DELIVERABLE

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4.1 - First stocktaking report on AFE initiatives implemented within EIP AHA D4 and other Action Groups.

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INTRODUCTION

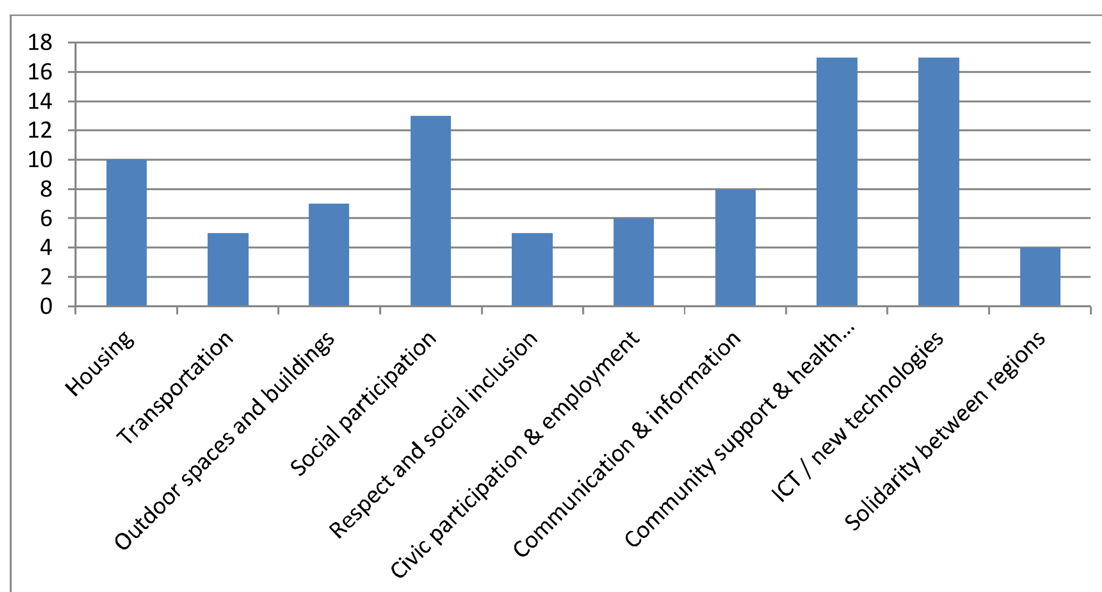
According to the WHO, the physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Promoting Age-Friendly Environments (AFE) is one of the most effective approaches for responding to demographic change and increasing the healthy life years indicator. AFE empower older people to age in better physical and mental health, promote their social inclusion and active participation and help them maintain their autonomy and a good quality of life in their old age. AFE enable older workers to remain at work for longer, lower the pressure on traditional care and assistance, and boost the economy through demand for innovative solutions. Alongside this, sustainable and innovative AFE can help create a more holistic approach to population ageing – including promoting a vision of a society for all ages and fostering intergenerational solidarity and cooperation.

In the framework of the AFE-INNOVNET Thematic Network project funded by the Competitiveness and Innovation framework Programme (CIP-ICT-PSP-2013-7), initiatives with potential impact on Age-Friendly Environments (AFE) had been collected during March and April 2014 using a common template provided in this link: http://afeinnovnet.eu/node/add/good-practice (Annex I).

The collection was announced in the yammer website of the D4 Action Group on "Innovation for Age-friendly buildings, cities & environments", in twitter, in the newsletter of AGE-Platform and was sent by email to D4 members and project partners' contacts. The result of this first collection is presented in this Deliverable **D.4.1 First Stocktaking report on AFE initiatives within EIP AHA**. Only initiatives that have completed the required template are included in this first deliverable. As part of the project, a second phase of stocktaking is planned during the second year of the project. For this updated version of the deliverable, more initiatives will be included thanks the participation of project partners fulfilling the template, with new commitments of the EIP AHA, and with direct contact with initiatives already detected but not included already in the template provided in the AFE-Innovnet website.

A total of 35 initiatives are presented in this deliverable from (Belgium, Denmark, Estonia, France, Hungary,Italy, Poland, Slovenia, Spain, Sweden and The Netherlands) on the following WHO domains (Figure 1):

Figure 1: WHO domains of the initiatives described in the deliverable:



INITIATIVES IN BELGIUM

Domains of the WHO: Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services // Transversal WHO domains: ICT/New technologies and Solidarity between generations

Flanders' Care

Flanders' Care is a programme of the Government of Flanders that strives to improve the quality of care through innovation and to promote accountable entrepreneurship in the care economy.

GENERAL OVERVIEW:

Name of the organisation: Flemish Government - program Flanders'Care

Action group: D4 Age-friendly environments

Geographic coverage: Regional

Regions involved: Flanders

Topics: integrated policy

Keywords: innovation, care, economy, and evidence based.

Target Group: Older people living in rural areas, Informal Carers, and Specific age subgroup

Objectives and achievements: High-quality and affordable care is essential. In order to continue to guarantee this, the Flemish authorities are committed to innovative processes and technologies. By means of various instruments, such as Flanders' Care demonstration projects, entrepreneurs can test new concepts and technologies in a controlled environment together with care facilities. With the Care Innovation Platform Flanderslivig lab the search continues for innovative processes and products in order to be able to meet the fast-rising demand for care of the elderly in Flanders.

Involvement of older citizens in the initiative: In the care renewal platform (a platform that gives input to the program) organisations that represent older citizens are reprensented.

Partnerships: Public Authorities

Timeline: January 2009 to January 2020

The goal of Flanders' Care: to guarantee and improve the quality of care in our changing society. Innovation and entrepreneurship are essential to achieving that goal.

Outcome:

In this program in specific a budget of over 20 million euro was spent over the past 4 years to fund projects that are centred on innovation in care, and specifically to the stimulation of home care.

Social Impact:

The community of care innovation actors is growing. Next to that there is trend that also in regular funding more care innovation projects are applied for, which points to the fact that there is more focus and attention in the regular economy for (social) projects in care.

Evaluation:

19 demonstration projects were started, 5 platforms for living labs and subsequent projects are started, as an unique opportunity to co-create new solutions with the users. Different care renewal platforms (where representatives of care institutions, knowledge institutions, government, enterprises are present) were organised focusing on different themes (assistive technologies, creating synergy, organising care smarter, sharing data in care and brain).

Core/Unique elements:

Flanders' Care is an example of integrated policy. The changing care landscape demands innovation and thus offers opportunities for entrepreneurship. Therefore, four ministers are cooperating in order to encourage care organizations and entrepreneurs to respond to this challenge:

- the coordinating Flemish minister for welfare, Public Health and Family
- the minister-President of the Flemish Government (and simultaneously Flemish minister for economy and Foreign Policy)
- the Flemish minister for Innovation, Public Investment, media and Poverty reduction
- the Flemish minister for Finance, Budget, work, Spatial Planning and Sport

Key success factors:

The fact that there is a coordination between policy domain care, economy, innovation and labor.

Sustainabilty and Development:

The organisation structure of the government is a challenge, there are still plenty of opportunities to stimulate synergy, the same is true for creating synergy between different care acotrs or between the different acotrs (entrepeneurs, knowledge institutions and care actors).

Transferability and scaling up:

It is possible to transfer this program : it needs an involvement of different policy domains and administrations.

Funding:

Flemish Government

Budget:

+ 20 million euro (over 4 years)

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Related links: brochure Flanders' Care Contact: katrien.kimpe@wvg.vlaanderen.Be Website: http://www.flanderscare.be/en

Domains of the WHO: Community support and health services // Transversal WHO domains: ICT/New technologies

Living Lab Care iMinds

The 'Living Lab Care Flanders' is an innovation instrument to create a space for testing and experimentation of new services, processes and products by end-users. The focus of the initiative is the demand for care by the elderly. It will apply an open innovation approach and a broad eco-system of partners along the care-value chain (primary care, government, end-user, etc.) The 'Living Lab Care Flanders' will set up, by end 2013, the following mechanisms that will contribute to the ultimate goal of testing the societal and economical impact of innovative solutions in elderly care: several platforms as test infrastructure, several projects using the test infrastructure and for each platform an end-user committee. The latter places the end-user in a central position. Elderly, patients and informal caregivers will be in charge of the co-creation process; i.e. development, testing and adjusting of the selected projects of care innovation in their own work and living environment. There will be more or less 100 persons involved that are representative for the population (independent & dependent elderly, informal caregivers). The foreseen budget is estimated on max. 2M€ (the platform, initial portfolio of projects and the end-users commission).

GENERAL OVERVIEW:

Name of the organisation: iMinds vzw

Action group: D4 Age-friendly environments

Geographic coverage / Approach: International

Regions involved: At this moment only Flanders but internationalisations is part of the plan

Topics: Active caring neighbourhood, ageing in adapted homes, integrated and innovative health care products and processes, and living and care lab to improve independent living

Keywords: living lab and active ageing

Target Group: Older people with dementia and Informal Carers

Objectives and achievements: Flanders is looking for innovative solutions to face the challenges in elderly care such as soaring care needs, staff shortages and budget restrictions. This is why a testing and experimenting space or care living lab is established. The goal is to create new care concepts, services, processes and products together with the end users and to then test these in practice. The end user thus has a central role in Care Living Labs not just evaluating, but also in developing and adjusting the care innovations. All of this of course requires open innovation and a wide ecosystem of partnerships to be developed throughout the care and value chain. Scale, multidisciplinarity and cross-sectorial collaboration are absolute prerequisites

Involvement of older citizens in the initiative: Five selected and complementary platforms across Flanders will tackle the challenge to include older citizens in testing and experimenting with the new concepts, services, processes and products. Each platform has its own focus.

Timeline: September 2013 to September 2016

Core/Unique elements:

Three institutions support these platforms: The programme office, embodied by iMinds has been appointed as the coordinating body. It supports and facilitates bringing together all involved stakeholders. The scientific consortium KIO is a collaboration between the Free University of Brussels, The Catholic University of Leuven, Artevelde University College Ghent and University College West Flanders. The consortium will gather scientific knowledge and insights on the platforms and projects and will support them on the subject matter as well. It will also spread the gained

scientific knowledge and formulate policy recommendations. The Sounding board Commission is composed of representatives of Flanders' Care and various field actors, enabling it to effectuate the exchange of information, knowledge and ideas. The Commission will also offer new challenges and new ideas to possibly test in the care living labs later.

Funding:

Care living labs are funded for 3 years by the Flemish Governement

More information :
Contact: birgit.morlion@iminds.be
Website: Living Labs Care Flanders

INITIATIVES IN DENMARK

Domains of the WHO: Community support and health services.

Life Long Living – maintaining independent living as long as possible - LMIEL (Længst Muligt I Eget Liv)

"Life Long Living" is a new model of interaction between the municipality and the elderly citizen who request practical or personal care and assistance. The objective is to maintain physical, social and cognitive abilities in order to postpone age-related weakening, and maintain independent living as long as possible. In 2012 the model has been integrated in the Danish national budget as best practice for the overall Danish municipalities on how to conduct eldercare in a rehabilitative and empowering manner, to meet the requests from an increasing group of citizens.

GENERAL OVERVIEW:

Name of the organisation: Pleje og Sundhedsafdelingen; Fredericia Kommune (The Health and Care Department; Municipality of Fredericia)

Geographic coverage: Local

Topics: "Independent living" and "A paradigmatic change in public eldercare".

Keywords: Every day-rehabilitation, Home Care, Self-efficacy, and Reduced need of care services.

Objectives and achievements: The main objective of the initiative is to implement a new model of interaction between the elderly citizens and the municipality, focusing on regaining physical, social and cognitive abilities, in order to postpone age-related weakening and dependence. The intension of the initiative is to change the conditions of future care by focusing on the resources of each individual, and support empowerment instead of delivering traditional, compensatory and pacifying care, in order to maintain independent living as long as possible.

Involvement of older citizens in the initiative: When planning the initiative, the municipality formed "The Citizens' Involvement Group" (a focus group of 10 elderly citizens who all have a wide interaction with other elderly citizen), with the purpose of giving inputs and constructive criticism to the initiative, and to bring feedback of opinions and experiences from their fellow elderly citizens back to the Health and Care department. The group has been involved throughout the period of implementation, and is now continuously involved in all new initiatives in the Health and Care department.

Partnerships: Public Authorities Ældrerådet I Fredericia Kommune (The Council of elderly citizens elected within the municipality of Fredericia), Civil society organizations The Dane Age Society (Fredericia Group) and Frivilligcenter Fredericia (Cooperation of civil voluntary aid-groups),

Researchers, University College Lillebælt - Center of education, research and innovation (In the fields of nursing, occupational therapy, physiotherapy, social education and teaching), and Citizens.

Timeline: October 2008 to January 2013

Domains of the WHO: "Life Long Living" includes the WHO domain for age-friendly cities "Community support and health services", and the initiative supports the importance of availability of sufficient good quality, appropriate and accessible care. "Life Long Living" meets the challenges with costs being perceived as too high everywhere. And the initiative is an example of a model that tries to meet the consistent desire for affordable care, in a country which, due to the demographic changes, is challenged on its traditionally high level of welfare also for the elderly.

"Life Long Living" is a model for interaction between the elderly citizens and the municipality, providing everyday rehabilitation and prevention, rather than just offering traditional and expensive compensatory care. The objective is to maintain physical, social and cognitive abilities in order to postpone age-related weakening and dependence. The aim of the project is to turn the interaction between the elder citizen and the municipality 180 degrees, by meeting each individual with a focus on his/her resources and personal experience of meaningful everyday activities, rather than a reduced focus on lack of functions and limitations. The 180 degree turn of perspective, from looking at our senior citizens as passive patients, to now meeting them as resourceful, active people, has required a change of paradigm throughout the entire organization. In "Life Long Living" the elderly citizens requesting practical or personal assistance from the municipality are now offered to join an intensive everyday-rehabilitation-program in their own home, where they are trained to regain their ability to perform meaningful everyday tasks. The program is conducted by our care providers (who have gone through special training in the approach and methods within everyday-rehabilitation) under the guidance of interdisciplinary teams - with occupational therapists, nurses, physiotherapists and nurses' assistants. In "Life Long Living" every citizen gets an individual "Citizen plan", with set goals for developing or maintaining their ability to perform everyday tasks. The goals are set in cooperation between the elderly citizen, his/her care provider and the interdisciplinary team, in order to assure the focus on meaningful activities, and the cross-professional assessment of the goals, training and useful aid-products to assist independent daily living. The training is provided by the care providers as part of the daily care and assistance, and not in a training center. And the goals and activities in the "Citizen Plan" are adjusted continuously as abilities and motivation changes. Previously these elderly citizens were offered compensatory and pacifying care, which often resulted in losing more everyday functions, and their need for help increased over time. After implementing "Life Long Living", and thereby meeting the elderly citizens with the approach in our everyday-rehabilitation-programme, their need for practical and personal assistance drops off significantly. The results are promising. After joining the everyday-rehabilitation-program their need for practical and personal care is reduced considerably; 45.9% of the referred become completely self-reliant and 38,9% become partly self-reliant. The number of requested services and the total cost has decreased significantly (app. 2 mio. EUR per year). But along with the economic outcome, the greatest benefits of "Life Long Living" sums up to: -Satisfied citizens with a high degree of self-efficacy, who express pride and improved quality of life by regaining independent everyday life. - Satisfied employees who express significantly greater job satisfaction and commitment working with the new empowering model. - Significant reduced need of care services, leading to a considerable decrease in the total costs, enabling the municipality to provide more welfare for the elderly, for the same amount of money.

Outcome:

The elderly citizens, who require care or assistance for daily living, are now offered an extensive every day-rehabilitation-program. That means a dramatic increase in provided services in the beginning, and a significant decrease in provided services on a longer term, relatively to the regaining of abilities. All the staff in the Health and Care Department has improved their competences in the

approach within everyday-rehabilitation, including communication-skills and interdisciplinary cooperation. The informational material from the Health and Care Department has been re-written to explain the background and expected outcomes of “Life Long Living” for the elderly citizens and their relatives, and to underline the mutual expectations in the new approach (Home-pages, pamphlets etc.) The staff has been re-organized to meet the need of greater interdisciplinary cooperation. The access to aid products and assistive technology for daily living has become smoother, as the interdisciplinary teams can do the initial assessment and testing.

Social Impact:

“Life Long Living” has reached all elderly citizens in the municipality of Fredericia, who have requested practical, or personal care and assistance within the past 3 years. Prior to that, all elderly citizens requesting assistance from the municipality for the first time were included (Since 01.10.2008). The initiative contributes to an age-friendly environment by focusing on empowering the elderly to live independent and meaningful lives for as long as possible. The older people benefit from “Life Long Living” by being met with an individual approach, where the help provided is based on their own experience and definition of meaningful everyday activities, instead of streamlined and limited care and assistance. Furthermore they benefit from being met and assisted by a wider professional approach from the interdisciplinary team, instead of being met “only” by the care provider.

Fotograf Ole Olsen, Fredericia Kommune

Evaluation:

Several independent evaluations of the economic effects and organizational outcome of “Life Long Living” for citizens and staff have been conducted by DSI (Danish Institute of Health), later named KORA (National Institute of analysis and research in municipalities and regions).

Core/Unique elements:

The core and unique features of "Life Long Living" are:

- The focus on the dreams, resources and possibilities in the meeting of each individual, instead of providing streamlined compensatory and pacifying care.
- The recognition of each individual, as the expert in his own life.
- The interdisciplinary collaboration and support to the elder citizen as well as the care giver.
- One interdisciplinary plan for each citizen, with set goals for meaningful every day functions.
- The continuous adjustment of the plan, relatively to the change of ability to carry out everyday tasks.

Key success factors:

- A strong and lasting political agreement on the vision.
- A cultural change that makes sense for everybody (citizens, staff, chiefs, politicians, researchers).
- Persistent management focus and collaboration to reach the vision, across disciplinary boarders and organizational structures.

Sustainabilty and Development:

Sustainability and development of the initiative is depending upon continuous political support, persistent managerial focus, ongoing development of staff competences, close decentralized collaboration with the employees involved in the ongoing developing process in each district, "sharpening" the approach and methods by continuous evaluation, followed by implementation of developing sub-projects (Increased involvement of relatives in the everyday-rehabilitation program, improvement of the "Citizen Plan" etc.)

Network synergy:

By participating in the AFE-INNOVNET project they expect to find interesting and rewarding initiatives among the other partners, which they can adapt or be inspired by, in the further development of "Life Long Living". As our overall objective is to maintain independent living as long as possible for our citizens, they are interested in all initiatives contributing to that wide agenda.

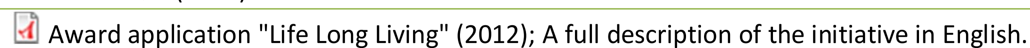
Transferability and scaling up:

The approach to the elderly citizens in "Life Long Living" can be transferred to care-providers and cross professional staff in other settings, provided that they receive training in the approach and methods in everyday-rehabilitation (Primarily assessing- and communicational competences and skills to benefit from interdisciplinary collaboration in the rehabilitation process). The organizational part of the approach, and the services delivered of course have to be adapted to the setting and legislation under which it is to take place.

Funding:

"Life Long Living" has received 120.000 EUR from the Danish Ministry of Social Affairs. The funding was granted in 2009 for project management and initial implementation of the approach in "everyday-rehabilitation". The funding for the interdisciplinary teams, the training and development of competences etc. has primarily been funded by reorganizing staff. And by a political decision based on positive expectations, that allowed the health and Care Department to "loan money" from next year´s budget, under the condition to make enough savings with "Life Long Living", to pay it back the following year.

Fotograf Ole Olsen, Fredericia Kommune

More information:
Presentation of "Life Long Living"; By Director of Social Services in the Municipality of Fredericia Karen Heebøll (2012)
 Award application "Life Long Living" (2012); A full description of the initiative in English.
Contact: britta.hallin@fredericia.dk
Website: Længst Muligt I Eget Liv – Fredericia Kommune

Domains of the WHO: Outdoor spaces and buildings // Transversal WHO domains: ICT/New technologies

Energy efficient lighting improving the well-being of elderly people

Research suggests that artificial lighting can have a positive impact on the elderly's well-being, but there is not enough evidence-based knowledge on the subject. The project therefore brings together a number of experts within eye research, photonics, lighting design and management, to conduct experimental testing on whether the right lighting can improve health and well-being in the elderly. If this research can demonstrate a positive effect, it can contribute to accelerate the use of energy efficient LED lighting in private homes, as well as increase the use of LED in conjunction with the establishment or the renovation of municipal nursing homes.

GENERAL OVERVIEW:

Name of the organisation: Gate 21

Action group: D4 Age-friendly environments

Geographic coverage: Local

Topics: Energy efficient lighting promoting well-being

Keywords: Assistive technology, lighting, energy efficiency, LED, circadian rhythm, well-being

Objectives and achievements: The main objective of the project is to test if lighting can support the circadian rhythm and well-being of elderly people. A cross-over experiment has been conducted to compare two different lighting scenarios placed in the eating area and the bedroom: - Lighting scenario A has had changing light intensities following the natural day light - Lighting scenario B has had changing light intensities and changing color composition following the natural day light During the experimental period of two times three weeks, the participants have had eye exams, kept a diary, completed questionnaires and took saliva samples in order to examine their melatonin levels.

Involvement of older citizens in the initiative: 29 citizens over 65 years in 20 private homes have participated in the experiment. When the data is processed and the results are ready, communication activities targeted at elderly will be initiated.

Partnerships: Public Authorities, Ngo's/Civil Society Organisations, Company, SMEs, Researchers, and Citizens

Timeline: May 2014 to October 2014

Domains of the WHO:

The most relevant domain of the domains listed by WHO is (Outdoor spaces and) buildings. This project has the potential to provide the knowledge necessary for accelerating the use of lighting as an active tool to improve the circadian rhythm and well-being of elderly. Lighting – natural and artificial – should be given high priority when constructing, renovating and furnishing/decorating nursing homes.

Outcome:

New research based knowledge on which lighting parameters - intensity or colour - affects the circadian rhythm of elderly people, and in continuation of this, articles in scientific journals. Information materials targeted at elderly people. Information materials targeted municipal decision makers.

Social Impact:

The information materials will hopefully be distributed through DaneAge Association (Ældresagen), a non-profit, direct membership organization who works for better conditions for elderly and counts 650.000 members. Moreover the information materials will be distributed to the 98 municipalities in Denmark, bringing attention to the possibilities that lighting offers and hopefully promoting active use of light in coming nursing home construction and renovation projects.

Core/Unique elements:

The project is unique given that research has been done in real environments involving real people living real lives.

Key success factors:

- There are several factors influencing the potential success of the project. Some have already been achieved:
- Design of lighting scenarios that meet the demands of existing theories and the practical development of the technical solution
- Recruitment of people in 20 private homes aged 65 or more
- Completion of the two experimental periods of three weeks each
- Communication to elderly citizens
- Communication to decision makers in the Danish municipalities

Sustainabilty and Development:

The most important possibilities and challenges of the sustainability of this project is the readiness and economic willingness of both citizens and municipalities to start to use lighting in a holistic way taking into account the possible biological impact.

Transferability and scaling up:

The results of the project will be ready to use as a guideline on how to use lighting to support the circadian rhythm and well-being of elderly people.

Funding:

The project has received 280.000 € of funding from ELforsk, the research and development program of the Danish Energy Association, a commercial and professional organization for Danish energy companies. Without this grant it would not have been possible to make the project.

Ida Maj EMborg

Budget: 440.000 €

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INITIATIVES IN ESTONIA

Transversal WHO domains: ICT/New technologies

Virtual Elderly Care Services on the Baltic Islands - VIRTU

On the VIRTU, people can: Keep in touch with other users Speak to the care staff, participate in exercise, relaxation and singing sessions held by health and social care students, get news, up-to-date information about nutrition and health take part in discussions.

GENERAL OVERVIEW:

Name of the organisation: Saaremaa Arenduskeskus SA

Action group: B3 Integrated care

Geographic coverage / Approach: International

Regions/Countries involved: Finland, Estonia

Topics: communication aid for elderly

Keywords: new kind of social media and well-being service for elderly

Objectives and achievements: With a user-friendly video conferencing device, a group of people can see and hear each other simultaneously.

Involvement of older citizens in the initiative: As of June 2013, the service was used by 39 elderly, 8 institutions connected to welfare and 4 social workers in local governments

Partnerships: Company

Timeline: May 2010 to May 2013

Keep in touch with other users Speak to the care staff, such as a nurse or a physiotherapist Participate in, for example, exercise, relaxation and singing sessions held by health and social care students Get up-to-date information about nutrition, health and world events from various guests Take part in discussions on various topics and enjoy refreshing social activities! The service is currently developed as a part of the VIRTU project with elderly living in the archipelago areas of Finland, Åland and Estonia. The service is carried out by various universities of applied sciences in collaboration with social and health care professionals as well as other public, private and third sector parties. The VIRTU device actually is a touch-screen computer. The software runs on the same principle as video conferencing systems used in the business world. This means that you can be in visual and voice contact with multiple persons at the same time on the channel. The image of the person who is speaking appears bigger on the screen whilst the other eight participants' images are smaller. There can be more than nine people on the channel, but only nine images can be seen on the screen simultaneously. The software is managed by a touch screen user interface that is easy to use. The VIRTU device doesn't really require anything else from the client other than a data connection (internet) and an appropriate location for the device. The user's device is the size of a computer screen, so it does not take up much space and can be placed for example on the living room table.

Outcome:

The quality of life of elderly has been risen primarily through the rise in their activity. VIRTU has helped the elderly to prevent isolation and feel themselves as complete members of society. The

activity is enhanced by the fact that dealing with technology requires certain attention and action. As it is a video call system, elderly pay more attention to their looks, cleaning the room etc, which increases their overall activity even more.

Social Impact:

Overlaps probably slightly with the content of the previous question. The elderly feel themselves needed, they have a feeling that they belong somewhere. They have examples where the elderly himself or herself (in addition to the social worker) admits how he or she has overcome depression thanks to this service.

Evaluation:

The project has been evaluated in clinical effectiveness (impact on morbidity, quality of life, patterns in behavior) as well as the impact of medical assistance (the usability, quality, cost effectiveness)

Core/Unique elements:

The project showed that one device can be very useful in several fields (from social work, healthcare, organising everyday activities to virtually taking part of Sunday church events, and you have the possibility to directly communicate with all the specialists of the beforementioned fields regardless of living in isolation).

Sustainabilty and Development:

In the future, those persons are in focus, who have not yet been added to the social welfare system and for whom VIRTU would be the first main feature – including among others somewhat younger pensioners, disabled adults etc. In the farther future, VIRTU-like application could improve providing family physician service, visits of medical specialists for people living far. It is possible that the service is continued in a way that group activities, which are the core of the whole VIRTU service, is organised from an independent service centre/organisation and VIRTU service can be ordered everywhere in Estonia.

Transferability and scaling up:

In the future, those persons are in focus, who have not yet been added to the social welfare system and for whom VIRTU would be the first main feature – including among others somewhat younger pensioners, disabled adults etc.

Funding:

CENTRAL BALTIC INTERREG IV A

Budget:

2 185 369 €

Authors information:

Add the name, email, and address of the author of the reports, studies, etc. if there are any others besides yourself (this information is required for IPR protection)

More information :
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Domains of the WHO: Community support and health services // Transversal WHO domains: ICT/New technologies

DREAMING – elDeRly-friEndly Alarm handling and MonitorING

The project considers a better combination between technical and non-technical services is essential for supporting the autonomy of elderly people.

GENERAL OVERVIEW:

Name of the organisation: East Tallinn Central Hospital (leadpartner in Estonia)

Action group: B3 Integrated care

Geographic coverage / Approach: International

Regions/Countries involved: • Denmark – Region Syddanmark • Estonia – Tallinn • Italy – Friuli-Venezia Giulia • Spain – Aragon • Sweden

Topics: health information system.

Keywords: health, health care, and ICT.

Objectives and achievements: Home monitoring is a totally new service for the patient New competences for hospital professionals New opportunities for the hospital

Involvement of older citizens in the initiative: the project is targeted to older people

Partnerships: Company

Timeline: May 2008 to May 2011

The main concept of DREAMING project is keeping elderly people in their home environment as long as their physical and mental conditions allow this. The participation of social and health authorities are focused as well as the technology application, offering thus non-technology based services This project handles one of the most important health and social issues affecting older adults: monitoring chronic diseases as a preventative measure, to reduce exacerbations requiring intensive medical treatments, slow down the progression of these diseases, improve opportunities for social inclusion and optimise the effectiveness of care professionals in supporting these people, all in a cost effective way.

Outcomes:

- More satisfied senior citizens
- Reduces isolation of elderly people
- Creates new communication possibilities between caregivers and patients
- Professional care according to the needs of the patient
- Better medical service availability
- Avoids unexpected situations
- Decrease in number of outpatient visits and hospitalizations

Social Impact:

- More satisfied senior citizens
- Reduces isolation of elderly people
- Creates new communication possibilities between caregivers and patients
- Professional care according to the needs of the patient
- Better medical service availability

- Avoids unexpected situations
- Decrease in number of outpatient visits and hospitalizations

Evaluation:

Being the first project in this field, mistakes have been made, such as e.g. not recording the cause of hospitalisation when one of the older persons participating in the trials was hospitalised. They are also conscious that the limitations imposed by the budget available have not allowed them to recruit as big cohort of users as they would have liked, nor to extend the duration of the trials as much as they would have like.

Core/Unique elements:

Dreaming has been a first very important step in the right directions: it has shown that running a Randomised Controlled Trial of AAL, where interventions are very complex and where standard care varies substantially from one country to another and even from one region to another within the same country, is not chimera.

Key success factors:

They have created very solid evidence which, combined with the evidence from ohter EU and non-EU projects, in which the Dreaming partners continue to play a leading role, is putting together an evidence base strong enough to convince even the more sceptical decision makers that AAL is the way forvard to tackle the ageing of the European population in a sustainable

Sustainabilty and Development:

DREAMING appeared to be a sustainable service DREAMING could be divided into separate components The whole service or components of it has potential to cross country borders

Transferability and scaling up:

Create 24/7 contact Center, To use up to date technology

More information :
References: The achievements of the DREAMING project have been summarized in a publication entitled: 'Is Ambient Assisted Living a Panacea for Ageing Population?', published by IoS Press.
Related links: http://www.age-platform.eu/age-projects/health-and-long-term-care/658-age-projec...
Contact: marko.parve@itk.ee
Website: http://www.age-platform.eu/age-projects/health-and-long-term-care/658-age-projec...

Joining up ICT and service processes for quality integrated care in Europe - SmartCare

SmartCare aims to define a common set of standard functional specifications for an open ICT platform enabling the delivery of integrated care to older European citizens.

GENERAL OVERVIEW:

Name of the organisation: Lead partner AZIENDA PER I SERVIZI SANITARI N.1TRIESTINA. Local partner Tallinn Social Welfare and Health Care Board

Action group: B3 Integrated care

Geographic coverage: International

Regions/Countries involved: Friuli Venetia Giulia, IT;Kärnten, AT;Baden-Württemberg, DE;Region Syddanmark, DK;Tallinn, EE;Catalunya, ES;Aragon, ES;Pais Vasco, ES;Extremadura, ES;Murcia, ES;Etelä-Kariala, FI;Thessalia, EL;Attiki, EL;Hrvatska, CR;Veneto, IT;Noord-Brabant, NL;Rotterdam

Topics: The integration of social and health care

Keywords: SmartCare specifies, implements and pilots, and ICT supported care pathways to overcome current boundaries between health and social care.

Objectives and achievements: SmartCare services will provide full support to cooperative delivery of care, integrated with self-care and across organisational silos, including essential coordination tools such as shared data access, care pathway design and execution as well as real time communication support to care teams and multi-organisation access to home platforms.

Involvement of older citizens in the initiative: The SmartCare project strives for overcoming today's health care and social care silos by defining, delivering and piloting a multifunctional comprehensive integrated ICT infrastructure. This infrastructure enables the coordinated cross-sector delivery of support to older people in need of care.

Partnerships: Company

Timeline: March 2013 to February 2016

The SmartCare project strives for overcoming today's health care and social care silos by defining, delivering and piloting a multifunctional comprehensive integrated ICT infrastructure. This infrastructure enables the coordinated cross-sector delivery of support to older people in need of care. Based on this infrastructure, ten pilot sites across Europe will pilot SmartCare services. The focus is on integrating healthcare, social care and self-care for different health/living conditions, along integrated care pathways - including the underlying organisational models. To achieve this goal, the project will pursue a programme of systematic service process innovation complemented by adaptation of technology. This approach will be flanked by a robust evaluation programme which – together with targeted exploitation support including cost benefit analyses and business modelling - will finally lead to the generation of evidence-based plans for further service mainstreaming in the pilot regions. Synthesised guidance on service transferability beyond the pilot regions will be developed which is to serve as an operationally useful source of information for external parties.

Social Impact:

There is existing 24/7 service for alarm button for elderly people, the Smartcare services will be added. Different kinds of monitoring can be offered to the elderly people depending on the need. For example weight scale and pulse and blood-pressure meter could be allocated to the elderly. The home monitoring equipment will be provided by the SmartCare Contact Centre after the JEC assessment. The SmartCare Contact Centre involves SmartCare nurses and a social worker who regularly monitor the measurement data. When the need occurs SmartCare Contact Centre contacts different stakeholders and makes data requests to the ambulance bined into one platvorm.

Core/Unique elements:

SmartCare specifies, implements and pilots ICT supported care pathways to overcome current boundaries between health and social care.

Sustainabilty and Development:

During the project, a cost-based pricing model will be developed and put into the services price list of the Estonian Health Insurance Fund for the financing of the service organization.

Contact: aire.johanson@tallinnlv.ee
Website: http://pilotsmartcare.eu/home/

eHealth services developed and provided by Estonia

There are following eHealth sevices in Estonia: Electronic Health Record, Digital Registration, Digital Image, Digital Prescription.

GENERAL OVERVIEW:

Name of the organisation: The Estonian eHealth Foundation

Geographic coverage: National

Topics: health information system

Keywords: health, health care, and ICT

Objectives and achievements: Decreasing the level of bureaucracy in the doctors work; increasing the efficiency of the health care system; Making the time-critical information accessible for the attending physician; developing health care services that are more patient friendly and have higher quality

Timeline: 2008

Health care service providers are obligated to forward medical data to the eHealth, which is a part of the state information system. The health care related data is processed in the eHealth in order to conclude and execute the health care services provision contract, ensure patients' rights, protect public health and quality of health care services, to maintain the registers of health conditions as well as to manage health care. The attending doctor has a quick access to patient's complete health information. Centrally administered Digital Registration system enable patients and family physicians to view all the available appointments of all medical doctors, to book appointments, and to cancel existing bookings over the web portal. Patient can already make an appointment when at family physician's office. The family physician can electronically add a referral and a confirmation. Digital prescription means doctors prescribe medications for patients using their computer software and forward an electronic prescription to the national database. The prescription is then immediately accessible in every pharmacy on a patient's request. The system can provide an overview of the prescriptions issued for a patient by other doctors and the actual purchasing information regarding prescriptions. Patients have access to their medical documents via a National Patient Portal by using their ID-card and/or Mobile-ID. The services for patients available include, among others: electronic health records, links to medical images, electronic referrals, compilation and electronic signature of different types of "expression of will", access to health insurance validity, viewing and updating of personal data and contact details of a close relative, time-critical data, viewing of ePrescriptions, tracking usage of personal data, delegating access to a trustee of personal medical data, and masking data or masking single medical documents to healthcare professionals/trustees.

Outcome:

eHealth statistics show that since the beginning of 2010 up to September 2013, eHealth system documents are being forwarded and viewed at a growing pace, and this growth has been accelerating. For example, the number of Electronic Health Records inquiries grew from mid-2010 to August 2013 by nine times. The number of queries will continue to grow together with the increase in the number of documents sent - to the end of August, 2013, 2.3 million documents were transmitted, which is 25 % more than the same period in 2012. Patients' activity in reviewing their own health data also increased in 2012. In December 2012 the number of views totalled 62 575, a rise of 20 000 in just three months. In 2012, 96 % of all prescriptions were made digitally.

Social Impact:

Based on the information gathered with eHealth it is possible to provide health services essentially faster and with better quality. The health service waiting lists get shorter because the electronic information exchange decreases the number of unnecessary appointments (prescription refills, duplicate lab tests and screenings, using the patient as a courier to make inquiries about getting an appointment with a specialist).

Evaluation:

Evaluation was done by National Audit Office of Estonia.

Core/Unique elements:

The Estonian eHealth encompasses the whole country, registers virtually all residents' medical history from birth to death, and is based on the comprehensive state-developed basic IT infrastructure.

Key success factors:

All health care service providers should provide data to and use eHealth.

Sustainabilty and Development:

Health care service providers should be motivated to forward data to and use the eHealth

Transferability and scaling up:

This concept of a nationwide integrated eHealth covering the whole population is fully transferable only if all of the following preconditions are fulfilled: first, the existence of a nation-wide secured data-exchange platform; secondly, the application of the highest security standards for system accessibility and users' authentication, signature and encryption; thirdly, enforcement of the national laws for collection and exchange of personal medical data.

Budget:

About 15 million euros

More information:
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Website: http://www.e-tervis.ee/index.php/en/health-information-system

Domains of the WHO: Housing and Community support and health services // Transversal WHO domains: ICT/New technologies

Social alarm button service developed and provided by Tallinn City, capital of Estonia

The objective of the service is to increase the feeling of security of the elderly and disabled people by using the mobile alarm button service. The objective of the service is not receiving ordinary home services and personal help service (for example taking care of bed-ridden sick people, providing of foodstuffs, etc). The service enables the elderly to live as long as possible in their homes, it is substantially cheaper than taking care of the person in an institution. The objective of the use of the service includes summoning of help above all in situations, where the client is unable to move and independently open the door to the helpers, for example: 1) unexpected need of medical help to which inability to move is added; 2) unexpected need for so-called personal help (falling, temporary

immobility, getting trapped in interior rooms, etc); 3) situations requiring rescue service (fire, explosion, etc).

GENERAL OVERVIEW:

Name of the organisation: Tallinn Social Welfare and Health Care Department

Action group: C2 Independent living

Geographic coverage: Regional

Topics: Social alarm button service

Keywords: Alarm button and homecare

Objectives and achievements: The service enables physical help, feeling of security, psychological assistance, support for home care, lengthening of the time of taking care of the elderly at home.

Timeline: May 2007

Outcome:

The service enables the elderly to live as long as possible in their homes, it is substantially cheaper than taking care of the person in an institution.

Social Impact:

The service enables the elderly to live as long as possible in their homes, it is substantially cheaper than taking care of the person in an institution. The service is used by 200 people per mounth.

Evaluation:

Alarm button service enables physical help, feeling of security, psychological assistance, support for home care, lengthening of the time of taking care of the elderly at home.

Core/Unique elements:

Social alarm service provides social staff if it is needed.

Key success factors:

Collaboration between different partners.

Budget:

131 700” per year.

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INITIATIVES IN FINLAND

WHO Domains : Housing and Community support & health services

The older people family foster care model in the City of Tampere

The number of elderly and frail elderly people in Finland is rising, along with the cost of care homes and nursing homes. Public authorities, health policy experts, families and the elderly are looking for alternatives to both save money and afford older people the greatest freedom in choosing a safe and comfortable place to live. Family foster care of older people is care at private home other than elderly person´s own. It is a service alternative between an elderly person living at his/her own home and institutional care. Family foster care for older people is in the beginning in Finland. Elderly Foster Care homes are municipality licensed private homes that offer assisted living to those who require help with day to day activities but are not in need of full term nursing care. A family foster carer is paid to take in elderly people and provide them a home -- meals, laundry, a place to sleep, someone to talk to and watch over them. In the long-term (permanent) family foster care the older person moves permanently to live with the foster family. in the short-term (temporary) family foster care the older person spends short times at the family foster home e.g. during the permanent caregiver's day off. Care at family carer´s home can be full-time (24/7) or part-time i.e. daycare. In the part-time family foster care an elderly person spends the daytime with the foster family. Family foster care of older people is arranged, supported and supervised by the municipality.

GENERAL OVERVIEW:

Name of the organisation: The City of Tampere

Geographic coverage / Approach: National

Topics: family foster care, the older people

Keywords: day-care, urban areas

Target Group: Older people with dementia

Objectives and achievements: (i) to give the persons cared for an opportunity for family-like care ; (ii) to give close human relationships , and (iii) to promote the basic social security and social development of the elderly

Involvement of older citizens in the initiative: Older citizens involved in the piloting project of the Tampere family foster care model have been active in promoting and sharing information about the pilot project in the media.

Timeline: September 2012 to December 2013

The Tampere Pekka programme was part of the Tampere Senior programme. The aim of the Tampere Pekka programme was to create the service structure supporting the well-being and health of elderly people and providing customer-oriented housing solutions for them. The concrete measures of the Tampere Pekka programme were creating and piloting of the concept of the Age Härmälä Campus and studying the possibilities for family foster care for older people in the City of Tampere. The process studying the possibilities and conditions of family foster care for older people exceeded its expectations. The concept model for family foster care for elderly people was created. The family foster care model was piloted in the City of Tampere from autumn 2012 till the end of 2013. Family foster care was available both long term and short term during the piloting period. In November 2012 part-time family foster care was added to the services piloted. The piloting period of family foster care for older people was successful. The family foster care was established a permanent service for elderly people in the City of Tampere in January 2014. The Family foster care provides care on the basis of a commission agreement between the municipality and the family foster carer. A family foster care home shall meet the requirements in facilities, equipment and other circumstances for the care to be provided. Particular attention is paid to the human relationships in the family home. Municipality approves the family foster home and the family foster carer. One family foster carer can be responsible to care max. 4 older people. Two family foster carers can be responsible for max. 7 older people to care. At least one of those family foster carers must have appropriate education (e.g. practical nurse). Own children under school age and other persons needing special care are included into the account.

Outcome:

The concept model suitable for the structure of the services of elderly people in the City of Tampere was designed. The estimate calculations of the remunerations of care for the familyfoster carers were made. The customer fees of family foster care in the City of Tampere were presented. The contract model for the commission agreement of the family foster care in the City of Tampere was drawn up by the lawyers of the City of Tampere. The directive note book for the family foster care practices suited for the purchaser/provider model organising the services of elderly was generated in cooperation with public authorities and other stakeholders. Special attention was paid to the fire safety of the family foster care homes. The brochure for family foster care in the City of Tampere was published. There are family foster carers offering part-time family foster care for a long-time and/or a short-time period in the City of Tampere. There are family foster carers giving full-time family foster care for a long-time and/or for a short-time period in the City of Tampere. Six officials of the City of Tampere elderly care were trained to be specialists in family foster care and to counsel people willing to be family foster carer. The pre-training program is organised for family carers on a regular basis.

Social Impact:

It is very important to elderly people to stay in the community, not in an institution. Family foster care is a way for older people to live in an ordinary family home, or to use an ordinary family home, and be part of the community. In a foster family, the elderly people can participate in daily activities and have a more active and meaningful life. Family foster care gives the older people a ossibility to be a member of a family. Home as a living environment is safe and comfortable place to live. Living in the family provides the elderly with an opportunity to social relations and close relationships with the children and the youth in the family. Family foster care offers constancy in caring relation and diminishes feelings of insecurity. The need for building new nursing home and care home facilities for elderly people decreases along with the elderly people living in the family carer´s home.

Evaluation:

The piloting time of family foster care for older people was successful. The family foster care of the older people was established a permanent service in the City of Tampere by the elected officials of the Tampere City elderly care.

Core/Unique elements:

The Tampere family foster care model concentrates on organising family foster care in urban areas. The Tampere family foster care model is specialised in part-time family day-care for older people. The day-care family foster care groups are small. They have max. 4 participants. The part-time family foster day-care usually consists of 7 hours per day. Breakfast, lunch and coffee break are included in the cost of the day-care. Memory disorders are a growing health problem for people in their mid-sixties or even in younger age. The availability of family foster day-care in urban areas enables the spouses of people suffering from memory disorder to work full-time.

Key success factors:

The number of elderly people is growing fast in Finland. There is a growing need for family foster day-care in urban areas in Finland. The working method of the elderly care authorities and family foster carers is evaluated to be pragmatic, full of commitment, problem-solving and innovative. Marketing of the elderly family foster care has been successful. The elderly family foster care has got wide media coverage which in turn has improved its image.

Sustainabilty and Development:

Family foster care is a service very much dependent on the personalities of the carer and the cared. The problems that arise most often tend to involve emotional attachments. There can be difficulties in recruiting skilled family foster carers. The uneven geographical location of family foster homes can lead to long distances to family foster homes for elderly people in demand of part-time daycare.

Transferability and scaling up:

The Family foster care model in the City of Tampere is promoting family foster care in urban areas in Finland and in Europe.

Budget: The Tampere Pekka programme budget 307,000 €

More information:
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Website: Perhehoito (Family foster care)

INITIATIVES IN FRANCE

Domains of the WHO: Housing // Transversal WHO domains: ICT/New technologies

POLE AUTONOMIE en SANTE (Centre of Health Autonomy) de Lattes – PAS Lattes

PAS proposes multisectoral innovative solutions to enable older and/or handicapped people to maintain independent living. The PAS project is managed by the city of Lattes Social Welfare Centre and is comprised of elected representatives of the city, the Département de l'Hérault (General Council) and citizens. It includes representatives of clubs and societies for senior citizens. PAS offers a free municipal public service dedicated to supporting the population in the choice and testing of technical and technological aids: L'ETAPE. ETAPE promotes ICT products and services adapted to older people's needs through the promotion of better access to urban services, higher autonomy and home services. Since 2014, l'ETAPE is engaged in a collaborative approach to supporting innovation for autonomy on the model of living lab to experiment and evaluate innovative products in ecological situation. It is also participating in a pilot project to create a national database for the CNSA (Caisse Nationale de Solidarité pour l'Autonomie). ETAPE is part of the Smart Eco City® of the Montpellier Agglomeration (www.smart-cities.eu).

GENERAL OVERVIEW:

Name of the organisation: Centre Communal d'Actions Sociales de la ville de Lattes (Département de l'Hérault)

Action group: D4 Age-friendly environments

Geographic coverage / Approach: Regional

Topics: Promotion of the technical and technological aids for autonomy

Keywords: Habitat, TIC, and living lab.

Target Group: Older people with dementia, Older people living in rural areas and Informal Carers

Objectives and achievements: Lattes is one of the 31 cities of the Montpellier Agglomeration (410,000 inhabitants). Since 2005, this city (18 000 inh.) has been working in close collaboration with various actors (local authorities, universities, health and social care professionals, companies) to propose multisectoral innovative solutions to enable elderly and/or handicapped people to maintain independent living. In 2009, Lattes initiated the first free municipal public service in France. It was dedicated to supporting the population in the choice and testing of technical and technological aids: ETAPE. ETAPE is handled by 2 therapists, 1 Secretary-documentalist and 2 project leaders. This device was completed in 2011 by the creation of a public space of training, public training center which included an educational apartment and a show room, to raise awareness and train personal and

professional caregivers in the proper use of technical aids. In 2013, this service had responded to the requirements of over 1200people (2/3 health or social carers, 1/3 disabled people or care givers). The reasons for this success are primarily:

- the professionalism of the players and a multi-stakeholder approach
- high quality and active listening to the needs of the population and practitioners
- pragmatic answers, tailored to each individual/end user and its monetary resources (cash and grants)
- a follow-up and evaluation of the solutions in practice
- a free public service, independent of manufacturers and distributors.

In 2013, within the framework of the EIP AHA Reference Site "MACVIA-LR" (Fighting Chronic Diseases for active and healthy ageing in Languedoc Roussillon, www.macvia.cr-languedocroussillon.fr), and of its action A2 ("Integrated falls prevention clinic") and B3 (Chronic Diseases comorbidities), a close link between Etape and the Montpellier hospital and University of Sports has been initiated in order to provide help for patients at risk of falls. The objective is to raise awareness and help the population at risk by outsourcing the services and tools of evaluation and rehabilitation of the hospital in order to make contact with the population. This pilot experiment will begin in November 2013, with two experimental towns: Lattes and Prades-Le-Lez. At the same time Lattes will outsource its step service by creating an antenna in a small city (population 8,000 inh.) located in a remote rural area: Lodève. The aim is to deploy the service offered by experimenting with new intervention methods and to seek economic models based on the pooling of services in the aims to reduce the costs of intervention and to enrich experiences. In 2014, PAS had created a collaborative platform on the principle of the living lab for experimentation, observation and evaluation in ecologic situation products and innovative services dedicated to autonomy and active ageing in the Montpellier Agglomeration.

Partnerships: Public Authorities, Ngo's/Civil Society Organisations, Company, SMEs, Researchers, and Citizens

Involvement of older citizens in the initiative:

This service is supported by the Centre Communal d'Action Sociale, a public service which includes local authorities (Town Hall) and delegates of the population, including elderly people.

Outcome:

Currently, they are working to develop measurable outcomes of the impact of our work. However, they can already measure the increase in the number of contacts and visitors in our office (2010:, 450 2011: 650 , 2012 : 800, 2013 : 1200), : coming in to apply for counselling and assistance, manufacturers and distributors of technical AIDS to make reference in our showroom, or practitioners wanting to become familiar with our services. Coaching for independent living: This facility was completed in 2011 by a public coaching centre (with INRS, occupational health and safety - www.inrs.fr). This unit consists of an educational apartment that is used to heighten awareness and to train personal and professional carers with regards to the correct use of technical aids and teaching courses. 500 persons attended courses in 2013.

Social Impact:

In 2013, this service had responded to the requirements of over 1200 people (2/3 health or social carers, 1/3 disabled people or care givers).

Evaluation:

Currently, they have a system of indicators which is fully computerised and therefore needs some work before being operable. In 2013, they performed a first internal survey of a sample of 50 people who had benefited from our services: the satisfaction rate was 100%! In the context of the establishment of a regional living lab, they are organising an initial exchange of expertise with a regional partner (the Foundation partnership I2ML Nîmes - Mediterranean Institute of crafts of longevity, Ecole des Mines, Ales). They will benefit from their expertise in terms of randomisation and evaluation, and in return will provide them with our experience in applied occupational therapy.

Core/Unique elements:

The originality of the PAS approach is to try to provide solutions adapted to the real needs of people suffering from loss of autonomy without technical and technological special assistance. This takes into account all of the needs of these people by studying in detail their personal circumstances, their housing, their environment, their income and by seeking the best possible solutions: technical or technological aid, human services, training, etc. They start from the principle that there is no miracle solution (ICT?) but a set of possible improvements with personalized support and high quality of listening to the needs. They draw this strength from the fact that our Organization is a free and independent public service of proximity.

Key success factors:

- professionalism of the players and a multi-stakeholder approach
- high quality and active listening to the needs of the population and practitioners
- pragmatic answers, tailored to each individual/end user and its monetary resources (cash and grants)
- a follow-up and evaluation of the solutions in practice
- a free public service, independent of manufacturers and distributors.

Currently, their main criterion is to increase participation, both locally and at the regional level. They do not yet have an internet site and operate therefore mainly through "word of mouth". This proves our success so far! However, our goal is to improve the conditions of healthy ageing. The indicators that they wish to implement (see 4.3) will go in this direction to measure the increased length of time that people losing their autonomy stay on at home, their ability to continue to fit into the social life of the commune, as well as the decrease in hospitalisations and drugs.

Sustainabilty and Development:

The 'public service' component is funded by local authorities, mainly today by the municipality of Lattes and the Hérault Department. The purpose pitch is gradually share this service with other cities to better distribute the financial burden. The "living lab" component must self-funding term by the contribution of the participants: companies, insurance and pensions, etc.

Network synergy:

Currently, the step works primarily in regional network with the EIP AHA Reference Site “MACVIA-LR” (Fighting Chronic Diseases for active and healthy ageing in Languedoc Roussillon, www.macvia.cr-languedocroussillon.fr).

Transferability and scaling up:

The project aims to extend to new local communities and new partners in order to pool the means.

Funding:

Currently, the step and step are financed 70% by the municipality of Lattes. The remainder (30%) is funded by public aid - Department and national agencies - in the context of service agreements and INRS.

Budget:

150 000 €/year

More information:
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INITIATIVES IN HUNGARY

Domains of the WHO: Community support & health services // Transversal WHO domains: ICT/New technologies

Webnurse

WebNurse

Webnurse is an innovative solution to support informal carers who undertake the beautiful but difficult task of taking care of an elderly and/or ill person in her/his home.

The pilot is a dynamic online website, available in Hungarian with various menu points on webnővér.hu, and now with its key feature translated to 7 European languages on webnurse.eu.

GENERAL OVERVIEW:

Name of the organisation: Hungarian Charity Service of the Order of Malta (HCSOM)

Target group: Informal carers

Objetives: To support informal carers who undertake the beautiful but difficult task of taking care of an elderly and/or ill person in her/his home.

"WebNurse" is a dynamic online website, available in Hungarian with various menu points and now with its key feature translated to 7 European languages on webnurse.eu: German, Czech, Slovakian, Slovenian, Italian and Polish.

When designing the site they made an attempt to collect all the information and support informal carers might need during their every-day errands. As most of them are not professional caregivers, even the (seemingly) easiest care methods may be difficult for them to carry out. The 45 short tutorial videos are now there to help them learn and safely utilise the basic home care tasks.

Besides the videos, visitors of the Hungarian language site can make use of a search engine for finding all the social, welfare and health institutions as well as Maltese services which might be necessary to look up in relation to the care provided. At the same time, users can send their care-related or legal questions to our experts via two help-desk menu points, as personal consultancy might be important in many cases. Another feature on the site offers valuable food for thought for those who need some mental recreation in the midst of their gruelling tasks, while the Dietetics section offers various easy-to-prepare recipes for each diet together with interesting articles in the theme of nutrition.

Outcomes:

- The 45 short tutorial videos.
- Collection of relevant information for carers.
- Consultancy service.
- Nutrition advices.

Transferability :

As transferability of the new, innovative initiative was key when designing the pilot, HCSOM has reproduced the key feature on its webnurse.eu website. The multilingual site now offers the educational videos dubbed in English, and subtitled in six further European languages.

More information:
Website: http://webnurse.eu/

INITIATIVES IN ITALY

Domains of the WHO: Outdoor Spaces and Buildings, Transportation, Social Participation and inclusion, and Communication and Information // Transversal WHO domains: ICT/New technologies

Campania Small Municipalities Collaborative Network - CosMiC-NET

The current economic crisis has been determining a general reduction of the services provided to European citizen, due to spending reviews applied to the Health Care system, to the Social Services, to Schools. This has determined a further reduction of funding allocated to city environments and spaces that are currently unfit to the challenge of an aging population. Most small municipalities do not possess alternative funding, and cannot sustain the initial investment required by the internationalization effort. Aim of this project is to create a network of small Municipalities in Campania Region, to build up their capacity to join European initiatives.

GENERAL OVERVIEW:

Name of the organisation: Campania EIP-AHA Reference Site

Action group: D4 Age-friendly environments

Geographic coverage: Regional

Regions/Countries involved: Italy and The Netherlands

Topics: Healthy living, Senior tourism, food, culture and prevention of physical, cognitive decline, and Socialization.

Keywords: Small Municipalities network, Horizontal collaboration, and Capacity Building.

Objectives and achievements: Specific objectives that the network will pursue will be the following:

- Profiling the Municipalities adhering to the network for their actual situation (“SNAPSHOT”) on age-relevant topics: demographics, geography, services, with a specific focus on socio-sanitary integration and home care, and on common spaces/initiatives available for the elderly and active and healthy living.
- Identifying all stakeholders that might prove relevant to the network, including local associations who involve the elderly (Caritas, Federations, other no-profit) who might join the network and contribute to develop a joint plan.
- Identify specific priority area of interventions for each Municipality.
- Identify synergies among different Municipalities that might allow sharing expertise, tools and services towards their capacity building to join international initiatives on Active and Healthy Aging and Independent living.
- Disseminate the culture of Active Aging and Independent Living, and contribute to the empowerment of citizen with dedicated and joint initiatives.

- Create a shared database to collect data and documents and support joint initiatives.

The network is a very recent initiative that has been developing thanks to the participation of Campania EIP-AHA Reference Site to the D4 Action Group, therefore its achievements are still initial. CosMiC-Net will focus on the strengthening of its international collaborations, taking advantage also of the Reference Site Collaborative Network that is being formed in Europe, where Campania RS participates. CosMiC-Net aims to develop and carry out effective local policy approaches to respond to demographic ageing. Physical and social environments are key determinants of whether people can remain healthy, independent and autonomous when they age, and Municipalities play a pivotal role in engaging the elderly to actively contribute to their communities, through volunteer or paid work, through transfer of experience and knowledge, through family support. To reach these goals, it is pivotal to break down the isolation, promote team work and connect small municipalities to the international community, to take reciprocal advantage from European initiatives.

Involvement of older citizens in the initiative: The network will involve representative of the elderly through local organizations such as Caritas, Federanziani and others, some of which are already collaborating with Campania EIP-AHA Reference Site through PERSSILAA, an FP7 STREP ICT funded project.

Partnerships: The project is carried out within the activities of Campania EIP-AHA Reference Site. Campania EIP-AHA Reference Site is currently involved in the forming European Reference Site Collaborative Network, in the Italian forming Collaborative Network, and is twinning within the EIP-AHA with The Netherlands, Scotland and Ireland. Campania EIP-AHA Reference Site is also a member of EHTEL, the European Health Telematics Association.

Description of the most relevant domains: Small Municipalities suffer the lack of coordinated and mainstream initiatives to support active involvement of the elderly. Intergenerational exchange of expertise, information and skills is a key element to this social change, and can greatly contribute to its sustainability. The creation of a network will allow sharing of information, alignment of planning with EU priorities, facilitate scale-up of good practices, increase of the involvement in international initiatives. The dissemination among relevant stakeholders of the achieved results will also extend the network, and increase its impact.

Work Package 1. Management.This WP is in charge of Campania EIP-AHA Reference Site, that will also be responsible for monitoring of all the activities. Adequate set of indicators will be designed to monitor the development of the activities. A Steering Committee will be formed, involving the Mayors of all Municipalities of the network. The Steering Committee will work through horizontal participation, ensuring that all partners are involved in the decision making process, that will be aimed to allow the achievement of the goals and objectives of the project. An Advisory Board will also be formed, that will involve relevant stakeholders also external to the project, and will include representative of the elderly.

Work Package 2. Adhering Municipalities will be profiled for their actual situation ("SNAPSHOT") on age-relevant topics: demographics, geography, services, with a specific focus on socio-sanitary integration and home care, and on common spaces/initiatives available for the elderly. A SWOT analysis will be carried out, in order to identify strengths and weaknesses, such as the opportunity and context situation to activate age-friendly tourism initiatives with local SMEs.

Work Package 3. Campania EIP-AHA Reference Site will support the network to identify and involve stakeholders who will be relevant to achieve the goals of the network, such as Regional Tourism Authority, European networks, elderly associations (Caritas, Federations etc), international Partners and twinning Organizations. For each stakeholder, the involvement will be defined upon specific activities and deliverables.

Work Package 4. Synergies, peculiarities and complementarities will be identified among the different Municipalities concerning their SWOTs, and a joint plan will be developed, identifying priorities and goals over a time schedule.

Work Package 5. A thorough analysis will be carried out, to identify the opportunities and funding instruments to support the joint plan. Careful attention will be paid to Horizon 2020, Ambient Assisted Living, Structural Funds, Smart Cities. A working agenda will be developed, to facilitate the successful participation of CosMiC-Net Municipalities to international consortia and activities.

Work Package 6. Dissemination. The culture of active and healthy aging and independent living will be promoted taking advantage of all local events, encouraging joint events among different Municipalities. Target of the events will go beyond the aging population, as active and healthy aging begin at birth: prevention and health promotion will be tackled at all levels. An effort will be carried out, to integrate local initiative with training on enabling topics, such as health literacy, ICT learning, English courses, which prove to be pivotal to empowerment.

Work Package 7. An assessment will be made among the Municipalities of the network, to identify how many web-sites are active, and with which functionalities. Available experts will be involved to identify the most sustainable way to create a new website, or to identify a dedicated page on existing websites to support the network. Data and documents to be shared will be identified, and adequate ICT storage support will be designed and supported, in order to create a shared database to collect data and documents and support joint initiatives.

Outcomes:

Expected outcomes are:

- Increase the awareness of the relevance of focusing on active and healthy aging and independent living.
- Sharing of knowledge and expertise, that will facilitate the identification of sustainable initiatives for active and healthy aging.
- Increase the awareness of the international opportunities of validated models to support active and healthy aging, that can be carried up jointly at the Municipalities of the network.
- Empower all citizen, and especially the elderly, about healthy choices and self-care tools.

Social Impact:

Small Municipalities, although close to big cities, are currently not sufficiently involved in activities that support the cultural change that is needed to face the demographic challenge of aging that lies ahead of us. The creation of this network will speed up circulation of information, scale-up of good practices, and sustainability of joining international initiatives. The dissemination among relevant stakeholders of the achieved results will create a virtuous cycle that will further extend the network, and increase its impact.

Evaluation:

ICT tools represent a powerful enabler: first of all, it has the potential to connect the generations, as informal teachers and pupils. Young generations might prove pivotal to ICT literacy among the senior citizens, facilitating the learning process towards the ICT tools developed to support home monitoring, cognitive decline prevention, healthy nutrition. Furthermore, from the interaction between the generations that is ICT-mediated, loss of knowledge can be prevented: storing craft skills and methods, recipes, traditions, learning by doing expertise. Digitalization of public administration is an ongoing process in the Municipalities, that might provide their precious contribution to outline more effective ICT tools, also facilitating interoperability. To support evaluation, several subset of indicators will be designed, in order to allow monitoring of the

activities. Furthermore, validated assessment tools will be used, to determine changes in lifestyle and well-being of the citizens.

Core/Unique elements:

The core elements of this network are:

- The fact that it is community-based.
- Its link to the EIP-AHA Reference Site.
- Its international focus.

Key success factors:

The key success factor of the network is that Campania RS contributes to several EIP-AHA Action Groups, among which the D4, that has a focus on age-friendly environment. Furthermore, the direct involvement of the Communities through their mayors will ensure the adequate decision-making process that is required to speed-up all relevant initiatives and especially scaling up of good practices.

Sustainabilty and Development:

The network will allow sharing of resources, cost, expertise, tools , backgrounds and existing services, that will make the activities more sustainable. SWOT analysis will take advantage from common methodologies, and this will speed-up the entire process of approach to international activities, to bench-mark with other EU partners. The network is currently involving 34 Municipalities (As of 05/05/2014 AFE deadline), but it aims to scale up and cover the 5 provinces of Campania, and further collaborate with other national and international Municipalities on specific objectives.

Network synergy:

CosMiC-Net goal and planning are coherent with Campania EIP-AHA Reference Site activities, as well as with EIP-AHA D4 working group. Further synergies will be created with B3, A3 and A1 EIP-AHA Action groups, and will be developed through specific activities that will depend upon the requirements and priorities of the Municipalities. Specific focus will be dedicated to joining European networks, such as EHTEL, CORAL and Euregha, that will provide further support and opportunities.

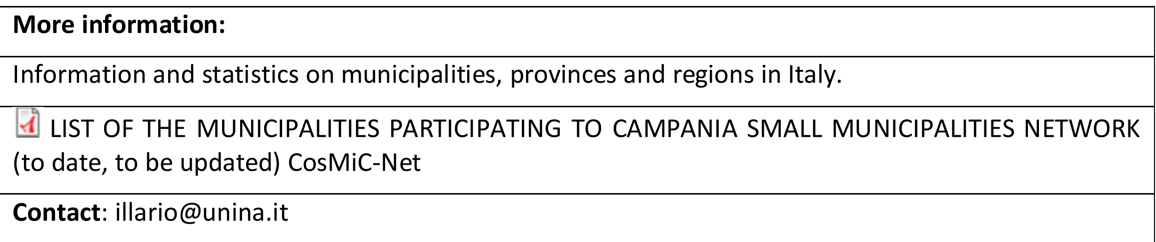
Transferability and scaling up:

The activities designed in the WPs will allow to extrapolate a common methodology, and the relevant support documents (agreements, resolutions, contracts etc.) will be made available through the website. In the future, a help-desk might be activated. Transferability and scaling up will be facilitated through the Reference Site Collaborative networks at both national and international levels, and also through the twinning Regions of Campania EIP-AHA Reference Site.

Funding:

The project is currently funded by the Municipalities for both personnel and direct costs, but has not yet received dedicated funding for its activities.

Budget: 200.000 Euro is the estimated budget, considering personnel (1 personnel/Municipality, 20% time spent) and direct cost (travel expenses).



More information:
Information and statistics on municipalities, provinces and regions in Italy.
LIST OF THE MUNICIPALITIES PARTICIPATING TO CAMPANIA SMALL MUNICIPALITIES NETWORK (to date, to be updated) CosMiC-Net
Contact: illario@unina.it

Website: EIP-AHA Campania Reference Site
Author's name: Maddalena Illario
Author's email: illario@unina.it

INITIATIVES IN POLAND

WHO domains : Social participation and civic participation & employment

Krakow Council of Seniors

It will be a Collegial advisory body in the Municipality of Krakow

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow

Geographic coverage: Local

Regions/Countries involved: Krakow

Topics: Krakow Council of Seniors

Keywords: Collegial advisory body

Objectives and achievements: Collegial advisory body, it will be established to help the Municipality of Krakow in organizing different actions

Involvement of older citizens in the initiative: at these time a huge interest is expected.

Partnerships: Public Authorities

Transferability and scaling up:

Only in Municipality of Krakow.

More information :
Contact: agnieszka.karon@um.krakow.pl

WHO domains: Outdor spaces and buildings and social participation

Integration between generations in support centres

The basic premise of the support system of the elderly and disable in Krakow, is to give them the fullest and longest functioning in the family, a neighborhood, the place of residence. Institutional forms-clock care, are the last form of assistance, which should be used only in case of inability to solve problems in other ways.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow-Urban Resort of Social Assistance

Geographic coverage / Approach: Regional

Regions/Countries involved: Krakow

Topics: Daily support centers, and Environmental self-help

Keywords: maintaining fitness of elderly, Alzheimer's disease, and self-help

Objectives and achievements: The aim of the centers is to maintain fitness of older people to enable them as the longest functioning in the family, a neighborhood, the place of residence.In that centers

older people can meet with others, contact and feel social integration. Participants receive support specialists, social rehabilitation and streamlines.

In 2013, in the Municipality of Krakow, operated 13 self-help homes, including one house environmental self-help provides 57 beds, which is an organizational unit of the urban environment and 12 self-help homes of three subsidiaries, carried out by NGOs. In December 2013, the two institutions launched 15 new sites; including establishments have 354 seats.

Outcome:

They received funds from the state budget to finance two Support Centres for the Elderly and create a new support center for 20 elderly and 20 of a group of young people or children of school age in 2013 were carried out integrating activities generations. From 1 May 2013 the Centers conducted classes in which the emphasis was to build relationships between elderly and young or school-age children.

Social Impact:

At least -2 times a week classes held common for seniors and youth. And the new Centre realized the task by conducting activities with children and youth five days a week. The meetings were attended by an average of 50 children.

Core/Unique elements:

self-help for elderies, intergenerational integration

Key success factors:

A huge interest of program and support form NGO-s.

More information:
Contact: agnieszka.karon@um.krakow.pl

Krakow Senior Center

Krakow Senior Center brings together senior volunteers who want to work for the integration and activation of Krakow environment of the elderly.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- Department of Social Affairs-Department of Youth and Seniors Affairs

Geographic coverage / Approach: Regional

Topics: Seniors for Seniors

Keywords: Seniors, integration, activation, and Krakow environment of the elderly

Objectives and achievements: Krakow Senior Center is working on the principle: "Senior for Seniors", in order to activate and integrate the elderly. The work of the Centre involves about 20 seniors. they shared 7 work packages (1.organizing and coordinating the activities of the center, 2.cooperation with media and promotion the center, 3. Cooperation with senior's clubs, NGOs and parishes, 4.Legal notice, 5. prevention, health, disability, care services, 6. social activation, 7.educational activation, cultural activation, physical activation).

Involvement of older citizens in the initiative: In the initiative at the moment is involved about 20 elderly.

Partnerships: Public Authorities

Outcome:

At the present moment it is difficult to accurately specify outcomes of Krakow Senior Center, because it is working since January 2014. At these time it involved about 20 elderlies.

Core/Unique elements:

Seniors, integration, activation, Krakow environment of the elderly, senior volunteers

Key success factors:

A huge interest of Krakow Senior Center.

More information :
Contact: agnieszka.karon@um.krakow.pl
Website: Magiczny Kraków

WHO domains: transportation

AENEAS

European project within the Intelligent Energy Europe (IEE) program. "Achieving energy-efficient mobility in an aging society." In principle, the project had become the basis of reference for other international projects in the field of urban mobility of elderly people.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- The Menagement of Infrastructure and Transport

Geographic coverage / Approach: Inter-regional

Regions/Countries involved: Donostia-San Sebastián, Krakow, Munich, Odense, and Salzburg.

Topics: Intelligent Energy Europe Program.

Keywords: energy-efficient mobility in an aging society, and Urban mobility of elderly people.

Objectives and achievements: exchange of good practices among European cities in terms of energy-efficient mobility in an aging society by the so-called. "Good Practice Exchange Ring" (exchange of good practices) with the participation of 50 cities and organizations and using tools, such as training, workshops and manuals for implementation; Enabling the use of energy-efficient means of transport in five European cities by older people and encourage them to do so through concrete actions in the field of management, training, awareness raising and communication in the field of mobility.

Outcome:

Raise the awareness of the challenges of energy-efficient urban mobility in an aging society among interested partners in European cities; Enable key actors solution mentioned above problems using of successful, non-technological concept;

Core/Unique elements & Key success factors:

Energy-efficient urban mobility in an aging society.

Transferability and scaling up:

It was inter-regional project.

More information:

Contact: agnieszka.karon@um.krakow.pl

WHO domains: Social participation

Tourist movement in Krakow

Extension of the researches in the field of tourism in Krakow, on the analysis of Senior tourism

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- Department of Information, Tourism and promotion of the city

Geographic coverage: Local

Topics: Tourist movement in Krakow, Extension of the researches in the field of tourism in Krakow

on the analysis of tourism seniors, Support for other departments involved in actions for elderly

in the form of: organizing press conferences, disseminating information about their activities in daily news reports on pages Municipal Net Platform- "Magiczny Kraków" in city biweekly newspaper "Kraków.pl" and in the TV program Kraków.pl.

Keywords: Tourist movement in Krakow and support for other departments in elderly actions

Objectives and achievements: The study of tourism in Krakow each year, in particular highlighting the senior tourism.

Outcome:

Determine the number of travelers in elderly age.

Core/Unique elements:

Determine the amount of travelling seniors

More information:
Contact: agnieszka.karon@um.krakow.pl
Website: http://www.bip.krakow.pl/?sub_dok_id=58088

WHO domains: Community support & health services

Healthy Krakow 2013-2015

1.Vaccination program after 65 years old. 2.Program of prevention of obesity, type 2 diabetes, hypertension and atherosclerosis. 3. Healthy program in the field of prevention and detection of cardiovascular disease in a population of inhabitants of the province of Malopolska.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- Office for Health Protection

Geographic coverage: Regional

Regions involved: Małopolska

Topics: Vaccination program after 65 years old, Program of prevention of obesity, type 2 diabetes, hypertension and atherosclerosis, and Healthy program in the field of prevention and detection of cardiovascular disease in a population of inhabitants of the province of Malopolska.

Keywords: Vaccination program, obesity, diabetes, hypertension, atherosclerosis, and cardiovascular diseases.

Objectives and achievements: Every resident of Krakow can take advantage of free preventive testing. You can use include programs obesity, atherosclerosis, diabetes.

Partnerships: Public Authorities

Outcome:

All the time is realizing Municipal Health Program "Healthy Krakow 2013-2015". The residents can take the advantage of a variety of preventive testing. The program is still in action, at these time they do not have special information.

Evaluation:

This program may become the subject of huge interest among elderly. They could examine their health and make the necessary vaccinations and in a proper time, take care of their health- it can help very much.

Core/Unique elements:

Free health tests

Transferability and scaling up:

Project is implemented only in Krakow and for permanent residents of Krakow by Office for Health Protection.

More information:
Contact: agnieszka.karon@um.krakow.pl

SIforAGE

The primary objective of the project is strength the cooperation mechanisms and tools among stakeholders working in the field of active and healthy ageing.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- Department of Municipal Economy

Geographic coverage: Regional

Topics: Social innovation for active and healthy ageing

Keywords: active and healthy ageing, social innovation, and economic growth

Objectives and achievements: The primary objective of the project is to strength the cooperation mechanisms and tools among stakeholders working in the field of active and healthy aging (eg public administration, politicians, people working in university society) through research and innovative products for longer and better life. The aim of the project is also a change of attitude and way of thinking about the vision of the aging society toward aging healthy and active.

Timeline: November 2012 to December 2015

Core/Unique elements:

Social innovation for age friendly environments and economic growth

Transferability and scaling up:

It is european project.

More information:
http://www.siforage.eu/new.php?id=36
Contact: agnieszka.karon@um.krakow.pl

WHO domains: Communication & information

Statutory activities

Encourage to submit proposals for acquisition of municipal premises.

GENERAL OVERVIEW:

Name of the organisation: Municipality of Krakow- The management of Municipal Buildings in Krakow

Geographic coverage: Regional

Topics: Municipal premises

Keywords: municipal premises and premises for seniors

Objectives and achievements: Encourage to submit proposals for the acquisition of municipal premises with no-way the rental rate 5.60zł/m2 and to tender the lease of premises in the auction and bidding mode in order to obtain premises for activity for seniors (headquarters and statutory activities, organizing training courses, classes workshops for the elderly)

Outcome:

Association "Akademia Pełni życia im. Joanny Boehnert" which participated in the auction, will be organizing courses, trainings, workshops for seniors in one of the municipality premises.

Sustainabilty and Development:

The projest is still in action.

More information:
Contact: agnieszka.karon@um.krakow.pl

INITIATIVES IN SLOVENIA

WHO domains: Transportation

Kavalir

Three seasonal electric vehicles Kavalir are free-of-charge transport services for the elderly around the city center which is closed for the traffic. Kavalir 1 and Kavalir 2 are driving in the centre of Ljubljana from April until the end of October and in the period around November 1st they move to Žale graveyard area. Kavalir 3 has a regular route in the summer and in the winter it is partly on demand.

GENERAL OVERVIEW:

Name of the organisation: Ljubljana Public Transport

Geographic coverage: Local

Topics: Free-of-charge transport service

Keywords: Free-of charge transport, city center, and Ljubljana

Target Group: Specific age subgroup

Objectives and achievements: All those requiring transport in the pedestrian zone of the old city centre, which is no longer served by the buses of the Ljubljana public transport company, were provided free-of-charge transport services by three seasonal electric vehicles Kavalir.

Outcome:

3 free-on-charge Kavalirs

Social Impact:

Kavalir could be used by anyone who walks with difficulty.

Evaluation:

- report about the number of users who use electric vehicles Kavalir per year,
- report about the user`s satisfaction

Core elements & Key success factors:

Free transport for the elderly around the city center in the podestrian area

Sustainabilty and Development:

One of the goals in the Action Plan Age-friendly Ljubljana is also to ensure free transport for the elderly around the city center, which is closed for the traffic, with electric vehicles like Kavalir.

Transferability and scaling up:

Kavalir is an example of good practise which effectively contributes to the quality of life of all.

More information:
Contact: ozsv@ljubljana.si
Website: Ljubljana Public Transport

Domains of the WHO: Housing, Transportation, Outdoor spaces and buildings, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services.

Strategy for the development of Social Care in the City of Ljubljana for the period from 2013 to 2020

City of
Ljubljana

On 13th May 2013 the City council of Ljubljana adopted the Strategy. In Strategy various programs and services for specific target groups, among them also programs for the elderly, are presented. The Strategy also defined specific objectives, measures and indicators for different target group.

GENERAL OVERVIEW:

Name of the organisation: The City of Ljubljana

Geographic coverage: Local

Topics: Strategy for the development of Social care

Keywords: Strategy, Social care, and different target groups

Target Group: Specific age subgroup

Objectives and achievements: In Strategy (which was adopted by the City council of Ljubljana), the City of Ljubljana has committed to continue to regularly carry out all legislative activities for the elderly (e.g. (supplementary) payments for institutional care, provision of family assistance at home and subsidization of this service, provision of primarly health care) and also extensive support and through public tenders co-finance many other activities, programs and projects, which are carried out by NGOs and public institutes (e.g. support and assistance for the more independent life, various forms of education).

Involvement of older citizens in the initiative: focus group and research findings

Partnerships: Ngo's/Civil Society Organisations

Outcome:

- various programs for elderly
- informational material
- broshure

Social Impact:

In Strategy the City of Ljubljana has committed to continue to regularly carry out all legislative activities for the elderly and also extensive support and through public tenders co-finance many other activities, programs and projects, which are carried out by NGOs and public institutes.

Evaluation:

Regulary two-years reports on the activities will be presented in the City Council. There are a various discussions about this issue at the Council for Senior Citizens (the Mayor's consulting body) meetings. Members of the council also prepare some initiatives. NGOs have to prepare reports about implementation of the co-financing program.

Core/Unique elements:

Better quality of life (various programs for the elderly)

Key success factors:

- good cooperation with NGOs
- involvement of the old people (Citizens, Council for Senior Citizens, NGOs) in the preperation, implementation and monitoring

Sustainabilty and Development:

Cooperation with NGOs is very important. City of Ljubljana co-finance a number of various programs for the elderly in the areas of social assistance, health, education, culture and sports through public tenders, especially network of Day-care centers for the elderly. NGOs have to prepare reports about implementation of the co-financing program and they can also recommend new programs. Comments and recommendations of Citizens are very important.

Transferability and scaling up:

On one hand some age-friendly programs could be transferred to other countries, regions, but on the other hand they also wish to get some new ideas from other cities.

More information:
Contact: ozsv@ljubljana.si
Website: The City of Ljubljana

Domains of the WHO: Social participation, Respect and social inclusion, Civic participation and employment, and Communication and information.

Action Plan Age friendly Ljubljana for the period from 2013 to 2015

City of
Ljubljana

On 18th March 2013 the City council of Ljubljana adopted an Action Plan Age friendly Ljubljana for the period from 2013 to 2015. Action Plan was set up on the basis of different reports and focus group discussions. It contains 98 individual measures with 13 goals, which are arranged in 8 key areas, defined by the WHO.

GENERAL OVERVIEW:

Name of the organisation: The City of Ljubljana

Geographic coverage: Local

Topics: Action Plan Age friendly Ljubljana

Keywords: action plan, age friendly, WHO, and Ljubljana

Target Group: Specific age subgroup

Objectives and achievements: Action Plan contains 98 individual measures with 13 goals, which are arranged in 8 key areas, defined by the WHO. Measures are designed either as regular tasks (which are carried out as a legal obligation or as a basic activity) or as an individual project.

Involvement of older citizens in the initiative: research findings, the focus group, and recomendations of citizens.

Partnerships: Ngo's/Civil Society Organisations

Timeline: March 2013 to December 2015

Outcome:

- various programs for elderly
- informational material
- broshure

Social Impact:

In the Action Plan they prepared nearly 100 measures, which will be implemented – e.g. new outdoor sports areas for the elderly (trim, fitness, walking and bike trails), free transport for the elderly around the city center, cultural and educational events for the elderly prepared by the Ljubljana City Library: reading meetings, meetings with authors, creative writing workshops etc., dance nights every third Saturday of the month at the Ljubljana Castle, continuous computer literacy lecture for the elderly over the city quarters, etc.

Evaluation:

Monitoring of the individual measures of the action plan will be a task of implementation holders, which will annually report to the Department of Health and Social Care. Report on the activities will be presented in the City Council. There are a various discussions about this issue at the Council for Senior Citizens (the Mayor's consulting body) meetings . Members of the council also prepare some initiatives. NGOs have to prepare reports about implementation of the co-financing program.

Core/Unique elements:

Better quality of life (various programs for the elderly: computer literacy lecture; cultural, sport and educational events...)

Key success factors:

- involvement of the old people (Citizens, Council for Senior Citizens, NGOs) in the preperation, implementation and monitoring
- various programs for the elderly (some of them are free-of-charge)
- cooperation with NGOs

Sustainabilty and Development:

Cooperation with NGOs is very important. City of Ljubljana co-finance a number of various programs for the elderly in the areas of social assistance, health, education, culture and sports through public tenders, especially network of Day-care centers for the elderly. NGOs have to prepare reports about implementation of the co-financing program. In their reports also some problems were exposed. Comments and recommendations of Citizens are very important. New action plan will be set up on the basis of recommendations and reports.

Transferability and scaling up:

On one hand some age-friendly measures can be transferred to other countries, regions, but on the other hand they also wish to get some new ideas from other cities.

More information:
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Website: The City of Ljubljana

Transversal WHO domains: Solidarity between generations

Daily centres of activities for older people (DACs)

DCAs provide highly varied programmes with the possibility for older people of having daily social contacts. With support of the City of Ljubljana, the eighth such day-care centre was opened in 2013.

GENERAL OVERVIEW:

Name of the organisation: The City of Ljubljana

Action group: D4 Age-friendly environments

Geographic coverage / Approach: Local

Topics: Age friendly environment, and Daily centres of activities (DACs)

Keywords: social inclusion, social network, higher life quality, active ageing, lifelong learning, volunteering, and intergenerational cooperation.

Objectives and achievements:

- higher quality of older people's life
- to carry on living in their own home environments as long as possible
- obtaining reputation and self-respect
- transferring own knowledge to others
- volunteering

Involvement of older citizens in the initiative: surveys, focus groups, and Council for Senior Citizen-Related Issues in the City of Ljubljana

Partnerships: Ngo's/Civil Society Organisations

Timeline: 2005

Outcome:

Each one of the DACs is visited by 30 to 100 people per day (all of the DACs have up to 1500 members per year) and hosts 30 – 35 activities per week which are adapted to the needs and wants of the users. Most of DACs are open from the morning until late afternoon and one of them is devoted especially to hearing challenged and deaf. Among various activities that are offered by our DACs are board games, cooking lessons, foreign languages lessons, choir singing, different forms of physical exercise, yoga, dancing, computer classes, photography classes, art history, book debates, trips, visiting cultural events,... All of our DACs have full capacities and they expect to open more in the near future. The various activities and programmes offered by Ljubljana DACs are coordinated by volunteers and are free of charge or demand only a symbolic contribution from the participants.

Social Impact:

There are around 1500 users of 8 DCAs. DACs for the older people are demonstrating themselves to be ever more necessary and important, and they are receiving positive feedback from the general lay and expert public, both at home and abroad. DACs represent one of the more important contributions as they provide spaces where older people can socialise and engage in various activities that range from playing cards or chess to training for a marathon with other avid older people runners. They help with creation of circumstances that allow for the older people to stay at home and in their local environment for longer, contribute to the quality of life of the older people while building on the idea of social inclusion, active ageing and intergenerational solidarity as well as, last but not least, supplement family care and relieve family members.

Evaluation:

Regular reports, constant monitoring og the programmes, Evaluation of all programs in the field of social care, which are co-financed through public tenders of the City of Ljubljana was also carried out in 2011 by the City of Ljubljana.

Core/Unique elements:

- to create circumstances for the older people to stay active and at home for longer
- to provide conditions for active and healthy ageing

Key success factors:

- DACs are grown from the need of older people in urban environment
- the accessibility of DACs
- quality and extensive programmes of DACs

Sustainabilty and Development:

The City of Ljubljana regularly publishes public tenders for co-financing programmes and services that engage in maintenance or improvement of wellbeing of the older people in Ljubljana. Considerable amount of funds is therefore given to the non-governmental organizations (NGOs) that try to respond to their needs and wants by developing programmes and services specifically aimed at the older people. The field of social care covers programmes of daily activity centres (DACs) for the older people, programmes to promote intergenerational co-operation, self-help groups, a counselling office to improve older people accommodation and so on. In a relatively short period of time the DACs in Ljubljana have proven to be one of the well chosen approaches to engage the elderly either in mere socialising or in a range of activities that DACs offer. Due to their full capacities they expect to widespread the network of DCAs. Following a positive response they also plan to continue with the other projects they have on offer for Ljubljana older people while they are open to new ideas that would contribute to active life of Ljubljana older people. Success of all the described projects devoted to the older people in our view proves that active lifestyle and health do indeed mutually reinforce each other.

Transferability and scaling up:

The network of DACs in the City of Ljubljana is also one of our examples of good practice in the field of social care for the older people. With support of the City of Ljubljana, the eight such day-centre was opened in 2013. They are proud that this program is a very useful also recognized in other Slovenian municipalities and based on our good experience the practice began to spread to other cities. The City of Ljubljana expects to open even more DACs in the near future.

Funding:

DACs are co-financed through public tenders by the City of Ljubljana.

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Socio - Intergenerational Centre Celje

With every day workshops and lectures they ensure better social life and higher informal education for our users. They consult, inform, motivate,raise awareness, encourage and offer self-help groups for our users. They have the chance to talk about their life experiences and to listen someone else's experiences. They aim to create or to strengthen the bridge between young and old generation, which is in our opinion one of the foundation for creating age friendly environment.

GENERAL OVERVIEW:

Name of the organisation: Public institution Socio

Geographic coverage: Regional

Topics: Intergenerational cooperation

Keywords: Intergenerational learning, lecturing, raising awareness, and social inclusion

Objectives and achievements:

- to reach as many older people as they can to come to our centre and affiliate in the group
- transfer of knowledge and experiences between old and young generation
- enhancement of intergenerational affiliation, co-operation, solidarity and coexistence
- enlargement and enhancement of social network for users
- stimulation of healthy and active ageing

Partnerships: Ngo's/Civil Society Organisations

Timeline: June 2012

AFE initiative does not differ much from our primary initiative and as they said before they ensure better social life and higher informal education for our users. They consult,inform, motivate,raise awareness, encourage our users. They have the chance to talk about their life experiences and to listen someone else's experiences. They aim to create or to strengthen the bridge between young and old generation, which is in our opinion one of the foundation for creating age friendly environment.

Outcome:

- raising awerness of active aging
- more self-help groups (dementia, mental disorder, ...)
- motivational and inspirational workshops

Social Impact:

With our initiative they reached around 1500 people. They expect to reach more people in the future. Our activities are in the majority of cases designed for elderly.

Evaluation:

Evaluation is done by questionnaire that our users get, which shows higher levels of satisfaction, happiness or quality of life since they started to visit us. And other method is simple observation of increasing number of users and amount of time each user spend in the centre.

Core/Unique elements:

Our uniqueness is in stimulation of our users to become lectorers or leaders of art workshops in our centre. In this way they strenghten their self-confidence and they feel that they are useful again.

Key success factors:

Individual approach toward the user.

Sustainabilty and Development:

They aim to move our centre to city centre where more people could get to know about us more easily and join us. And they also wish for our centre to be larger in space so that they could carry out even more lectures, workshops and other activities.

Network synergy:

The contributions in AFE-INNOVNET project will give us a chance to see how other organizations work to ensure age friendly environment. They see a good chance to find out more ideas, to see good practices of others and to get some direction on how to improve our work.

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Domains of the WHO: Community support & health services

Social service

Social service is contained from assistance in domestic and other chores in the event of disability, ageing, illness, accidents and other cases where such assistance is necessary to include people in everyday life. It includes pedicure, hairdressing, general cleaning, escort, etc.

GENERAL OVERVIEW:

Name of the organisation: Institute for home care Ljubljana

Geographic coverage: Local

Topics: Social service

Keywords: Social care, social service, assistance, help at home, social network, and higher life quality

Objectives and achievements: The purpose of our work is therefore to ensure aid and quality life at user's home. To provide users with care that ensures them longer stay in home environment, preventing loneliness and relief of their relatives.

Timeline: April 2002

Outcome:

Provided service, pamphlet.

Social Impact:

In 2013 The Institute offered its social services around 200 residents of Ljubljana. It is form of support that can replace too-early institutional care and to enable older people to carry on living in their own home environments as long as possible.

Evaluation:

- With user they conclude written agreement (individual plan), which is monitored througout the year and vary according their needs.
- One of the most important body is the Council of users, where users can express their views.
- The complaints procedure is formalised every case is addressed individual.
- Professional council of Institute is composed from internal and external co-workers. They regulary monitor the work of Institute.

Core/Unique elements:

- to enable older people to carry on living in their own home environments as long as possible
- to contribute to their quality of life
- to postpone their need for institutional care

Key success factors:

- to enable older people to carry on living in their own home environments as long as possible

Sustainabilty and Development:

The purpose of our work is to ensure aid and quality life at user's home. To provide users with care that ensures them longer stay in home environment, preventing loneliness and relief of their relatives. The vision of the institute is to become a centre for elders, where various forms of assistance (both direct and indirect), information, advices, support and professional assistance for them and their families is offered at one place.

Transferability and scaling up:

Socia service is an example of a good practice that effectively contributes to the quality of life of all.

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Family Assistance at Home - FAH

FAH (public service - co-financed by local community in the amount of 80%) include every-day needs of users: assistance in daily tasks, household assistance and help in maintaining social contacts.

GENERAL OVERVIEW:

Name of the organisation: Institute for home care Ljubljana

Geographic coverage: Local

Topics: Family Assistance at Home

Keywords: Social care, social service, assistance, help at home, social network, and higher life quality

Target Group: Specific age subgroup

Objectives and achievements: The purpose of our work is therefore to ensure aid and quality life at user's home. To provide users with care that ensures them longer stay in home environment, preventing loneliness and relief of their relatives.

Partnerships: Public Authorities

Timeline: April 2002

FAH represents an important component of social services for the elderly that is co-financed by the City of Ljubljana. It builds on creation of appropriate circumstances for the elderly to remain at home and in their local environment and consists of help with maintenance of personal hygiene, household help and help with keeping up social contacts. It is primarily intended for those over 65 but also targets those who are chronically ill or disabled and live at home.

Outcome:

Provided service, pamphlet.

Social Impact:

In 2013 The Institute offered its FAH services around 1200 residents of Ljubljana. FAH is form of support that can replace too-early institutional care and to enable older people to carry on living in their own home environments as long as possible.

Evaluation:

- With user they conclude written agreement (individual plan), which is monitored througout the year and vary according their needs.
- One of the most important body is the Council of users, where users can express their views.
- The complaints procedure is formalised – every case is addressed individual.
- Professional council of Institute is composed from internal and external co-workers. They regulary monitor the work of Institute.

Core/Unique elements:

- to enable older people to carry on living in their own home environments as long as possible
- to contribute to their quality of life
- to postpone their need for institutional care

Key success factors:

- the City of Ljubljana's subsidy in the amount of 80% (the remaining 20% of the cost is only expected to be paid by the financially solvent users of the services)
- to enable older people to carry on living in their own home environments as long as possible

Sustainabilty and Development:

The purpose of our work is to ensure aid and quality life at user’s home. To provide users with care that ensures them longer stay in home environment, preventing loneliness and relief of their relatives. The vision of the institute is to become a centre for elders, where various forms of assistance (both direct and indirect), information, advices, support and professional assistance for them and their families is offered at one place.

Transferability and scaling up:

FAH service is an example of a good practice that effectively contributes to the quality of life of all.

Funding:

The Social Assistance Act determines that the local authorities finance FAH from their budgets to a minimum of 50% while the right-holders pay for the other half themselves. The City of Ljubljana decided to subsidise 76% of the total cost of these services which it raised to 80% in 2012. The remaining 20% of the cost is only expected to be paid by the financially solvent users of the services. The rest of the right-holders have their FAH services fully covered by the local authorities.

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INITIATIVES IN SPAIN

Domains of the WHO: Social participation // Transversal WHO domains: ICT/New technologies

Mapping age friendly environments for the elderly and for people with physical disabilities – Map-AFE

This project consists of using Geographic Information Systems (GIS) to map friendly and not so friendly environments. The process of building the map is a collaborative one in which senior citizens themselves "mark" the elements in their environment that are friendly or that need to be friendlier. This project aims at fostering the participation of seniors and the construction of more friendly cities by reporting the barriers this collectively faces.

GENERAL OVERVIEW:

Name of the organisation: University of Deusto

Action group: D4 Age-friendly environments

Geographic coverage: Regional

Regions: Biscay Province in the Basque Country

Topics: Mapping age friendly environments, participation of seniors

Keywords: maps, age friendly environments, participation

Objectives and achievements: (i) Raise awareness among public authorities and population at large, (ii) Build a decision support system to help public authorities, (ii) Be able to construct a routing platform to guide people through safe places.

Involvement of older citizens in the initiative: Seniors get to decide the environments they want to map. For that purpose they learn how to use an ICT platform via a smart phone or tablet.

Partnerships: citizens

The main objective of this project is to encourage seniors and other volunteers to contribute information about the barriers for the elderly and people with disabilities to the crowd-science platform OpenStreetMap. In order to fulfil that objective, they will use a service-learning approach. In that sense, students will approach NGO or disability organisation to learn how the life of this collectives is and understand what their main difficulties are in order to improve their empowerment. Then, the students will survey the city and complete (or update) the information in the platform. Finally, a report is made and delivered to the public authorities.

Outcome:

Thematic maps with the main difficulties for the targets groups.

Social Impact:

The social impact of this methodology is threefold: on one hand, they improve the visibility of the problems the target collectives have. This will contribute to improving the policy options and solutions related to this AFEs. On the other hand, the public authorities will have a good map in real time of the obstacles the target population face every day so they can make informed decisions. Finally, people with disabilities and challenged mobility will have a platform that can guide them safely throughout the city improving their personal autonomy and self-determination. The number of people reached by this project is uncertain but could be potentially all the population in the city/region.

Evaluation:

They have defined several KPI that they will measure:

- Number of citizens involved.
- Percentage of “points of interest” tagged with information about their barriers.
- Surface reviewed.
- Number of visits to the web page.

The data to measure these KPI will be collected directly from the database of the platform

Core/Unique elements:

The use of crowd-sourced science to involve as many seniors as possible and other volunteers

Key success factors:

Little funding required

Sustainabilty and Development:

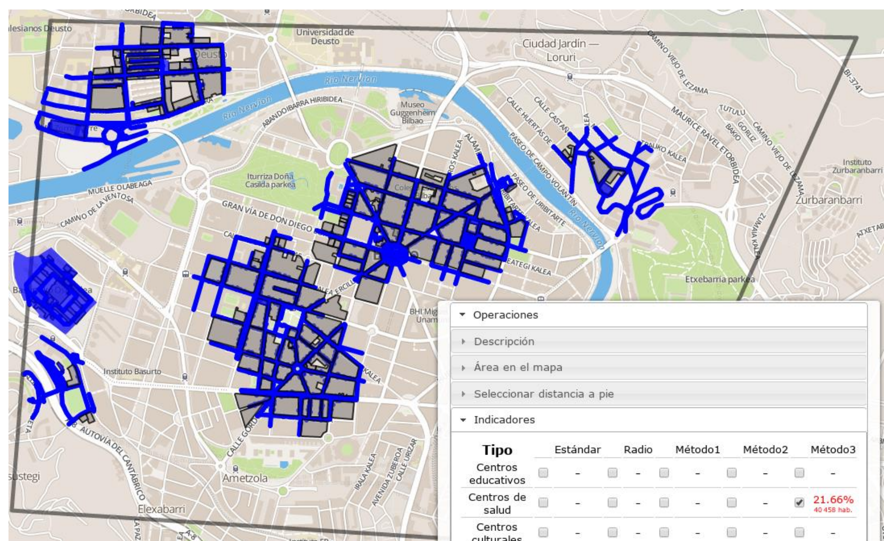
The more people involved the better. The main challenge will be to encourage volunteers to keep contributing to the project and to increase the number of volunteers in other places.

Network synergy:

Local governments, researchers, volunteers

Transferability and scaling up:

All the infrastructure is open source and the platforms are all already deployed and in use. The only requisite to transfer this initiative is involving the local community to improve the map.



Funding:

TBC

Budget: 30,000 euro

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Domains of the WHO: Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services // Transversal WHO domains: Solidarity between generations

Alzheimer: Tremplin intergénérationnel d'Insertion Sociale et Professionnelle: The Spanish implementation of the project

Training unemployed people to develop musical reminiscence and intergenerational activities with people with Alzheimer´s disease (AD).

GENERAL OVERVIEW:

Name of the organisation: Polibienestar Research Institute and Spanish Society of Social and Health Care

Action group: D4 Age-friendly environments

Geographic coverage: Inter-regional

Countries involved: Spain, France

Topics: Alzheimer and dementia friendly communities

Keywords: lifelong learning, social support networks, social tourism

Target Group: Older people with dementia, Informal Carers

Objectives and achievements: The implemented solution responds to the need presented through a specialized training course in AD addressed to potential formal caregivers. The project has three main goals:

• Keeping and reconstructing the social ties of people with AD

• Preventing social breakdown of people with AD and their informal caregivers

• Increasing the labour opportunities in the social and health care sector of people in labour exclusion risk through supplying them skills to provide appropriated care to people with AD.

This project offers an innovative solution because responds to both the need of trained formal caregivers and professionals to attend and provide services to AD patients at home and the increasing demand of skills that allowed unemployed to access to the labour market. Our project is also innovative because offers an integrated solution for three target groups. First, it is addressed to improve the quality of life of people with AD and keep and expand their social ties. Second, it tries to increase the social network and help the informal caregivers. Third, it provides skills to people in risk of labour exclusion for improving their opportunities of finding a job. In this way, our proposal

supports the Alzheimer's Disease care public policies sustainability providing specific trained caregivers on AD and promotes the access to the employment of vulnerable groups.

Involvement of older citizens in the initiative: The project consist on theoretical and practical training on recreational activities and care provision for people with AD, their families (informal caregivers) and their social network addressed to people in risk of labour and/or social exclusion that are professionals or potential professionals in the social and health care sector able to provide several daily services at home or community settings, like formal caregivers, musicians and social workers that develop recreational activities for elderly people. The course was distributed in 30 hours of theoretical training and 12 hours of practice in people with AD´s homes. The trainees who took part in the course were preferred with music abilities and received a theoretical training combined with role-playings and practical activities, which allowed them to observe good and bad practices related with communication skills and allowed the trainer to identify if any apprentice was not enough prepared to interact to people with AD. After the training, the students implemented the acquired knowledge with people with AD and their relatives, friends and neighbors (when it was possible) at home. The practical sessions were based on musical reminiscence and intergenerational activities. The Alzheimer patient and their network took part in the music selection to customize and adapt the sessions to each person. The music selected had an important both cultural and personal component and helped the people with AD to remember events which seemed forgotten and facilitated the intergenerational exchanges.

Partnerships: Public Authorities, Ngo's/Civil Society Organisations, Researchers, Citizens

Timeline: January 2011 to May 2014

This initiative was started during the execution of the Progress project "Alzheimer: Tremplin intergénérationnel d'Insertion Sociale et Professionnelle" (Reference: VS/2011/0162) funded by the DG Employment, Inclusion and Social Affairs of the European Commission. Under this project, four French organizations and two Spanish organizations were working together to test the social and health benefits of a training programme on AD to promote the social and labour inclusion of disadvantaged and increase the quality of care and life of people with AD and their families. The first stage consisted on undertaken deep analysis of the context situation of AD and the possibilities to successfully implement a training module on AD in the region were carried out. The results of this analysis provided the necessary information to design a theoretical and practical training module. The theoretical training module was elaborated by reviewing materials and scientific articles aimed to support people with AD and their informal caregivers. Moreover, meetings with local associations and administrations were organized to achieve a deep knowledge of the resources available at local and regional level for people with AD and their caregivers.

Outcome:

The training module developed by the Spanish Society of Social and Health Care together with the Polibienestar Research Institute included five theoretical training seminars of five hours (a total of 25 theoretical training), practical training of 15 hours and visits to a day care centre for people with AD. The theoretical training seminars were designed to promote active learning and participation of trainees and included five thematic guides and the use of audio-visual learning tools, books and comics, role-playing and intergenerational activities. The training seminars deal with the following issues:

1.- Introduction to the gerontology. Under this theme it is studied the demographic changes in Europe and the challenges that this may produce, the social representation of elderly and the concept active ageing and its impact at different levels in our society.

2.- Introduction to the Alzheimer's disease. This theme includes information and training activities to understand how the memory works, the lesions produced by AD in the brain and the different types of dementia as well as information and discussion activities about the social impact of AD prevalence

and incidence in Europe. This seminar also tackles with the symptomatology and effects of the disease, the risk and protector factors, the diagnosis process and the different stages of the disease. Finally during this seminar is explained the pharmacological and non-pharmacological treatments used to respond to the needs of people with AD, reduce the effects of the disease, promote cognitive and physical activities and improve quality of life of people with AD and their informal caregivers.

3.- The informal care of Alzheimer's disease. This seminar provides to the trainees knowledge about the informal caregiver figure. It is presented the different psychological stages that informal caregivers may go through during the progression of the disease. This seminar emphasizes the importance of considering informal caregivers burden and the factors that influence its occurrence. Finally, it is reviewed and discussed the social and health care requirements that informal carers may need and how trainees could provide it through its profession.

4.- Social and health resources available to assist Alzheimer's disease. Under this seminar trainees receive information about the local, regional and online resources and technological devices available to address AD patients and their families' needs.

5.- Communication with people with Alzheimer's disease and basic home based care and therapies to implement at home and in community settings. The fifth seminar provides knowledge about the common difficulties that may arise when caring a person with AD. Altogether with recommendations related with diet, sleep disorders and personal hygiene, communication skills and best practices are presented as a relevant issue in this seminar. The trainees receive guidelines to apply orientation to reality and validation therapies. This seminar also focuses on how to develop activities with people with Alzheimer disease to increase their social participation as gardening, cooking and music activities. Regarding music activities, the seminar includes recommendations and exercises to develop them by creating synergies with the social network of the person with AD and other local organizations.

Once the materials for the seminars were concluded a first pilot of the training course started and last from April to May 2012, later on two more courses were organized in 2013. During the selection process and the development of seminars it was especially relevant the collaboration of City Councils in the region as well as ONGs and associations of relatives of people with dementia that provided information and relevant bibliography as well as spaces where the seminars take place. At the end of the theoretical training a visit to a day care centre was organized and afterwards the practical training with people with AD and their social network was scheduled. Based on a personalized conception of the practical training, for both the trainees and the people with AD, trainees conducted visits to people with AD living at home with their families. Trainees have dedicated an average fourteen hours to prepare and execute the visits in order to put in practice orientation to reality and validation therapy. Trainees have also interviewed friends and relatives to understand the vital background of the people with AD and have explored their music preferences to developed intergenerational music activities involving relatives, friends and neighbours.

Social Impact:

The main programme reached to the following number of participants:

- 13 people with AD
- 13 informal caregivers
- 60 trainees

The musical reminiscence sessions has had a positive effect on both the people with AD and their relatives (informal caregivers). This impact has been assessed through subjective assessments and standardised instruments to measure de cognitive impairment of people with AD and the increase of the social ties of people with AD and their caregivers, as well as the quantity and quality of the social support. On the other hand, the employability perception of the trainees has been also quantified.

Evaluation:

The assessment has been carried out by a qualitative method based on personal interviews with all the participants in the project and standardised instruments.

Core/Unique elements:

The first core element of the project is that provides theoretical and practical training to people in risk of labour and social inclusion that use their professional background to provide specialized care and services to families and care settings with people with AD. The project does not just involve trainees with a background in care provision but also professionals that work in other fields that may interact daily with AD people and that will constitute a local network of service providers to assist people with AD and their families. Therefore, training on AD for a wide range of professional can be a tool to:

1) improve the quality of care and services provided to AD patients and their families;

2) promote labour opportunities to people in risk of labour and social exclusion with different backgrounds;

3) create an AD friendly community where local companies can respond to the needs and facilitate the social inclusion of people with AD and their families;

4) foster a better understanding of the disease by the local community.

The second core element is the use of musical activities as a keystone of intergenerational activities. The region of Valencia has an extensive tradition of music culture and tradition currently reflected in the existence of more than 500 valencian traditional bands of music, 100 groups of “dolçainers i tabaleters” (a typical expression of the valencian music and 250 music schools with 60.000 students and 4.000 teachers. These groups of valencian musicians transfer the music culture from generation to generation and perform classical music, popular music and religious music in virtually all public events, whether festive, religious or civil. This fact implies that people in the region share a common musical culture in any age group and that here is a high percentage of the population that whether plays instruments whether have done it in the past. Therefore, music is a very relevant tool in the region to structure intergenerational activities and therapies based on cognitive stimulation through reminiscence of the musical memory.

Key success factors:

Training addressed to caregivers and relatives of people with dementia are considered a key element to improve the quality of care and reduce care burden. Our project has focused on offering this training though focusing not only in one target group, but in other collectives which could profit this initiative: people in labour exclusion risk. On the one hand, this project responds to the need of finding alternatives to supply the lack of public resources to attend people with AD and their relatives. They often face to formal caregivers that don’t have the appropriate knowledge and are not trained in the specific need of a person with this disease. On the other hand, this proposal aims to provide skills that may give new horizons to vulnerable people and lead unemployed people to alternative occupational sectors, improving their opportunities of finding a job. In this way, people with AD and their caregivers receive the services offered by the trainees, that are not available in the public sector, and the latest increase their possibilities to find a job.

Sustainabilty and Development:

The project is looking for funding to set up a permanent seminar on training that could reach a higher number of participants during at least 3 times per year and also through online training to reduce the costs of implementation.

Network synergy:

The project has generated synergies among public administrations, associations, NGO's and local community. This has been reported as very positive aspect by the participants and has generated a feeling of community and commitment to work for achieving an AD friendly environment. In the future the participants are working to increase the number of organizations participating in the project to increase its impact among the regional community.

Transferability and scaling up:

From our point of view, this successful project could be the start point to several initiatives and projects at European and world level. The theoretical training seminars, except of the fourth seminar "Social and health resources available to assist Alzheimer's disease", are directly transferable with just minor adjustments to other European and American countries as they collect universal facts regarding the Alzheimer's disease. The transferability to other regions may need a specific adaptation due to strong differences on cultural and familiar structures. The transferability to European and American countries would just required to analyse the local organizations that can be involved in the project and the resources available in each social and geographical context in order to design practical training and intergenerational activities adapted to them.

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Domains of the WHO: Housing

Grants for the basic functional adaptation of the dwellings, supporting the Andalusia Families.

The Government of Andalusia approved the Decree 137/2002 of supporting to the Andalusia Families. Between the measures referred, the article 29, regulates home basic functional adaptation, when it is the permanent and habitual residence of elderly, disable and dependent people. Because of that, the Regional Ministry of Public Work and Transport, has develop the grant for this measure, establishing the process and mechanism to make this grants effective. This is an innovative practice as one of the elements of the Andalusia Strategy of Elderly People, which has been nominated as reference site with three stars, last year by the EIP on AHA.

GENERAL OVERVIEW:

Name of the organisation: Regional Ministry of Equality, Health and Social Policies (Government of Andalusia)

Action group: D4 Age-friendly environments

Geographic coverage: ***Regional***

Topics: Grants for the functional basic adaptation of dwellings for elderly and disable and dependent people.

Keywords: home, functional adaptation, elderly, disable and dependent people, and Andalusia Strategy.

Objectives and achievements: The objective is the regulation of basis and call of the grants, aimed to assume the costs of the home adaptation or technical assistance for the security and basically functional adaptation of the dwellings that are habitual and permanent residence of people over 65 years old, disable and dependent people. The applicants have to meet two requirements: Have the Card Andalucia-Junta 65, or have a level of disability about 40% or more, or be dependent people in level I or II, and have their permanent and habitual residence in Andalusia.

Partnerships: Public Authorities

Timeline: September 2013

Outcome:

The grants are focused to the following interventions: - To improve the security and adaptation of the wiring to the current law and to the functional needs of the applicant. - Adaptation of the lighting switched in the bedroom or other part of the dwelling that will be needed for the applicant. - To improve the security and adaptaction of the gas installation to current law and the functional needs of the applicant, as well as the elements for the easy and safety manipulation. - Adecuacy of the door width. - Bathroom adaptation: slip floor, supports and handless, toilets and faucets. - Placement of handrails in hallways. - Others of similar nature.

Social Impact:

It allows elderly, dependent and disable people to be more autonomous, with an evident social impact in: familiar impact, economical impact saving money, the family itself and the public services also, psychological impact, making this applicants feel better without the need of someone helping them, etc..

Evaluation:

This measure is included in the Planning of Housing and Land 2008-2012. It would probably be a Planning evaluation, but they don't have this information at the moment. Neverthless, if it is required, it would be presented at a later stage.

Core/Unique elements:

Basic functional adaption for dwellings with the following requirements:

- To have the Card Andalucía-Junta 65, or a level of disability about the 40% or more, or be dependent people in level I or II.
- That the income of the applicant familiar unit does not be over 2,5 times the Public Income Indicator.
- To have the dwelling as the permanent and habitual residence.

Key success factors:

- Support families with low incomes in the adaptation of the dwelling to their needs.
- Allow elderly, disable and dependent people to life more autonomous.

- Save public and private money avoiding falls, allowing the better movement inside the dwelling, which may reduce the public health costs.

Sustainabilty and Development:

Since the Government of Andalusia approved the Decree 137/2002 of supporting to the Andalusia Families, it has been created the grants of the home functional and basic adaptation that regularly allow elderly, disable and dependent people, have a support in the adaption of their dwellings. The last has been granted in March 2014. At a first stage the grants were focus to elderly people, but in subsecuent legal changes, it has been introduce for disable, and dependent people, as it has been said above.

Transferability and scaling up:

It is a measure that could be easily transfered, that provide high benefits for the focus group, and for the healthy and social services also.

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Domains of the WHO: Housing // Transversal WHO domains: ICT/New technologies

Smart House Living Lab

The Smart House Living Lab initiative aim is the research and development in the Ambient Intelligence context of technology and services to prevent, care and promote the health and welfare of people, support for social inclusion and the independent living of fragile and dependent groups, in all stages of the value chain: training, experimental research, technological development and technology transfer.

GENERAL OVERVIEW:

Name of the organisation: Universidad Politecnica de Madrid

Action group: D4 Age-friendly environments

Geographic coverage: Local

Topics: Chronic conditions and Self-management of daily life activities

Keywords: social inclusion, independent living, friendly environment, AAL technology, active and healthy ageing, and older people

Objectives and achievements: The Smart House Living Lab infrastructure is a real accessible house for elderly and disabled users equipped with the usual services of a conventional house where different ICT technologies (sensors and actuators) are distributed extensively in the living lab technical areas such as ceilings and walls, remaining invisible to users. This Smart House Living Lab has a control and observation area, which allows monitoring the use of services and applications in a non-intrusive way. There is also a specific room with a virtual reality infrastructure that allows virtual training and rapid prototyping of new services.

Partnerships: Company

Timeline: March 2010

The Smart House Living Lab initiative is both to develop new applications, services and applications based on the massive use of technology distributed under the ambient intelligence paradigm, and to test and evaluate the quality in use of third-party applications and services that require an user friendly environment with high connectivity and interoperability, and experience in design methodologies and user-centered evaluation. The main services that the Smart House Living Lab initiative provides are the following: - Intensive evaluations of Ambient Intelligence applications and services. Definition of indicators for assessment of both technological and user experience to obtain pre-prototype industrial completely validated by users, and thus close to being exploited and installed in real environments. - Systematic study of the needs of target users of applications and services: the elderly, people with disabilities and people with cognitive dependence and people who suffer chronic diseases. - Development of technological solutions available to specific needs-related care of health care and social services at home for elderly citizens (security, entertainment, social interaction, communications, information). Generation and analysis of new paradigms of human-machine interaction.

Outcome:

The following outcomes are expected: - AAL service developments. A health manager service that supports the management of chronic diseases allowing the user to realize and control the monitoring of his/her vital signals. Additionally, doctor can interact with the patient, control his/her progress. The relatives can receive information about the patient’s progress and his/her appointments. This service pays special attention to the adaptation of the medical protocol to each patient’s behavior. - Publications on the developments of AAL ICT services (one or two journal publications per year) .- Participation of +50 users per year in the initiative developments.

Social Impact:

Each year more than 50 users participate in the initiative, thanks to that, different AAL services are evaluated every year. The improvement of the ALL services, helps to achieve a age-friendly environment.

Evaluation:

Formal evaluations are taking place to assess the developments on AAL services.

Core/Unique elements:

Design, development and evaluation of new services and ICT products through an elderly user centered vision. Elderly users' participation in the whole process, from the concept ideas to the iterative evaluation process. Research and development of ICT services for the support of the independent living of elderly users and users with disabilities.

Key success factors:

- There is at least one journal publication per year.
- Participation of +50 users per year in the initiative developments.

Sustainabilty and Development:

Through private and public funding on research, using the initiative as a research infrastructure for developing and evaluating prototypes in the field of ICT and accessibility.

Transferability and scaling up:

The challenge that our good practice could help to resolve is the establishment of a methodology for the involvement of elderly users in the development of AAL services and goods.

Copyright: LifeSupportingTechnolpgies

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Domains of the WHO: Housing // Transversal WHO domains: ICT/New technologies

Smart technologies for self-service to seniors in social housing - HOST

"Smart technologies for self-service to seniors in social housing" – HOST – is a AAL funded project (AAL-2010-3-041) aimed to provide easy-to-use technologies and services in social housing flats to allow better quality of communication and a better access to package services for the elders.

GENERAL OVERVIEW:

Name of the organisation: Polibienestar Research Institute - University of Valencia

Action group: C2 Independent living

Geographic coverage: Inter-regional

Regions/Countries involved: France (Lyon), Italy (Borgaro, Orbassano, Lizzanello and Rome) and the United Kingdom (Nottingham)

Topics: Independent living, ambient assisted living, ICTs, and social housing

Keywords: Social housing, ICTs, independent living, and social inclusion

Target Group: Informal Carers and o.

Objectives and achievements:

- To allow a longer stay of elders in their houses.
- To allow a more independent and active life at home.
- To improve the communication between older people and their circle of support: family, informal caregivers, friends, etc.
- To reinforce social inclusion, especially into 'digital society'.
- To improve efficiency in the provision of services.

Involvement of older citizens in the initiative: In this initiative the involvement of older people it is very important and a key aspect as it facilitates to develop ICT products and resources based on usual and daily needs of their recipients. Moreover, involving end-users in the projects originates other effects as:

- It helps to create a human centred technology.
- It prepares the users as future users.
- It helps the managers of the projects to adjust strategies and technologies.
- It enables the projects to develop market strategies and to understand the needs of the real users. So, during all the life of HOST project, elders have been closely involved in different steps and tasks:
- Requirement test and in the validation of the system.
- Co-design process.
- Evaluation.

- Dissemination activities – as attendance of users at the Final International Conference organized in Brussels on March 2014.

Partnerships: Company, SMEs, Researchers, Citizens, and Others

Timeline: May 2011 to April 2014

"Smart technologies for self-service to seniors in social housing" – HOST – is a transnational project funded under the Ambient Assisted Living Joint Programme (AAL JP) of the European Commission (AAL-2010-3-041), which develops a digital infrastructure of the social housing operators and a gateway to their services providing to older people and their families user-friendly technologies and services. In this sense, HOST projects aims to provide easy-to-use technologies and services in social housing flats to allow better quality of communication and a better access to package services for the elders. Thus, HOST product is an ICTs characterized by specific equipment that enable easy relations of elders with their family, service providers and housing operators (www.host-aal.eu). HOST product offers easy-to-use technologies and services in housing. There are different devices available: in France it is a Tablet PC, in Italy Tablet PC and Smartphone and in United Kingdom a plain ordinary TV. The package of services offered can be divided into four main categories: a) house management; b) direct relation to local "circle of support"; c) house maintenance; and d) access to simplified e-commerce services.

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Website: HOST project

INITIATIVES IN SWEDEN

Domains of the WHO: Social participation // Transversal WHO domains: ICT/New technologies

iPad café

Today a lot of information is spread and communication is done through the Internet, replacing other channels of communication. For those who do not have access or know how to use the Internet, this can lead to exclusion. The iPad café is for people aged between 65 and 95 years old, wanting to learn and become familiar with new technologies. The iPad café is one of the most popular activities at Aktivitetshuset Tuben, a meeting place for seniors in the neighbourhood area. The content of each iPad café is based upon the participants' wishes and needs. Visitors often express curiosity, wanting to keep up with the development. Questions may involve: - Curiosity about the new technology as an iPad represents - If I want to buy something – what should I buy? - How do I use my iPad (for visitors who have bought an iPad and need to start and know what to do with it)? The organization has eight iPads for the visitors to borrow, in case they do not have their own, which many do. Three employees hold the iPad café and together with the participants they help each other understand and get around in the digital world.

GENERAL OVERVIEW:

Name of the organisation: Aktivitetshuset Tuben, City of Stockholm

Geographic coverage: Local

Topics: ICT, social inclusion

Keywords: ICT, social inclusion

Target Group: Older people living in rural areas, Informal Carers, Specific age subgroup, and Others.

Objectives and achievements: The objective is to reduce seniors' fear of technology and to raise curiosity and interest, while enabling seniors to take part of the information and other functions available through the Internet.

Involvement of older citizens in the initiative: There is a continuous dialogue between the participating seniors and the staff arranging the iPad café. In the beginning of each gathering, the seniors are asked what they wish to be addressed.

Each iPad café begins with a review of the basic functions, how to start an iPad, how a touchscreen works and so on. After that there is a question round; what do you want to know more about? The answers can be anything from, how do I borrow E-books? How does Facebook and Apple id work? The staff and the seniors help each other to finding the answers – it is a joint learning. Each iPad café ends with tips and advices, for example regarding how websites such as Price Runner, My Care Contacts and Seniors' Choice work.

Outcome:

The iPad café lead by staff is hold on a weekly basis in addition to a weekly gathering where the seniors are able to borrow an iPad and learn on their own. This often results in more seniors becoming interested in the iPad café – seeing another senior using an iPad leads to newcomers thinking “if you can do it, maybe I can too”. Another outcome is that while helping each other, seniors make new contacts, breaking isolation. Also, by being able to use this technology, seniors are able to take part of all sorts of information and staying in contact with e.g. remote relatives.

Social Impact:

There are today several meeting points in the City of Stockholm arranging iPad cafés and the concept is still spreading. The iPad cafés are open to everyone aged 65+ and there is no required registration in order to participate. There have been up to 70 seniors visiting at a time, but there wasn't enough resources in terms of staff and iPads to meet their needs. Nowadays there is usually about ten seniors participating in each iPad café but due to the great interest there are plans on expanding the ipad café.

Evaluation:

An evaluation made in December 2013 showed that:

- 11 out of 42 seniors rated the iPad café as "very good"
- 6 out of 42 seniors rated the iPad café as "good"
- 1 out of 42 seniors rated the iPad café as “bad” and
- 24 out of 42 seniors rated the iPad café as "don't know"/blank.

Core/Unique elements:

It is a simple concept which is in line with the current societal trend where more and more gets digitalized.

Key success factors:

The content follows the seniors requests and is deliberately kept on a very basal level where even the staff is "laymen" in this field. Everybody learn together and help each other, which makes seniors feel useful. It is also important that the meeting point is accessible and centrally located – today the Aktivitetshuset Tuben is localized right in the center of Farsta City District whereas when it was localized only a few hundred meters away, significantly fewer seniors visited. Another important success factor is staff continuity, making the seniors feel safe and comfortable. The content follows seniors requests. Participation, employees are not IT professionals, but seeking knowledge together

Sustainabilty and Development:

For this activity to continue, it is important to have the approval of the politicians. Another necessity is for this activity to be included in the budget, even though the costs are relatively low.

Transferability and scaling up:

Three elements are needed: a place to meet, iPads and someone arranging the meeting/iPad café. They have seen that through continuity, as the activity gets known, more and more seniors want to participate.

Marie Khoury, City of Stockholm

Budget: There is a one-time cost of 450 € and thereafter a monthly cost of 3 € per iPad device.

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INITIATIVES IN THE NETHERLANDS

Domains of the WHO: Housing, Transportation, Outdoor spaces and buildings, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services // Transversal WHO domains: ICT/New technologies and Solidarity between generations

Technology Centre Almere

The ambition of the technology centre almere is to stimulate and support the development of technology within the healthcare sector. In the technology centre almere business, governments, healthcare and science institutions work together in projects based on the present needs in healthcare.

GENERAL OVERVIEW:

Name of the organisation: cinnovate technology centre almere

Geographic coverage: National

Topics: Healthcare technology, Independent living, and life sciences

Keywords: Healthcare technology, independent living, and life sciences

Target Group: Older people with dementia, Older people living in rural areas, Informal Carers, and Specific age subgroup

Objectives and achievements: Stimulating and supporting the development of Healthcare technology enabling disabled or elderly people to live as independent en self-supporting as possible.

Involvement of older citizens in the initiative: In living labs.

Partnerships: Public Authorities, Ngo's/Civil Society Organisations, Company, SMEs, and Researchers

Timeline: January 2014

Outcome:

Real products and technology. A change in the way organisations work together within the healthcare sector.

Social Impact:

More access to cheaper technology improving independence and self-reliance for all elderly and disabled people in the Netherlands.

Evaluation:

All projects are being done in corporation with universities. The results will be published.

Core/Unique elements:

Corporation between all the key players in Healthcare. Technology development based on the real needs within the healthcare sector. Working with business cases and valorisation.

Key success factors:

Corporation between all the key players in Healthcare. Technology development based on the real needs within the healthcare sector. Working with business cases and valorisation.

Sustainabilty and Development:

Combining research with business cases makes it possible for universities and companies to work together.

Transferability and scaling up:

They can support 6 project groups within the Technology Centre Almere. Gaining more corporation partners makes it possible to increase the number of projects.

More information:
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Website: technology centre almere

ANNEX I

Template used in the collection of good practices:

NAME OF THE INITIATIVE	
CONTACT (please indicate the contact email)	
WEBSITE	
APPROACH (is the initiative implemented at: local, regional, inter-regional, national or international level?)	
REGIONS/COUNTRIES INVOLVED (please indicate the region and country of the entities involved)	
TARGET GROUP (please indicate the target group/s that you are addressing, e.g. older people with dementia, older people living in rural areas, informal carers, specific age subgroup, etc. As far as you know, are the needs of this/ these target groups already being addressed by other initiatives in your town/ region/ country?)	
OBJECTIVES AND ACHIEVEMENTS (please describe in a few lines the main objectives of your initiative)	
INVOLVEMENT OF OLDER CITIZENS IN THE INITIATIVE (please indicate how you involved your target group in the planning of your initiative, in case, for example: surveys, focus groups, workshops, competitions, etc.)	
PARTNERSHIPS (please indicate what kinds of stakeholders are involved in the initiative: public authorities, NGOs/civil society organisations, companies, incl. SMEs, researchers, citizens, etc.)	
TIMELINE (please indicate when your initiative started and its duration)	
BRIEF DESCRIPTION (please describe in no more than 500 words your AFE initiative)	
OUTCOMES (if possible, please indicate the outcomes of your initiative, e.g. provided services, trainings, information material, etc.)	
SOCIAL IMPACT (if possible, could you please assess the number of persons you reach(ed) with your initiative? How does your initiative contribute to the achievement of an age-friendly environment? How do older people benefit from your initiative? Max. 300 words)	
DOMAINS OF THE WHO (please describe the most relevant of the eight domains of age-friendliness, as identified by the World Health Organization (WHO), your initiative includes in 500 words or less[1]) Domains of the WHO:	

[1] http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

- Housing - Transportation - Outdoor spaces and buildings - Social participation - Respect and social inclusion - Civic participation and employment - Communication and information - Community support and health services Transversal domains: - ICT/New technologies - Solidarity between generations	
EVALUATION (please indicate how you have evaluated the impact in no more than 300 words)	
TRANSFERABILITY AND SCALING UP (please describe in no more than 300 words how your initiative could be transferred or scaled up)	
BUDGET (if possible, please indicate the approximate budget of the different stages of your initiative)	
FUNDING (please indicate if you have received funding for your initiative and what kind. In this case, did the funding you received help you: - To consult the target group on their unmet needs - To develop a new service/ product - To assess the social impact of your initiative - To scale up your initiative - …)	