniment and socialization.
- environmental rehabilitation and adaptation services: small arrangements, repairs and the like; other recovery/rehabilitation services: physiotherapy, physiotherapy, medical-gymnastics, occupational therapy, psychotherapy, psychopedagogy, speech therapy, podiatry and the like.1. medical services, in the form of consultations and medical care at home or in health institutions, dental consultations and care, administration of medicines, provision of sanitary materials and medical devices.

The home for the elderly is the residential centre with or without legal personality, fully financed from the local budget, established and organized according to the provisions of the relevant law on social assistance for the elderly, republished, with subsequent amendments and completions, which grants, for an indefinite period, care for the elderly (Romanian Parliament, Law 17, 2000).

What services can be provided in a home for the elderly

- supervision;
- current medical care provided by nurses;
- accommodation for an indefinite period;
- meal, including hot food preparation as appropriate;
- cleaning;
- socialization and cultural activities
- other activities as the case may be: medical assistance provided by a geriatrician, internist or family doctor, physical/mental recovery therapies, occupational therapy, housekeeping, security, other administrative activities, etc.

Beneficiaries of social services provided in homes for the elderly

The access of an elderly person to the home is made taking into account the following priority criteria:

- requires special permanent medical care, which cannot be provided at home;
- cannot manage on her own;
- is without legal supporters or they are unable to fulfil their obligations due to their health or economic situation and family responsibilities;
- does not have a home and does not earn his income.

Care in nursing homes for dependent elderly people can only be arranged if their homecare is not possible.

Provisions for elderly educators

Order no. 356 of 31 May 1999 on the approval of the Training Program for Practicing the Occupation of Home Caregiver (Ministry of Health, 1999), stipulates that home caregivers are persons who provide care, other than those provided by medical staff, for children, the elderly, people with special needs, such as would be people who recover after strokes, pre-infarction, post-operative surgery, the elderly with memory loss, people suffering from Alzheimer's or Parkinson's disease.

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The qualification in the profession of home caregiver is obtained after graduating from training courses theory and practice to which adults, the unemployed and people from other categories of dismissed staff can enrol, as well as other categories of people who want to practice this occupation.

Within this project, elderly home caregivers are selected from the target group from victims of domestic violence, women in situations young people over the age of 18 who leave the institutionalized child protection system, families with more than 2 children and/or single-parent families, following training programs.

There are advantages of home care for the elderly because, over time, the elderly must cope with situations that exceed their capacity, such as:

- Growing health problems
- changes in relationships with family and friends
- avoiding social interactions
- unusual behaviour: increased agitation, poor communication, etc.
- neglect of personal care (hygiene, nutrition)
- memory loss
- poor management of finances (unpaid bills, unusual purchases).

Society, in turn, cannot meet their requirements, as it cannot identify in each case the specific needs, and the social services that address these categories of people are insufficiently developed both at the community level and the level of the entire country. As programs have not yet been developed in Romania to prepare for retirement and identify opportunities for maintaining an active life and meaningful social participation of older people, home care could gain new ground, including reintegration programs. along with those of socio-medical and medical care.

Compared to the advantages that assistance in nursing homes or residential centres can offer the elderly, their home care brings in addition:

- increase mental comfort
- preserving the autonomy and social functions of the elderly person
- prevention of isolation
- maintaining an active life
- decongestion of health and social assistance units
- increasing the quality of care through the involvement of specialists.

Home care for the elderly is provided at home, which improves the quality of life of them and their families, keeping the family together, without creating additional difficulties for loved ones. The elderly can carry out their activities according to their schedule and habits, being at the same time cared for individually according to their personal needs and requirements, which significantly reduces the stress of the cared person and his family.

Initiatives to support learning and active ageing of elderly

- Intergenerational education requires specific educational activities that should be carried out using a variety of methods and institutions.
- For a good and dignified imitation of the practice, the activities carried out by the company for creative initiatives are recognized, especially the project "Seniors in action", which celebrates its tenth anniversary

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this year (Asociatia Seniori in Actiune, 2021). Vocational training for people over 60 years. Self-employed people may be self-employed, but most often they come to work with a younger person who promotes intergenerational social and lasting relationships. Intergenerational education makes it possible to better understand people of different generations by limiting stereotypes that work constantly in the social consciousness. These are stereotypes that are manifested both in the minds of young people about the elderly and in the thinking of older people about young people. how they can effectively take and implement activities and communicate them appropriately. Older people often do not know how to be active, socially important and attractive in terms of cooperation for local communities. Intergenerational activities offer older people the opportunity to be actively involved in social life, supporting the educational and pedagogical process of young people. In this regard, we propose a series of measures that could improve the lives of the elderly:

- setting up an emergency helpline to provide counselling and guidance to the elderly, including the elderly with disabilities, to specialized services;
- creating a special financing system for social services for the elderly;
- strengthening and improving social services at the community level;
- investing in the infrastructure necessary for the provision and development of social services (day centres, social canteens, home care units, etc.);
- setting up multi-functional community centres in marginalized areas, to provide integrated services to people in extreme poverty;
- involvement of civil society in the activities of residential centres;
- diversification of services offered in residential centres for a better quality of life of the elderly;
- continuous training of staff in this sector;
- improving staff communication in relation to the elderly;
- maintaining a social life of the beneficiaries in the centres;
- improving the activities of maintaining the relationship with the family;
- creating outdoor spaces for relaxation or the development of activities.

Potential barriers

Sociological studies identify the elderly as one of the most vulnerable categories of the population, which are becoming increasingly dependent on social assistance services, in the context in which informal and traditional structures (family) are falling apart. The vulnerability of the elderly is determined by the diminution of the social defence potential by leaving the active social circuit, the loss of roles marginalizes them both in the family and society, from active people to passive people, from husband/wife to widows.

From the economic point of view, they are affected by the decrease of incomes, because they are insufficient to ensure a decent, biological life, through increased receptivity to diseases, disabilities, dependence and from a psychological point of view, through psychological and psychopathological changes of involution.

The loss of roles marginalizes them both in the family and society. Labour migration has left behind hundreds of thousands of parents and grandparents, alone in their homes, forced to fend for themselves. Because our country does not have a well-developed care system, the fate of the elderly is at the mercy of destiny, many of them being abandoned, neglected, isolated, affected by loneliness or living the feeling of uselessness. To reduce the risks posed by the ageing population, the Government must aim at implementing policies that:

- To ensure a longer life and healthy jobs for working-age elderly population.
- to analyse the policy on social allowances for pensioners.

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- to analyse the legislation related to early retirement and the future retirement age

The social field in general and that of social services, in particular, must promote the finding of solutions to the pressing social problems of society and implement measures to increase the quality of life of older people. In this regard, we propose a series of measures that could improve the lives of the elderly:

- promoting the positive image of the elderly in the community and developing community education programs on preventing and combating forms of violence, abuse and neglect of the elderly;
- promoting active ageing through sports and supporting the access of the elderly to gyms, swimming pools, sports fields, as well as in any public space intended for sports, cultural and leisure activities, etc .;
- health promotion campaigns (promoting a healthy diet among the elderly, promoting mental health, cardiovascular disease, breast cancer, cervical cancer, colon cancer, etc.);
- campaigns to promote the rights of the elderly;
- informing the elderly population about the benefits of volunteering to promote an active life and intergenerational tolerance;
- Involvement of volunteers in the case of single people with light care needs: shopping, housekeeping, administration of goods, accompaniment, etc. and training of informal carers;
- increasing the access of the elderly to basic services in the community, accessible, available and at a reasonable cost;
- identifying the elderly who face the highest risk of loneliness, social exclusion and/or depression;
- setting up or supporting the operation of day centres where various activities are carried out: care for the elderly, physical and mental recovery, maintenance and promotion of health, occupational therapy, music therapy, leisure, counselling and legal advice, etc.

Interviews and results

The interviews were conducted during December 2020 at the Home for the Elderly 'O Noua Sansa' Marasesti. The employees who work directly with the elderly and have extensive experience were interviewed. The interview sheet was sent a few days before to the people interviewed to have enough time to prepare the answers, the duration of the interview was on average 25 minutes. The interviews were conducted to extract best working practices with the elderly.

The purpose of the interviews was:

- to understand what working with seniors implies
- to understand what educators teaching seniors/caregivers need to consider
- to provide recommendations concerning the cooperation between different educators/ facilitators/ volunteers

The interviews were codified as the following example: VPV-1-BN

- VPV = Voluntariat pentru Viata - Name of the organization
- 1 = number of the interview
- BN = Name or pseudonym of the interviewed person

The partial transcripts of the interviews are presented at Appendix 5. The responses to interviews validated the results from the desk research when it comes to the misconception about the elderly. Prejudices and misconceptions such as “elderly cannot learn new skills” or, seniors are “more confusing

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than helpful" are totally wrong and unfair. The respondents confirmed the fact that the elderly are an inexhaustible source of information and experiences. Moreover, working with the elderly revealed their willingness to contribute to society with information from the experiences gained in her life. For this reason, a well-designed approach can change the mentality of the Romanian society about the role and importance of the elderly in the life of the community.

To design an appropriate approach, the interview addressed the training needs. Respondents from Romania seemed to be highly specialised in their field of work, receiving training every three years, on average. It was noticed that less training was received in the field of interpersonal, motivational and personal development. Thus, the staff working with seniors need to possess a set of skills to help overcome stereotypes and foster elderly engagement. This can be achieved by training courses and by providing ideas for practical activities, tips and recommendations. A range of suggestions refers to socializing at the group level, exchange of experience, practices and social meetings with the community, involvement in volunteer or charitable activities.

Besides the role of the staff, respondents consider that the community plays an important role in the seniors' active ageing. Intergenerational activities were recommended as producing extraordinary impact especially on the morale of the elderly.

As general conclusions, most of the respondents mentioned that patience, communication and empathy are those skills that help the overall relationship with the elderly.

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Chapter 3. European synthesis report on needs analysis

European synthesis report on needs analysis will constitute the premises for the creation of an innovative educational context for educators. The report offers organizations working with seniors the possibility to adapt the procedures with methods agreed at the European level.

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Political framework

Education of the elderly is a must, as it leads to improvement in the quality of their lives, influences their self-esteem, their feeling of accomplishment and self-realization while providing the younger generations with the opportunity to take advantage of the experiences of the seniors. Useful work and non-personal interests are the two main elixirs extending one's youth to over the age of sixty. (Siguencia, 2013)

Adult learning and education are vital in reaching all of the 2030 Sustainable Development Goals, (UN, 2015). Moreover, SDG 4 is about "ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all", implicitly understanding adult as well as senior learners as target groups of education.

Several associations and organizations across Europe advocates for recognising more explicitly the role of non-formal adult education in providing learning opportunities for the elderly.

The European Association for the Education of Adults (EAEA) is a voice of non-formal adult education in Europe. They consider that non-formal education fosters social inclusion and participation of the elderly. The association agree that the aspect of ageing will need to be considered in all policy fields and older persons will need to be involved in decision-making processes to foster inclusion (EAEA, 2021). EAEA encourages the **cooperation between different services, e.g. social services, care homes and ALE (Adult Learning and Education) providers** to assure an active inclusion and participation of the elderly.

As globally active organisations, the Institute for International Cooperation of the German Adult Education Association (DVV International) and the International Council for Adult Education (ICAE) propose efficient ways to promote and support ALE worldwide (DVV, 2021). In their view, the professional adult educators will be the ones who not only manage teaching/learning in programmes and courses, but who also assist policy-makers in shaping the overall field of practice. **Professionalization should help adult educators to play this role effectively so that they themselves are conscientious about their role and capacities as change agents**. Professionalization is about creating conditions for delivering good practice based on appropriate concepts, ideally in the framework of an enabling policy environment.

AGE Platform Europe is the voice of older persons at the EU level, aiming to promote older people's human rights at the EU and international level, mainly **access to employment, new technologies, information and education.** Their work focus on improving the European Union, Council of Europe and United Nations legal framework to ensure older people can enjoy their human rights as any other citizens, EU equal treatment directive, possible UN convention on the rights of older people (AgePlatform, 2017).

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The European Council of European Union emphasizes the need to strengthen social inclusion and mutual solidarity between generations. They highlight the necessity of including ageing in all policy fields and involve older persons, in particular older women, in all decision-making processes affecting their lives (EC, European Council of the European Union, 2020). The Council invited the European Commission to consider dedicating **a chapter of its 'Green Paper on Ageing' to the rights of older persons**. In the paper Improving the well-being of older persons in the era of digitalisation, the Council highlights the opportunities, but also the potential risks for older persons in a digitalised world. They mentioned that digitalisation helped to reach older persons during the COVID-19 crisis, but also that the digital gap between generations is significant and increases with age.

Provisions for elderly

Locating elder people in a convenient senior centre is an important step, and all aspects of such a decision need to be evaluated. It is important to determine if choices are available. At this stage, it is necessary to evaluate which senior centre could most closely serve an elder's needs (E.L. Siegler, 2015). There is a wide range of needs to be considered:

- **Expressive needs** are related to the activity carried out for its own sake. These are activities in which older adults derive satisfaction, pleasure, or meaning.
- **Contribution needs** are related to the feeling of being wanted and needed, they can be addressed through educational opportunities that allow seniors to act as mentors or peer counsellors.
- **Influence needs** are simply defined as the desire for political skill and wisdom so programmes that empower seniors can have influence and control over their quality of life. Being a member of a community is a fundamental human need.
- Moreover, **personal well-being** has been shown to depend heavily on social engagement and levels of trust between citizens. Learning is a part of the process of finding and maintaining a satisfying social identity, trust in one's neighbours and understanding of where one fits within one or more broader communities (geographical communities, professional or occupational communities, religious communities, interest groups etc.). Courses that address these needs teach about legal rights, or how seniors can assume leadership roles within their communities.
- **Transcendence need** is fulfilled with courses that offer to seniors opportunities to advance artistically, educationally, physically, and occupationally so the learners feel better off in later life compared with an earlier time in life (Wacker & Roberto 2008)

From institutional care to community-based alternatives

To the authors' knowledge, no comprehensive data is available for the number of older people in institutional care in Europe or globally. The proportion of people older than 65 receiving residential care in the European Union is on average 3.3 per cent. With 9.3 per cent, Iceland has the highest proportion of persons (65 and over) receiving long-term residential care (Bulić & Anguelova-Mladenova, 2012).

Across the EU many people of all ages and different conditions (elderly, persons with disabilities or mental health problems) live in residential institutions which tend to segregate them from the community (EC, 2009). Studies and research funded by the Commission provide evidence in support of the transition from institutional care to community-based alternatives. The main focus is a care reform that finds solutions

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for more humane, person-centred, and individualised models of care. Ten years later, in 2020, The European Expert Group on the transition from institutional to community-based care presented the Report on the transition from institutional care to Community-Based Services in 27 EU Member States (Šiška & Beadle-Brown, 2020).

The political framework at the European level in the field of elderly as included in the Charter of Fundamental Rights of the European Union, Art 25, addresses the right of living independently for older people, Art 25. In this respect, there is a broad political commitment, at the European and international level, for the transition from institutional to community-based care for all user groups, including the elderly.

Community-based supports and services are designed to help community-dwelling older adults remain safely in their homes and delay or prevent institutionalization. The researchers commissioned by the EU emphasized different levels of implementation of community-based alternatives, across Europe (EEG, 2020).

- Only a few countries have established in law the maximum size of community-based residential settings. This protects to some extent against the development of new institutions as has happened in other countries.
- Although some national legislations clearly set a priority for deinstitutionalisation and prohibits both the building of new large residential care institutions and the expansion of existing residential institutions, the definition of "large" is over 50 places – this is clearly not in line with the principles of a community or independent living.
- Other legal systems even call for deinstitutionalisation to encourage the institutional culture. For example, the participation of service users in decision-making is restricted – individuals usually have no or minimal influence on the services and support they receive and do not have a choice about who provides their support even in these new so-called "community settings".
- Systems for monitoring the quality of residential services should be developed and implemented, along with training for staff on how to provide support in the community.
- In addition, the profession of a carer should be legally recognised, especially of the elderly; that would provide more opportunities for the professional development of carers, their training and lifelong learning.
- As a good practice, according to some national legislations, a person can choose his/her assistant/s and the personal assistance direct payment is no longer means-tested.
- Other good practices reported, where several municipalities provided communal meals for the elderly and some even organised older people into small teams to cook their meals.

Adult day services centres provide coordinated services in a community setting. There are three types: social, medical/health and specialized support.

Senior centres serve as "community focal points" and gateways to health, educational, social and recreational services.

Provisions for elderly educators

Based on our research, it resulted that the educators, caregivers and facilitators are mainly educated and guided at the workplace, rather than participation in a course that develops their skills to work with elderly persons. Of course, their profession is subject to specialization courses and diplomas in the field of work.

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Despite specialization, there are not opportunities for developing the interpersonal skills and teaching competencies needed for working with adults.

Teaching for older people should be delivered with the same enthusiasm and conviction with which it is provided to younger patients.

Teaching older adults

Older adults are not too old to stop smoking, start exercising, or change their diets. Learning capacity usually remains at an efficient level well into the 80s (EuroMedInfo, 2021). Instead of using stereotypical modifications, such as shorter sessions or a slower pace, make sure to assess each older person individually. It is important to give all older learners a chance to show their inquisitiveness and lifelong experience.

Assess learning needs for the older adult. During all phases of the teaching-leaning process (including assessment, planning, implementation, and evaluation), you should focus your attention not just on the existing medical problem, but also on the potentially numerous functional and psychosocial problems that are common to old age.

Teaching strategies to consider for older adults

For the teaching-learning process to be effective, it must be carefully planned and several aspects need to be taken into account:

- Some elders have increasing difficulty understanding complex sentences.
- Present new information at a slower rate than you do for younger patients.
- Speak in a low tone of voice and allow enough time for the patient to assimilate and integrate conceptual material.
- Allow plenty of time for the assimilation and integration of conceptual material, and emphasize concrete rather than abstract material.
- Reduce environmental distractions, both to compensate for any age-related hearing loss and to help the patient with attention and concentration.
- Group teaching may help some elderly patients increase their health-related problem-solving abilities.
- When suggesting lifestyle changes, be aware that many elderly patients are cautious and may not make changes easily.

Elders' motivations to learn

The main basic motivations for elders to learn are, among others: to use their spare time, to extend knowledge content and to achieve things they could not before, for various reasons (personal achievement). Since the elderly have a specific way of and for learning, the profile of the educator for these learners must also be specific. It is advantageous for learning that the educator is prepared, not only academically, but also social and culturally (Requejo-Osorio, 2008). Thus, teaching should also include integration into a modern society, to learn how to enjoy life, culture and friends (bearing in mind their typical age limitations too, for example, chronic diseases, functional limitations), and to feel that despite their age, elders have much to offer to themselves and others.

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Challenges for elderly educators

Some practitioners find themselves in a situation of wanting or needing to organize some sort of learning activity for older persons who have had no formal preparation for teaching, especially teaching the adult as a learner. Thus, directing a pre-retirement planning program, teaching nutrition information at a congregate meal site, or instructing a group of elderly on how to fill out some forms often must be done by instinct, by trial and error, or by modelling from past experiences as a learner (Hiemstra, 1980).

Another problem arises about how best to organize and present the necessary information to insure maximum learning. Questions about appropriate teaching techniques, how to structure the learning experience, concerns toward learner needs and learning inhibitors, and how to evaluate progress are some of those undergirding this problem.

A third major problem facing several people who attempt to conduct learning experiences focus on the role of the learner. Researchers suggest that adult learners should take a large and active role in the entire teaching and learning process. This role includes active participation in such activities as assessing needs, planning content, securing or serving as learning resources, and being involved in the implementation activities. The result of such active involvement is the development of personal ownership of and responsibility for the learning.

Initiatives to support learning and active ageing of elderly

Several actions have been observed for creative use of leisure time of seniors, the initiation into the new areas of knowledge, active participation in the culture, meeting the people who share common interests or building the social contacts area, especially for lonely people. High social awareness that the third stage of life is valuable and characterized by a desire for knowledge and skills, enhances the interest of seniors in their education for pleasure.

Education is a key factor in keeping older people active and it is implemented in several forms of:

- lectures (with the humanities, medical, biological, legal),
- language courses (English, German, Spanish),
- computer classes,
- recreation - improve (walking, swimming, gymnastics, dance salsa, workshops, psychological),
- seminar,
- cultural activities
- groups of interest.

There is a general trend to create flexible and responsive models that attract a broader range of elder individuals, able to meet a diversity of needs. Researchers have investigated and classified innovative models into six types (Pasadani & Thompson, 2010), with a focus on greater age diversity, health promotion, and intellectual stimulation:

- community centres for all ages,
- wellness centres for active adults over 50,
- lifelong learning/arts centres for adults over 50,
- continuum of care/transitions for older people to age in place,

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- entrepreneurial centres focusing on employment and productivity,
- café programs for adults 50 years and over that mix age groups and provide a community space for meals, education, and entertainment.

Examples of non-formal education which lead to dynamic development are Universities of the Third Age, workshops, training. There are several national models for implementation:

- **French model:** high level of didactic and research activities combined with a diversity of organizational forms: from the full integration with the university, across the close cooperation with the university, to the independence
- **Polish model:** Older people are here in two roles, as a student or as a teacher. Activities conducted at the UTA in Czestochowa deepen seniors' knowledge, allow them to meet new people, and above all, care for their physical and mental health. The activities also allow seniors to achieve some independence and dignity of the elderly.
- **English model:** also called the Cambridge model, was based on self-help and mutual aid of listeners. Seniors themselves organize activities using their knowledge and experience. The emphasis is put on experiment and group teaching. The British call this model "intellectual democracy", where you can be both a student and a teacher. This model is supposed to encourage helping through volunteering.
    - The educational offer of universities is varied: there are taught the academic subjects, as also carried out the practical activities. The program is mainly dependent on students interests and skills.
    - The curriculum should be as wide as its human and financial resources allow. Remuneration shall not be paid to any member of the University for teaching and other supporting activity.
    - Standing Committee for Education programme. Its purpose is the coordination of British universities activities and information exchange between their students, which takes place mainly through the Internet. The specific objectives of the program, among others, are gathering of educational materials, editing a magazine for students UTA - newsletter entitled Sources, organizing the studies for people interested in the selected topic, which is enabled by contacting via the Internet the people with similar interests, organizing the on- line learning (u3a.org).
- **Irish model:** not used the term UTA. However, the senior educational model is very similar to the British self-help model. Members organize the educational, cultural and movement meetings.
- **Spanish model**:
    - Universities frequently include extracurricular activities that enable seniors to continue learning more informally, although this has never been the main objective of this kind of institution. Senior learners obtain a certificate and a diploma after they finish their studies, which is recognised by the university although it is not valid for official accreditation at a national or international level. Because of the formality of the universities, the senior university programmes as a whole, and the subjects and activities, in particular, are designed following strict rules to ensure the pedagogy is adequate for seniors' and social needs, to guarantee effectiveness and efficiency, and to include a quality evaluation. These programmes are also used as laboratories by research groups for testing and innovating.
    - Institutions offering specifically designed activities for the elderly are also common. They do not have an education programme, but they create environments for informal learning where seniors do activities they enjoy: dancing, chess, theatre, some kind of handcrafts, or physical exercise. These kinds of activities are offered by a wide variety of institutions: adult associations, retirement homes, town councils or cultural associations. Of particular note are the "Third age classrooms" (Aulas de la tercera edad),

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- **Italian model:** They offer their students the classes in form of lectures, going to the cinema and theatre, exercises, they conduct research activities with students participation, promote the intergenerational integration
- **Finish model:** multidisciplinary lecture series, seminars, courses, IT teaching, distance teaching, online teaching, research, publishing, study groups and study-related travel. Activities are based on lifelong learning, academic teaching and opportunities to participate in planning. Teaching is also provided in cooperation with summer universities, adult education centres and other partners.
- **The Romanian University of Third Age**. To better understand the place that the education of the elderly occupies in the life of Romanians, we got in contact with the founder of the first University of Third Age in Romania. We were very pleased to find out that the establishment of the first university in 2016 was highly appreciated and several seniors of 55+ enrolled. Currently, there are two such universities in Romania.

The social activity of the elderly people can take many forms, seen as being informal education. This could be, for example, the activities within the charitable organization, Universities of the Third Age, senior clubs, local communities (including operating at churches and religious associations), trade organizations, self-help activities, a variety of socio-cultural societies or circles of rural areas.

The areas of informal education (Kargul, 2005), which reveals the activity of the individuals are:

- Professional experience
- Unpaid work outside home
- Leisure and tourism
- Care for the body in health and disease
- Social activity (socializing, volunteering, political activity, the operation in cooperatives, clubs, associations
- Learning through art

Another form of social activities is **voluntary**. Volunteer work is defined as “unpaid work provided to parties to whom the worker owes no contractual, familial or friendship obligations” (Wilson1997).

Senior clubs organize a variety of leisure activities, cultural activities, physical, social, development of pro-social attitudes, cultural, moral, clubs are in the range, for example, lectures, forums, hobby circles, seminars, educational courses, common participation in cultural events and creative amateur activities. Senior clubs also exist in the network Internet, such a www.klub.senior.pl.

Good practices methods/ motivation

- KIFLI- Keeping Fit in Later Life was a 2-year international project funded by the European Union’s ‘Grundtvig’ programme. The project developed innovative training material aimed at older people (working or retired) to help them maintain and improve physical fitness and thus improve their quality of life. The outcomes of the project included a collection of useful exercises, instruction videos, social game-based physical activities, tests and motivational material. The objectives were twofold: 1, inspiring and motivating older people to start or pursue physical exercises, 2, providing hints and tips about how to take physical exercise in a safe but still effective way.
- ICT: using the Internet and looking for specific information; email communication; using the Social media: Skype, Facebook, Google +, You Tube, LinkedIn, etc., especially with those who have friends and relatives away (overcoming the physical distance); tackling with decreased mobility and using web-based services such as e-payment systems, e-services, e-support, e-government, e-taxation. Other examples provided by partners include the use of web services for banking and finance, buying tickets, accessing civil services, Google maps and applications, photo albums such as Picasa, participation in forums, social networks, etc.

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Some others would also include modern technology devices (mobile phones, tablets and the relevant mobile applications); others would refer to accessibility tools for the disabled, e.g. people with low vision and hearing loss.

- Languages: Greetings and getting to know each other; Food and eating out; Health; Housing; Shopping; Family and friendship; Time and weather; Travel; Work; Leisure and hobbies. Besides the Communication in Foreign Languages as one of the Key Competence for Lifelong Learning these courses also contribute to other competences such as Communication in the mother tongue, Digital competence, Learning to learn, Cultural awareness and expression, Social and civic competences.
- Arts and Culture: The activities include mostly drama, theatre, singing, dancing, folklore, creative arts and handicrafts. The latter seems to be very well-accepted by seniors and examples of content include mosaic, textile dyeing, felt-making, sewing courses, glass painting, icon painting, tiffany techniques, patchwork, mandala courses, landscape painting, right side brain drawing techniques, and bead jewellery making.
- Physical Health (physical education, sports and sport-oriented activities, physical and related exercises, e.g. Yoga, Swimming, walking, Gymnastics). These courses and their outcomes contribute also to the improvement of Psychological/Mental Health of seniors, both areas being interrelated.

Potential barriers

There is a need to develop a system that will enable the involvement of seniors to participate in associations, volunteer work and family support.

Barriers perceived in the participation of the elderly in education are rather subjective and often are a result of low self-esteem, and conviction of reduction in cognitive abilities along with the age progresses.

It appears indispensable to prepare an educational offer, which would be well adapted to the needs and possibilities of the elderly, otherwise, the issue of social exclusion, and, above all, of the digital divide, will be solved only through the natural process of generation change.

Elderly people living in rural areas face the consequences of urbanisation and labour migration which results in villages and farms being progressively emptied of younger people who may otherwise have been able to support them (Bulić & Anguelova-Mladenova, 2012). This can lead to increased loneliness and the social segregation of elderly people.

Older workers can pose a challenge to the needs of adult educators to 'justify themselves as experts' (Findsen, 2006), particularly against their long-established experiential knowledge.

European and international initiatives

Active ageing means helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society. Addressing the ageing challenge and turning it into an opportunity depends on extending working lives, developing supplementary pensions and ensuring that all workers have access to adequate social protection. (EC, 2019).

Several international initiatives aim at providing political frameworks to value the potential of seniors, as well as to support the elderly to make active lifestyle choices while ageing.

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Celebration

International days and weeks are occasions to educate the public on issues of concern, mobilize political will and resources to address global problems and celebrate and reinforce the achievements of humanity. In this regard:

- On 14 December 1990, the United Nations General Assembly designated October 1 as the International Day of Older Persons (resolution 45/106).
- On August 19, 1988, President Ronald Reagan signed Proclamation 5847 declaring August 21st as National Senior Citizens Day.
- On 29 April 2008, the Slovenian Presidency of the European Union announced that it was proposing to declare 29 April European Day of solidarity and cooperation between generations. The first EU Day was officially launched on 29 April 2009.

EU Strategy

As Europe's population is getting older, the number of lonely, isolated or socially

excluded people is projected to increase. Within the European Commission, the DG for Employment, Social Affairs and Inclusion is responsible for the European Pillar of Social Rights. Its principles around social protection and inclusion, so the right to an adequate pension or long-term care, are relevant for the social inclusion of older people (EC, 2019).

The European Accessibility Act (EC, 2019) establishes common European accessibility requirements for many digital products and services, including electronic communication devices; audio-visual media services; banking services and the emergency number 112. These requirements support the social inclusion of older people and people living with a disability by giving them broader access to a range of services and products.

Madrid International Plan of Action on Ageing

The Madrid International Plan of Action on Ageing (MIPAA) adopted in 2002 represented a major breakthrough in the way the world seeks to support older people and move towards building a society for people of all ages. It focuses on three priority areas:

- older persons and development;
- advancing health and well-being into old age;
- ensuring enabling and supportive environments.

Active Ageing Index (AAI)

The AAI is a product of a joint project undertaken in 2012 by the European Commission Directorate General for Employment, Social Affairs and Inclusion together with the Population Unit of the UNECE and the European Centre for Social Welfare Policy and Research in Vienna. (EC, 2013). The main scope of the AAI is to offer to national and European policy makers a way to measure the untapped potential of seniors across the EU Member States and beyond. Among the information provided, the AAI measures the extent to which older people can realise their full potential in terms of employment, participation in social and cultural life and independent living.

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European Year of Volunteering

The year 2011 was declared the European Year of Volunteering. Its main idea was "to bring voluntary work as a basic dimension of active citizenship and democracy to the collective consciousness of the Member States". The voluntary commitment of older people can be considered crucial to this effort (Ehlers & Naegele, 2012). Referring to elderly voluntary work, several advantages were observed volunteers of 65+, as follows:

- Expansion of networks
- Increased feeling of being needed
- Strengthening of self-esteem
- Development of new skills
- Becoming aware of the ability to change things even in old age
- Interest in additional voluntary activities
- Improved state of health and well-being of volunteers

European Year for Active Ageing

To mark the 10th Anniversary of the Political Declaration and the Madrid International Plan of Action on Ageing, the European Union declared 2012 as the European Year for Active Ageing.

The main objectives of the European Year for Active Ageing have been:

- Promote active ageing in employment;
- Promote active ageing in the community including through active citizenship, volunteering and caring;
- Promote active ageing at home through enabling healthy ageing and independent living.
- Enhance cooperation and solidarity between the generations.

European innovation partnership on active and healthy ageing EIP on AHA

The European Innovation Partnership in Active and Healthy Ageing (EIP on AHA) is an initiative launched by the European Commission to foster innovation and digital transformation in the field of active and healthy ageing (EC, 2011). The main scope is to strengthen EU research and innovation by bringing together all the relevant actors at EU, national and regional levels across different policy areas to handle a specific societal challenge and involve all the innovation chain levels. The initiative pursues a Triple Win for Europe:

- Improving the health and quality of life of Europeans with a focus on older people;
- Supporting the long-term sustainability and efficiency of health and social care systems;
- Enhancing the competitiveness of EU industry through business and expansion in new markets

Ageing Well with ICT

Digital technology can help older people to stay healthy, independent and active at work or in their community for longer and it helps to improve our quality of life (EC, 2019). As part of its Digital Single Market strategy, the European Commission has proposed political measures for ageing well in the Communication on Health and Care. It identifies three priorities:

- Citizens' secure access to their health data, including across borders, enabling citizens to access their health data across the EU;

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- Personalised medicine through shared European data infrastructure, allowing researchers and other professionals to pool resources (data, expertise, computing processing and storage capacities) across the EU;
- Citizen empowerment with digital tools for user feedback and person-centred care using digital tools to empower people to look after their health, stimulate prevention and enable feedback and interaction between users and healthcare providers.

The biggest benefit technology can have on ageing and longevity is creating opportunities for people to connect. Technology adoption and use have increased tremendously, with 44% of those 50 and older more comfortable with technology now than before the pandemic (WEF, 2021). Moreover, Digital technologies may be used to improve the quality of life for older adults, allowing them to age in place and remain connected to their loved ones. “More broadly, it can help create an inclusive labour and living environment for older adults to lead healthy and productive lives.”, Victor Dzau, President, National Academy of Medicine, USA.

European Networks

Many European Networks support the elderly in various countries and internationally. The most prominent are listed below, to provide readers with further study materials and networking opportunities.

- AGE Platform Europe is a European network of non-profit organisations of and for people aged 50+, which aims to promote the interests of citizens aged 50+ in EU; https://www.age-platform.eu/
- European Network for Action on Ageing and Physical Activity, http://www.eunaapa.org/
- European Ageing Network, https://www.ean.care/en
- The HelpAge Global Network, https://www.helpage.org/
- European Network in Ageing Studies, http://www.ageingstudies.eu/
- WHO Healthy ageing, https://www.euro.who.int/
- Healthy Ageing web site of EuroHealthNet, http://www.healthyageing.eu/
- European Centre for Social Welfare Policy and Research, https://www.euro.centre.org/
- United Nations Economic Commission for Europe (UNECE, 2019), Working Group on Ageing, https://www.unece.org/
- International Federation on Ageing, https://ifa.ngo/
- European Commission, Policy Responses to Active Ageing, https://ec.europa.eu/social/main.jsp?catId=1062&langId=en
- Global Ageing Network, https://globalageing.org/
- European Connected Health Alliance, https://echalliance.com/
- SeniorNet, https://seniornet.org/

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Conclusions of the research

The project was coordinated by TEAM4Excellence from Romania, while the research on the essential needs of educators to support seniors was led by Institut Badań i Innowacji w Edukacji from Poland. The leader coordinated the desk research, interviews and development of the report on essential needs of adult educators. Partners conducted interviews and elaborated country reports.

The novelty of this research approach consists in the research design for developing “Essential needs of educators to support seniors”. The final European synthesis report on needs analysis is also an innovative and transferable result. There was not currently such analysis for the educators who work with seniors.

The primary and secondary research assisted project partner organisations to better understand what working with seniors implies, what educators teaching seniors need to consider (e.g functional restrictions, lack of self-esteem, age discrimination) and how target groups may be involved during the project implementation phases.

When it comes to the activities that would foster elderly engagement, we understood that, regardless of the age and the individual experience of the seniors, valorisation/valuing a persona is attractive for any age. This gave us the freedom to choose from a wide range of activities and at the same time, challenged us to select the most motivating and enjoyable ideas, able to add value for seniors as well as for adult educators.

After analysing the interviews from the teacher of elderly perspective, we understood that one of the main difficulties encountered appears to be the self-sufficiency of the elderly. Probably, this self-sufficiency was a motivating factor for the British model of the university of the third age, designed as “intellectual democracy”, where seniors are empowered to share from their own vast experience, being both students and teachers. Addressing this may be one of the key enablers for the successful engagement of the elderly in further training and education.

During the research, it was confirmed to us that the most common misconception about the elderly is about their social role, namely the perception by society as a social burden. Thus, active ageing and senior participation in social life require a partnership between citizens and society. Within this partnership, the role of the state is to enable and provide high-quality social protection. Besides, the role of NGOs, employers and educational organizations is to facilitate and motivate seniors for continuous training. In turn, the seniors have the duty to use their lifelong learning and share intergenerational knowledge and experiences with young people.

Concluding on the above, there is an urgent need to start changing mentalities and replacing the "top-down" solutions with those in both directions. The good news is that various national and international initiatives demonstrated an increased interest at the policy level for active ageing and inclusion of the elderly.

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Recommendations for the design of the training course modules

Analysing the common challenges that adult educators face, as well as the needs of seniors in their own countries, our consortium noticed not only that our internal capabilities must be improved for addressing the newly identified challenges, but also the fact that the needs were previously not adequately defined. This category of educators has to consider various problems resulted from health or mental problems, even psychological and low self-esteem. This was the main reason for carrying out interviews where the needs and challenges were thoroughly investigated. This way, we ensured that the course modules and scenarios which we will develop during the project will fit the purpose.

The suggested plan of the "Course modules for educators, facilitators and volunteers" are:

Course duration: 40 - 60 hours

Methods: Flipped classroom, Assessment & Evaluation, Community-based learning, MOOC, collaborative learning, active learning.

Tools: Videos, Articles, PPTs, Learner's Diary, Evaluation Forms (quizzes), Activity templates, Action plan template, Written resources (PDF, PPT, etc.)

Facilitator manual and worksheets:

> Know your senior: Definition of ageing, Challenges of ageing, Sociologic changes of ageing, Physical changes of ageing, The ABC of ageing well
>
> Understand your senior: Pillars in the elderly lives, Family, Mental health issues related Understand your senior: Pillars in the elderly lives, Family, Mental health issues related to ageing, Myths and Stereotypes about old people and how these can affect them
>
> Work with your senior: Determining Services Needed, Social work personal skills for working with the Elderly, Communication with the elderly, How to motivate and engage older people, Activities for elders
>
> Empower seniors to become active citizens for others: Health, Lifestyle aspects
>
> Valuing your senior: Importance of senior citizens in our societies, Improving the quality of life, Healthy & Active Ageing: Best Practices in Japan, Singapore and EU, Common efforts – pieces of advice on how can we contribute to creating suitable societies for our seniors

Educators/ facilitators and volunteers selected to respond to our interviews were made conscientious about the importance of their work. We hope that after reading this guide, people will have a greater appreciation for their work with the elderly.

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Transferability

The methodology presented in the first part of the report can be replicated for other categories of educators working with persons with special needs. The Essential needs of educators to support seniors report can be used by adult education organizations to make attractive and relevant courses for educators working with seniors. National policy makers can add new topics to their agenda. Thus, the findings of the needs analyses report reflecting the views of educators in a European context will be transferred.

- The methodology presented in the first chapter of the report can be replicated for other categories of educators working with persons with special needs.
- The Essential needs of educators to support seniors report can be used by adult education organizations to make attractive and relevant courses for educators working with seniors
- National policy makers can add new topics to their agenda. Thus, the findings of the needs analyses report reflecting the views of educators in a European context will be transferred.

The report is publicly available at https://trainingclub.eu/senior and transmitted to organizations working with adults. It is expected the top management of the organizations working with adults in the education or social care systems have a more comprehensive understanding of the needs of the Educators/ facilitators and encourage them to take part in online courses.

Essential elements of the research are usability and transferability of results. From this perspective, models that foster seniors' involvement in activities and good practices were identified, collected and shared allowing potential workers to adapt and implement within the community.

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About the partner organisations

TEAM4Excellence (T4E) is a Romanian association aiming to improve the quality of life through education, research and consulting activities. To address societal challenges, they provide learning opportunities and career advice for social inclusion, development and employability of people, and equip trainers with key competences and skills to foster personal as well as professional development. Within 30+ EU funded projects, the association produce and transfer innovation, experience and knowhow through cooperation with domestic and international partners. By hosting events, training courses and conferences, T4E strengthen collaboration between people, support organizations and bridge gaps between generations. The wide expertise in management enable T4E staff to provide consultancy to large companies and SMEs using EFQM Model and Business Model Canvas.

Foundation "Research and Innovation in Education Institute" [INBIE] is an NGO Institution situated in Czestochowa – Poland, founded in 2014. INBIE promote equal educational opportunities to all social groups, and fight against social exclusion and support adult people at risk of marginalization. They cooperate closely with formal and non-formal educational Institutions, local authorities, and Czestochowa Centre of Non-Governmental Organizations to develop adults' new skills and competences to re-join the work force and search for better life chances. Staff from INBIE do research and work in entrepreneurship, management, use of ICT in Education and workplace aiming to improve adult people's professional and entrepreneurial competencies for creating new services and business to fight against unemployment and social exclusion.

The social promotion association Petit Pas was founded in Trani, Italy in 2015, by a group of professionals, trainers and youth leaders motivated by the desire of improving community, promoting social initiatives inspired by democracy, equality, and pluralism. Over the years, it has become a structured associative reality, with a large number of associates and volunteers who have embraced their mission by recognizing the importance of having inclusive, peaceful and just societies. Our goal is to enhance the level of knowledge and skills of our community regardless of gender, social background, cultural or educational background. Several activities significantly engage staff and volunteers by organization of workshops and training seminars to disadvantaged people, related to the themes of active citizenship, volunteering, tolerance, inclusion, mutual understanding, social entrepreneurship, sustainable growth, and cultural development.

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Association Deses3 is a Spanish organization that works with young and adult people, offering them opportunities for comprehensive training programs, while giving priority to those who are unemployed or have a cultural, social or economic disadvantage. They aim at social inclusion and thus provide the space and projects that allow people to develop their social skills. By organizing training activities and information events on the topic of health and disease prevention, they contribute to the personal development of individuals and help them to achieve their full potential – physically, intellectually and socially – as citizens. With extensive experience in the creation and implementation of non-formal educational and free-time activities, Deses3 enable participants to implement new skills in their work and extracurricular activities for lifelong learning.

Asociatia Voluntariat Pentru Viata is an NGO, based in Marasesti, Romania, founded in 2012 on the initiative of some specialists in the field of education, art, history, social assistance. Their mission is to promote volunteering and civic consciousness by developing activities that respond to the local need of the community to become aware of the value of volunteering as a tool for active citizenship and human solidarity. A large part of the activities is focused on supporting disadvantaged people to have access to education. The association is accredited as a social services provider and it implements projects involving elderly care services at home and in residential centres. To offer multidisciplinary services for individuals who are in a critical social difficulty, they conduct social research and monitor the phenomenon of social exclusion, plan programs of assistance for individuals who are in social crisis and train professionals in working with underprivileged people.

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References

Abellán, A. &. (2012). Un perfil de las personas mayores en España, 2012. Indicadores estadísticos básicos. *Informe Portal Mayores no. 131*. Retrieved from http://www.imsersomayores.csic.es/documentos/documentos/pm-indicadoresbasicos12.pdf

AgePlatform. (2017). Retrieved from AGE Platform Europe Strategy 2018-2021: https://www.age-platform.eu/sites/default/files/AGE_Strategy_2018-2021_adopted_by_GA_2017.pdf

Asociatia Seniori in Actiune. (2021). *Seniori in Actiune.* Retrieved from http://senioriinactiune.blogspot.com/

AulaPlaneta. (2015). Retrieved from https://www.aulaplaneta.com/

Auser. (2016). Retrieved from Viaggio nell'Italia della solidarietà.: https://www.auser.it/wp-content/uploads/2016/01/AUSER-buone-pratiche_webok.pdf

Bakalarczyk, R. (2020). *Care Services for the Elderly - a Challenge for the Labour Market*. Retrieved from TransferHub: https://transferhub.pl/uslugi-opiekuncze-dla-osob-w-podeszlym-wieku-wyzwanie-dla-rynku-pracy/

Bakalarczyk, R. (2020). *Reconciling professional work with caring for dependent people as a challenge for social dialogue and public policy at various levels.* Warsaw: Social Dialogue Committee of the Polish Chamber of Commerce in cooperation with the Zaczyn Foundation and the Więzi Laboratory.

Battito. (2020). *PROGETTO ORTO SOCIALE.* Retrieved from http://www.battitodali.it/progetti/57-progetti/proposte/206-progetto-orto-sociale

Boc, J. (2004). *Administrative law.* Tegoz.

Bulić, I., & Anguelova-Mladenova, L. (2012). Retrieved from Common European Guidelines on the Transition from Institutional to Comunity-based Care: http://enil.eu/wp-content/uploads/2016/09/Guidelines-01-16-2013-printer.pdf

Carral, P. &.-M. (2019). Measuring Age Discrimination at Work: Spanish. *International Journal of Environmental Research and Public Health*.

Center for Human Resource Development. (2021). *Professional activation of people 50+*. Retrieved from 50+: http://50plus.gov.pl/

Collis, R., & Hussey, R. (2014). *Business research: a practical guide for undergraduate and postgraduate students. 4th ed.* Basingstoke: Palgrave Macmillan.

Constitutional Tribunal. (1993, September 27). *file ref. W. 10/93, p. II.4.*

Denscombe, M. (2007). *The good research guide : for small-scale social research projects.* Open University Press.

Dionigi, R. A. (2015). Stereotypes of Ageing: Their Effects on the Health of Older Adults. doi:https://doi.org/10.1155/2015/954027

Durr, J., Karpati, J., & Vihavainen, H. (2015). Retrieved from https://ec.europa.eu/eurostat/documents/64157/4372828/2015-IT-report/2ebd30e9-11cc-4999-8dea-e629708f3a7a

DVV. (2021). Retrieved from Education for Everyone. Worldwide. Lifelong: https://www.dvv-international.de/en/

E.L. Siegler, S. D. (2015). Community-Based Supports and Services for Older Adults: A Primer for Clinicians. *J. Geriatr*. doi:10.1155/2015/678625

EAEA. (2021). *European Association for the Education of Adults.* Retrieved from Non-formal education fosters social inclusion and participation of the elderly: https://eaea.org/2021/02/12/non-formal-education-fosters-social-inclusion-and-participation-of-the-elderly/

EC. (2009). Retrieved from https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNew

EC. (2011). Retrieved from https://ec.europa.eu/digital-single-market/en/european-innovation-partnership-active-and-healthy-ageing-eip-aha

EC. (2013). Retrieved from https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1837&furtherNews=yes

EC. (2018). *Demographic Ageing Report.* Retrieved from The 2018 Ageing Report: Economic and Budgetary Projections for the EU Member States (2016-2070)

EC. (2019). Retrieved from https://ec.europa.eu/social/main.jsp?langId=en&catId=1062

EC. (2019). Retrieved from file:///D:/Downloads/Synthesis%20report%20-%20PR%20DE,%2023-24%20Sept%202019.pdf

EC. (2019). Retrieved from https://ec.europa.eu/digital-single-market/en/ageing-well

EC. (2019). Retrieved from https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019L0882&from=EN

EC. (2020). *European Council of the European Union.* Retrieved from Improving the well-being of older persons in the era of digitalisation: https://www.consilium.europa.eu/en/press/press-releases/2020/10/12/improving-the-well-being-of-older-persons-in-the-era-of-digitalisation-council-adopts-conclusions/

EEG. (2020). Retrieved from REPORT ON THE TRANSITION FROM INSTITUTIONAL CARE TO COMMUNITY-BASED SERVICES IN 27 EU MEMBER STATES: https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf

Ehlers, A., & Naegele, G. a. (2012). *Volunteering by older people in the EU.* Retrieved from https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1134en.pdf

EuroMedInfo. (2021). Retrieved from Teaching older adults: https://www.euromedinfo.eu/teaching-older-adults.html/

European Parliament. (2011, September 23). *L 246/5.* Retrieved from Official Journal of the European Union.

Eurostat. (2020). *Methodology of the Eurostat population projections 2019-based.* Retrieved from https://ec.europa.eu/eurostat/web/population-demography-migration-projections/population-projections-data

EUSKADI. (2018). Estrategia Nacional de Personas Mayores para un Envejecimiento Activo y para su Buen Trato 2018-2021. Spain. Retrieved from https://www.euskadi.eus/noticia/2018/estrategia-nacional-de-personas-mayores-para-un-envejecimiento-activo-y-para-su-buen-trato-2018-2021/web01-a2zesosa/es/

Findsen, B. (2006). Social institutions as sites of learning for older adults. Differential opportunities. *Journal of Transformative Education, 4*(1), 65-81.

GUS, L. (2018). *Condition and structure as well as natural movement in the territorial profile in 2018.* Warsaw: Central Statistical Office.

Healey, M. J. (1991). *Obtaining information from businesses.* Harlow: Longman.

Hiemstra, R. (1980). GUIDING THE OLDER ADULT LEARNER. Retrieved from https://roghiemstra.com/guiding.html

IMSERSO. (2012). Libro blanco del envejecimiento activo. Madrid, Spain. Retrieved from http://www.imserso.es/InterPresent1/groups/imserso/documents/binario/8088_8089libroblancoenv.pdf

INE. (2020). Demographics of Spain. Retrieved from https://www.ine.es/prensa/padron_prensa.htm

INICIO. (2016). Andalucía es Digital. Retrieved from https://www.formacion.andaluciaesdigital.es/

INRCA, I. (2018). *Active Ageing Index, Analytical Report.* Retrieved from https://unece.org/fileadmin/DAM/pau/age/Active_Ageing_Index/Stakeholder_Meeting/ACTIVE_AGEING_INDEX_TRENDS_2008-2016_web_cover_reduced.pdf

INS. (2019). *Press Release.* Retrieved from National Institute of Statistics: https://insse.ro/cms/sites/default/files/com_presa/com_pdf/popdom1iul2019r.pdf

INS. (2019). *Press Release.* Retrieved from Natioanl Institute of Statistics: https://insse.ro/cms/sites/default/files/com_presa/com_pdf/poprez_ian2019r.pdf

IPISS. (2020). *Evaluation studies of government programs targeted at seniors.* SENIOR. Retrieved from http://senior.gov.pl/materialy_i_badania/pokaz/496

IPISS. (2020). *Evaluation study on the implementation of the long-term program "Senior+" for 2015-2020.* Institute of Labor and Social Affairs. Retrieved from https://das.mpips.gov.pl/source/2020/1_Badanie%20ewaluacyjne%20realizacji%20programu%20wieloletniego%20Senior%20na%20lata%202015-2020%20Edycje%202016-2019.pdf

ISTAS. (2020). *Annual Report, The State of nation.* Retrieved from https://www.istat.it/en/archive/elderly

Kargul, J. (2005). Obszary pozaformalnej i nieformalnej edukacji dorosłych. *Wydawnictwo Naukowe Dolnośląskiej Szkoły Wyższej we Wrocławiu, Wrocław*.

Martínez de Miguel López, S., Escarbajal de Haro, A., & Salmerón Aroca, J. A. (2016). El educador social en los centros para personas mayores. Respuestas socioeducativas para una nueva generación de mayores. *EDUCAR, Ejemplar dedicado a: Investigación en educación universitaria, 52*(2), 451-467. Retrieved from https://dialnet.unirioja.es/servlet/articulo?codigo=5570133

Mason, J. (2002). *Qualitative Researching. 2nd Ed.* London: Sage Publications.

Mendía, R. (2015). Aprendizaje- servicio solidario, Personas mayores activas. Retrieved from https://www.zerbikas.es/wp-content/uploads/2015/07/7.pdf

Mik, C. (1992). *Collective human rights. Critical analysis of the concept.* Torun.

Ministry of Health. (1999). *Training Program for Practicing the Occupation of Home Caregiver.* Retrieved from http://legislatie.just.ro/Public/DetaliiDocument/18984

MPIPS. (2020). *Evaluation study of the implementation of the National Program for Active Ageing for 2014-2020.* Ministry of Labor and Social Policy. Retrieved from https://das.mpips.gov.pl/source/2020/Badanie%20ewaluacyjne%20realizacji%20Rzdowego%20Programu%20na%20rzecz%20Aktywnosci%20Osob%20Starszych%20na%20lata%202014-2020%20Edycje%202016-2019.pdf

OECD. (2019). *Health at a Glance.* Paris: OECD Publishing. doi:https://doi.org/10.1787/19991312

Pasadani, M., & Thompson, P. (2010). Senior Centers: Innovative and Emerging Models. *Journal of applied gerontology, 31*(1), 52-77. doi:https://doi.org/10.1177/0733464810380545

Patton, M. Q. (2002). Two Decades of Developments in Qualitative Inquiry: A Personal, Experiential Perspective. *Qualitative Social Work, 1(3)*, 261-283. doi:10.1177/1473325002001003636

PortalStatystyczny. (2020). *There are more and more elderly people in Polish society*. Retrieved from PortalStatystyczny: https://portalstatystyczny.pl/w-polskim-spoleczenstwie-z-roku-na-rok-przybywa-osob-starszych/

Poscia, A. e. (2017). *Healthy ageing – happy ageing: Health Promotion for Older People in Italy.* Retrieved from https://core.ac.uk/download/pdf/286328628.pdf

Requejo-Osorio, A. (2008). The Learning of the Elderly and the Profile of the Adult Educator. *Convergence, 41*(2-3), 155-172.

Robson, C. (2002). *Real world research. 2nd ed.* Oxford: Blackwell.

Romanian Government. (2000). *Government Ordinance 137.* Retrieved from Government Ordinance on the Prevention and Sanctioning of all Forms of Discrimination: http://legislatie.just.ro/Public/DetaliiDocument/24129

Romanian Government. (2015). Retrieved from National Strategy for the Promotion of Active Ageing and Social Protection of the Elderly : http://www.mmuncii.ro/j33/index.php/ro/2014-domenii/familie/politici-familiale-incluziune-si-asistenta-sociala/3995

Romanian Government. (2015). Retrieved from National Strategy for Social Inclusion and Poverty Reduction.

Romanian Parliament. (2000). *Law 17.* Retrieved from Law on Social Assistance for the Elderly: http://legislatie.just.ro/Public/DetaliiDocumentAfis/196545

Romanian Parliament. (2003). *Romanian Constitution.* Retrieved from http://www.cdep.ro/pls/dic/site.page?id=339

Romanian Parliament. (2006). *Law 448.* Retrieved from Law on the Protection of Persons with Disabilities: http://legislatie.just.ro/Public/DetaliiDocument/77815

Romanian Parliament. (2009). *Civil Code.* Retrieved from Law 287: http://legislatie.just.ro/Public/DetaliiDocument/175630

Romanian Parliament. (2009). *Criminal Code.* Retrieved from Law 286: http://legislatie.just.ro/Public/DetaliiDocument/109855

Romanian Parliament. (2011). *Law 292.* Retrieved from Law on Social Assistance: http://legislatie.just.ro/Public/DetaliiDocument/133913

Romanian Parliament. (2018). *Law 174.* Retrieved from Law for Preventing and Combating Domestic Violence: http://legislatie.just.ro/Public/DetaliiDocumentAfis/202718

Saunders, M., & Lewis, P. a. (2009). *Research Methods for Business Students, 5th Edition.*

SenatoIt. (2020). *DISEGNO DI LEGGE - professioni di educatore professionale socio-pedagogico e di pedagogista.* Retrieved from http://www.senato.it/japp/bgt/showdoc/17/DDLPRES/0/980756/index.html?part=ddlpres_ddlpres1-articolato_articolato1

Serrano, J., Latorre, J., & Gatz, M. (2014, Oct). Spain: Promoting the Welfare of Older Adults in the Context of Population Ageing. *Gerontologist, 54*(5), 733–740. doi:10.1093/geront/gnu010

Siguencia, L. O. (2013). Retrieved from Responsible for this study is Ochoa Siguencia Luis, and the members of the research team of Jan Dlugosz University in Czestochowa.

SIPED. (2017). *Pedagogia oggi.* Retrieved from Cultura pedagogica e professioni educative. Come formare Educatori e Pedagogisti.

Šiška, J., & Beadle-Brown, J. (2020). Retrieved from Transition from Institutional Care to Community-Based Services in 27 EU Member States: Final report: https://deinstitutionalisationdotcom.files.wordpress.com/2020/05/eeg-di-report-2020-1.pdf

Turchini, A. (2020). *I servizi sociali rivolti alle persone non autosufficienti: l'offerta degli enti non profit.* Retrieved from https://www.luoghicura.it/dati-e-tendenze/2020/02/i-servizi-sociali-rivolti-alle-persone-non-autosufficienti-lofferta-degli-enti-non-profit/

UN. (2015). Retrieved from United Nations: https://www.un.org/sustainabledevelopment/development-agenda/

UNECE. (2019). *Active Ageing Index.* Geneva: United Nations.

WEF. (2021). Retrieved from https://www.weforum.org/agenda/2021/03/what-is-the-biggest-benefit-technology-ageing-longevity-global-future-council-tech-for-good/

Appendix 1 Research interview template

Q1. Introduce yourself and your organisation. How long have you been working with elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.

Q2. In your experience, what do you think is the most common misconception about elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)

Q3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage elderly to remain active in society?

Q4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?

Q5. What do you think are some of the most valuable character traits (skills) for professionals who work with elderly individuals?

Q6. In your opinion, what are the most important skills which help the overall relationship and experience of working with elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?

7. What are the difficulties encountered while working with elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?

Q8. How can the community help you more in your work? How can it help elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?

Q9. Do you have anything else to add?

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Appendix 2 Research interviews in Spain

Q1. Introduce yourself and your organisation. How long have you been working with elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.

DES-1-JOR said: "*I am J.O.R., Psychogerontologist psychologist and I have been working with elders for 13 years, especially in geriatric residences. Also, in support groups for relatives of Alzheimer's patients (many of them also older people) and I have also given trainings on the topic. In my current work, the Molí residence of Barcelona (Spain), I carry out several activities with the elderly: cognitive and emotional evaluation, collaboration in the elaboration of the individual care plan of the old people, psychostimulative activities, individual attention, active listening, emotional containment, attention to mourning and grief, etc*".

DES-2-MQ present himself as: "*I am M.Q., a social educator at the Molí-Via Favncia Residence, which belongs to the Mutuam Group, aimed at healthcare and health care, in Barcelona, Spain. I've been working with old people for eight years. My role in the residence is to energize the centre, do playful, cognitive and physical activities. I also maintain relationships with ward entities to participate in activities in the centre (Schools, Casal avis, Institutes..)*"

DES-3-LV started with: "*Hello, my name is L. V., I have been working for 10 years, in the field of training and in psychological intervention in the elderly. My field of work in recent years has been in Residences and in the field of training in Barcelona, Spain and I have carried out different activities: education, training, psychologist in residences*".

DES-4-EM said:: "*My name is E. M. I. B. and I currently work as a family worker (HCS- Home Care Service) for the Barcelona city council through one of the companies that has contracted; my company is currently ServiSAR. I've been working as HCS for three years. My main function is to properly care for the elderly, adults, young people and children with dependence. Specifically with the elderly I help in the realization of ADLs (Activities of Daily Living); In addition, I do with some of them physical therapy exercises, exercises to improve speech and others for their cognitive abilities. I also go for a walk with one of them*".

DES-5-NV started with: *" I'm N.V.C. I work at ASPACE ASTURIAS, an association that helps people with cerebral palsy in ASTURIAS, SPAIN. I've been working here since I started volunteering in 1996. As soon as I finished I already had my first contract until today. In total, 24 years! Except for a period of two years when I was living in Mexico City, during this time I worked in a very similar association, also of cerebral palsy. During this time I have been for different services of the entity:- In the special education school (as a physical therapist) - In the area of Adults (CAI - Integration Support Centre- and Residential Centre), where from 2011 until today I lead the Directorate*".

Q2. In your experience, what do you think is the most common misconception about elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)

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DES-1-JOR: "*In my experience one of the most common misconception is the homogeneity. All older people are considered equal and that they have the same deficits, lifestyles, thoughts, decline, disease, etc. Nothing further from reality. Older people are the age group with the greatest individual differences. Many stereotypes have been created that are not true*".

DES-2-MQ: "*That they are people who are already parasites, who are useless, especially those who are in residences. That they are people who are not valued their abilities, skills or preferences and that we think that by simply treating their illness and we are already doing our job well*".

DES-3-LV: "*I believe that stereotypes towards the elderly are widespread throughout society and in all age groups, children, adults and the elderly. In the aspects related to health, age and physical appearance*".

DES-4-EM: "*I think most people see the elderly, especially the dependents, as a burden and being useless. Many people think that they have to be treated like children and even the vocabulary with which they are addressed is totally childish and inappropriate. Just because older people are slow doesn't mean they have diminished mental or physical abilities. In summary, they don't usually get the treatment they deserve*".

DES-5-NV: "*I think the most limiting belief we have when we don't know this collective is that because they can't do things the way we do them, they can barely. And the belief also that they feel bad about it. When you know this collective it is overwhelming to understand the different and valid ways of understanding life and enjoying it. And that life, with this way of functioning, can also be fulfilling*".

Q3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage elderly to remain active in society?

DES-1-JOR: "*Working with older people gave me the opportunity to learn from other people's experience, know different lifestyles at different times and the power of adaptation of this generation, learn to make sense of life and appreciate the simple things of everyday life. Trying to improve their quality of life and make them feel useful and loved is a difficult but very rewarding function. Most older people are very grateful. There are plenty of meaningful activities for older people, which I would recommend, such as volunteering, various courses, cultural activities, care of grandchildren, belonging to groups or associations, recreational activities, dance, music, crafts, cinema, theatre, museums, conferences, physical exercise, etc*".

DES-2-MQ: "*There are experiences in which you realize that these people have a greater life experience than yours and that they have much to teach us and we do not have to underestimate them. Activities adapted to their tastes and preferences, it is important to get to know what they want to do and what they don't. Sport or playful activities can be beneficial activities for them*".

DES-3-LV: "*The most rewarding experience with the elderly is when I perform individual and group interventions. I observe motivation for learning and gratitude for being with them. Any type of intervention with the elderly, the benefits are broad, as evidenced by studies, the effects of*

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interventions/programs/projects, influences the physical, psychological, social and spiritual capacity of positive health in the elderly".

DES-4-EM: "*I think I could talk about seeing positive results in people, especially in the field of communication and physiotherapy. I have been able to hear and feel true empathy upon their moods and their experiences. Another rewarding time for me is when a coordinator of mine has valued me as a worker and recognized my good work. Activities in which they can feel valued and still useful, like sharing their knowledge, experience and skills with younger people. For example workshops of cooking, tailoring etc*".

DES-5-NV: "*For me, the most significant thing is when, in front of a person with many support needs (the people who live with different and considerable disabilities), you manage to connect and be in a relationship in which we are both. This is usually going through a look, a gesture, a body connection, a game of sounds etc. In order for assets to remain in society, it is essential that society get to know them*".

Q4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?

DES-1-JOR: "*Over the last 3 years I attended plenty of face-to-face courses, seminars, conferences and I have also read written materials on the topics I was most interested of, such as Alzhaimer, Dementia. Useful trainings for me would be any type of training related to the emotional needs of the eldest person to treat loneliness, fear, sadness, apathy, etc. Face-to-face or online format*".

DES-2-MQ: "*The training I received in the last 3 years are: Person-Centred Care, DCM, Worthy Care – Libera Care, Coaching Training, Ethics Training and Management Skills. I would like to receive a training regarding intergenerational learning and the best method for me is a face-to-face training*".

DES-3-LV: "*In recent years, I have received training on the topic of Person Centreed Care, in face-to-face and online format. Even if it is a model already seen, I consider it important to go deeper into the topic and analyze it in further trainings either face-to-face or online*".

DES-4-EM: "*In my case, unfortunately, the last 3 years I have received almost no training. I have taken a First Aid course for children and newborns. Some of these knowledge I've been able to apply to older people I care for. I would like any type of course (online, face to face or hybrid) that may help me improve in the occupational therapy field*".

DES-5-NV: "*I have received different online trainings (regarding covid topic), in quality of life and planning focused on the person, psycho-motorist, prevention of occupational risks. I would like to receive more trainings (any of the methods mentioned) on the topic of Gero-psychology*".

Q5. What do you think are some of the most valuable character traits (skills) for professionals who work with elderly individuals?

DES-1-JOR: "*In my opinion the most valuable character traits and/or skills are responsibility, empathy, common sense, sincerity, respect, patience, cordiality*".

DES-2-MQ: "*Empathy, respect, active listening, vocation, care training*".

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DES-3-LV: "*Empathy and sympathy are necessary skills for working with the elders. Ethics and humanized care, as well, must take precedence in such interventions*".

DES-4-EM: "*I think we should know how to manage our emotions so that they don't affect users; know how to differentiate the work from the personal feelings. This ability allows us to be able to listen and focus 100% on users. Moreover, patience, empathy, punctuality, fairness are main character traits that professionals working with elderly should possess*".

DES-5-NV: "*Open mind, no prejudice. The willing to meet others and discover, especially the abilities of the person in front of them*".

Q6. In your opinion, what are the most important skills which help the overall relationship and experience of working with elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?

DES-1-JOR: "*I believe the most important skills which help the overall relationship and experience of working with elderly is to get to know and understand the elders, dedicate time to them, do things together, show respect, be patient, use humour as a work tool*".

DES-2-MQ: "*Empathy, Assertiveness, Respect, Active Listening, Negotiation, Communication and Expressive Skills, Understanding, Self-Control and Conflict Resolution*".

DES-3-LV: "*Care giving is multidisciplinary. A professional working with older people should be trained in different competencies involving the health of an older person; cognitive, affective, emotional, spiritual, architectural, legal, etc*".

DES-4-EM: "*Knowing how to listen, knowing how to understand the others, and patience*".

DES-5-NV: "*I would say the same as in the previous question, adding also empathy, active listening, patience and positive energy*".

7. What are the difficulties encountered while working with elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?

DES-1-JOR: "*The most encountered difficulties are the followings: decision of board or management of the Centre in prioritizing the needs of the elders or the company, lack of staff (very small ratios), authoritarian and unsympathetic families. The biggest challenge, in my case, in the role I have now is working with people with dementia*".

DES-2-MQ: "*That we may discriminate against those who have more serious cognitive decline because we think that nothing more can be done for them or with them and we do not dedicate time to them, believing that they can no longer do activities or connect with the environment or people*".

DES-3-LV: "*The biggest challenge when working with elders is the dignified and respectful treatment that must take precedence in this type of care. However, unfortunately, there are still seen situations of bad-treatment towards the elders and sometimes those behaviours are often unconscious, which in my opinion is even worse*".

DES-4-EM: "*Difficulty found in my work are always having all the right material (gloves, masks,...). I have also found cranes that didn't work properly. The short time to move from one home to the other.*

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Already speaking from the experience directly to the user, the biggest difficulty I have encountered is to make him understand why, where and with whom he/she will be during my stay with him/her. On more than one occasion I have met relatives who do not explain to the elders, for whatever reason, why the worker is there or how long he/she will be with them".

DES-5-NV: "*Perhaps I feel that it becomes necessary to change activities, groups, co-workers so as not to enter into a routine dynamic in which you stop discovering, learning, and motivating yourself*".

Q8. How can the community help you more in your work? How can it help elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?

DES-1-JOR: "*The community can help through the Institutions and Social Services, home care, programs to accompany the elderly living alone, guardianship entities, associations of neighbours in the neighbourhood, intergenerational activities with schools and institutes in the area, popular activities in the neighbourhood, houses or meeting centres for adults*".

DES-2-MQ: "*By investing more in the geriatrics sector, professionals would work much harder. Intergenerational activities are also very important, as we can all learn from each other at any age. Another action would be not to separate activities only by the age range, but to integrate the elders in activities for children, youth and adult, being an equal part of the activities*".

DES-3-LV: "*Promoting social and individual activities, outdoors, intergenerational and/or psychological activities. These all are valuable resources that help to enhance the positive health and well-being of th elders*".

DES-4-EM: "*In my specific case, like HCS, family members are the ones who can support me, especially informing the user and valuing my work*".

DES-5-NV: "*Offering to the elders "normal and common" relationship environments, just like anyone else. Going for walks, have a drink in a café, go shopping, to the library, to the cinema etc*".

Q9. Do you have anything else to add?

DES-1-JOR, DES-2-MQ and DES-5-NV had nothing to add

DES-3-LV added: "*More social and intervention policies are need to be promoted for the benefit of the elderly*."

DES-4-EM concluded: "*Although it has always been a low-paid job, it is gradually struggling to improve working. It is clear that it should be a vocational job and not to make money. It takes patience, a lot of empathy and dedication*".

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Appendix 3 Research interviews in Italy

Q1. Introduce yourself and your organisation. How long have you been working with elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.

PP-1-BT: "*My name is B. T. I am 27 years old, I graduated in Science of motor and sports activities, I am a volunteer at AUSER Trani since 2011, having the position of gymnastics coach for the associates aged 50-80. AUSER Trani has a team of more than 20 volunteers*".

PP-2-MC: "*My name is M.C. I am 65 years old, I am a graduate of the Scientific High School, I work as head nurse at the "don UVA" Institute for more than 30 years. "don UVA" Institute is a huge health institution that deals with the elderly, rehabilitation, and disabled people*".

PP-3-NP: "*My name is N.P. I am 33years old, I graduated in Marketing and communication, I am a volunteer at AUSER Trani since 2010, having the position of ICT skills trainer for the associates aged 50-80. AUSER Trani has a team of more than 20 volunteers*".

PP-4-SL: "*My name is S.L., I am 33years old, graduated from the pedagogical high school. I work at the "Universo Salute Don Uva a Bisceglie" facility in Puglia. My experience begins on October 1, 2020 as a social health worker. I work in an orthophrenic institute. My role is to assist people with both physical and mental disabilities at 360 degrees, and I take care of the hygiene of patients, taking them at meals, listening to their needs*".

PP-5-VT: "*My name is V.T. I am 35 years old and I have a degree in economics. I have been president of the social promotion association "AUSER Trani" since 2010, covering the role of trainer, event organizer, support. AUSER Trani is engaged in various activities, I mainly deal with "Filo d'Argento", a free toll-free number, active all year round that carries out telephone support activities for the elderly*".

Q2. In your experience, what do you think is the most common misconception about elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)

PP-1-BT: "*In my opinion, in Italy there is a very widespread misconception about the elderly, I mean that they are no longer suitable, from a physical and mental point of view, and who have poor skills. Probably, this misconception burns from the increased life expectancy in Italy not supported by a serious active ageing policy*".

PP-2-MC: "*Working for many years in an institute that hosts the elderly, I realized that many people think that home care is no longer sufficient for almost all the elderly. I think it's a big mistake because there are so many cases that they could have continued to have the support and help at home*".

PP-3-NP: "*Many people think that seniors do not want to do things, but I can assure you that when you see some seniors trying to learn how to use a smartphone or trying to create a Facebook profile, you think about everything but no that they do not want to do things*".

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PP-4-SL: "*The idea that sometimes people think they can no longer be useful in society. Given the age, the elderly are thought of as a burden and not as an added value to the family or the structure*".

PP-5-VT: "*From my experience I can say that there are many misconceptions about the elderly. Many believe that the elderly do not want to do things, that they are passive and do not seek new stimuli. Nothing could be more wrong. I relate almost every day with the elderly, and especially the over 80, they continually ask me to organize new activities or get involved in some small manual jobs*"

Q3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage elderly to remain active in society?

PP-1-BT: "*The life of the volunteers is very hard, a lot of effort and time. Surely, the best moment was when I did my first gym class with the elderly. Being able to create a moment of "volunteering" and seeing the "good" become tangible made me very happy. Also, gymnastics for the elderly is great and I recommend it to everyone*".

PP-2-MC: "*There are many positive experiences but the most beautiful are when you see elderly people, whom you have taken care of, return to their home because they have improved their physical and mental condition. I suggest all seniors continuously do activities to train the body and mind*".

PP-3-NP: "*Helping others is very beautiful and difficult at the same time. When you realize you can do it with what you can do and that you know, you realize that you can do your part. Thus the idea of the social media course was born. The best experience of my life! Also, I can confess that working in the marketing field, I have been able to learn things about the elderly and their relationship with social media which are helping me a lot in my profession*".

PP-4-SL: "*Celebrating an old woman's birthday in a bad time like this. The covid has made people inside the facilities sadder due to the inability to have visiting relatives. So seeing happiness in this woman's eyes gave me enthusiasm and made me realize how important our role is*".

PP-5-VT: "*One of the positive experiences I remember, and the reason why I am still engaged in this activity today, is "Filo d'Argento". Being able to talk to the elderly on the phone, and being available to help them, actually helps me a lot too*".

Q4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?

PP-1-BT: "*I am fortunate to be a member of an association present throughout the Italian territory. It is very present and active. In addition to my degree, which provided me with specific skills, AUSER periodically provides training moments, face to face and online, to better prepare volunteers who work with the elderly. This training allows me to carry out the activities I carry out with the elderly in a more effective and targeted way*".

PP-2-MC: "*Our institute continuously provides face-to-face refresher courses. Ours is a very delicate job and professional updating is very important*".

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PP-3-NP: "*AUSER provides, for its volunteers, continuous training moments. Before COVID-19 these moments were Face-to-Face, now they are exclusively online. These training moments allow us, volunteers, to acquire all the skills and soft skills necessary to relate to the elderly*.

PP-4-SL: "*My training to become OSS was very useful to then work with the elderly and people in need of assistance. It was a course divided into 3 parts. The first part with classroom lessons, the second part with distance learning and the last part internship in the structure. I would like to have more skills in carrying out entertainment and educational activities for the elderly and people with disabilities*".

PP-5-VT: "*In recent years I have tried to train myself in some specific sectors in order to work with the elderly, in relation to the courses or activities I was responsible for. I attended some face-to-face and online seminars, at city and national level, which explained how to relate to the elderly. Actually I would prefer material to consult at all times, because I can't always remember all the suggestions that are provided on these occasions*".

Q5. What do you think are some of the most valuable character traits (skills) for professionals who work with elderly individuals?

PP-1-BT: "*The most important character trait that a professional/volunteer working with older individuals must have is listening. The elderly are the adults of yesterday, they are the people who have built our present; the world, as we know it, was built by them, so they have so much to tell, so much to teach and we can only respect them for their life lived and listen to them to learn secrets, tips and learn from them, from things made by them, right or wrong*".

PP-2-MC: "*The main skill for a professional is being able to maintain clarity in all situations. Maintaining clarity allows you to limit mistakes and, almost always, succeed in doing the right thing*".

PP-3-NP: "*Each person has his own times and this is more marked with people of different ages, so I think that the most important character trait that a professional / volunteer who works with elderly people must have is patience*".

PP-4-SL: "*First of all, Patience, knowing how to listen to your patients, understanding their needs*."

PP-5-VT: "*I think that to work with the elderly it is necessary to be able to recognize and manage emergencies, to have a good ability to listen and to adapt. The figure of the volunteer is not always perfectly defined. Very often we find ourselves manageing different tasks and therefore it is important to be able to adapt to every situation*".

Q6. In your opinion, what are the most important skills which help the overall relationship and experience of working with elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?

PP-1-BT: "*In my experience, the most important characteristics to have in order to help relationships and work experience with the elderly are availability, empathy, and patience. I believe that these characteristics are the basis for living this experience better and for doing it in the best way*".

PP-2-MC: "*The main skill to build a correct relationship with the elderly is to be able to consider them as relatives / friends. This allows you to put your heart into the work as well*".

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PP-3-NP: "*As mentioned before, each person has their own times and for the elderly, it is even more marked. For this, patience is needed to respect their learning and execution times. Not having patience with them is the same as disrespecting them and thus ruining the work you do with them*".

PP-4-SL: "*Understanding, empathy and listening for the relationship with the elderly*".

PP-5-VT: "*I think leadership is important from a professional point of view. You need to be charismatic to ensure that the elderly can welcome your suggestions. Furthermore, empathy and the ability to listen and communicate cannot be lacking*".

7. What are the difficulties encountered while working with elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?

PP-1-BT: "*One of the hardest things, for me, is being able to keep the attention of the elderly and do not assume that they can do things that are obvious and natural to me*".

PP-2-MC: "*The biggest difficulty is being able to maintain patience. When you are tired it is very difficult to maintain it, but this is the challenge to be overcome to do your job better*".

PP-3-NP: "*I am a volunteer and therefore I try to reconcile my work activity with the volunteer activity. In some moments it can be very difficult because the times cannot be reconciled, but the spirit that pushes me to be a volunteer leads me to overcome these obstacles*".

PP-4-SL: "*Getting in contact with elderly people and people with disabilities means forgetting your personal problems, because it is a job that requires patience, delicacy, mental and physical health*".

PP-5-VT: "*Working with the elderly, especially as volunteers, it is important to find a meeting point with them to organize activities, also in terms of timetables. They very often have more time available than volunteers and it is difficult to reconcile schedules. Furthermore, another difficulty I encountered concerns the courses, whether they are digital or storytelling, because every elderly person has his own previous knowledge, his own level of learning, and it is important to take this into account*".

Q8. How can the community help you more in your work? How can it help elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?

PP-1-BT: "*Volunteering creates synergies, and it is natural to think that if there is more collaboration between local associations, and between them and local authorities, the synergies would increase and there would be a greater impact on the territory*".

PP-2-MC: "*The voluntary associations of the territory could increase the activities they carry out in our structure. This would improve the climate and the vitality of the elderly*".

PP-3-NP: "*We need to create networks between associations. Each of them, with its peculiarities, is able to bring added value to its territory, and if they start networking they would be able to support and help the elderly even more*".

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PP-4-SL: "*The operators could be supported psychologically but also physically followed with free courses because it is a tiring job that weighs on the psychophysical aspect of the worker*".

PP-5-VT: "*In my opinion the community should consider the elderly as a resource and not a problem. it is important that synergies are created between the various voluntary organizations, greater initiatives together, in order to create greater opportunities for exchange and social participation*".

Q9. Do you have anything else to add?

PP-1-BT: "*It is good news to know that there are other associations in our city that think of the elderly and that work to improve their lives and therefore the quality of life in our city*".

PP-2-MC: "*I will follow this project with interest to understand how it could be useful from a working and human point of view*".

PP-3-NP: "*I believe that associations cannot take the place of political decision-makers, so I believe that public authorities should start to take care of the elderly more*".

PP-4-SL: "*For the elderly you could do more things to make their daily life better .. From carrying out outdoor activities to small trips outside the facility*".

PP-5-VT: Did not have anything to add.

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Appendix 4 Research interviews in Poland

Q1. Introduce yourself and your organisation. How long have you been working with elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.

INBIE-1-AT: "*I am 42 years old. I am a person dealing with art therapy (occupational therapy) of people 60+. I have been working with seniors for 5 years, teaching as a volunteer at the Foundation Institute for Research and Innovation in Education based in Częstochowa. INBIE operates in the Śląskie Voivodeship / Poland. My task is to support / heal the elderly through art. Together, we create art works, exhibitions, and all members create creative activities aimed at inviting various generations to participate. I graduated from MA studies in pedagogy and postgraduate studies in art therapy. Currently, she conducts art therapy classes for people 60+*".

INBIE-2-PH: "*I am 38 years old. I work in a social care home in Częstochowa as a physiotherapist. I have been looking after seniors for 12 years. My tasks include maintaining the physical fitness of seniors, especially those who are severely ill, especially after all kinds of injuries suffered during accidents; e.g. after a hip, arm or leg fracture. I also deal with lighter cases, such as activating the stiff muscles of seniors, which, due to various diseases or immobilization, may cause local paresis or inability to move. I often perform massages, e.g. back or leg massages, which bring relief and improve the general motor skills of a senior. For seniors who are in good shape, I also conduct 30-minute general fitness exercises twice a week. I have been cooperating with the Institute for Research and Innovation in Education for 4 years. INBIE conducts various types of activities for seniors, e.g. learning foreign languages*".

INBIE-3-PH: "*I work as a social worker at the Municipal Social Welfare Centre in Częstochowa MOPS. I am 31 years old. I have been working at MOPS for 6 years. I deal with seniors in a difficult financial situation. For three years I have been a member of the team introducing new forms of social assistance support consisting in an individual approach to each of our charges and subjective treatment. I have been associated with the Institute for Research and Innovation in Education (INBIE) for the last 3 years. I deal with Adult Social Inclusion, a Erasmus project implemented by INBIE*".

INBIE-4-AM: "*My name is A.M. and I am 42 years old. I work with seniors in a volunteering basis. I provide motivational courses and collaborative learning, brainstorm. Professionally I am an academic teacher of andragogy. On a daily basis, I teach how professionally deal with the care of the elderly. Working with adult students as an lecturer gives the opportunity to develop their sensitivity to the needs of the elderly people. My students undertake foreign language learning research in senior groups, Physical and Mental diseases and generally how to deal with elderly people. They concentrate their activities in both target groups: senior willing to improve their practical skills and seniors who are interested in learning English for tourism*".

INBIE-5-EF: "*My name is E.F. and I work for INBIE as a volunteer. INBIE is a non-formal education Institute that offers courses to seniors. I have been working for the last four years and also participate in the courses the institution offers. Also I work the last 6 years with elderly people in a private basis, first with my father and now with my mother, that needs special care because her age. During the*

non-formal meetings we learn Spanish, how to use computers for search information, smartphone or tablet classes and communication using the available social media. The courses are directed to Seniors. The idea is not only to learn Spanish or computer science but to create a group where seniors can feel that are doing something important and keep active in social and psychological aspects. We also have some sport/games classes that cement the group more, such as bowling".

Q2. In your experience, what do you think is the most common misconception about elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)

INBIE-1-AT: "*In my experience, older people have a problem with functional abilities. Most of the seniors we work with are very good at carrying out everyday activities. I know that there are also people who are willing to help others. The young generation makes judgments based on their age. Meanwhile, seniors are people who are willing to engage in various activities*.

INBIE-2-PH: "*All seniors are unnecessary old men. In my experience, most seniors are mentally fit like young people, with the difference that their bodies are older, often also sick, e.g. due to a difficult life. Unfortunately, without systematically performed physical exercises, motor skills gradually disappear, which means that we perceive seniors as people who can give nothing to society. Meanwhile, most seniors are a treasury of practical and theoretical knowledge, which especially young people should use. Seniors have the willingness and time to get involved in various types of events, including voluntary ones, and willingly join in helping others. I give seniors an opportunity to feel needed, for example INBIE by involving them in the statutory activities of the organization or by creating meetings in thematic groups through WhatsApp. This results in physical and mental health. The feeling that every senior citizen has friends who care for him, if only by asking every day: How are you today?*".

INBIE-3-SO: "*In my opinion, the term related to mental health and the lack of social commitment is unfair. Seniors are often people with different skills that they cannot convey. We are just starting to support seniors by helping them to set up, for example, special cooperatives where seniors can work and feel socially needed. An example can be seniors who are the drivers of the bus transporting disabled children to school in the morning. It is easy to observe that people after difficult life experiences are very willing to help others*".

INBIE-4-AM: "*In my opinion, there are two most common misconceptions about the elderly. The first of these refers to the fact that they are no longer professionally active and, in general, what they were entitled to, they have already received - as you can hear many times in various comments. I completely disagree with that. A senior is also a human being and has the same rights as a working person. His role in society should in no way be diminished and the senior himself should not be pushed aside. We must remember that in some time we will also be seniors and we certainly would not want to be treated in this way. Lack of professional activity does not mean uselessness. On the contrary. Professional and life experience can be of benefit to others and the senior himself can be appreciated in this way and it will be invaluable to him. The second is the physical limitations of seniors. It is often heard that an elderly person "cannot do it" anymore. We forgot that people a hundred-year-olds can run a marathon if they keep an active life. Naturally, physical limitations may appear sooner or later, but this should not affect how we treat seniors. perhaps what they*

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used to do faster and more accurately now will come with some difficulty, but the goal will be achieved".

INBIE-5-EF: "*Seniors are withdrawn from everyday life through their physical or mental disabilities, while with a little help from outsiders, one can slowly recover from this apathy, or prevent their mental or physical deterioration. Seniors should be more involved in Erasmus+ program and the implementation of ERASMUS plus for Adults gives the opportunity to integrate seniors not only from our local community but also international. This make seniors to be involved actively in the preparation and implementation of different activities and also give a possibility to present themselves and motivate to do some changes in their appearances. The meetings allow them to leave the house, or at least motivate them to do so. Seniors must take care of themselves to get out. Talk, watch a movie together, visit monuments, talk with young people. In a way, to be active in society. All this will not allow older people to fall into such apathy. Young people think that the older ones don't need anything from life. They do not have to drive a car, because they are too old, quite the opposite. Without a car, many people will not shop, visit their cousins, or visit their relatives at the cemetery*".

Q3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage elderly to remain active in society?

INBIE-1-AT: "*I often have positive experiences. What I do is "heal emotions." This means that people come to me to regain my mental balance or the need to relieve emotions, frustration or relieve depression symptoms. Generally speaking, my job is to build a positive attitude towards the world. At the first meeting with potential meeting participants, you can observe withdrawal and lack of acceptance of the activities carried out. The road to success and full commitment is difficult and long. It is precisely this commitment and activation that causes the senior to have other goals in his life that engage him, and those that caused depression are relegated to the background. I have such an example. A retired person whose husband died and whose children live abroad could not cope with loneliness. A neighbour helped this person reach us. The first or second meeting is a complete lack of commitment. After the 4th meeting, the person began to get involved. After about 10 meetings, she worked like any other, after about 20 she proposed her own way of working. Currently, she is a person who helps in conducting classes for beginners. She deals with practical support for people with similar problems as her*".

INBIE-2-PH: "*I personally run yoga classes for seniors. The beginning person is almost always sceptical about the effects of the exercises. Usually they join because a friend or colleague participates in such classes or because the doctor recommends it. After a while, they come to me boasting about their motor progress and often exercise themselves in the privacy of their own room. I think that seniors should be encouraged to be physically active, but in my opinion, mental activity is no less important. Seniors are also happy to find themselves in new environments. It is enough to create the right conditions for them*".

INBIE-3-SO: *Purpose, commitment and creativity are the driving force behind all activities. You can help as a driver, but another example is the so-called a cooperative founded by senior ladies and*

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gentlemen, creating an external business that prepares meals and sandwiches for people working, for example, in office buildings. These are the elderly who feel needed and aim at using their skills. In my opinion, you should gather a team of people who want to work, then assess your skills and choose the direction of activity. For example, former teachers may help children with their homework or conduct remedial classes. For which parents often do not have the time or money to pay for additional lessons. In general, you can say that when you retired as a senior, you can either continue your professional career or engage in something completely different. My observations also show that active people who engage in various activities are characterized by good physical fitness and, therefore, good health. Often, professionally active seniors take care of their physical fitness by cycling or running, often even in various types of marathons, and from my professional perspective, however, it can be seen that they are, however, people with limited family contacts. To stay active, I recommend contacting local government organizations, city offices, municipalities and non-governmental organizations. Don't stay passive".

INBIE-4-AM: "*I think the most important thing is to show seniors that they are still an integral part of the family, group or society. One of the most interesting moments in contact with elderly people is the visit to the "Senior Home", where we prepare an entertainment program together with the whole class. The seniors are delighted, they sing "Rudy rydz" with the group, as well as other songs that we chose for integration activity. The fact that they invite us to their rooms is very special, because when we entered in their small universe, we can see part of the history and their whole lives, photos that were related to the most important part of their lives. This experience is important for people that will work with seniors. It is important for the seniors, because they talked about themselves and their experiences, for the group it is a valuable life lesson. Involving seniors and encourageing them to be active in various fields is very important. It is also important to reach out to older people and their interests. Together with students, we consider the most effective methods, adapted to the elderly. Then these methods are practiced in the professional work of students. Students are very aware of the nature of the contacts of the elderly with the environment. During such lessons, they can talk on various topics - not only those that suit their interests, but also those that bother them. Sometimes such a lesson can be of great therapeutic importance*".

INBIE-5-EF: "*One of the best experience working with seniors is to see them with a smile in their face. Working actively in the preparation and during the workshops. I, myself managed to get the depressed seniors to leave the house after many phone calls and to get them to participate in the planned meetings. Meetings in groups, the sense of competitions, singing together, make seniors very active and integrated. This activities motivate them because bring back memories of their young and pleasant years and allow them to forget about pain and loneliness for a while*".

Q4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?

INBIE-1-AT: "*In 2019, I participated in a training organized by the University of A. Mickiewicz in Poznań. However, there is no systematic supportive training for people already conducting art therapy classes. I think there is also a lack of easy access to classes. There is no systemic financing for such classes, and seniors cannot afford to pay for meetings*".

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INBIE-2-PH: "*I am a Master of Physiotherapy. I also completed a pedagogical course. For several years, once a year I have been participating in training courses organized by the Geriatric Medical Centre on the care of seniors. The training courses are face to face. I also often participate in seminars and conferences organized by higher education. I will always find something useful in my professional work. In addition, we also get training materials that I can use in working with seniors*".

INBIE-3-SO: "*I graduated from social work. As an obligation, we participate in staff training organized by training organizations or the city office. However, I am most interested in scientific conferences where you can exchange experiences, e.g. in September 2019 in Warsaw I took part in the International ESPANet Conference with the representatives of the Ministry of Labour and Social Policy or the Social Insurance Institution. The conference materials allowed me to introduce some innovations in my professional work. We would really need regular, free online training courses on the introduction of innovative solutions supporting social work and psychological support for both employees and our charges*".

INBIE-4-AM: "*I was not able to take part in such training, but I have provided this kind of courses and the exchange of good practices and experiences in adult education is a good experience. Nevertheless, in the informal education and searching on internet, we can find a lot of interesting and useful information about seniors. I think that the most necessary training would be one that deals with psychological and social issues. Such workshops could help in the daily work with seniors, recognizing their problems and supporting their self-acceptance. In addition, proposals for physical activities, such as go to the theatre and dance, could be interesting*".

INBIE-5-EF: "*Recently, I participated in two training courses on elderly care and support. It was a face-to-face training and practical training. I also participated in computer and smartphone training. A practical first aid course would be very helpful, but not online*".

Q5. What do you think are some of the most valuable character traits (skills) for professionals who work with elderly individuals?

INBIE-1-AT: "*In my opinion, among the most desirable features, I would mention empathy, kindness, creativity, patience and "Big heart". I believe that a person working with other seniors, not only, should be empathetic and coping with stress. Should have interpersonal skills (e.g. in motivating others to work), be able to work in a group, with the so-called "collaborative learning methods*".

INBIE-2-PH:"*The most valuable character trait for people working with the elderly is, of course, empathy, kindness and sympathy towards people, the ability to adapt to conditions, patience, ease of making contacts, communicativeness, being trustworthy, showing respect, availability and flexibility. I believe that a person working with seniors must be calm, composed and committed. Dominant, however, must be forbearance and understanding the needs of the senior. Putting yourself in his place. Setting yourself tasks to accomplish and striving together to achieve the intended goal. You have to think about another person, not only about yourself*".

INBIE-3-SO: "*In my opinion, the most valuable character traits in my work with the elderly are perseverance and sensitivity to the fate of another person. Interpersonal skills are also necessary. I would also mention openness and problem-solving skills. In my experience, one of the important skills for*

professionals who work with elderly people is "communication". The communication process in general is complex and can be further complicated by age. One of the biggest problems staff working with adults face when dealing with older people is that they are actually more heterogeneous than younger people. For example, their wide range of life experiences and cultural backgrounds often influence their "perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers. We have to listen them and later make the right decision taking into account their needs and experience".

INBIE-4-AM: "*There are many features that would certainly be crucial in dealing with seniors. First of all, openness to other people, patience, sense of humour as well as understanding and the ability to listen and react quickly. Creativity and the ability to adapt to a given situation are also an important feature. One of the most important skills a professional dealing with elderly individuals is to building a safe and partner relationship. Since adults themselves want to decide what they want to learn and take responsibility for it, and at the same time they are afraid of assessing and undermining the achievements so far, the trainer should create such conditions for cooperation that training participants are treated as partners and that they have a high sense of security. A safe and partner relationship is built through: language of the teacher, free from condescending messages (assessments, instructions, moralizing); stimulating discussion, exchange of experiences; giving choices, recognizing the right to own opinion, but always remembering about the goals of the training; taking into account the needs, co-decision (concluding contracts for rules that are to apply to training, contracts, joint problem solving, joint decisions); discretion, understood as the lack of information from training outside without knowledge and consent of the participants; taking care of a friendly atmosphere and a constructive way of communicating among participants*".

INBIE-5-EF: "*Looking after the elderly is a challenging job. It can be one of the most fulfilling careers out there, but to be successful, certain personal qualities are required. In my opinion one of the most important qualities any senior carer needs to have is empathy. Ageing can be a confusing and difficult process for some older people, as tasks they used to find simple become a challenge that needs to be overcome. Why I think it is important?. Empathy is the ability to emotionally understand what other people feel, see things from their point of view, and imagine yourself in their place. I think that if you are able to put yourself in someone else's position and feeling, you are going to understand what they must be feeling*".

Q6. In your opinion, what are the most important skills which help the overall relationship and experience of working with elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?

INBIE-1-AT: "*The most important skill is professionalism in what you do. Experience in working with people (including equal treatment or working in a group), organizational skills, punctuality, regularity and predictability. In work and relationships with seniors, it is also important to be understanding, e.g. when they are sick or need a break. The ability to activate people who, for some reason, are in a bad mental condition*".

INBIE-2-PH: "*An important skill that I use in my work is the organization of time spent together so that by achieving the intended goal the senior will forget about pain or illness. During treatments, I often*

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teach seniors how to exercise alone in their free time after meeting with me. Each person requires a different set of exercises. I need to get involved in what I do. It is important to interest the senior citizen, e.g. by talking about his hobby in order to break down barriers. The most important skill to help build relationships and work experiences with older people is to understand the needs of the elderly. The more the caregiver can do, the better it is for the elderly, and the more additional skills they have, the more effectively they can help the mentee".

INBIE-3-SO: "*Cognitive skills will help us better understand the situation of seniors. Most of us, young people, cannot imagine the situation in which seniors find themselves. Often guided by the erroneous assessment that an elderly person is disabled, he knows nothing and knows nothing. Meanwhile, a little bit of goodwill is enough to find a "generation link*".

INBIE-4-AM: "*Skills that could be useful in working with a senior are associated with flexibility. People working with elderly people should be able to adapt each task to the individual needs or modify it accordingly. This is important because some things that are easy for us may not be overcome in the same form for a senior. Besides, a person working with seniors should be competent on many levels. this would be evident in building intergenerational bridges. In this way, the elderly can learn technical innovations and try to understand and accept what is changing around them so quickly*".

INBIE-5-EF: "*People working with elderly and seniors will often find themselves helping with personal care activities. The person working with elderly should be prepared to help them when bathing, using the toilet, period care or wound dressing. A good employee should be able to handle the sight of bodily fluids and bodily functions with ease, without ever making the person they're caring for feel ashamed or embarrassed. Many times when working with my elderly mom, I should take her to toilet and clean her, given her the signal that it is normal and each person do the same in that places; the only difference is that they do by themselves and my mom needs my help. Other important skill is the ability to listen to and understand the needs of the elderly*".

7. What are the difficulties encountered while working with elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?

INBIE-1-AT: "*The most common problem during my work, especially at the beginning, is communication difficulties. Seniors assume that they know better. Another frequently occurring problem is the fear of innovations, e.g. technological, or, in my case, the introduction of new drawing o painting techniques. There are also people who have problems integrating with the group*".

INBIE-2-PH: "*A senior is a very sensitive person, both physically and mentally. I have to choose the exercises so that they do not cause pain or cause major injuries, and that they help heal. It is often a trial and error method, but in close cooperation with the senior. I must show extreme attention throughout my work. Such concentration over 15 is exhausting. Additionally, I work with seniors who are looked after by strangers 24 hours a day. The family visits them occasionally. These are the difficult lives of the elderly, which is why I must be empathetic. Become a friend and often also a confidant of the senior's problems*".

INBIE-3-SO: "*As a social worker, I often encounter problems related to the basic lack of empathy for understanding the difficult life situations of seniors, especially financial problems, but also medical*

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care and the entire social infrastructure. Seniors alone are unable to find appropriate help for themselves, even though this help is available.

INBIE-4-AM: "*The biggest challenge for me is reaching the elderly person and convincing them to open up with their needs. Seniors quite often like to stick to their convictions, and we should respect that. Work then is not easy. Moreover, older people tend to become more withdrawn, more calm, they value peace, and young people are characterized by dynamic life and loudness. This can be an unconscious obstacle in working with seniors. The main problems in adult education are: using new knowledge through the prism of already acquired knowledge and established habits and beliefs; fear of judgment, which may undermine the image that has been built up to date and the sense of identity associated with it; resistance to new solutions that may undermine the current achievements, beliefs about oneself and the surrounding world, and the way of functioning; difficulties in changing routines and habits*".

INBIE-5-EF: "*Apart from economical aspects [very low salary for the job they have to perform], there are difficulties that vary depending on the elderly person. The person working with seniors have to adapt to the character of the person and their needs. You might find yourself working with an elderly person who will not ask for help. The reason can be either, they believe they do not need help or they might be reluctant to give up the independence they have had for so many years. This is a big challenge. Elderly that does not ask for help can be discriminated and left them alone. The person working with this kind of person should offer help but trying to show that the elderly deserves to be treated with dignity and empathy. Other difficulty that appears when working with elderly is the knowledge how to treat some diseases and physiological problems. Someone seniors has dementia and, it could be difficult for the staff as well as the individual. It is important to be updated and a Long life learning attitude is primordially. People working with seniors must have courses, workshops and different activities that will permit an exchange of good practices and to have a deep knowledge how to react to a specific situation*."

Q8. How can the community help you more in your work? How can it help elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?

INBIE-1-AT: "*More and more people need the support we offer. Unfortunately, not all who want to participate in art therapy classes due to the lack of funding. Meanwhile, events should be organized together with municipal and municipal offices, especially in the spring and summer period, in which seniors will take an active part in the open air. An interesting element is the inclusion of children and young people in the meetings, which would facilitate building intergenerational bridges*".

INBIE-2-PH: "*System solutions in Poland require reform. The community should notice that a part of society are not only the elderly but also those aged 90 or 100. Generation bridges should be built through the exchange of experiences, knowledge and skills between young people and seniors. Create online discussion forums, create groups on social networks dedicated to a given group of seniors. However, I can see the need to organize appropriate equipment, such as smartphones or computers, and an individual service course conducted by a young person. You can add your favorite game to each of the seniors, which will make spending free time more pleasant and at the*

same time improve manual, logical and creative skills. I would like to add that nowadays even physical exercises can be conducted over the Internet".

INBIE-3-SO: "*In my opinion, there is no such institution that will help the senior in finding the requested help. Helping seniors to find themselves in the social environment or environmental integration. Development of a system or database and notifying seniors about integration events or social activities to which they will be invited. Older people go to us, MOPS, as a last resort. Social campaigns and the possibility to show older people as active, helpful and interesting people's lives certainly help in understanding the elderly. In my opinion elderly people has a lot to teach us, they have experience and include them in intergenerational activities is a great idea*".

INBIE-4-AM: "*Any form of encourageing seniors to be active is worth engageing. It can be in the form of: practical workshops where they could try something new or share their experience of what they do best, for example cooking classes, clay molding classes, crochet classes, etc; seniors' clubs, where they can meet, for example, to watch movies or tea with apple pie; social campaigns that make people aware of the most modern ways of dealing with everyday problems; physical activities, such as walking, yoga, sightseeing tours. One good example is the educational activities INBIE offer seniors and elderly people. In their activities, no limit of age is regulated, making possible the exchange of experiences within seniors and elderly people while following a course. Other important aspect is that people participating in the training courses are people working with adults and elderly people in other institutions like NGOS and associations*".

INBIE-5-EF: "*People should be more understanding towards each other. Everyone will be elderly someday. What I suggest is to create discussion groups and physical activities in groups. Seniors like very much to be integrated and we like to approaches of INBIE. They have created many educational, social and physical activities that make people to be connected and use the brain for dealing with COVID 19. Even though we cannot meet face to face, the use of social media is a good place to meet and share what we have done during the day". INBIE created a WhatsApp group where we keep our friendship and share pictures and emotions. For learning activities we have Google classroom, where each week seniors have the possibility to learn Spanish, watch films and exchange ideas how to maintain active in this pandemic time*".

Q9. Do you have anything else to add?

INBIE-1-AT: "*Working with a Senior is very interesting and at the same time gives the possibility to exchange opinions and learn from them*".

INBIE-2-PH: "*We will also be seniors one day and, looking from this perspective, let's try to create conditions for the current seniors in which we could exist ourselves*".

INBIE-3-SO: *Do not have anything to add and thanks for the interview*.

INBIE-4-AM: "*To conclude I can say that in educational work with adults, it is most beneficial to build a good relationship. We must treat other people as adult people, partners who have the right to own sovereign opinions and choices*".

INBIE-5-EF: "*Grate idea to participate in ERASMUS projects. We have the opportunity to meet people from other cultures and language*".

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Appendix 5 Research interviews in Romania

Q1. Introduce yourself and your organisation. How long have you been working with elderly? What is your role and what kind of activities do you do with seniors (e.g. education, training, caregiving, healthcare, counselling, occupational therapy, physical therapy, social work, volunteering, public service, policy making, etc.)? Your organisation: name, field of action, country, region.

VPV-1-BN: *My name is BN, I am 45 years old, I have been working as a caregiver at the Marasesti Home for the Elderly for 8 years. As a caregiver I have to take care of the intimate hygiene of the dependent beneficiaries, to clean the rooms to help them with everything they need and they fail on their own*".

VPV-2-CB: "*My name is C.B. I am 32 years old, I graduated from the University of Physical Therapy, I work at the Home for the Elderly "A New Chance" in Marasesti, Vrancea County since November 2014, having the position of main physiotherapist. The Home for the Elderly "A New Chance" Marasesti has a staff of 29 beneficiaries aged 65-90 years, was established in 2011 and has so far hosted no less than 200 elderly people*".

VPV-3-ZI: "*My name is Z.L, I am 28 years old, I have been working as a nurse at the Marasesti Home for the Elderly for 2 years.I finish the postliceal school of nurses about 3 years ago*".

VPV-4-HE: "*My name is HE I am a psychologist and I have been working for 1 year and 8 months at the Home for the Elderly 'O Noua Sansa' Marasesti, Vrancea County, Romania. I am 54 years old, married, I have 2 older children. My role is counseling and therapy for the 29 institutionalized elderly people in the centre. Home for the Elderly 'O Noua Sansa' Marasesti is a social assistance and recovery institution for the elderly in residential system, subordinated to DGASPC Vrancea, established in 2011 following the reorganization of the Marasesti City Hospital. It is an institution licensed by the Ministry of Labor, has a number of 22 employees and 29 places for the elderly. On a grid from 1 to 10 evaluation the services provided with a grade*".

VPV-5-GN: "*My name is G.N. I am a social worker and I work since June 2019 at the Home for the Elderly 'O Noua Sansa' Marasesti, Vrancea County, Romania. I am 33 years old, married, I have 1 minor child. My role is to assess the needs for the 29 elderly people institutionalized in the centre. The Home For the Elderly 'A New Chance' Marasesti is a social assistance and recovery institution for the elderly in residential system, subordinated to DGASPC Vrancea, established in 2011 following the reorganization of the Marasesti City Hospital. It is an institution licensed by the Ministry of Labor, has a number of 22 employees and 29 places for the elderly. On a grid from 1 to 10 I evaluate the services provided with a grade of 10*".

Q2. In your experience, what do you think is the most common misconception about elderly? (e.g. related to mental health, look, functional ability, role in society, etc.)

VPV-1-BN: "*I believe that the most common misconception about the elderly is that they are more confusing than helpful*".

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VPV-2-CB: "*In my opinion, this misconception about the elderly starts from the Romanian state which offers them a miserable standard of living that does not cover their daily needs. I consider that the elderly should be kept active as much as possible, especially if the medical situation allows sedentary lifestyle leads to quite difficult problems both physical and mental. Their role in society is very important, in my opinion they are an inexhaustible source of information and experiences lived by them from where you really learn*".

VPV-3-ZI: "*In the Romanian society, the elderly who live in a nursing home have a wrongly implemented image, because the society considers them as an outcast*".

VPV-4-HE: "*Following the psychological evaluation of the elderly people living in the Centre, I was pleasantly impressed by the quality of education that these people show. who are abroad and about the fact that she would like to contribute to the society with information from the experience gained in her life*".

VPV-5-GN: "*In Romania there are prejudices or misconceptions about the elderly such as the fact that the elderly can no longer learn new skills, naked knowledge is not accepted the European slogan of lifelong learning*".

Q3. What is the most positive experience that you had while dealing with senior citizens (e.g. an activity/ real fife moment which was rich, enjoyable, motivating, rewarding, meaningful, value-adding for you and/or for seniors, etc.)? What activities do you recommend to engage elderly to remain active in society?

VPV-1-BN: "*Every day I have beautiful experiences with our beneficiaries because I am a more joking person and we have fun all day and it's nice working like that*".

VPV-2-CB: "*I consider myself very lucky to have chosen this profession because I can say that I have many beautiful moments, very motivating. For example a beneficiary suffering from ischemic stroke with hemiplegia on the right side of the body who is in a wheelchair for about 7 years he took the first steps after 7 years and started to cry for happiness, moments like this give you the strength to fight on and at the same time to enjoy every moment that life offers you*".

VPV-3-ZI: "*When I return from vacation, all the beneficiaries are happy that I have returned, they hug me dearly. The moments when they tell me passages from their lives*".

VPV-4-HE: "*Following the psychological evaluation of the elderly people living in the Centre, I was pleasantly impressed by the quality of education that these people show. who are abroad and about the fact that she would like to contribute to the society with information from the experience gained in her life*".

VPV-5-GN: "*At the first meeting with the elderly person, I felt that he gave me his trust without knowing me and without asking me for anything. As activities I recommend socializing at group level, exchange of experience, practices and social meetings with the community of the city or county. Involvement in volunteer or charitable activities to feel useful. Their involvement in volunteer teams. Involvement in hand made activities*".

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Q4. What kind of relevant training have you received over the last 3 years, to help you in your work? If so, what kind (e.g. face-to-face, online, conferences, seminars, shadowing, written or video materials, etc.)? What kind of training would be helpful to you (e.g. what topics and delivery method)?

VPV-1-BN: "*I participated in hygiene and sanitation courses offered by our employer*".

VPV-2-CB: "*In the last 3 years I have participated in trainings in the field in which I work. I consider that for each profession you must always update yourself with everything new in the field so that the result of your work is up to expectations ,seminars in other cities, sometimes I also do the self-taught with certain techniques, I use Youtube and other online platforms*".

VPV-3-ZI: "*I attended first aid courses, geriatrics. I think all courses are an extra brick to my personal and professional training*".

VPV-4-HE: "*I enrolled 2 years ago at 2 masters of the University of Bucharest, one being dedicated to the Psychology of the elderly and one about the state of the consumer society. Following the pandemic, the courses I take are online and I would like to participate in training courses practice in other European Union countries*".

VPV-5-GN: "*I have not benefited from specialized training in the last 3 years. We studied certain aspects of the behavior of the elderly in publications published online, nationally and internationally*".

Q5. What do you think are some of the most valuable character traits (skills) for professionals who work with elderly individuals?

VPV-1-BN: " *I think that first of all it matters to put your heart and soul into it because they feel it. To be with a smile on your face and try to get them out of their state, sometimes they are sad, apathetic and I try to joke with them to make them laugh to get them out of that state*".

VPV-2-CB: "*Professionals who work with older people in the first place must be patient, empathize with them and the problems they have. Support them and encourage them that they can overcome certain obstacles and that they are not alone. understanding because the elderly need to be understood*".

VPV-3-ZI: "*The most valuable traits are the ability to empathize with the suffering of the cared for person, communication is also very important to create a bridge with cared for people, patience, to be strong enough not to lose your temper in crisis situations*".

VPV-4-HE: "*If I were to make a ranking of character traits for older workers, I would put empathy first. Followed by emotional balance, professionalism, patience, respect, morality, creativity, honesty*".

VPV-5-GN: "*Patience is important for older workers. I can also mention the following skills. Empathy, trust, respect*".

Q6. In your opinion, what are the most important skills which help the overall relationship and experience of working with elderly (can be skills related to knowing, understanding, working with, health, lifestyle, participation, activities, etc.)?

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VPV-1-BN: "*I think you have to be careful in the first place because when you don't expect something unforeseen can happen and you have to be prepared to help. You have to be patient, empathetic, smiling, respectful*".

VPV-2-CB: "*Caring for the elderly involves a great degree of responsibility because any wrong step can have serious long-term consequences, increased attention to detail can easily notice changes in the behavior of the elderly, can more easily find out what his preferences and hobbies helps to fight the challenges of age, effective communication with both the senior and his family, to be gentle, intuiting the needs of the patient and constantly trying to give him a climate as calm, warm and friendly as possible*".

VPV-3-ZI: "*Some of the skills that help a good relationship with the cared for person are: patience, involvement, patient orientation, calmness, indulgence, increased attention*".

VPV-4-HE: "*The most important skills that help the general relationship and work experience with the elderly are: -communication skills; -social skills; -increased attention; -understanding*"

VPV-5-GN: "*Skills in working with the elderly: -communication skills; -active listening skills -correct identification of needs -emotional identification with the elderly person*"

7. What are the difficulties encountered while working with elderly? What is the biggest challenge (e.g. related to your role, the elderly and/or the immediate environment)?

VPV-1-BN: "*In the profession I practice we encounter many difficulties but they must always be viewed with positivity and solved. The biggest challenge was when a beneficiary died in my arms*".

VPV-2-CB: " *The biggest difficulty is when one of them dies because in the time spent with them a connection is created and you feel that you have lost someone in your family. Secondly, the fact that they forget very quickly and you have to be patient to explain to them every day maybe the same thing*".

VPV-3-ZI: "*The difficulties they encounter are mainly with the beneficiaries with serious mental deficiencies such as schizophrenia, Alzheimer's, dementia, etc. because it is difficult primarily to communicate with them and requires special attention*".

VPV-4-HE: "*One of the main problems is that the elderly generally have a problem due to a combination of diseases related to old age and disabilities, which prevents the development of normal daily activities that lead to isolation and mental feelings of despair. In order to get to the root of the problems, after identifying the source of the problems, we must try to get the old man back to his habits during his adult life*".

VPV-5-GN: "*The difficulties in working with the elderly are. -the availability of the elderly to express emotional states -relating experiences or problems in a real form. My personal challenge is to gain their trust in confessing their needs*".

Q8. How can the community help you more in your work? How can it help elderly? What opportunities for social activities could be (e.g. outdoor, indoor, online, intergenerational activities, games, mentoring, etc)?

VPV-1-BN: "*The community can put its shoulder through regular visits, to participate in our activities*".

VPV-2-CB: "*The community has an important role in my opinion. Intergenerational activities have an extraordinary impact especially on the morale of the elderly. Every year around the Christmas holidays we organize an activity in partnership with the high school and schools in Marasesti meant to attract children in this kind of social actions. Our beneficiaries are very happy and enjoy every child who comes to carol or talk. with them*".

VPV-3-ZI: "*The community can come to our aid, the beneficiaries have a great need for socialization, for example the beneficiaries who are from the locality need to see well-known girls such as neighbors, friends, relatives. Moments of socialization bring great joy in their lives and they make them feel important*".

VPV-4-HE: "*First of all, the mentality of the Romanian society about the role and importance of the elderly in the life of the community must be changed*".

VPV-5-GN: "*The involvement of the elderly in social life and the use of their life experience in the formation of the young generation would produce beneficial effects and improve the quality of life of the elderly*".

Q9. Do you have anything else to add?

VPV-1-BN: "*First of all, working with the elderly must be done with a smile on your face and a positive mood to transmit positive energy to them and that we are there with them, they are not alone. Secondly, you must have great patience and treat them respectfully. Third, you need to make them feel at home*".

VPV-2-CB: "*The principles on which the fundamental values of social assistance are based are: the provision of services in support of beneficiaries, respectively the elderly person in difficulty, respect for the dignity and uniqueness of the individual, confidentiality and integrity, self-determination and professional competence. Patience and empathy are the solutions better to have results in working with the elderly*".

VPV-3-ZI: "*The medical care of the elderly cared for in the home requires first of all an increased attention to physiological parameters because their age comes with many medical problems such as: hypertension, diabetes, dementia. The mental state of the elderly is essential for his general condition*".

VPV-4-HE: "*In order to improve the situation of the elderly in society, in general, it is necessary to educate the masses. Starting from school, it would be useful to instil in children adequate respect for grandparents, to cultivate responsibility, to cultivate participatory social behavior, to prevent the installation of prejudices regarding the status of the elderly*".

VPV-5-GN: "*A change in the mentality of Romanian society regarding this category of population would be one of the most important changes for an independent life of the elderly*".

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