Research Proposal: Use of Surveillance Cameras in Users of the Home Care Service in the Municipality of Castro del Río (Córdoba, Spain)

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ABSTRACT

This study analyzes the use of video surveillance cameras in the homes of older adults who use the Home Help Service (SAD) in Castro del Río (Córdoba, Spain).

In a context of an aging population and growing demand for home care, the research evaluates the acceptance, impact, and feasibility of integrating surveillance technologies as a care support tool. Using a mixed-methods approach—including a literature review, surveys, and interviews with users and family members—several benefits are identified: increased safety, peace of mind for families, and rapid response to emergencies. Concerns related to privacy and data control are also identified.

The results show greater acceptance among family members than among users themselves, highlighting the need for flexible, personalized, and ethically regulated technological solutions. The study concludes with proposals such as the use of informed consent, the personalization of options, and respect for privacy, positioning surveillance cameras as a complementary tool within a more humanized, efficient, and person-centered home care model.

Keywords: Older Adults, Home Care, Video Surveillance Cameras, Privacy, Active Aging.

INTRODUCTION

Population aging has become one of the major social and healthcare challenges of the 21st century. In Spain, more than 20% of the population is over 65 years of age, a proportion that is expected to continue increasing in the coming decades (INE, 2023). This situation has fostered the need to develop innovative care strategies that can ensure autonomy, safety, and, above all, an improved quality of life for older adults, particularly within their homes. In this context, one promising strategy to improve quality of life is the integration of technology into care and assistance practices. This study focuses on the use of surveillance cameras. These devices can enhance safety, improve responsiveness to falls or risky situations, and enable remote monitoring. In doing so, they provide reassurance to family members (Topfer et al., 2021). However, the implementation of surveillance cameras raises ethical and social dilemmas, particularly concerning personal autonomy, privacy, and acceptance by service users (González et al., 2020).

The present study aims to analyze the role of security cameras in the homes of older adults, assessing their impact, level of acceptance, and potential improvements within the Home Care Service (SAD, acronym of the Spanish Servicio de Ayuda a Domicilio). To this end, four specific objectives are proposed: to identify the main

technologies employed, to examine the level of knowledge and acceptance of cameras, to detect the benefits and risks associated with their implementation, and to propose improvements aligned with both the characteristics of the service and the profile of its users. The study adopts a multidisciplinary perspective that integrates ethical, social, and technological approaches in order to provide a comprehensive understanding of the phenomenon. Consistent with previous research, the study argues that these technologies will only be effective if applied in a contextualized way. They must respect the rights of older adults and be tailored to their specific needs (Sixsmith & Gutman, 2013; López-Cobo et al., 2022).

Accordingly, this work seeks to contribute to the design of more effective, humanized, and sustainable home care models, in which technology functions as a facilitator of care rather than as an intrusive or alienating element. This study focuses on the municipality of Castro del Río (Spain). However, its findings are also applicable to national and international contexts. In countries such as the United Kingdom, Canada, and Sweden, home-based aging programs have been developed that incorporate surveillance and telecare technologies to enhance the safety and autonomy of older adults (Sixsmith & Gutman, 2013; Berridge et al., 2019). Japan, a pioneer in the integration of home monitoring technologies, has demonstrated that the social acceptance of these tools largely depends on the cultural context and the availability of professional support (Ahn et al., 2023). These comparative experiences situate the Spanish case within a broader perspective, in which video surveillance is understood as a complementary, flexible, and ethically regulated resource applicable to different home care models.

The document is structured into five main sections. Section 2 presents the related work, reviewing relevant previous studies that contextualize the research. Section 3 describes the materials and methods employed, detailing the approach used to conduct the study. Section 4 then outlines the main results obtained. Section 5 discusses these findings in light of the existing literature, highlighting their implications within the field of study. Section 6 presents proposals for improvement and innovation. Finally, Section 7 provides the conclusions of the study and suggests potential directions for future research.

RELATED WORKS

Ageing and Independent Living at Home

The growing interest in aging is driven by increased life expectancy and the transformation of the demographic structure (Lebrusán, 2015). These changes pose significant social challenges and require the adaptation of care services. In this context, one of the main debates revolves around the most suitable setting for caring for older adults: their own homes or residential care facilities.

Demographic Trends in Spain

Spain is characterized as one of the most aged countries in the world. According to the National Institute of Statistics (INE, 2025), as of January 1, 2025, the Spanish population totals 49,077,984 individuals, of which older adults represent 20.74%, amounting to 10,183,437 people, with a predominance of females, who constitute 57% of the older population. The increase in population aging and longevity, together with declining birth rates, has resulted in a significant presence of older adults in society. This transformation implies that an increasing number of dependent individuals require services adapted to these new realities (García, 2013).

Spain's demographic structure is changing profoundly and rapidly. The pace of this transformation is faster than in other European Union countries (Abades & Rayón, 2012). The following data, obtained from the National Institute of Statistics (n.d.), refer to three key years—1975, 2025, and 2074—and clearly illustrate this demographic evolution.

Figure 1 shows the population pyramid for 1975, displaying a typical youthful structure with a wide base reflecting high birth rate. The population gradually decreases with age, highlighting greater life expectancy among women. This shape suggests sustained demographic growth, characteristic of pre-transitional or transitional demographic stages.

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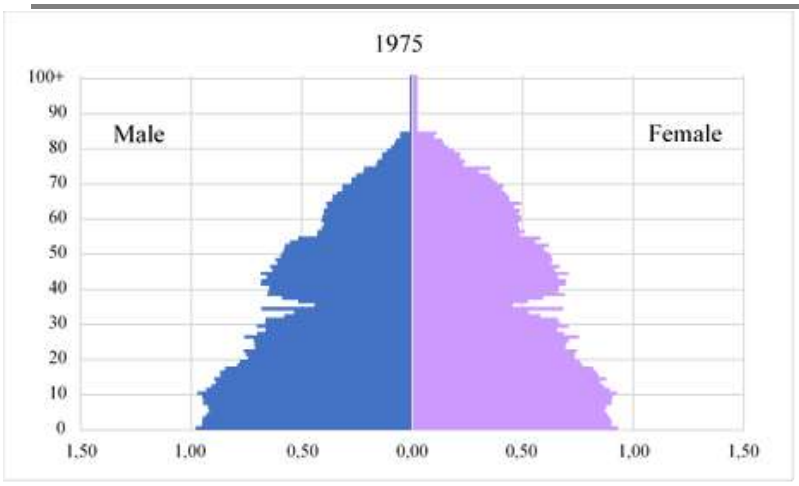

Figure 1: Spanish Population in 1975 based on INE data

Figure 2 presents a projected population pyramid for 2025, featuring a widened structure in the intermediate age groups, reflecting a process of progressive aging. The base has narrowed significantly, indicating a sustained decline in birth rates. Likewise, a higher proportion of women persists in the older age groups, consistent with their greater life expectancy. This configuration is representative of a post-transitional population, characterized by low natural growth and demographic aging.

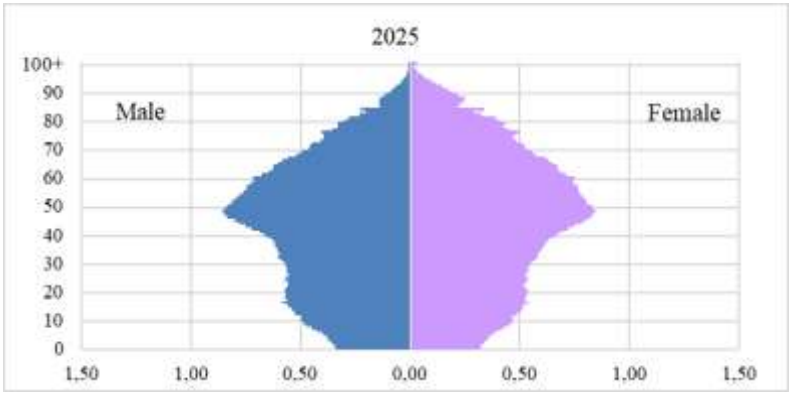

Figure 2: Spanish Population (January 1, 2025)

Finally, Figure 3 presents a projected population pyramid for 2074, showing a regressive structure with a clear widening in the older age groups and a very narrow base, reflecting persistently low birth rates. Population aging is highly pronounced, with a growing proportion of older adults and a notable reduction in the young population. This configuration is typical of a population in an advanced aging phase, with significant implications for the sustainability of the socio-economic and care systems.

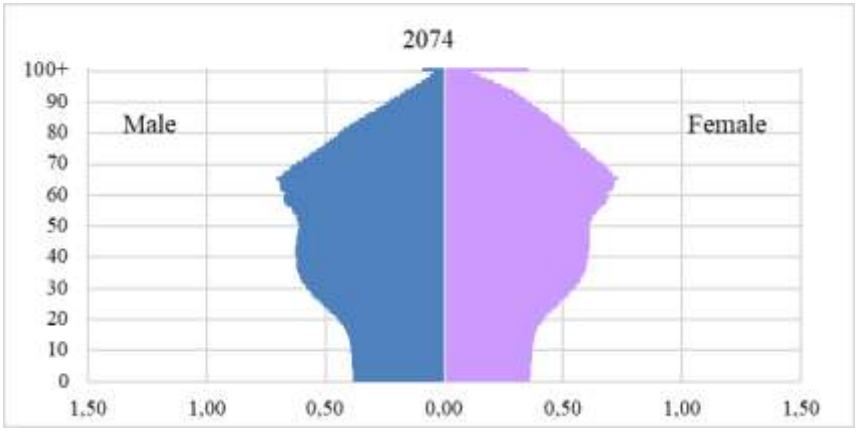

Figure 3: Projected Spanish Population in 2075 based on INE data

These data confirm that demographic aging represents a structural change in developed societies. In Spain, this situation is particularly pronounced. Projections indicate that by 2050, the country will have 16 million older adults, accounting for 30% of the total population, consistent with the figures projected for 2074 (30.29% of individuals over 65 years of age). Of particular concern is the increase in the subgroup aged 85 and older, reflecting "oldest-old" aging. The fact that this segment is expected to represent 52.67% of those over 65 in 2074 reveals an extreme demographic transformation (Abades & Rayón, 2012).

Population aging, especially among those aged 80 and over, has major socio-economic, health, and cultural implications. Although the dependency ratio in 2025 will be lower than in 1975, by 2074 it will far exceed historical levels, indicating an increasing burden on the working-age population. In conclusion, Spain's demographic evolution toward a heavily aged society, as evidenced by the data for 1975, 2025, and 2074, with marked "oldest-old" aging and a significant increase in dependency, poses a serious challenge.

These health consequences (chronic diseases, disability) and social consequences (family strain, caregiver burden, poverty risk, social exclusion) require changes in care models and stronger ethical commitments. Institutions such as IMSERSO are already working in various areas to address these challenges; however, the magnitude of the projected changes, particularly in the 85+ group for 2074 (52.67% of the 65+ population), underscores the urgency of adapting welfare policies, social and healthcare services, and support for families and informal caregivers, while ensuring the quality of life and autonomy of older adults whenever possible (Abades & Rayón, 2012). Societal aging, rather than being a mere challenge, emerges as a complex social problem that demands comprehensive solutions and forward planning.

The Desire to Age at Home as the Predominant Preference

There are various resources available for dependent older adults, such as Home Care Services (SAD), residential facilities, and day care centers. The majority of older adults do not wish to move to a residential facility and prefer to remain at home, in their familiar environment where they have built their lives; this is referred to as Ageing in Place (Fernández & Evandroud, 2014). This term not only describes the act of remaining at home but also encompasses public policies that promote such permanence as an alternative to institutionalization (Lebrusán, 2015).

This preference persists over time and remains relevant today within the European context. A survey conducted for the White Paper in 2010 indicated that 87.3% of older adults wish to continue living in their own homes, a view shared by 65% of the general Spanish population. According to Castillo (2022), a study found that 64% of respondents live in their own homes and do not wish to move elsewhere; moreover, 82% of participants indicated that they do not want to live alone.

Traditionally, the home and the sense of belonging associated with it have been essential for meeting fundamental needs in Spain, and this relevance remains today. During old age, the dwelling acquires new significance, becoming a symbol of autonomy and an indispensable resource for daily life (García, 2013). The home represents a space of both personal and family security, imbued with memories and well-being. Even when housing conditions are not optimal, many older adults prefer to face these limitations rather than relocate. Their testimonies often reflect this preference for remaining at home, valuing familiarity and the feeling of "being in their place." Expressions such as "let me go home, that's where I feel best" or "there is no place like home" clearly convey this sentiment (Aceros, Leal & Domenech, 2015).

However, the desire to continue living at home does not always imply a firm or definitive decision. Ageing in Place can also be interpreted as a choice subject to revision, depending on changes in personal circumstances and the surrounding environment. Indeed, some research shows that, at times, remaining at home during advanced stages of old age does not stem from a conscious choice but rather from the lack of viable housing alternatives (Fernández & Evandroud, 2013). This is compounded by the widespread perception of aging as a stage marked by vulnerability, illness, or dependency—factors that may render staying at home unfeasible if functional losses intensify. While many older adults wish to remain in their homes, they also recognize the associated risks, such as falls, domestic accidents, or social isolation, leading to narratives that oscillate between the desire for autonomy and fear of environmental limitations (Aceros, Leal & Domenech, 2015).

In this context, the ability to remain at home depends not only on personal and economic resources but also on the physical and social environment. In this regard, home-based technology can play a crucial role in facilitating Aging in Place. Tools such as motion sensors, surveillance cameras, telecare systems, health monitoring devices, and adapted home automation can help prevent risks, enhance safety, and maintain continuous connection with professionals and support networks. When properly implemented and accessible, these technological solutions can strengthen older adults' ability to continue living in their habitual environment with greater autonomy and security. Therefore, it is essential to investigate not only the residential conditions in which Ageing in Place occurs but also how the integration of technology can transform these conditions and reduce the barriers that hinder staying at home.

The Home Care Service

Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for People in Situations of Dependency, in its article 2, defines dependency as a permanent condition affecting individuals who, due to age, illness, or disability, have lost or reduced their autonomy (whether physical, mental, intellectual, or sensory) and require assistance from others or significant support to carry out basic daily activities (Law 39/2006). In the case of individuals with intellectual disabilities or mental illness, additional support may also be necessary to help maintain their autonomy.

Furthermore, Article 26 of the same law classifies dependency into three levels according to the amount of support required:

Grade I: Moderate dependency – individuals who need help at least once a day or occasionally to maintain their autonomy.

Grade II: Severe dependency – individuals who require assistance several times a day, although not continuously, or need broader support to function autonomously.

Grade III: Total dependency – individuals with a complete loss of autonomy who require constant assistance from another person and extensive support to carry out daily life activities.

To determine a person's level of dependency, an assessment is conducted that considers both their health status and the conditions of the environment in which they live. Additionally, prescribed technical support resources, such as orthoses, prostheses, or assistive devices, are taken into account, as these elements can influence the person's level of autonomy (Law 39/2006, Art. 27.5). Table 1 presents the catalog of services and benefits established under the Dependency Law in Spain.

Services	Benefits
Personal Autonomy Promotion and Dependency Prevention Service	Personal Economic Assistance Benefit
Telecare Service	Service-related economic benefit
Home Care Service (SAD)	Economic benefit for care within the family environment and support for non-professional caregivers
Day and Night Care Center Service	
Residential Care Service	

Table 1: Benefits and Catalogue of Dependency Services. Source: https://www.juntadeandalucia.es/agenciadeserviciossocialesydependencia/index.php/m-dependencia/m-prestaciones

The Home Care Service (SAD) constitutes a form of atypical employment that has experienced significant development in recent decades, particularly following the approval of Law 39/2006, of December 14, on the Promotion of Personal Autonomy and Care for People in Situations of Dependency (LAPAD) (Law 39/2006). This service represents a growth niche for both the business sector and the labor market, with its primary purpose

being to address the basic daily living needs of users in their own homes, thereby promoting their autonomy (Baquero, 2023). SAD is integrated within the SAAD framework and is considered the fourth pillar of the Welfare State (Gómez & Martín, 2020).

Furthermore, SAD is designed as a personalized program with a preventive and rehabilitative approach, aiming to improve the quality of life of recipients by fostering their autonomy, safety, and social relationships [Rodríguez, 2012]. It is versatile in nature and targets the entire population, particularly families or individuals who live alone or feel isolated in situations that limit their autonomy. In a context characterized by resource scarcity and questioning of the welfare model, the demand for home-based care services has increased significantly in recent years (Leché, Gil-Lacruz et al., 2020).

Law 39/2006 regulates the Home Care Service at the national level and transfers competencies in dependency care to the Autonomous Communities (CCAA), integrating SAD within the catalog of recognized services (Law 39/2006). According to Leché, Gil-Lacruz et al. (2020), SAD is defined as the set of interventions carried out in the home of the dependent person to meet their daily needs, encompassing both personal support and household tasks. Within this national framework, each CCAA develops its own specific regulations for SAD, potentially introducing relevant particularities. Although sharing the same general legal framework, the organization and delivery of the service can vary significantly between autonomous communities.

In Andalusia, the Home Care Service is regulated by the Order of November 15, 2007, which establishes the basis for the organization and provision of SAD within the autonomous community.

Profile of Service Users: Dependency, Frailty, Loneliness, and Autonomy

The profile of SAD users is influenced by various social factors, such as autonomy, loneliness, and living arrangements. The presence or absence of a family support network is a key determinant of the type and intensity of care required (Gómez & Martín, 2023). Loneliness, particularly when undesired, negatively affects well-being, impacting both emotional and physical health, and is often accompanied by social isolation (Sánchez Moreno & Fouce Fernández, 2024).

According to IMSERSO (2020), the profile of SAD users is generally characterized by the following features:

Advanced age: Most users are over 65 years old, with a high percentage over 80 years of age (70%). In 2024, there were a total of 552,603 SAD users, of whom 73% were women

Dependency status: Individuals with physical, psychological, or sensory limitations that impede personal autonomy and require support for basic activities of daily living, such as hygiene, feeding or mobility.

Predominance of women: A higher proportion of female users due to their greater life expectancy and traditional role as caregivers, often accessing the service at more advanced stages of dependency.

Socioeconomic vulnerability: Many users belong to lower economic strata, limiting access to private care resources.

Living alone: It is common for users to live alone or with other older family members, increasing the need for home-based support.

Within the conceptual framework of the Dependency Law, the phenomenon of frailty is particularly relevant for older adults. Frailty is studied to understand the conditions that predispose older individuals to lose autonomy and progress toward dependency. It is defined as a multidimensional process involving increased vulnerability and a reduction in the capacity to withstand external stressors, which raises the likelihood of adverse health outcomes, such as loss of strength, endurance, and physiological function (Fried et al., 2001). In this sense, frailty can act as a risk state that accelerates or intensifies the transition to dependency.

Given this link between frailty, loss of autonomy, and aging, it is essential to monitor the evolution of applications for recognition of dependency status. These figures allow for the identification of actual service

demand and help assess how the system is responding to population needs. Additionally, they provide a broader understanding of the autonomy levels among older adults and the impact of factors such as undesired loneliness, which directly affects quality of life and the need for care and social interaction.

Table 2 presents updated data showing the number of applications recorded in each autonomous community. This information reflects the magnitude of aging in Spain, the prevalence of frailty, and access to the Home Care Service (SAAD) across different territories.

Territorial Scope (Spain)	Number of Applications
Andalusia	425.258
Aragon	59.191
Principality of Asturias	52.296
Balearic Islands	47.828
Canary Islands	76.588
Cantabria	23.494
Castilla y León	161.324
Castilla - La Mancha	102.491
Cataluña	398.610
Valencian Community	227.362
Extremadura	60.774
Galicia	89.575
Community of Madrid	267.532
Region of Murcia	70.173
Foral Community of Navarra	23.582
País Vasco	119.085
La Rioja	14.780
Ceuta y Melilla	5.774
Total:	2.225.717

Table 2**:** Situation as of May 31, 2025, regarding the number of dependency applications at the national level. Source: IMSERSO. Statistics of the System for Autonomy and Care for Dependency (SAAD). Data retrieved on June 16, 2025, available at: https://imserso.es/el-imserso/documentacion/estadisticas/sistema-autonomia-atencion-dependencia-saad/estadisticas-mensual

The high demand for recognition of dependency status in Spain, reflected in the large number of applications, highlights the importance of having a care system adapted to the needs of an increasingly aged and frail population. This reality underscores the urgency of implementing preventive strategies that promote the maintenance of personal autonomy and delay progression to higher levels of dependency. The integration of home-based technologies can help reduce the costs associated with addressing these demands. In this context, SAD should consider strategies and implement technological devices that foster social connection and emotional support, promoting more active, healthy, and dignified aging. For example, security cameras function as supportive and care tools, allowing older adults to remain in their homes longer without compromising their well-being, while providing reassurance to families, especially when older adults live alone or in less accessible environments. Additionally, they enhance safety by enabling rapid intervention in the event of falls or emergencies.

SAD as a Key Resource for Active Aging: Technologies that Care

The Home Care Service (SAD) pursues two fundamental objectives: providing support in situations of frailty and promoting personal autonomy, a core principle established in Law 39/2006 (Rodríguez, 2012). In this way, the aim is to enable individuals to remain in their usual environment for as long as possible, reducing or delaying admission to residential care facilities. According to Leché, Gil-Lacruz et al. (2020), the care provided by SAD focuses on alleviating limitations in performing Basic Activities of Daily Living (BADLs), such as hygiene or feeding, as well as Instrumental Activities of Daily Living (IADLs), which involve more complex tasks such as household management or maintaining social relationships.

Moreover, SAD plays a key role in preventing social isolation and promoting inclusion by offering social companionship and strengthening community ties. It also serves as support for informal caregivers, primarily family members, helping to prevent caregiver burnout and allowing the primary caregiver to rest (Ordoñez, 2021).

Therefore, the combination of SAD with technologies such as virtual assistants, surveillance cameras, health monitoring devices, motion sensors, and communication systems represents an effective solution to improve the well-being of older adults and their families. These resources facilitate safe home-based living, promote autonomy, and enable rapid detection of risk situations, such as falls or disorientation (Berridge et al., 2024), while also enhancing self-esteem and emotional well-being (Rodríguez, 2012) and providing reassurance to families through remote monitoring (Eriksson & Timpka, 2002). Additionally, they promote more frequent and fluid communication, strengthening affective bonds and preventing social isolation (Goldsack et al., 2025).

Surveillance Cameras as a Tool to Support Care and Active Aging

Remaining at home carries a strong emotional significance for many older adults, as it allows them to preserve daily routines and a sense of belonging—essential elements for maintaining self-esteem and psychosocial well-being. A positive perception of one's home and neighborhood is associated with better physical and psychological health (Miami Jewish Health, 2023), while healthy self-esteem promotes emotional and functional adaptation, reducing isolation and dependency (National Institute of Older Adults, 2023). Recreational programs, music therapy, or play therapy contribute to improving self-esteem and emotional well-being, fostering active and meaningful aging.

In this context, surveillance cameras enable continuous monitoring of the home environment without directly invading privacy. These tools facilitate the detection of falls, disruptions in routines, or unusual periods of inactivity (Berridge et al., 2024), and allow family members, even remotely, to stay informed about the older adult's health status, strengthening affective bonds and reducing emotional burden (Eriksson & Timpka, 2002). Responsible use contributes to autonomy by allowing older adults to remain at home without constant in-person supervision, maintaining control over daily life and enhancing emotional well-being (Rodríguez, 2012). Complementarily, other technologies such as motion sensors, virtual assistants (Alexa, Siri), mobile health applications, tablets, and smartwatches enrich the home support ecosystem, providing alerts for inactivity, vital signs monitoring, medication reminders, and communication with family or professionals. However, surveillance cameras stand out by offering direct visualization of the environment and detailed recording of daily activities, enabling early identification of changes in sleep, nutrition, hygiene, or mobility. This information is highly valuable for health and social care professionals when assessing functionality, anticipating deterioration, and planning preventive interventions (Ahn et al., 2023).

From a resource management perspective, these technologies optimize home interventions by prioritizing emergency situations, reducing unnecessary travel, and guiding decisions on necessary visits, using time and resources efficiently. In advanced contexts, cameras can be integrated with artificial intelligence algorithms that detect abnormal behaviors or critical events requiring immediate attention.

Finally, the emotional and relational benefits should not be overlooked: camera-based supervision reduces the stress of informal caregivers and helps older adults feel less lonely, especially if it allows visual or auditory interaction with family members (Goldsack et al., 2025). When combined with virtual assistants or social robots,

they enhance cognitive stimulation, emotional support, and the structuring of daily routines. In summary, surveillance cameras constitute a flexible and useful technological solution that promotes safety, autonomy, and well-being in the usual living environment. Their implementation must be guided by clear ethical principles, ensuring informed consent, privacy protection, and dignity, representing an opportunity to advance toward more efficient, humane, and person-centered care.

Ethical and Rights Considerations in the Use of Home Surveillance Technologies

The incorporation of surveillance cameras in the homes of older adults using SAD raises not only technical issues but also deeper ethical dilemmas. In these contexts, the home is not merely a functional space; it is an intimate, personal, and symbolically charged environment where identity is shaped and autonomy is exercised. Therefore, any technological intervention affecting this space must be analyzed from an ethical perspective centered on human rights, considering both the needs and experiences of its inhabitants.

Berridge, Halpern, and Levy (2019) warn that installing cameras in private areas of the home, such as bedrooms, can affect dignity by transforming the living space into an environment of constant exposure. Although the aim is to ensure safety, there is a risk that surveillance may disrupt the balance between protection and control, producing unintended consequences on the subjective experience of care and generating discomfort. Zhang et al. (2024) add that privacy for older adults is not limited to data protection; it involves control over one's own body, self-determination, and management of daily life. Active monitoring can evoke fears related to loss of autonomy, aging, or dependency, highlighting the need for a sensitive and contextualized approach.

As potential solutions, Fisk and Flórez-Revuelta (2016) propose less invasive technological alternatives, such as cameras with distorted images or filters that detect falls without capturing clear visuals, thereby safeguarding the identity and privacy of the older adult. These types of tools can offer a balance between safety and privacy, especially in homes where supervision is limited and consent requires careful and continuous management. At a broader level, Wong et al. (2023) emphasize the importance of conceiving privacy as a relational value, linking trust, agency, and emotional stability. Through participatory tools, such as simulation scenarios, these authors demonstrate how technological decisions directly affect the daily lives of home inhabitants. They advocate for deliberative processes in which older adults are not mere objects of protection but active agents in shaping the care they receive.

In conclusion, the use of cameras should be guided by a logic of ethical care rather than control. To ensure that these technologies are integrated respectfully, it is essential to apply the principles of minimal intrusion and informed, free, and revocable consent. In contexts such as SAD, where personal space becomes the setting for care, any technological innovation must be constructed with recognition of the rights and wishes of the service user. Discussions of home surveillance cannot be separated from a profound reflection on dignity, autonomy, and relational justice. Only from this perspective is it possible to advance toward a care model that respects the times, desires, and needs of individuals who, far from being objects of protection, wish to remain protagonists of their daily lives.

MATERIALS AND METHODS

Context and Participants

The field study was conducted with users of the Home Care Service (SAD) in the municipality of Castro del Río (Córdoba, Spain). At the time of data collection, the SAD was serving a total of 210 individuals, of whom 57 were men and 153 were women. The distribution of users according to their level of dependency was as follows: Grade 1: 94 individuals. Grade 2: 72 individuals. Grade 3: 44 individuals. Participants were selected through random sampling, ensuring proportional representation of the different dependency levels within the served population.

METHODOLOGY

This study adopts a mixed-methods approach. It integrates quantitative and qualitative tools to examine the

incorporation of new technologies in Home Care Services for older adults. This combination allows, on the one hand, to quantify perceptions and experiences through closed questions, and on the other, to delve deeper into the meanings, emotions, and contexts surrounding them through open questions included in the questionnaires. The research is part of a descriptive-exploratory design: on the one hand, it seeks to describe the current state of technological application in the SAD and, on the other, to explore the perceptions, benefits, barriers, and possibilities for improvement from the voices of the actors involved themselves: users and their families.

The sample consists of two main groups: older adults users of the SAD, selected through purposive sampling based on their degree of dependency and use of the service, and relatives of these users. The ethical principles of voluntariness, informed consent, anonymity, and confidentiality were guaranteed at all times.

Various techniques and instruments were used to achieve the objectives set out in the study. A bibliographic and documentary review was carried out, consulting academic sources, institutional reports, technical studies, and scientific articles, in order to identify the main technologies currently applied to the SAD and establish a conceptual framework regarding their characteristics and levels of implementation. Structured surveys were also administered to users and family members via the Google Forms digital platform. Closed-ended questions gave quantitative information on knowledge, acceptance, and use of the technologies. Open-ended questions collected qualitative data on perceptions, emotions, concerns, and experiences. Two separate surveys were conducted (Appendix A: users; Appendix B: family members), with the participation of 43 users and 38 family members, which allowed key information to be collected to achieve the study's objectives.

For the first objective, “Identify the main technologies currently applied to the SAD,” the aforementioned bibliographic and documentary review was used. For the second objective, “Study the degree of knowledge and acceptance of security cameras by older adults,” quantitative data from closed-ended questions and the content of open-ended responses were analyzed to better understand perceptions, attitudes, and emotions toward these technologies. For the third objective, “Detect benefits and risks associated with the incorporation of technology into the SAD,” a content analysis of the open-ended responses was performed, complementing the quantitative data and allowing for the identification of both positive contributions and limitations or problems arising from the use of these technologies. Finally, for the fourth objective, “Propose improvements and innovations adapted to the characteristics of the service and the profile of users,” the findings from the questionnaires and document review were used to develop proposals for improvement and technological innovation tailored to the needs and preferences of the participants.

RESULTS

The survey, which targeted users of the Home Care Service (SAD), included 43 participants, with an average age of 84 and a female predominance of 69.8%. More than half (53.5%) live with family members, while the rest live alone. The majority (95.3%) have some type of support technology, with telecare being the most common (76.7%), while surveillance cameras are only present in 34.9% of homes. However, 81.4% of users stated that they had little or no knowledge of how these systems work.

Acceptance of video surveillance cameras was divided. A total of 46.5% fully agreed with their installation, 23.3% accepted them under conditions, 23.3% probably would not accept them, and 7% did not know. In terms of technological availability, 95.3% have some type of support technology. Of these, telecare is the most common (76.7%), followed by surveillance cameras (34.9%). Regarding the degree of knowledge about how surveillance cameras work in the home, 18.6% say they know how they work, compared to 41.9% who do not know how they work.

It should be noted that 60.5% agree with the use of cameras that alert a family member, 44.2% are concerned about being recorded without their knowledge, and 39.5% are concerned about losing their privacy. To accept cameras at home, 58.1% required restricted access for authorized persons. In addition, 46.5% said use should be limited to emergencies. The main concerns include being recorded without consent (44.2%) and loss of privacy (39.5%). Among the requirements for accepting these devices, 58.1% demand that only authorized persons have access and 46.5% that their operation be limited to emergency situations. On an emotional level, 37.2% feel reassured by the idea of having cameras, and 79.1% prefer their family members to manage access to the

recordings, while professional and social services generate less trust. None of the respondents reported previous negative experiences related to surveillance or security systems.

Comments from open-ended responses provided qualitative information that complements these findings. Many people associated the use of cameras with a sense of calm and security, not only because of the surveillance itself, but also because of the possibility of maintaining an indirect connection with family members and professionals. Trust in SAD professionals was highlighted, making it clear that cameras are not used to "monitor" workers, but as a resource for support and complementary supervision. Ethical concerns also emerged about privacy and misuse of recordings, as well as the need for more information to understand how the systems work, highlighting the importance of digital literacy strategies tailored to older adults. Finally, some comments reflected that cameras can compensate for a lack of family support, showing how technology can meet relational and emotional needs.

The survey of family members included 38 participants, with an average age of 60 and a female predominance of 81.6%. Most are children of the users (63.2%), and 42.1% live with them. Only 42% receive additional care or family support other than SAD. Regarding knowledge of the cameras, 50% said they were familiar with how they work. 47.4% believe that older adults would accept the installation of cameras in the home, while 18.4% make acceptance conditional on specific requirements, mainly informed consent and restricted access. Regarding the benefits that surveillance cameras can bring to the homes of older adults, 66.4% believe that they offer greater safety in case of emergencies (falls, disorientation, etc.), and 73.3% think that they provide peace of mind for families.

Family members see video surveillance as a useful tool for security and reducing concern. However, they also mentioned risks: privacy violations (42.1%), unauthorized access to recordings (44.7%), and possible rejection by users (42.1%). More than half would approve its implementation as long as ethical, voluntary, and limited use in justified situations is guaranteed. The open comments reflected that cameras provide peace of mind and security, especially when the older adults has cognitive impairment or when there is no constant family support. Trust in SAD professionals was also highlighted, reinforcing the idea that technology should be complementary to human care and always mediated by trusted figures.

Overall, the results show moderate acceptance of video surveillance by users and somewhat greater acceptance among their family members. The different levels of acceptance between the two groups are shown in Table 3.

Category	Users (%)	Family members (%)
Full acceptance	38.2	46.2
Conditional acceptance	18.2	15.4
Probably not	25.5	19.2
Disagree	10.9	0.0

Table 3: Level of acceptance of the use of video surveillance cameras in the home

DISCUSSION

This section discusses the results obtained from the analysis of two data collection instruments: a survey aimed at older adults and another aimed at their relatives. Forty-three users and 38 relatives participated in these surveys, which were analyzed quantitatively and qualitatively, taking into account variables such as acceptance, perception of privacy, associated emotions, and control of access to information.

Level of acceptance of the use of video surveillance cameras. The data indicates that, among the older adults surveyed, 38.2% said they completely agreed with the installation of cameras in the home, while 18.2% would accept their use under certain conditions. In contrast, 25.5% responded that they "probably would not" accept it,

and 10.9% disagreed or completely disagreed. For family members, the level of acceptance was slightly higher. A total of 46.2% expressed a fully favorable position, and 15.4% accepted it only under certain conditions. However, 19.2% did not consider these technologies necessary, especially when no situations of dependency or risk were present. These results suggest a significant difference in the perception of the value and usefulness of video surveillance cameras between the two groups, with family members tending to view their implementation more positively as a preventive and supervisory measure.

Privacy concerns. Privacy is one of the main concerns expressed by participants. In total, 7% of respondents expressed at least one concern related to the use of cameras in the home. Among the most frequently cited concerns are: The possibility of being recorded without explicit consent. The risk of images being disseminated in unauthorized environments, such as social media. Access to recordings by people outside the family or professional environment. These concerns were stronger among older adults, for whom privacy is a core value. Family members also recognize the importance of privacy, but they tend to prioritize safety and the prevention of critical situations such as falls or disorientation.

Emotions associated with the use of cameras. In relation to the emotions generated by the presence of cameras in the home, the results show a clear division between trust and mistrust. In the group of older adults, those who accept the measure most often express emotions such as tranquility and security, while those who reject it express mistrust, discomfort, or defensive indifference. Among family members, the predominant emotions are positive or neutral, with a high prevalence of feelings of peace of mind, especially associated with the possibility of non-intrusively monitoring the well-being of the older adults. This pattern suggests that emotional perception depends on two factors: the degree of control users feel over the system, and the level of trust in those who access the recordings.

Preferences regarding control and access to recordings. One aspect that was highly valued in both surveys was the management of access to recorded videos. The majority of participants, 72%, consider it essential that such access be restricted to authorized persons, such as immediate family members or professionals linked to home care services. Other relevant preferences were also identified: Being able to activate or deactivate recording independently. Receiving notifications when the system is in operation. Limiting the use of the camera to emergency or risk situations. These demands reflect the importance that users attach to the right to decide about their own image and environment, reinforcing the need to implement technologies that respect the principles of self-determination and privacy.

The open responses from users and family members have provided valuable insight, as they reveal not only their individual opinions, but also recurring ideas and feelings. Based on these responses, we have identified some common themes that help us better understand what they think about the use of cameras in the home. One of the most repeated terms was ‘peace of mind.’ Family members used it to describe a sense of control and security in case of falls or unexpected departures from the home. The term refers not only to the technical function of the camera, but also to its emotional value as a companion device.

References to trust in SAD professionals also emerged, as in the case of those who clarified that they did not use the camera to “monitor” the worker, but to maintain an indirect connection with the older adults. This reflects a collaborative understanding of technology, where its use is geared toward reinforcing rather than replacing human care. Another set of responses groups together expressions related to the ethics of use and privacy, with concerns about “being recorded without knowing it” or the possible dissemination of images. These concerns, although more common among older adults, also appear among family members who value privacy as a right that must be preserved even in contexts of fragility.

To a lesser extent, there is fear or ignorance about how the system works, especially among older adults who mention that they have not considered this option before or need “more information” to evaluate it. This shows the existence of a digital barrier. It must be addressed through targeted educational strategies.

Finally, one theme that runs through several discussions is loneliness or lack of family support. Some people explicitly mention that cameras are useful when their environment is unresponsive, showing that technology is perceived, in certain cases, as a resource to compensate for an emotional or relational deficiency. In short, the

qualitative analysis of the open-ended responses shows that the assessment of video surveillance cameras is not homogeneous, but is mediated by emotional, ethical, relational, and contextual factors. Therefore, it is considered essential to incorporate these voices into the design and implementation of technological solutions in the home environment, thus contributing to more personalized, equitable, and person-centered care models, always guaranteeing respect for the individual, their privacy, and their right to decide.

Proposals For Improvement and Innovation

The results obtained from the quantitative and qualitative analysis of the surveys allow us to identify various factors that influence the acceptance or rejection of the use of video surveillance cameras in the homes of older adults. Based on these results, a series of areas for improvement are proposed below, which seek to balance technological functionality with the principles of autonomy, privacy, and dignity of the user.

One of the main concerns of older adults is losing control over their personal space when cameras are installed. To encourage acceptance, the system must be user-centered and allow older adults to decide how it works. In this regard, the following is suggested: (1) Incorporate simple ways to manually or remotely activate or deactivate the camera. (2) Install visual signals, such as lights, or audible signals that clearly indicate when the camera is recording. (3) Offer customization options, such as setting predefined schedules, limiting recording to emergency events only, or activating it when the senior wishes. These types of measures would help reinforce older people's sense of control and autonomy, which is very important for improving their biopsychosocial well-being (Moreno & Sánchez, 2021).

Another major concern, shared by both older adults and their families, is the violation of privacy. It is therefore necessary to establish limitations to ensure the proportional use of technology. The following is recommended: (1) Limit recording exclusively to common areas of the home. (2) Implement protocols for encryption and secure storage of recordings, with limited retention periods. (3) Restrict access to videos to specifically authorized persons (immediate family members, healthcare professionals, or home care service providers). This reinforces confidence in the system, reducing the risks of misuse or unauthorized access.

Lack of knowledge and misconceptions about surveillance cameras often generate rejection or mistrust among older adults and their families. To counteract this effect, the following is proposed: (1) Develop training materials adapted to the cognitive and cultural profile of older adults. (2) Hold explanatory sessions (in person or virtual) aimed at both users and their families. (3) Use practical examples to show how technology can contribute to well-being without being a constant intrusion. These educational activities should incorporate principles of digital literacy with a gerontological approach (Rodríguez & Cárdenas, 2022).

Older adults are not a homogeneous group. Therefore, technological devices must offer different levels of configuration and adaptation. In this regard, we propose: (1) Offering flexible modes of use, including options for automatic activation only in emergencies, remote control by family members, or intermittent recording. (2) Ensuring compatibility with technologies already used by users (telecare, smartphones, tablets). (3) Encourage family members to participate in the initial configuration, promoting a shared and progressive adaptation process. A technologically flexible system facilitates integration into the everyday environment without causing disruption or rejection.

The acceptance of cameras as a complement to SAD must follow an ethical and voluntary approach. Three recommendations are proposed: (1) Develop pilot projects in real contexts with continuous evaluation of psychosocial impact. (2) Guarantee free, informed, and revocable consent as a basic condition for implementation. (3) Establish regulatory frameworks and protocols to govern installation, use, access to data, and professional responsibilities. The inclusion of these technologies in formal care settings must be accompanied by clear regulations that prevent any form of vulnerability or abuse (García-Peña et al., 2020).

Another relevant proposal is to recognize and incorporate the role of SAD professionals as technology mediators. Because they have direct and frequent contact with older adults, SAD professionals can play a key role in supporting the use of technologies. They can explain how the device works, resolve doubts, detect possible rejection, and ensure ethical and respectful use. To this end, it is suggested that basic training in digital skills be

offered to SAD staff, thus promoting their active participation in the process of technological adaptation for users.

CONCLUSIONS AND FUTURE WORK

The aim of this study was to analyze the perception and acceptance of home video surveillance cameras among Home Care Service (SAD) users and their relatives. The results reveal clear differences between the two groups. Relatives showed a more favorable attitude, with 46.2% fully accepting camera use compared to 38.2% of users. Rejection rates were higher among users (25.5%) than among relatives (19.2%). Partial acceptance under certain conditions was reported by 18.2% of users and 15.4% of relatives. Privacy concerns were the main reason for resistance. These included recording without consent, unauthorized access, and loss of control over personal space. Emotional responses varied according to acceptance. Supporters linked cameras with security and peace of mind. Opponents, in contrast, reported discomfort and mistrust. Both groups emphasized the importance of controlled access and customizable operation, such as manual activation, scheduled time slots, and notifications.

Future research should address several areas. These include ethical and legal frameworks, longitudinal studies on well-being and safety, and pilot testing in real-life settings with adaptive technologies. It should also explore strategies to improve digital literacy in older adults, conduct cross-cultural comparisons, and study the role of food and nutrition care (FNC) professionals as mediators in technology adoption. These results highlight the importance of a person-centered approach that ensures autonomy, privacy, and dignity, while integrating surveillance technologies into home care.

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Appendix A: Survey For Older Adults Using Home Care Services (Sad)

How old are you?

Gender:

Male

Female

Prefer not to say

Who do you live with?

Alone

With family

With a caregiver

Would you accept having a camera in your home if its advantages and limitations are clearly explained?

Yes, no problem

With certain conditions

Probably not

I don't know

Do you have any type of surveillance or security technology in your home? (Alarms, sensors, cameras, telecare, phones, etc.)

Yes

No

If yes, which one(s)? (You may select more than one)

Surveillance camera

Motion or door sensors

Telecare devices

Smartwatches for older adults

Electronic devices (phones or tablets)

How well do you understand how home surveillance cameras work?

Quite well

Not much

Not at all

Would you agree to have a camera at home that alerts a family member if something happens to you?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

What requirements do you consider essential for using cameras in an older adult's home? (You may select more than one)

That my privacy is compromised

That I am recorded without my knowledge

That my image could be shared online

That it is used for commercial purposes

I am not concerned

Other: _____

If you had a camera at home, what would be important to you? (You may select more than one)

It only works in an emergency

Only authorized people can see it

I am notified when it is recording

I can turn it off whenever I want

What emotions does the idea of having a camera at home evoke?

Calm
Anxiety

Indifference

Distrust

Who would you trust to manage access to the videos? (You may select more than one)

Family members

Healthcare professionals

Home care service staff

None

Have you had any previous negative experiences related to security or surveillance?

Appendix B: Survey For Family Members of Older Adults Using Home Care Services (Sad)

Age of the family member:

Gender:

Male

Female

Prefer not to say

What is your relationship with the older adult?

Son/Daughter

Spouse

Sibling

Other: _____

Does the older adult you care for live…?

Alone

With you

With other family members

With a caregiver

Do they receive any type of professional care?

Day center

Home care service

Private caregivers

How familiar are you with the use of home surveillance cameras?

In depth

Generally

I've only heard about them

I don't know them

Do you think the older adult would accept having a camera in their home if its advantages and limitations are clearly explained?

Yes, no problem

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With certain conditions

Probably not

I don't know

What benefits do you think cameras can bring to an older adult's home? (You may select more than one)

Increased safety in emergencies (falls, disorientation, etc.)

Rapid detection of critical situations

Supervision of caregivers or home care staff

Peace of mind for the family

Other: _____

What risks or concerns do you associate with their use? (You may select more than one)

Invasion of the older adult's privacy

Rejection or discomfort by the user

Sharing on social media

Economic cost or technical maintenance

Unauthorized access by third parties

Use for commercial purposes

Other: _____

What requirements do you consider essential for using cameras in an older adult's home? (You may select more than one)

Informed and voluntary consent of the older adult.

Recording only in common areas, not private areas

Restricted access to authorized family members or professionals

Automatic activation only in emergencies

Ability to manually deactivate or control the camera

Would you agree with implementing cameras as part of the home care service?

Yes, as a standard measure

Only if requested by the family or user

I don't consider it necessary

Depends on each case

Do you wish to share any suggestions, experiences, or comments on this topic?