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Analysis of the repository good practices

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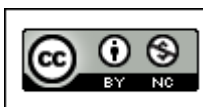
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INDEX

Repository before the encouraging activities made during June and July 2015.....	5
Repository after the encouraging activities made during June and July 2015	9
Conclusions & Recommendations.....	14
ANNEX I	16
ANNEX II	19
ANNEX III	25

FIGURES

Figure 1: Countries of the initiatives submitted in the repository until June 2015.	5
Figure 2: Approach of the initiatives submitted in the repository until June 2015.	5
Figure 3: Status of the initiatives submitted in the repository until June 2015.....	6
Figure 4: Main objectives of the initiatives submitted in the repository until June 2015.	7
Figure 5: People reached and target of the initiatives submitted in the repository until June 2015.	7
Figure 6: Data collection of the initiatives submitted in the repository until June 2015.....	8
Figure 7: Countries of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	9
Figure 8: Approach of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	10
Figure 9: Status of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	10
Figure 10: Main objectives of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	11
Figure 11: People reached and target of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	12
Figure 12: Data collection of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	13

TABLES

Table 1: Type and budget of the initiatives submitted in the repository until June 2015.....	6
Table 2: Entities that execute the AFE initiatives included in the repository until June 2015.....	7
Table 3: Variation of the initiatives per country	9
Table 4: Type and budget of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.	11
Table 5: Entities that execute the AFE initiatives included in the repository after the encouraging activities performed in June – July 2015.	12

INTRODUCTION

According to the WHO¹, the physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Thus, 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 active in the labour market, lower the pressure on traditional care and assistance, and boost the economy through demand for innovative solutions². 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 AFE were collected during March and April 2014 and published in the Deliverable **D.4.1 First Stocktaking report on AFE initiatives within EIP AHA**³. A total of 36 initiatives were presented in this deliverable from 12 countries dealing with different WHO domains. These report provided an added value to the booklet⁴ published inside the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) as the initiatives contained within this first stocktaking included 22 newly collected initiatives and 14 initiatives coming from the EIP AHA, concretely, from: the B3 Integrated Care group (3), the C2 Independent Living group (1) and the D4 Age-friendly Environments group (5 included in the booklet and 5 not included in the booklet).

As part of the project, a second phase of stocktaking has been developed during the second year of the project, concretely, during June and July 2015. For this updated version of the deliverable, partners had followed the recommendation of the project reviewers made in the report “Result of the first annual review of your CIP/ICT-PSP project 620978 AFE-INNOVNET” in order to make it simpler and easier to use. As all the initiatives will be available in the AFE-INNOVNET online repository (<http://afeinnovnet.eu/repository>), the D.4.4 does not present the description of the initiatives collected, but an interpretative analysis about them: countries, WHO domains, approach, targets, socio-economic impact, etc. As agreed with the Officer in charge on the project, the **D.4.4 Updated stocktaking report on AFE initiatives implemented within the EIP AHA: EIP AHA D4, other AG and other spheres** focuses on replacing the “offline stocktaking” with the functionality of the repository and analysis of its content. Following these guidelines, partners involved in the WP4, the coordinator of the AFE-INNOVNET project and the Officer agreed in the following activities:

- To develop a guide on how to use the repository;
- To encourage partners to update their information in the repository;
- To encourage Local and Regional Authorities (LRAs) to add additional in order to reflect the work done in the EIP AHA and other spheres; and
- To analyse the good practices submitted (number, WHO domains, etc.)

¹ World Health Organisation. (2007). Global Age-friendly Cities: a Guide. France.

² Parent, A.S. (2012). Age friendly goods and services – an opportunity for social and economic development (Warsaw, 29-30 October 2012). Toward an age-friendly EU by 2020. Stakeholder paper AGE. Poland.

³ <http://afeinnovnet.eu/content/first-stocktaking-report-afe-initiatives-implemented-within-eip-aha-d4-and-other-action>

⁴ https://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/achievements_2013.pdf

As a result, partners have elaborated the following **three deliverables**:

1. A guide to make easier the submission of initiatives in the repository. It was developed by Polibienestar, TNO and AGE Platform and updated together with the repository for those who want to consult it⁵.
2. A second guide on how to use the repository for LRAs. It is being also developing by Polibienestar, TNO and AGE Platform, to explain the added value of using the repository and how. It will be available on the AFE-INNONET website.
3. This report that compares the information submitted in the repository before and after the following **encouraging activities**:
 - Encouraging partners to update their information in the repository (this is one of the activities agreed with the EC Officer). In this sense, Polibienestar has contacted directly with partners who had submitted an initiative in the repository but the information was uncompleted. A total of 25 initiatives were contacted in two mailing-rounds in order to ask for missing information and to provide complete figures of the initiatives included in the repository.
 - Encouraging LRAs to add additional initiatives in the AFE-INNOVNET online repository to reflect the work done in the EIP AHA and other spheres (this is also one of the activities agreed with the EC Officer). In this line, the following actions were developed by Polibienestar, Age Platform and CEMR:
 - Disseminating the repository in the workshops developed inside the AFE-INNOVNET project, concretely in the following workshops:
 - Workshop 3 “Independent Living, Housing, Domotics” in Udine (Italy) the 30 April -21 March 2015.
 - Workshop 4 “Promotion of Healthy Ageing: Built Environment and Technology” in Groningen (The Netherlands) the 10-11 June 2015.
 - Emailing to the AFE-INNOVNET TN members and to the consortium asking them to filling in the repository.
 - Posting the information in yammer (D4, B3, region network, etc.), in the market place of the EIP AHA (foro and project description updating), in the market place of the EIP on Smart Cities (foro and blog), and Twitter.
 - Including a short post in the EIP AHA June newsletter encouraging members to include their AFE initiatives in the repository.

Thus, this report **D.4.4 Updated stocktaking report on AFE initiatives implemented within the EIP AHA: EIP AHA D4, other AG and other spheres** presents an interpretative analysis about the initiatives included in the online repository before and after the encouraging activities described above that were developed during June and July 2015 (countries, WHO domains, approach, targets, socio-economic impact, etc.). In this sense, it is important to note that:

- A total of 48 items compose the questionnaire of the repository; LRAs should fullfill in to submit their initiatives in the online repository (28 items are compulsory).
- The items collect information about: the initiative’s background, its objectives, the target groups, its approach, its impact and outcomes.
- The repository also allows uploading any material that provides useful information about the initiative (brochure, leaflets, etc.).

In this report, authors analyse the most relevant items in order to provide a complete overview of the initiatives included in the repository. If the reader wants to consult the detailed information of

⁵ <http://afeinnovnet.eu/sites/default/files/Guidetosubmitgoodpractices.pdf>

any good practice submitted, that can be done by consulting it directly in the AFE-INNOVNET online repository: <http://afeinnovnet.eu/repository>

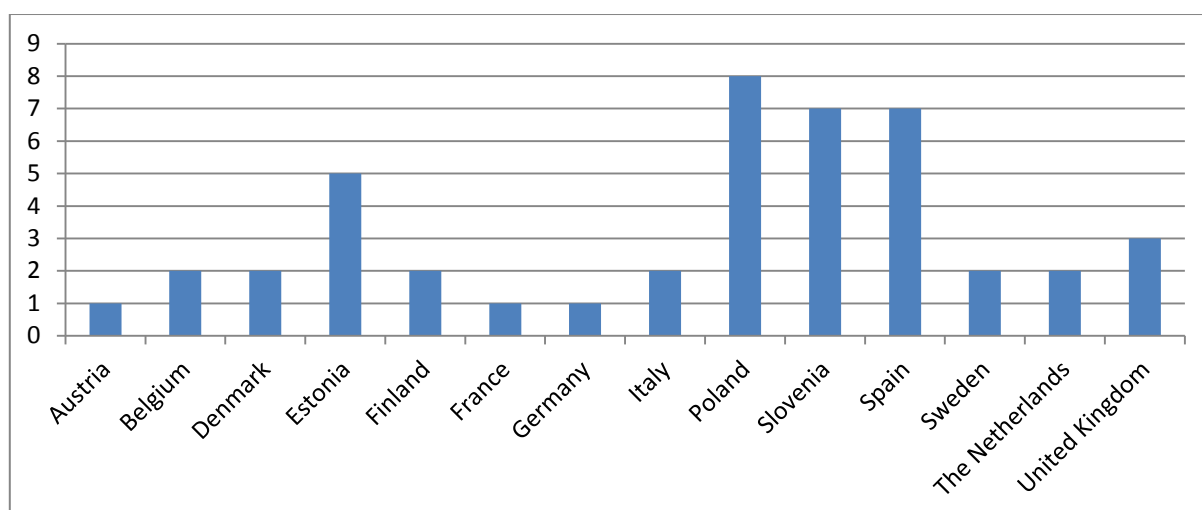
REPOSITORY BEFORE THE ENCOURAGING ACTIVITIES MADE DURING JUNE AND JULY 2015

At the beginning of June 2015, a total of 45 AFE initiatives were included in the repository (the complete list can be consulted in the ANNEX I). These initiatives had the following characteristics:

Country:

A total of 14 countries submitted their initiatives in the repository (Figure 1). Poland was the country that submitted more initiatives (8 in total) followed by Slovenia and Spain (both countries with 7 initiatives each).

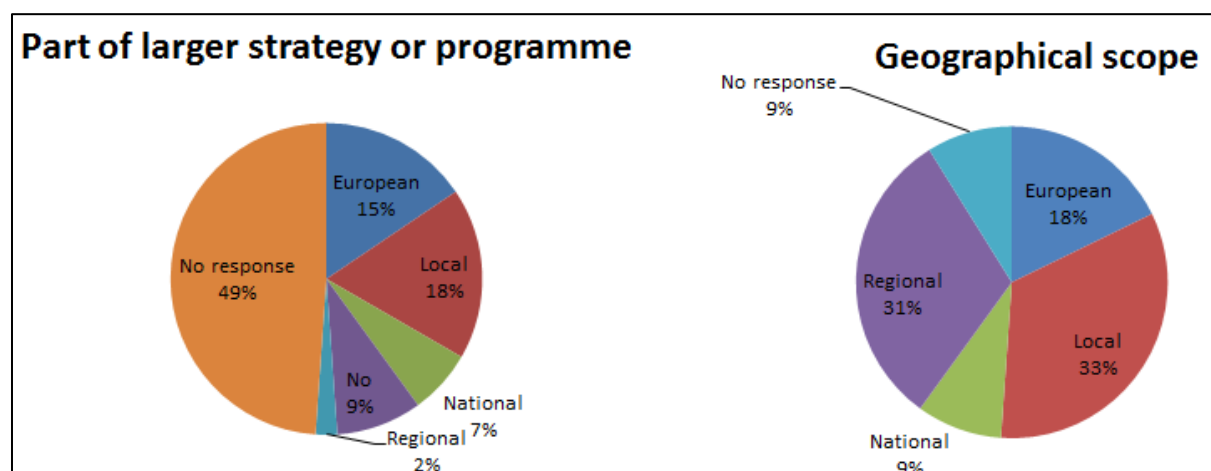
Figure 1: Countries of the initiatives submitted in the repository until June 2015.



Approach of the initiative:

Although the information about if the initiative is part of a larger strategy or programme is missing in nearly half of the initiatives, the 18% were part of a local strategy and 15% were part of a European strategy. From other side, the main initiatives submitted had a local scope (33.33%) and a regional scope (31.11%) as it is shown in the Figure 2.

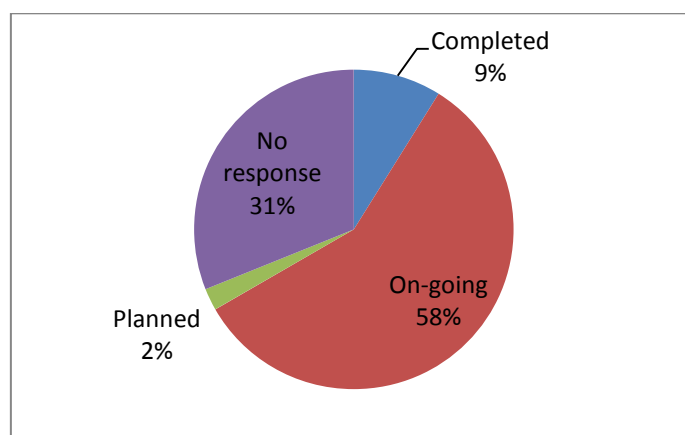
Figure 2: Approach of the initiatives submitted in the repository until June 2015.



Status:

The 58% of the initiatives were on-going and only the 9% were completed at the moment of its submission as is described in the figure 3.

Figure 3: Status of the initiatives submitted in the repository until June 2015.



Type and budget:

More than the 50% of the initiatives included did not offer information about the type of initiative (private, public or public-private partnership). From the remaining, the 28.89% were public initiatives. The budget distribution for each type evidences a great representation of initiatives with more than 1M€ as it is described in the following table (Table 1):

Table 1: Type and budget of the initiatives submitted in the repository until June 2015.

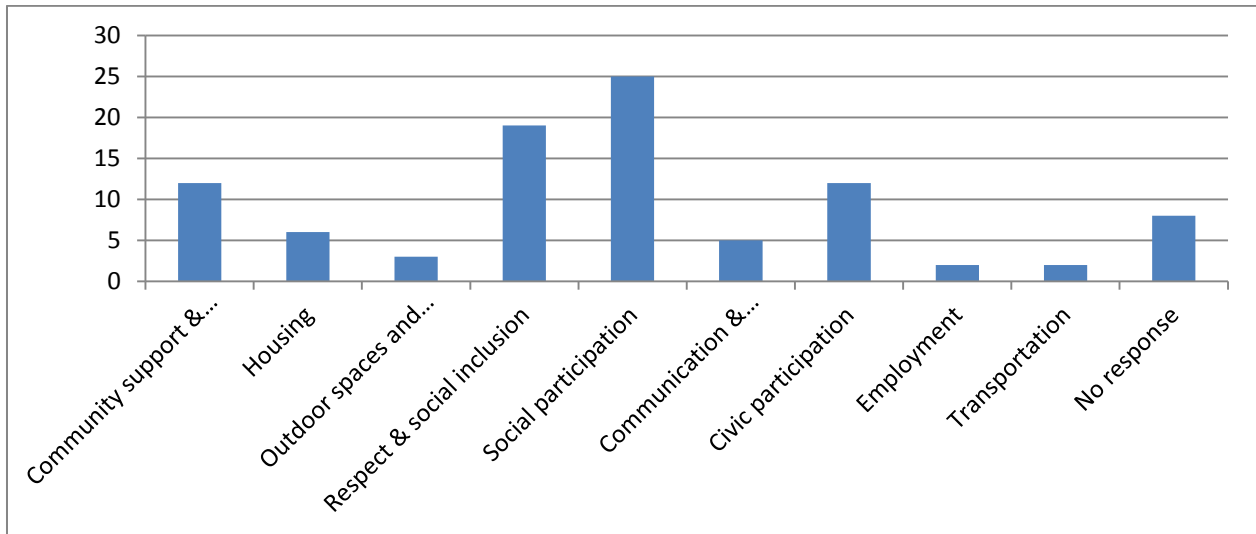
	€ 0-10.000	€ 10.000 - 50.000	€ 100.000 - 500.000	€ 500.000 - 1M	More than € 1 M	No response	TOTAL
Private	0	1	2	0	1	0	4
Public	7	1	1	1	3		13
Public-private-partnership	1	1	1	0	1		4
No response	1	1	2	0	6	14	24
TOTAL	9	4	6	1	11	14	45

Main Objectives:

Following the 8 WHO petals⁶, the initiatives included in the repository were mainly addressed to “Social Participation” (26.60%), “Respect and social inclusion” (20.21%), “Civic Participation” (12.77%), and “Community Support and Health Services” (12.77%) as it is shown in the figure 4. Initiatives were allowed to include up to 3 objectives per initiative and 10 initiatives selected the following three objectives: “Social Participation”, “Respect and social inclusion” and “Civic participation”.

⁶ World Health Organisation. (2007). Global Age-friendly Cities: a Guide. France.

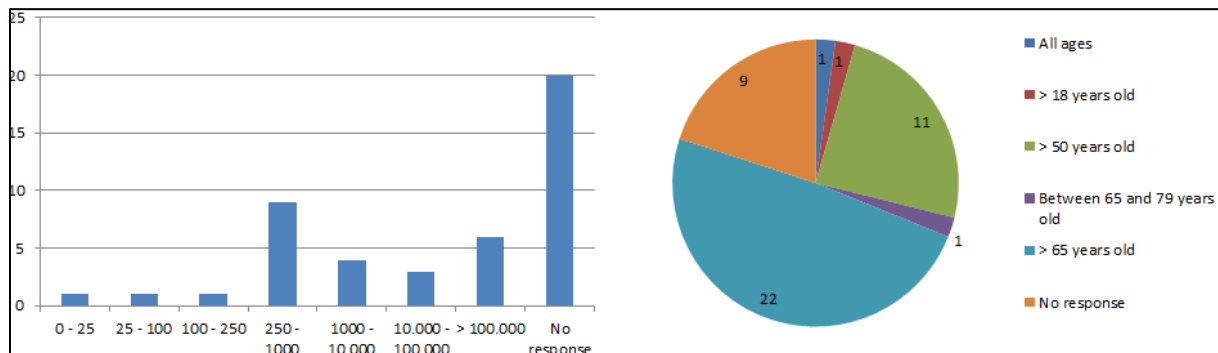
Figure 4: Main objectives of the initiatives submitted in the repository until June 2015.



People reached and target:

The main age group targeted in the initiatives included in the repository was the 65 years old and over and the main amount of people reached per initiative from 250 to 1,000 people as it is described in the following figure (Figure 5).

Figure 5: People reached and target of the initiatives submitted in the repository until June 2015.



Stakeholders involved:

In the following table (Table 2), the different entities that execute the 45 AFE initiatives are described, please take into account that an initiative can be executed by more than one entity:

Table 2: Entities that execute the AFE initiatives included in the repository until June 2015.

Nurse	2
General practitioner	1
Hospital	4
Provider of informal care	3
SME	8
Research/educational setting	10
Non-governmental organisation	3
Large company	3
Micro-enterprise	4
Physiotherapist	2
Other	13
Provider of preventive care	3

Provider of social service	6
Public authority	3
Provider of ambulatory health care	1
(Social) Housing organisation	2
Chamber of Commerce	1
Cultural institution	1
Advocacy organisation	1
Citizen's initiative	2
Residential long-term care facilities	2
Private company	1
No response	15

Among them, the entities with more presence are other institutions (14.29%) and research/educational settings (10.99%). The questionnaire asks for a specification for those who have answered “other”. In the case of the initiatives submitted by Poland, 6 completed the specification with “Elderly people”.

Scaling up and transferability:

In relation to the question “Please indicate how you think your initiative could be scaled up”, a total of 13 initiatives offered this information (28.88%). Among the possibilities: putting on the market the product developed, search for funding, opening the network to other stakeholders and geographical scope, social franchising, website, publications, etc.

From other side, 41 initiatives (91.11%) provided information about “How the initiative could be transferred to other regions or contexts”. Among the responses: open sources that need the participation of the local community, collaborative agreements, feasibility studies, to overcome barriers and gaps in the AAL market, involving different stakeholders and different policy domains and administrations, social franchising, etc.

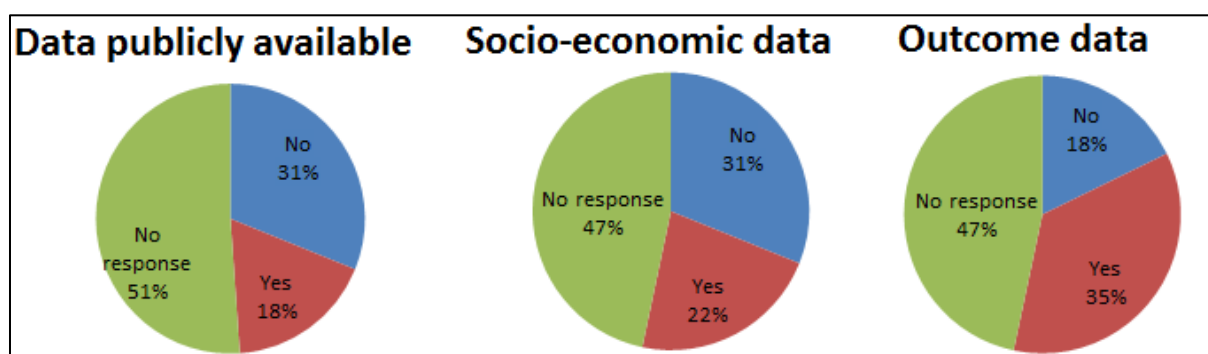
Economic sustainability:

The answers to the item “Is your initiative economically sustainable and does it contribute to economic development?” have a wide scope of answers. The majority stated that the initiatives are still on progress and did not offer a concrete answer. Others talked about the cooperation with NGOs, the business models developed along the project, the budget constraints, etc.

Data collection:

The 31.11% of the initiatives do not offer public data about the AFE, the 31.11% have not collected or do not plan to collect socio-economic data about the AFE initiative; but the 35.66% will collect or have collected outcome data (Figure 6).

Figure 6: Data collection of the initiatives submitted in the repository until June 2015.



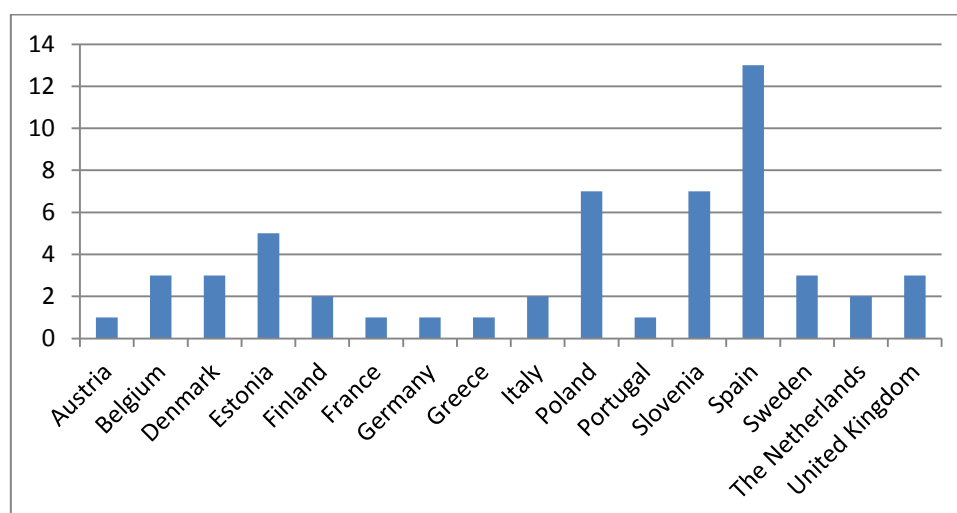
REPOSITORY AFTER THE ENCOURAGING ACTIVITIES MADE DURING JUNE AND JULY 2015

At the end of the encouraging activities developed, a total of 55 AFE initiatives were included in the repository (the complete list can be consulted in the ANNEX II); that is, 10 initiatives more included thanks the activities carried out (an increase of 22.22%).

Country:

Now a total of 16 countries have submitted their initiatives to the repository; two countries more than at the beginning of the encouraging activities. At this moment, Spain is the country that submitted more initiatives (13 in total) followed by Slovenia and Poland (both with 7 initiatives) as it is shown in the Figure 7.

Figure 7: Countries of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



6 new initiatives from Spain have been submitted that make Spain now the country with more AFE initiatives in the repository, as mentioned above. It is important to highlight that an initiative from Greece and an initiative from Portugal have been included; and these two countries are new countries part of the repository. The following table (Table 3) shows the variation of initiatives per country. It is also relevant to highlight that Poland has eliminated one practice because it was obsolete.

Table 3: Variation of the initiatives per country

	BEFORE	AFTER	VARIATON
Austria	1	1	0
Belgium	2	3	1
Denmark	2	3	1
Estonia	5	5	0
Finland	2	2	0
France	1	1	0
Germany	1	1	0
Greece	0	1	1

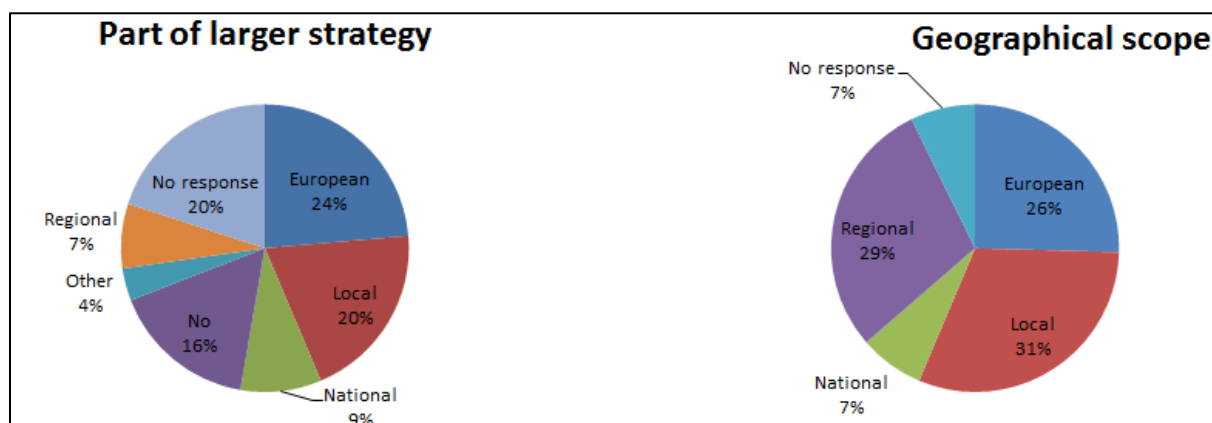
Italy	2	2	0
Poland	8	7	-1
Portugal	0	1	1
Slovenia	7	7	0
Spain	7	13	6
Sweden	2	3	1
The Netherlands	2	2	0
United Kingdom	3	3	0
Total general	45	55	10

Approach of the initiative:

From the 55 AFE initiatives, 23.64% are part of a European strategy; the 20.00% of a local strategy and 16.36% do not form part of a larger strategy (Figure 8). In relation to the blank responses, more than the 70% have completed the information from nearly half of the initiatives that completed the information before the encouraging activities (see previous section).

From other side, more than the 30% of the initiatives have a local scope, fast the 30% have a regional scope, and more than the 25% have a European scope; so the initiatives collected are balanced in this item (Figure 8). This item has changed from the first analysis were the main initiatives had local and regional scopes but not European (see previous section).

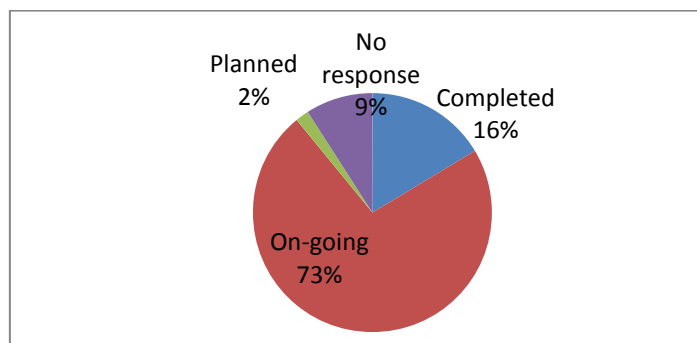
Figure 8: Approach of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



Status:

More than the 70% of the initiatives are on-going, more than the 16% are completed and fast the 2% are planned at the moment of its submission as is described in the figure 9:

Figure 9: Status of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



Type and budget:

Before the encouraging activities this item was not completed by almost the 50% of the initiatives included in the repository. Now, this item has information for the 80% of the initiatives; being almost half of the initiatives public (49.09%). From other side, the majority of the initiatives included (the 36.36%) have a budget of more than 1 million €. The budget distribution for each type is described in the following table (Table 4):

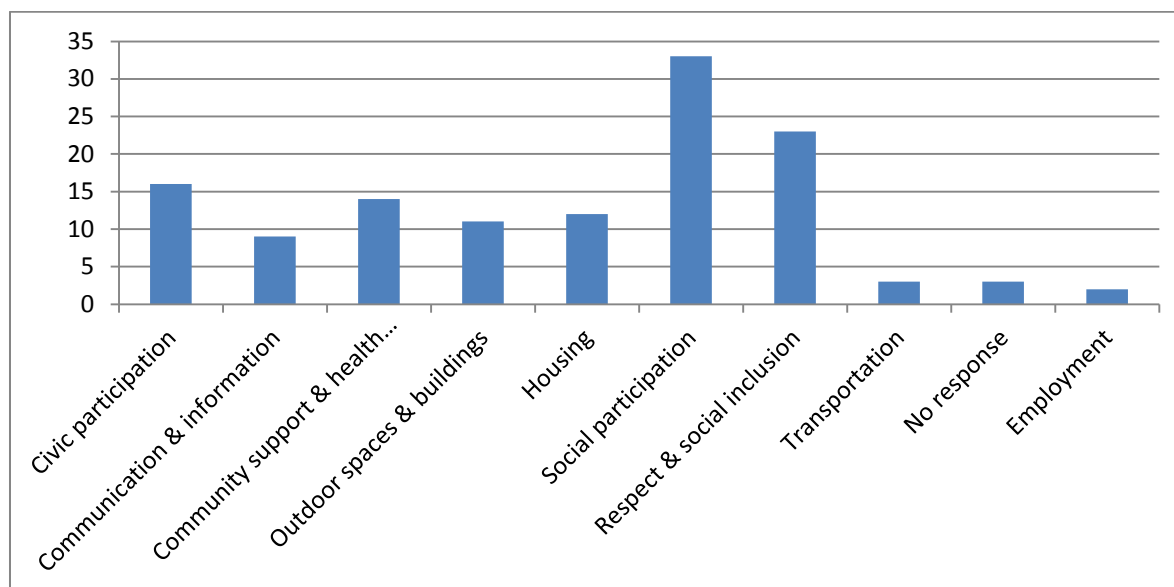
Table 4: Type and budget of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.

	€ 0-10.000	€ 10.000 - 50.000	€ 100.000 - 500.000	€ 50.000 - 100.000	€ 500.000 - 1M	More than € 1 M	No response	TOTAL
Private	0	2	3	0	0	1	0	6
Public	8	2	3	0	1	11	2	27
Public-private-partnership	1	2	1	2	1	4	0	11
No response	0	2	0	0	0	4	5	11
TOTAL	9	8	7	2	2	20	7	55

Main Objectives:

Following the 8 WHO petals⁷, the initiatives included in the repository are mainly addressed to “Social Participation” (26.19%), “Respect and social inclusion” (18.25%) as it is shown in the figure 10. As mentioned in the previous section, initiatives were allowed to include up to 3 objectives per initiative and 10 initiatives selected the following three objectives: “Social Participation”, “Respect and social inclusion” and “Civic participation”, the same as before the encouraging activities.

Figure 10: Main objectives of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



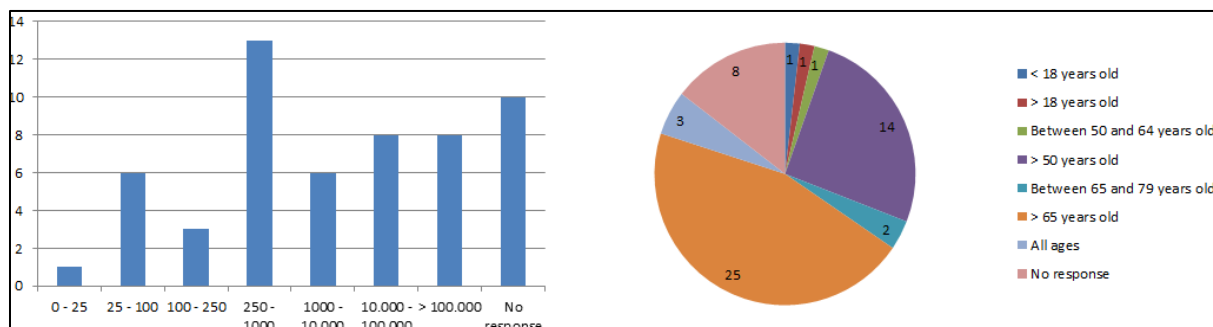
If we compare these objectives with the objectives of the previous section, the new initiatives included are mainly addressed to “Housing”, “Outdoor spaces and buildings” and “Social participation”.

⁷ World Health Organisation. (2007). Global Age-friendly Cities: a Guide. France.

People reached and target:

The main age group targeted in the initiatives included in the repository is still the 65 years old and over (45.45%) and the amount of people reached in each initiative is described in the following figure (Figure 11):

Figure 11: People reached and target of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



Within the new initiatives included in the repository, there is one addressed to people under 18 years old and other addressed to people between 50 and 64 years old; both target groups are new age-groups included in the repository.

Stakeholders involved:

In the following table (Table 5), the different entities that execute the 55 AFE initiatives are described, please take into account that an initiative can be executed by more than one entity:

Table 5: Entities that execute the AFE initiatives included in the repository after the encouraging activities performed in June – July 2015.

General practitioner	2
Hospital	8
Provider of ambulatory health care	3
Provider of informal care	7
Provider of social service	16
Research/educational setting	18
Non-governmental organisation	11
Nurse	3
SME	9
Residential long-term care facilities	6
Provider of medical goods	1
Provider of preventive care	4
Health insurance agencies	1
Public authority	6
Large company	4
(Social) Housing organisation	6
Micro-enterprise	4
Advocacy organisation	2
Other	19
Physiotherapist	3
Chamber of Commerce	1
Cultural institution	2
Citizen's initiative	5
No response	5

If we compare this table with the table 3, two new stakeholders appear in the repository: the providers of medical goods and health insurance agencies. Moreover, there is a significant increase of the participation of research and educational settings, non-governmental organisations and providers of social services.

Scaling up and transferability:

In relation to the question “Please indicate how you think your initiative could be scaled up”, a total of 27 initiatives offer this information (the 49.09%). Among the new possibilities: duplication, study visits, training, using the guidelines developed, connecting the infrastructure created, using the technology, following the WHO methodology, performing an effective dissemination strategy, etc.

On the other side, 48 initiatives provide information about “How the initiative could be transferred to other regions or contexts” (the 87.27%). Among the new responses: systematising the particular experience, translating the initiatives at linguistically and cultural level, analysing the technical requisites, establishing synergies, implementing a comprehensive evaluation system, etc.

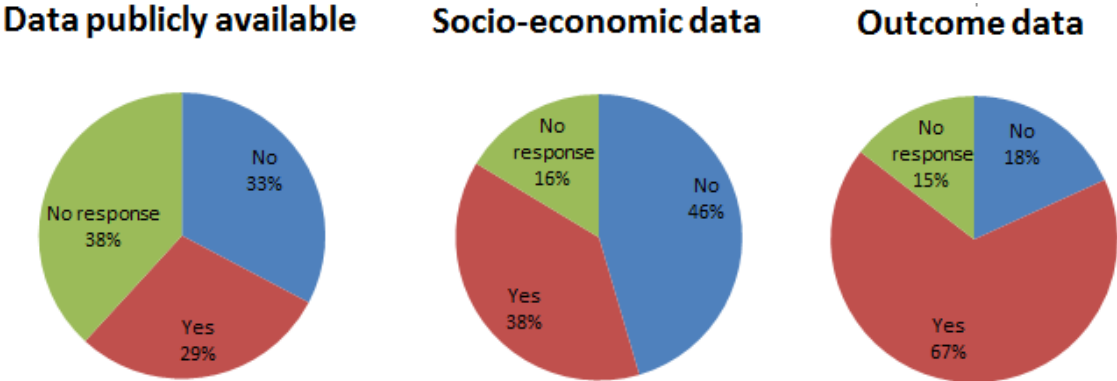
Economic sustainability:

The answers to the item “Is your initiative economically sustainable and does it contribute to economic development?” have a wide scope of answers as in the previous section. Most of the initiatives state that they are still on progress and did not offer a concrete answer. However, now some of them answer “Yes”, that reflects a positive change from previous section.

Data collection:

The 32.73% of the initiatives do not offer public data about the AFE (similarly to the previous section), the 45.45% have not collected or do not plan to collect socio-economic data about the AFE initiative (this percentage increases from the previous section that was the 31.11% but with the 46.67% of the initiatives with this response in blank); but the 67.27% will collect or have collected outcome data from their initiatives (this percentage also increase from the previous section that was the 35.56% with the 46.67% of the responses in blank) (Figure 12).

Figure 12: Data collection of the initiatives submitted in the repository after the encouraging activities performed in June – July 2015.



CONCLUSIONS & RECOMMENDATIONS

This report presents an analysis of the AFE initiatives included in the repository before and after the encouraging activities developed during June and July 2015. Although this period has the deal of being for some European countries a period of holidays, a total of 10 new initiatives have been included and more complete information is offered from 16 initiatives of the 25 contacted personally by email (a complete list of the initiatives that have completed the missing information during June and July is included as ANNEX III). After the analysis offered in previous section, authors present the following conclusions and recommendations:

- 16 different countries have included some initiatives in the repository. However, awareness raising activities should be done in order to encourage new countries and foster existing countries to submit new AFE initiatives. Concretely, efforts should be addressed to:
 - o Countries who had not submitted any good practice: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Former Yugoslav Republic of Macedonia, Hungary, Iceland, Ireland, Israel, Latvia, Lithuania, Luxemburg, Malta, Moldova, Norway, Romania, Serbia, Slovakia, and Turkey.
 - o Countries who had submitted only one good practice: Austria, France, Germany, Greece, and Portugal.
- The initiatives collected are balanced in terms of their geographical scope (European, local and regional), being most of them part of a European or local strategy. As mentioned at the beginning of the report, the environment plays an important role in determining how we age. For that reason, WHO promotes the creation of AFE with a focus on cities and communities⁸. In this line, efforts should be addressed to include in the repository AFE initiatives developed by cities and communities in their geographical scopes. Indeed, synergies are being building between the AFE-INNOVNET project and the WHO Global Network of Age-friendly Cities and Communities⁹ to encourage members of the global network to share their initiative with the AFE-INNOVNET thematic network using the repository.
- Most of the initiatives included were in process at the moment of their submission. In order to have complete information about the final results of each initiative, the socio-economic impacts, etc. monitoring activities are recommended. In this line, it is suggested that the repository send reminding emails to these practices in a periodic timeline (for example twice a year) in order to have updated versions of the AFE initiatives in the repository.
- Almost half of the initiatives included are public. Initiatives from the private sector or from public-private partnerships should be included in the repository to offer a complete overview of existing AFE initiatives at European level. In this framework, the European Commission tries to promote innovative financing opportunities for active and healthy ageing looking for synergies between public and private stakeholders such as joint-procurement of innovative solutions and new ways of public-private co-investment in health. This approach was discussed during the conference “Innovative Financing Opportunities for Active & Healthy Ageing” on the 3rd June 2015¹⁰.
- Most of the initiatives have a budget of more than 1 million €. In this sense, small initiatives developed at local and regional level with reduced budget should be included. In this line, dissemination at local and regional level should be done in national languages in order to encourage them to include their initiatives in the repository. The dissemination should be addressed to increase the participation of LRAS with two key points: their initiatives can be

⁸ World Health Organisation. (2007). Global Age-friendly Cities: a Guide. France.

⁹ <http://agefriendlyworld.org/en/>

¹⁰ http://ec.europa.eu/health/ageing/events/ev_20150603_en.htm

helpful for other LRAs in other countries and the added value of sharing their initiatives. Also funding for the translation of the repository in more European languages is encouraged, as it will make easier the participation of more LRAs.

- Following the WHO petals, the initiatives in the repository are mainly addressed to “Social participation” and “Respect and social inclusion” and less to “Employment” and “Transport”. Efforts promoting initiatives focused on employment in older ages and accessible transport should be encourage due to the implications that they have in the free movement of older people and their active participation in society.
- Most of the initiatives included are addressed to older people (65 and over). In this context, it is important to remind that active ageing aims to extend healthy life expectancy and quality of life for all people as they age¹¹, considering all ages in the AFE initiatives carried out.
- Multistakeholder partnerships are described in the item regarding who executes the initiative. That reflects the multidisciplinary approach needed to develop successful and implementable AFE initiatives.
- Responses about how the initiatives can be transferred and scaled up offer ideas about how to do it. However, the information provided by these items is vague; in this line, in-deep interviews are recommended to those initiatives susceptible to be replicated in other geographical spheres or with other target groups.
- Likewise, the information provided with the item about the economic sustainability is imprecise. Also in this case, it is recommended to develop in-deep interviews to those initiatives susceptible to be replicated in other geographical spheres or with other target groups.
- More than the 30% of the initiatives do not offer public data and the 45.45% do not collect socio-economic data, although the 67.27% collect outcome data. This evidences the lack of evaluation culture among LRAs implementing AFE initiatives. In this line, awareness raising activities should be performed in order to encourage LRAs to evaluate their initiatives and to share them and their outcomes at European level. In this sense, the AFE-INNOVNET project had provided and evaluation framework to help LRAs to evaluate their initiatives from a social, economic and environmental perspective¹².

¹¹ World Health Organisation (2002). Active Ageing: A policy Framework. Madrid.

¹² http://afeinnovnet.eu/sites/default/files/AFE-INNOVNET_D4.2_FINAL_0.pdf

ANNEX I

Name of your initiative	Acronym	Website
ALFRED project	ALFRED	http://alfred.eu/
Aiding SuStainable Independent Senior TrAvellers to Navigate in Towns	ASSISTANT	http://www.aal-assistant.eu/
ICT-based Cognitive behavioral treatment		
Äldreomsorgens värdegrund - fundamental values in elderly care	Värdegrund (fundamental values)	http://foretag.stockholm.se/vardegrund
La Vida Eco Village		http://www.lavidaecovillages.com/
Gründer 50plus	50plus Entrepreneuers	http://www.gruender50plus.de/
Salute & Risparmio	SARI	http://www.sari2000.com/
European Later Life Active Network	ELLAN	http://ellan.savonia.fi/
Maintaining self-sufficiency community dwelling people with dementia	VITADEM	http://zorginnovatie.hr.nl/nl/Projecten/Samenhang-in-Zorg/Vitadem/
Cities in Balance	CIB	http://www.cib-online.eu/
Achieving energy-efficient mobility in an aging society	AENEAS	http://www.aeneas-project.eu/?page=home
Virtual Elderly Care Services on the Baltic Islands	VIRTU	http://www.virtuproject.fi/
Tourist movement in Krakow		http://www.bip.krakow.pl/?sub_dok_id=58088
The older people family foster care model in the City of Tampere		http://www.tampere.fi/perhejasosiaalipalvelut/ikaihmiset/asuminen/perhehoito.html
Strategy for the development of Social Care in the City of Ljubljana for the period from 2013 to 2020		http://www.ljubljana.si/
Statutory activities		

Socio - Intergenerational Centre Celje		http://www.jzsocio.si/
Social service		http://www.zod-lj.si/
Social alarm button service developed and provided by Tallinn City, capital of Estonia		http://www.tallinn.ee/eng/Teenus-Panic-button-service
Smart technologies for self-service to seniors in social housing	HOST	http://www.host-aal.eu/cms
Smart House Living Lab		http://www.lst.tfo.upm.es/es/research-areas/smart-infrastructure/smart-house-living-lab/
SiforAGE		
Mapping age friendly environments for the elderly and for people with physical disabilities	Map-AFE	http://www.deusto.es/cs/Satellite/deusto/es/ageing-and-wellbeing
Living Lab Care iMinds		http://www.flanderscare.be/en/supportmeasures/care-living-labs-0
Krakow Senior Center		http://www.dlaseniora.krakow.pl/99661,artykul,krakowskie_centrum_seniora.html
Life Long Living – maintaining independent living as long as possible	LMIEL (Længst Muligt I Eget Liv)	http://www.fredericia.dk/FFF_ny/LMIEL/Sider/Default.aspx
Krakow Council of Seniors		
Kavalir		http://www.lpp.si/
Joining up ICT and service processes for quality integrated care in Europe	SmartCare	http://pilotsmartcare.eu/home/
Integration between generations in support centres		
iPad café		http://international.stockholm.se/
Healthy Krakow 2013-2015		
Grants for the basic functional adaptation of the dwellings, supporting the		

Andalusia Families		
Flanders' Care		http://www.flanderscare.be/en
Family Assistance at Home	FAH	http://www.zod-lj.si/
eHealth services developed and provided by Estonia Submitted by	eHealth	http://www.e-tervis.ee/index.php/en/health-information-system
Energy efficient lighting improving the well-being of elderly people		http://www.gate21.dk/Projekter/LED-lys-til-aeldre/
DREAMING – eDeRly-friEndly Alarm handling and MonitorING	DREAMING	http://www.age-platform.eu/age-projects/health-and-long-term-care/658-age-project-dreaming
Daily centres of activities for older people	DACs	http://www.ljubljana.si/
Campania Small Municipalities Collaborative Network	CosMiC-NET	http://www.policlinico.unina.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/1
Alzheimer: Tremplin intergénérationnel d'Insertion Sociale et Professionnelle: The Spanish implementation	Alzheimer	
Action Plan Age friendly Ljubljana		http://www.ljubljana.si/
Textiles for an Ageing Society	TAGS project	http://www.textilesforageingsociety.eu/
SIMPLIT. New certificate which attests that a product is simple, practical and user-friendly	SIMPLIT	http://www.simplit.es/
Groningen Active Ageing Strategy: A sustainable Dutch approach to enhance active ageing in community-dwelling older people living in deprived neighbourhoods	GAAS	

ANNEX II

Smart House Living Lab	SHLL	http://www.lst.tfo.upm.es/es/research-areas/smart-infraestructure/smart-house-living-lab/
Card Junta 65 - transport discounts and others benefits		http://www.juntadeandalucia.es/agenciadeserviciosocialesydependencia/en/programas_en/transportes_en/conlatarjeta_en/wfprogramitem_view_pub
Dementia Ambient Care: Multi-Sensing Monitoring for Intelligent Remote Management and Decision Support	Dem@ Care	http://www.demcare.eu/
Participatory Seniors' Walkability Assessment Tool	SeGAP e 65+	http://www.ienvelhecimento.ul.pt/183-segape
VITLAB – eHealth and eInclusion Innovation Ecosystem	VITLAB	http://www.vitlab-resater.eu/
Mobilt dokumentationssystem inom hemtjänsten/Tidsregistreringssystem och dokumentationssystemet, ParaGå	ParaGå	http://foretag.stockholm.se/tidsregistrering
Promoting Physical Activity and Health in Ageing	PAHA	http://www.ehfa-programmes.eu/paha
eZaintza	eZaintza	https://app.biscaytik.eu/ezaintza/
KINEAGE: Adapted Kinect game for exercise and fun	KINAGE	http://evida.deusto.es/project/kineage/

REHACOP & REHACOG brain training for prevention of disability	REHACOP	
Durango, ciudad amigable con las personas mayores / Durango, Age-Friendly City		http://www.durango-udala.net/portalDurango/p_1_final_Principal_1.jsp?language=eu
ALFRED project	ALFRED	http://alfred.eu/
Aiding SuStainable Independent Senior TrAvellers to Navigate in Towns	ASSISTANT	http://www.aal-assistant.eu/
ICT-based Cognitive behavioral treatment		
Äldreomsorgens värdegrund - fundamental values in elderly care		http://foretag.stockholm.se/vardegrund
La Vida Eco Village		http://www.lavidaecovillages.com/
Gründer 50plus	50plus Entrepreneurs	http://www.gruender50plus.de/
Salute & Risparmio	SARI	http://www.sari2000.com/
European Later Life Active Network	ELLAN	http://ellan.savonia.fi/
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Cities in Balance	CIB	http://www.cib-online.eu/
Virtual Elderly	VIRTU	http://www.virtuproject.fi/

Care Services on the Baltic Islands		
Tourist movement in Krakow		http://www.bip.krakow.pl/?sub_dok_id=58088
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Smart technologies for self-service to seniors in social housing	HOST	http://www.host-aal.eu/cms
SiforAGE		
Mapping age friendly environments for the elderly and for people with physical disabilities	Map-AFE	http://www.deusto.es/cs/Satellite/deusto/es/ageing-and-wellbeing
Living Lab Care iMinds		http://www.flanderscare.be/en/supportmeasures/care-living-labs-0

Krakow Senior Center		http://www.dlaseniora.krakow.pl/99661,artykul,krakowskie_centrum_seniora.html
Life Long Living – maintaining independent living as long as possible	LMIEL (Længst Muligt I Eget Liv)	http://www.fredericia.dk/FFF_ny/LMIEL/Sider/Default.aspx
Krakow Council of Seniors		http://dlaseniora.krakow.pl/129581,artykul,r_k_s.html
Kavalir		http://www.ljubljana.si/
Joining up ICT and service processes for quality integrated care in Europe	SmartCare	http://pilotsmartcare.eu/home/
Integration between generations in support centres		
iPad café		http://international.stockholm.se/
Healthy Krakow 2013-2015		
Grants for the basic functional adaptation of the dwellings, supporting the Andalusia Families		
Flanders' Care		http://www.flanderscare.be/en
Family Assistance at Home	FAH	http://www.zod-lj.si/
eHealth services developed and provided by Estonia Submitted by	eHealth	http://www.e-tervis.ee/index.php/en/health-information-system
Energy efficient lighting improving the well-being of		http://www.gate21.dk/Projekter/LED-lys-til-aeldre/

elderly people		
DREAMING – eLDeRly-friEndly Alarm handling and MonitorING	DREAMING	http://www.age-platform.eu/age-projects/health-and-long-term-care/658-age-project-dreaming
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Campania Small Municipalities Collaborative Network	CosMiC- NET	http://www.policlinico.unina.it/flex/cm/pages/ServeBLOB.php/L/IT/IDPagina/1
Alzheimer: Tremplin intergénérationnel d’Insertion Sociale et Professionnelle: The Spanish implementation	Alzheimer	
Action Plan Age friendly Ljubljana		http://www.ljubljana.si/
Textiles for an Ageing Society	TAGS project	http://www.textilesforageingsociety.eu/
SIMPLIT. New certificate which attests that a product is simple, practical and user-friendly.	SIMPLIT	http://www.simplit.es/
Groningen Active Ageing Strategy: A sustainable Dutch approach to enhance active ageing in community-dwelling older people living in deprived neighbourhoods	GAAS	

Life Long Living – maintaining independent living as long as possible.	LMIEL (Længst Muligt I Eget Liv)	http://www.fredericia.dk/FFF_ny/LMIEL/Sider/Default.aspx
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ANNEX III

Strategy for the development of Social Care in the City of Ljubljana for the period from 2013 to 2020		http://www.ljubljana.si/
Social service		http://www.zod-lj.si/
Smart technologies for self-service to seniors in social housing	HOST	http://www.host-aal.eu/cms
Smart House Living Lab	SHLL	http://www.lst.tfo.upm.es/es/research-areas/smart-infraestructure/smart-house-living-lab/
Mapping age friendly environments for the elderly and for people with physical disabilities	Map-AFE	http://www.deusto.es/cs/Satellite/deusto/es/ageing-and-wellbeing
Living Lab Care iMinds		http://www.flanderscare.be/en/supportmeasures/care-living-labs-0
Joining up ICT and service processes for quality integrated care in Europe	SmartCare	http://pilotsmartcare.eu/home/
iPad café		http://international.stockholm.se/
Family Assistance at Home	FAH	http://www.zod-lj.si/
Daily centres of activities for older people	DACs	http://www.ljubljana.si/
Action Plan Age friendly Ljubljana		http://www.ljubljana.si/
Äldreomsorgens värdegrund - fundamental values in elderly care		http://foretag.stockholm.se/vardegrund
Krakov Council of Seniors		
Alzheimer: Tremplin intergénérationnel d'Insertion Sociale et Professionnelle: The Spanish implementation		Alzheimer: an holistic and intergenerational approach
Textiles for an Ageing Society	TAGS project	http://www.textilesforageingsociety.eu/
Groningen Active Ageing Strategy: A sustainable Dutch approach to enhance active ageing in community-dwelling older people living in deprived neighbourhoods	GAAS	