Agreggated Assessment Report

Europe Enabling Smart Healthy Age-Friendly Environments

February, 2020

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Assessment Report

The objective of this Assessment Report is to map the situation of each region participating in EU-Shafe project in relation to 4 from the 8 domains existing under the Smart Health Age-friendly Environments framework.

The four domains that were previously selected by project partners are:

1. ***Housing.*** Access to the accessible residence. Available information about existing aids. Aids available for housing (condominiums and house interior). Support services for the older adults to remain in their own homes or residential places. Financial support to low-income collectives.
2. ***Social Participation.*** Range of activities related to participation. Availability of information about activities. Personal support for participation. Accessibility of activity spaces. Intergenerational spaces and activities. Approach to isolation and loneliness.
3. ***Communication and information.*** Access to information related to life in the community. Format and content of the communication available. Accessibility of Telecommunication. Automated teams. Digital gap.
4. ***Health and community services.*** Reach of social and health services. Sufficient services. Socio-Health coordination. Accessible social and health community setups. Friendly professional treatment. Emergency planning adapted to the older adults.

The form must be completed by each region (not partner). It is divided into two parts:

- Part I is composed of questions related to the general background of each region and their policy instruments, while
- Part II invites regions to describe the good practices found in their contexts under each of the four domains selected.

PART I - General overview of the regions involved in EU_SHAFE

(Bizkaia) Bizkaia Provincial Council.

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2. Your Region	
Country	
Region	BIZKAIA
City	Bilbao

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	Basque Country ERDF Regional Operational Programme 2014-2020 and the next programme.
Describe the main features of the policy instrument indicated.	Basque Country ERDF Regional Operational Programme 2014-2020 aims to boost sustainable economic growth in the region by creating quality jobs- especially in activities with high added value sectors and improving the competitiveness of the regional economy through “smart” and innovative growth initiatives. The ERDF OP is aligned with the Europe 2020 strategy and the Basque Regional Innovation Strategy (RIS3). The area of health, and especially the field of Active Ageing and Healthy living, is among the highest priorities for the region. It is also relevant to mention the ESF Operational Programme of the Basque Country being on of its objectives Fostering social Inclusion and Fighting against poverty and any discrimination to promote active inclusion.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional	The Programme focuses on six main areas, of which two of them are particularly relevant for the implementation of this action:

innovation strategy for smart specialisation? If yes, please indicate how.	• Strengthening research, technological development and innovation. The investment is targeted at enhancing research an innovation infrastructures and capacities as well as developing the links and synergies with enterprises, research centres, and high education, in line with the RIS3. • Enhancing access to and use a quality of information and communication technologies. In the development of ICT products and services, e-commerce and enhancing demand for ICT, as well as strengthening ICT applications for e-government.

4. Relevant stakeholders	
Is there a close cooperation between the the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	The Department of Social Action of the County Council of Biscay carries out public policies aimed at dependent persons, the elderly and the disabled, in addition to other groups. In the design, development and evaluation of its policies it counts on the participation of the companies and entities of the third sector which provide services to these groups. It collaborates with the main university centres in the Basque Country in the field of social research. It articulates and promotes forums of participation (Council of Elderly People, Working Tables of the Plan for the Participation and Quality of Life of People with Disabilities, Table of Civil Dialogue, among others) to give voice to citizens and third sector social entities in the planning and evaluation of social policies. At European level, Biscay is actively involved in the EIP-AHA in A2 and D4 groups, is a founding member of the Covenant on Demographic Change and member of the Active Ageing Index expert group.
Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The County Council of Biscay has the private sector as an ally to start up a new generation of centres and services, encouraging the use of the potential of new technologies at the service of people's well-being. Through the Silver Economy strategy, the County Council of Biscay will promote training, research, knowledge and development of new products and services, as well as the generation of a new industrial sector which will generate employment and wealth in Bizkaia. In the intermediate phase of the project, the private sector entities which may have a greater contribution to this project will be incorporated.
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The University of Deusto, partner relevance 2 in this project, will contribute to the creation and implementation of optimal conditions to promote active ageing in Bizkaia by developing participatory action research methodologies and developing action strategies from the results. The university centres of the Basque Country are strategic allies for the development and implementation of projects that apply intelligence and innovation to provide answers to the challenge of ageing. Similarly, the powerful network of technology centres in the Basque Country is an element of innovation and contrast both from a social and technical point of view (mechanical, food, ergonomic, ...) Throughout the project, the University of Deusto is a partner of the SHAFE sector in Bizkaia. In the intermediate phase of the project, research centres and universities that can make a greater contribution to this project will be incorporated.
Please indicate the relevant stakeholders from **public administration** related to the SHAFE	Within the scope of the Provincial Council of Bizkaia, the Social Action Department

Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The Department of Health of the Basque Government, Bizkaia health territorial delegation. Osakidetza, Servicio Vasco de Salud. Bizkaia local councils. Social Services.
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	The population of Bizkaia over 65 years of age has doubled in the last 30 years and is expected to increase in the future due to the growth in life expectancy and the progress made in recent years. In any case, the focus of the policies that this project will influence extends to the whole of Biscayan society. Participation in social matters is articulated through forums such as the Council for the Elderly, which actively participates in the EU_SHAFE project by contributing good practices; the Work Tables of the Plan for the Participation and Quality of Life of Disabled People and the Civil Dialogue Table, in which the organisations and networks of the Third Sector of Social Action in Biscay participate. The Council for the Elderly in the Historical Territory of Biscay is a specific forum for the participation of people over 60 and of entities, associations and organisations related to the elderly, for the collaboration in the planning, execution and monitoring of policies and actions aimed at achieving the welfare of this sector of Biscay's citizens. One of the main stakeholders in the EU_SHAFE project participates

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	
How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	
How does your region inform would-be social entrepreneurs about the supports that are available to them?	

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	• Commitment and long-term vision in the field of ageing. Since 2013, Biscay is facing the challenge of ageing by acting locally and thinking globally. The basic strategy "Age Friendly Biscay" aims to transform the Territory so that by 2020 it will have two more years of active and healthy life expectancy and be recognized by its citizens as an excellent area for ageing at all ages. This strategy has been complemented by a specific strategy to promote innovative economic activity for an ageing world in the silver economy approach and the establishment of the Nagusi Intelligence Centre as a key driver of an innovative ecosystem in the silver economy. The main objective is to make Biscay a reference region in Southern Europe for the development, testing, validation and manufacture of innovative products and services aimed at ageing and quality of life. The government of Biscay allocates 44% of its budget to social action. • A potential testing market: ○ **Large**, based on the current and foreseeable demographic situation ○ **Organised** in non-for-profit associations. • A **track record** in building **partnerships** with an international focus, and collaboration between academia, social services and health care and industry. • A **regional government** administration system which is in touch with its users, agile and wielding key competences. ○ Fiscal autonomy. ○ Universal social services. ○ 21,000 carers. ○ 30,000 elderly with recognised need of care ○ More than 65,000 people with recognised disabilities.
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	• Need to adapt resources and services to the new profiles and expectations of older people. • Difficulties to apply decisions to practice. • Low degree of interoperability between administrations for comprehensive care of the elderly
What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	Ageing population. The ageing of the population, which is reaching hitherto unknown proportions, is generating new demand from "young retirees" with purchasing power and new needs. On the other hand, the same growing longevity opens up a new type of demand, for which new ways of approaching and spending will have to be opened up. Capacities for the development of the Silver Economy A socio-economic environment, technologically advanced, successful in other productive sectors, which can find in this new demand a source of diversification and generation of new income, starting from a contrasting "know-how". Potential as a territory for testing and validating new technology and services: Large, based on the current and foreseeable demographic situation Organised in a robust ecosystem and public-private and non-profit collaboration.

	• Data management to learn from the extensive experience to date and the current volume of data management, to make analytical and predictive management to serve better and more personalized
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	• Economic situation. Context of risk of economic slowdown

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	In the residential centres in Bizkaia, which are owned by the Provincial Council, advanced technologies have been implemented, such as telerehabilitation for the prevention of falls in the elderly. The Regional Government of Bizkaia is immersed in the implementation of ETXETIC, a model that will combine the care of a day centre for people in a situation of dependency with the care of a larger volume of people in a situation of dependency who are monitored at home through support and prevention technologies in the home, and with occasional assistance to the centre.

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	Social participation
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	Social services development and community services

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2. Your Region	
Country	Italy
Region	Campania
City	Naples

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	The instrument identified by Campania stakeholders is the “Programming 2021-2027 for territorial policy”, within the specific policy objective No. 5 "Europe closest to the citizens". It identifies inland areas, peripheral metropolitan areas and medium-sized cities as a priority target, with specific reference to fragile areas of large urban settlements.
Describe the main features of the policy instrument indicated.	The new European MFF of the 2021/2027 cycle has a strong health dimension. In fact, the new European Social Fund Plus (ESF +) has absorbed the former Health Program to ensure that social spending takes into account health aspects and vice versa. Potential beneficiaries of funding are national health authorities, as well as public and private bodies, international organizations and non-governmental organizations, with a general interest in health at EU level. A holistic approach to medicine involves all elements and additional factors that influence a patient's health, according to the "health in all policies" approach, adopted by the European Commission for the cycle 2021/2027. Hence the involvement of different investment sectors, and the connection with other EU financial instruments such as the European Regional Development Fund ERDF and Horizon Europe for Research, digital Europe to support the digital transformation of health and care, etc. To strengthen this direction, a Steering Committee will ensure the synergies between programs with a health-related dimension, promoting stakeholders’ engagement. Alignment of health-related activities with the European

	Semester process, will stimulate reforms of health systems (and, in fact, of other social determinants of health) in favour of greater accessibility and sustainability of health services and social protection benefits in the Member States.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how**.**	The regional innovation strategy for the smart specialisation strategy will be coherent with the principles implemented by the European Social Fund Plus 2021-2027, including a focus on the digital transformation of health and care.

4. Relevant stakeholders	
Is there a close cooperation between the the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	Campania has been appointed Reference Site (RS) of the European Innovation Partnership on Active and Healthy Ageing since 2013. Currently a 4 stars RS, its quadruple helix engages the Regional Health System, Universities, the Digital Innovation Hub at Confindustria, no profit organizations. More specifically, the driving force behind Campania RS is represented by the regional ProMIS network, that includes a regional component, nested in the 14 nodes of the regional health system, as well as the national component, where a referent for each Italian region is included. Finally, Campania RS is co-chairing the Reference Site Collaborative Network and is involved in several Action Groups of the EIP on AHA, ensuring synergies at international and national levels, including the MoH, for the scale up of innovative good practices.
Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	**Campania Digital Innovation Hub** is building its involvement coherently with a shared vision of “one health” approach and new market segments. Campania Digital Innovation Hub was established on 24 July 2017 by the Campania Territorial Associations of Confindustria (Unione Industriali Napoli, Confindustria Avellino, Confindustria Benevento, Confindustria Caserta, Confindustria Salerno) and by ANCE Campania and is part of the national Hub network of Confindustria , with the aim of promoting a number of services to SMEs, including: • Information and training • Business support • Support in digital transformation projects • Technical and financial consultancy • Mentoring and manager training • Support in accessing finance Of note, the involvement of ANCE Campania represents an added value to engage with Municipalities, that are responsible for a part of social services provision. **Stoà Institute** for high level training is contributing to address the emerging multidisciplinary training needs. Stoà was established in 1987 upon an initiative of IRI, led by Romano Prodi. In collaboration with the prestigious Sloan School of Management of the Massachusetts Institute of Technology (MIT), Stoà, then chaired by Tiziano Treu, starts in the 1990s to the first edition of the Master in Business Administration (MBA), today Master in Management and Management of Enterprise. Stoà is currently a non-profit Consortium Company for Shares, whose members include Adler Plastic, Laer Aviation Group, University of Naples Federico II, University of Campania Luigi Vanvitelli, University of Naples Parthenope , University of Salerno, University of Naples L'Orientale, Chamber of Commerce of Naples, the Municipalities of the Golden Mile, Fondazione

	Ente Ville Vesuviane. Stoà is ASFOR ordinary member, Italian Association for Managerial Training.
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	**BioTekNet** is a joint-stock consortium company set up after the project to build the Regional Competence Center in ATIBB - BioTekNet Industrial Biotechnology. It is a research organization whose purpose is to carry out industrial research and pre-competitive development, create favorable conditions for attracting industrial investments, incubate knowledege-based companies and offer high-level technological consultancy and services. The Company's technology transfer model, in a regional context characterized by a public research system of excellence and a low presence of production companies, envisages the following 5 actions: • Incubation of new biotech companies (research spin-offs, industrial start-ups) • Attraction of productive investments in the region • Enhancement of the intellectual property of public researchers and support to venture capital operations • Design and management of joint industrial research projects with companies • Design of a Technology District in the Health and Biotechnology sector
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	• Campania Department for Health • Campania Department for Social Policies. • Campania Special Office for Unitary Planning, responsible for the priorities for intervention for intelligent, sustainable and inclusive development, increasing the competitiveness factors of the Region, and avoid fragmentation of resources. Among the operative objectives are also: ○ Strengthen research, technological development and innovation. ○ Improve access, use and quality of ICT.
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	Cittadinanza attiva, Federanziani, Auser, AIMA, ANT, Parkinson, ADA are relevant stakeholders in Campania, that are being progressively engaged.

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	The following funding schemes have been used in our Region: • Programma Operativo Fondo Europeo di Sviluppo Regionale – PO FESR 2014-2020. The regional managing authority is responsible. • Programma Operativo Fondo Sociale Europeo – PO FSE 2014-2020 • Piani di Zona. The Department for Social Services is responsible. • Art. 20 della legge finanziaria 67/88. Department of Health is responsible. • Strategic objectives of the planning of the Ministry of Health. Priority objectives to focus on, in agreement with the Regions, supported by a dedicated part of the National Health Fund. • Horizon 2020, Public Health, PCP, Erasmus +, Twinnings

How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	The Communication Plan of the regional ProMIS network includes an activity of Horizon Scanning, dedicated to explore early stage and mature innovations proposed by the stakeholders of Campania Reference Site. This first approach between demand and offer sets the ground for subsequent workshops involving a broader community of stakeholders, that can result in structured collaborations.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	Campania region has been implementing the law 8 November 1991 n. 381through the regional law issued on April 10th, 2015, n. 7 "Promotion and enhancement of social cooperatives in Campania". The regional law n.11/2007 (Law for dignity and social citizenship) promotes and enhances the development and qualification of social cooperatives or their consortia in Campania. Furthermore, the Region, with reference to the law 8 November 1991 n.381 (Discipline of social cooperatives), and the law 8 November 2000, n. 328 (Framework law for the realization of the integrated intervention system and social services: • recognizes the social and economic function that cooperation exercises on the regional territory. • promotes the spread of cooperative entrepreneurial culture and social responsibility. • reinforces and encourages the promotion, support and development of social cooperatives and their consortia. • establishes and regulates the regional register of social cooperatives. • enhances the different expressions of cooperation, with the aims of mutuality, and internal democracy • regulates the methods of linking the activities of social cooperatives with the activities of public administrations having social, social-welfare, socio-educational, social-health and health content, with professional training, employment development and active policy activities work, with the job placement of disadvantaged and other weak people. Currently there are more than 1.000 social entrepreneurship organizations in Campania.

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	• Strong investments in digital transformation of health and care that also include the social elements, such as the SINFONIA platform, with centralised management of data flows, digital health and social record • Campania Reference Site of the European Innovation Partnership on Active and Healthy Ageing, Action Groups of the European Innovation Partnership on Active and Healthy Ageing • ProMIS network for the internationalization of regional health system • Reference Site Collaborative Network
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	• Fragmentation of health record due to inadequate interoperability between local databases • Weak integration of datasets between health and social system at organizational, digital and administrative levels • Low digital literacy of citizens (ex. older adults) • Need for digital training of workforce

What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	• European Social Fund Plus 2021-2027, ERDF 2021/2027 - Policy Objective 5 with the new planning of the National Strategy for Internal Areas (SNAI) • New National Plan for Disease Prevention • Implementation of National Plan for Chronic Disease • Capacity building of regional workforce; Regional Plan for the recruitment of human resources in the Health System
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	• Political instability • Lack of interest by external stakeholders

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	**a. Big Data** • Analysis of dataflow to extrapolate informative datasets, algorythms. • Internet of Things. • Ambient Assisted Living. • Cameras connected with telephone; comunicators between rooms etc for severely disabled patients. **b. Natural Language Processing** • Ocular communication device within the context of home services for severely disabled patients. • Computer vision. • Conversational agents. **c. Cloud computing** • The new Sinfonia platform of Campania Region will be structured in cloud.

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	• Methods and processes: RISKER. • Health and community services. PERSSILAA.
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	• Housing. • Social participation.

(Coimbra) Caritas Diocesana de Coimbra (CDC).

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2. Your Region	
Country	***Portugal***
Region	***Centre Region of Portugal***
City	*Coimbra*

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	The policy instrument is the **Centro Regional Operational Programme** (ROP), the main funding policy instrument available to the region for the implementation of its development strategy between 2014 and 2020.
Describe the main features of the policy instrument indicated.	CCDR-C (regional authority) is the Managing authority of the ROP, which has about €2,155m from EU funds: €1,751m (ERDF) and €404m (European Social Fund), that are geared primarily to strengthening the competitiveness of the companies based in the region and also aimed at job creation. It is also giving an emphasis on the efficient use of resources and the social inclusion of disadvantaged people. Two strategic priorities have been established within the programme, with EU_SHAFE intending to approach: • AXIS 1 Research, Development and Innovation - IDEAS (€169m) - Business investment in innovation and research and synergies between companies, R & D centers and higher education in networks and clusters through intelligent specialization. • AXIS 5 Strengthen Social and Territorial Cohesion - APPROACH and CONVERGE (€155m) – specifically in investments in health and social infrastructures. These two axes are both contributing for the implementation of SHAFE, but in need of more articulation in terms of transversal initiatives and funding, also with RIS3 platforms. In this sense, the main aim is to articulate them with platforms 3 (quality of life technology) and 4 (territorial innovation) aiming at

	changing their framework and allowing the launch of new calls / initiatives to be funded around SHAFE. Given the interaction with the Interreg Programme due to the near final of the funding programme in 2020, other axis with calls related to SHAFE are also being explored.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how.	**Centro Region of Portugal** is a coesion region with a **Research and Innovation Smart Specialization Strategy** (RIS3) that has been conceived together with the region players, since it depends on CCDR-C. In this process, 4 innovation platforms were identified as regional priorities, in which resources are being concentrated to foster outcomes in the period 2014-2020: (i) sustainable industrial solutions; (ii) efficient use of natural endogenous resources; (iii) technology in the service of quality of life; and (iv) territorial innovation. These innovation hubs are the focal areas that mobilize the sectorial regional strengths, among which stands out health and wellbeing, biotechnology, ICT, habitat and advanced materials, among others. These areas are being clustered in the above-mentioned Platforms, within which some challenges have already been identified as main priorities in the region. In 2014-2020, financial resources have been concentrated to maximize results and as the management authority of the European funds for the region (around 2.1 billion euros of European Regional Development Fund, but also European Social Fund), CCDR-C manages them according to the rules. Taking into account that there is concentration in the priorities defined (namely in the RIS3), and that those priorities are completely aligned with AHA, there is significant financial support from the Regional Operation Program to this area. Therefore, both instruments are under the same governance bodies. Moreover, the alignment with RIS3 priorities is mandatory for TO1 investments (Portugal decided to use this alignment as an evaluation criteria for projects under TO3). RIS3 implementation is being monitored and the results achieved feed both the process of fine tuning the Strategy and of informing the instruments to be used within the OP.

4. Relevant stakeholders	
Is there a close cooperation between the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	The Managing Authority (CCDR-C) and CDC are partners in the Coordination Group of Ageing@Coimbra, a 4-star reference site of the EIP-AHA, which involves 7 core partners and 84 associated partners, working together on active and heltlhy ageing. Cáritas coordinates the Portuguese Network on SHAFE and CCDR-C is a member of the Advisory Board. CDC is member of the Strategic Council of Centro's region's RIS3 and invited stakeholder in working groups of CCDRC (art 2, n. 6 of the Internal Regulation of the Monitoring Committee of OP Centro 2020); CDC is also Counselling Member of the Intermunicipal Council, which also participates in PO funding. The President of the Managing Authority of the OP (Centro2020) is the President of CCDR-C, that also coordinates RIS3. The multiple interactions generated by all this functioning networks in the Centro Region of Portugal (SHAFE, CCDR-C, Ageing@Coimbra, and Portuguese Network for Smart, Healthy and Age-friendly environments - REAVivA) actually contribute to assure a close cooperation between the companies, universities and research centers related to SHAFE sector and the public administration in Centro Region, as better explained in the following section. Additionally, also their specific participation in the Local Action Group (LAG), to be constituted for the region, will allow to increase this systemic cooperation, namely

	between public authorities, associations and networks, companies, universities and research centers related to the SHAFE. For proposal purposes, CCDR-C, ARS Centro and ANMP (the National Portuguese Municipalities Association) provided their availability, through a formal support letter, to be included as associated partner and actively participate in the project's implementation.

Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The main relevant stakeholders from the **private sector** related to SHAFE in Centro Region of Portugal and also involved in the EU-SHAFE project are: • TICE.PT • Digital Innovation HUB Diatomic and IPN incubator/accelerator • Replicar Socialform • GPPQ | R&D Framework Program Promotion Office • Portuguese Order of Psychologists • Portuguese Order of the Engineers
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The main relevant stakeholders from **research centers and universities** related to SHAFE in Centro Region of Portugal and also involved in the EU-SHAFE project, are: • Coimbra's Nursing School (ESEnfC) • University of Coimbra - Medical School - Science and Technology - Sports - Department of Geography and Tourism - Architecture - Center for Geography and Spatial Planning Studies - Robotic and Systems Institute - College - FLUC) • Instituto Pedro Nunes (IPN) • ESTeSC (Coimbra Health School) • GPPQ | R&D Framework Program Promotion Office
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The main relevant stakeholders from **public administration** related to SHAFE in Centro Region of Portugal and also involved in the EU-SHAFE project are: • Centro Regional Coordination and Development Commission (CCDR CENTRO) • Centro Regional Health Administration (ARS) • Intermunicipal Commission of the Centro Region of Portugal (CIM) • Coimbra Municipality (including Municipal Transport Authority) • Municipalities in the Region - Miranda do Corvo - Vila Nova de Poiares - Arganil - Pampilhosa da Serra - Penela - Vila Nova de Poiares) • Coimbra University Hospital Centre Specifically, the Centro Regional Coordination and Development Commission (CCDR Centro) is the organisation responsible for the OP of the region (the policy instrument addressed by the project), being in charge of the funding

	instruments related to the OP. Therefore, it will be the most important stakeholder in Centro Region LAG. Also, the Centro Regional Health Administration (ARS) signed a support letter to the project, committing to work also on their strategic plan to articulate it with the regional OP, in the sense of better addressing the integration of SHAFE in regional policy. The remaining above-mentioned stakeholders are participating in the advisory boards of the Regional strategy, policy making, and other relevant bodies related to funding instruments and will therefore also be essential to align a strategy that can lead to an effective action plan.

Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	The main relevant stakeholders from this sector related to SHAFE in Centro Region of Portugal and also involved in the EU-SHAFE project are:
	• Nacional Municipalities Association (ANMP)
	• Ageing@Coimbra
	• Other NGOs delivering health and care services in the region, such as:
	  ○ AD ELO (Local Development Association of Bairrada and Mondego)
	  ○ ANGES (National Association of Social Gerontology)
	  ○ APCC (Coimbra Social Palsy Association)
	  ○ Academia Social Solidarity Center
	  ○ Dr. José Lourenço Júnior Foundation

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	The main funding policy instrument available for the implementation of a development strategy to the Centro Region of Portugal, between 2014 and 2020, is the **Regional Operational Programme** (ROP). ROP Centro has available about €2,155m from EU funds: €1,751m (ERDF) and €404m (European Social Fund), that primarily intend to strengthen the competitiveness of the companies based in the region and job creation. It will also be given emphasis on the efficient use of resources and the social inclusion of disadvantaged people. Ten strategic priorities have been established within the programme Portugal2020 is the partnership agreement adopted between Portugal and the European Commission, bringing together the work of the five European Structural and Investment Funds - European Regional Development Fund, Cohesion Fund, European Social Fund, European Agricultural Fund for Rural Development and European Maritime Fund - which define the programming principles that enshrine the economic, social and territorial development policy to promote in Portugal between 2014 and 2020. These programming principles are aligned with Intelligent, Sustainable and Inclusive Growth, continuing the EUROPE 2020 strategy. To this end, it has set the Thematic Objectives to stimulate growth and job creation, the interventions needed to achieve them, and the achievements and results expected from these financing. Portugal 2020 is operationalized through 16 Operational Programs, in addition to the European Territorial Cooperation Programs in which Portugal participates alongside other Member States. It has 4 continental thematic operational programs • Competitiveness and Internationalization • Social Inclusion and Employment • Human capital • Sustainability and Resource Efficiency Besides these, 7 regional programmes, such as the ROPC, are also available.

	European programs are also available for the country and the Centro Region, some of them possible to be used to leverage SHAFE implementation (an indeed used already) • H2020 • AAL Programme • Atlantic Area Programme • Espon • Urbact • Interreg Europe • Interreg Sudoe • Erasmus+ In terms of Portuguese funds, there are also others that are wothy to highlight: Portugal Social Innovation is a public initiative aimed at promoting social innovation and boosting the social investment market in Portugal. It mobilizes around EUR 150 million from the European Social Fund under the Portugal 2020 Partnership Agreement. It channels this money to the market through 4 financing instruments to fund projects that propose alternative and innovative approaches to addressing social problems. This initiative is a pioneering experience in Europe, as Portugal is the only Member State that has earmarked part of EU funds until 2020 to experiment with new financing instruments aimed at fostering innovation and social investment. The implementation of the Portugal Social Innovation Initiative is coordinated by the Portugal Social Innovation Mission Structure (EMPIS). Many private funds, such as BPI la Caixa programmes; Montepio – FACES program; Fidelidade Social Award; Mission Continente (Sonae); FMAM Award, among others.
How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	Within a strict cooperation with the Ageing@Coimbra consortium, the Regional Authority of the Centro Region (CCDR-C) – responsible stakeholder - has been promoting an **annual prize** to recognize **Good Practices in Active and Healthy Ageing in Centro Region**, among public and private organizations. It distinguishes 3 main categories: 1. Knowledge+ (good practices that boost research and technologies in AHA); 2. Health+ (good practices that contribute to improve and adjust health and social care to older adults) and 3. Life+ (good practices that promote healthier life styles, with or without resource to new technology use). After two previous editions (in 2017 and 2018), this initiative, aiming at improving the dissemination and acknowledgement of projects and initiatives that promote active and healthy ageing in the region, is this year already on its third edition, recognizing that a wider visibility of the existing good practices will potentiate a better adherence of the citizens, allowing to turn them into reference and inspiration fonts for other relevant actors and territories.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	Social entrepreneurs of the Centro Region have access to a national programme called "Portugal, Social Innovation" (https://inovacaosocial.portugal2020.pt/en/), through which they can be informed on the financing supports available, regarding social entrepreneurship, as also on related relevant contents, whether through the respective websites, the National Contact Points or annual presential informing sessions.

	Besides, also the Programmes Pt2020 (https://www.portugal2020.pt/), on a national level, and Centro2020 (http://www.centro.portugal2020.pt/), on a regional level, are available through their websites, social media and annual awareness public sessions, to inform interested stakeholders on existing financing opportunities. CCDRC, as managing authority for Centro ROP has a communication strategy to disseminate and communicate the main goal of CROP and calls to all potential beneficiaries that includes: • Regular newsletter with all calls that are open: file://ccdrc.pt/users$/lm0252/Transferencias/boletim%20do%20centro%2030.pdf • program website: http://centro.portugal2020.pt • national website: https://www.portugal2020.pt/noticias • social networks: https://www.facebook.com/Centro2020; • Agência para o Desenvolvimento e Coesão, IP - AD&C • media: mainly regional and national newspapers • dissemination events - were privileged in the early phase of the programming period. There is also great direct interaction with the potential beneficiaries

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	The main challenges related to SHAFE that Centro Region of Portugal is actually dealing with come from some major **strengths** currently existent in this territory. To name the most relevant, it should be mentioned: (1) the increasing longevity of the regional population, concerning both genders, as urban and rural areas; (2) the rising awareness of the policy and decision makers to SHAFE matters, translated into their greater attention and effort dedicated to the recent legislation and regulations, whether European and national wide based; (3) the growing tendency for social participation of end users, when it comes to building technological or other solutions tailored to their own needs and requirements; (4) the expanding tendency to gather and organize communitary-based resources to better answer to the population ageing demands. (704 – sem espaços)
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	Following similar European and national tendencies, concerning the challenges related to Smart Healthy Age-Friendly Environments, **Centro Region** is also struggling with some major **weaknesses**: (1) the vertical (non-transversal) functioning of the political national bodies, which leads to a significant lack of openness to innovation; (2) the great extent of the waiting lists associated to the health and care services related to older care; (3) the older adults' financial and geographical frailty when it comes to their accessibility to the health and care services within their own local community, mainly in rural isolated areas; (4) The overwhelming dependency of the ageing related services functioning from public funding and resources. (631 – sem espaços)

What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	Within this demanding context, have been emerging some major **opportunities** to address the above mentioned challenges: (1) Society is now more tending to organize the possible solutions based on older people's functional and ability criteria, rather than their chronological age; (2) Population ageing has been paving the way to the recent research and technological innovation development towards SHAFE related issues; (3) The growing tendency to build or strength regional networking and partnership work groups, that gather public services, private sector, academia and civil society towards promoting effective active ageing; (4) The enhancing of non-economic territorial activities that actually contribute to SHAFE purposes. (628 – sem espaços)
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	Among the main **threats** that Centro Region of Portugal is currently facing, when it comes to SHAFE purposes, are: (1) the rapid running demographic changes, when it comes to population aging, as well as its inherent consequences and demands; (2) the future balance and sustainability of the healthcare system and public finances (with regional economic and functional impact), as the population ages; (3) the trinomial phenomenon of depopulation, isolation and populational dispersal, mainly in rural and interior areas of the Centro Region; (4) the territorial heterogeneity of the Centro Region, with urban areas, as low populational density areas, and littoral areas under developed, which demands specific and adapted approaches to each of these contexts all age range challenges. (666 – sem espaços)

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	**1. <u>Artificial Intelligence</u>** **Smartwork** (Smart Age-friendly Living and Working Environment) is a project financed by the European Union, under Horizon 2020, that aims at developing and validating innovative digital solutions so older workers can remain actively involved in their working life by helping them to renew their work skills and adopt healthier lifestyles, taking into account any age-related health conditions. The project is coordinated by Greece's Company – Byte, with the remaining partners being Cáritas Coimbra and Pedro Nunes Institute (Portugal), UPAT (Greece), Raisin the Floor International Association (Switzerland), Roessingh Research and Development (The Netherlands), Sparks (United Kingdom), Coin (Sweden), Arhus Kommune (Denmark) and ECHAlliance (Ireland). **2. <u>Big Data</u>** **Euro-Healthy** (Shaping EUROpean policies to promote HEALTH equity) was a three-year Horizon 2020 research project launched in January 2015, that aimed to increase knowledge and resources on policies that had the potential to promote health and health equity across 269 European regions with a focus on metropolitan areas. Euro-Healthy was formed by a consortia of collaborating partner institutions, having progressively involved 96 stakeholders and 56 experts to actively engage them into multiple research activities related with the process of developing the EURO-HEALTHY PHI - a population health index which was supported by a web-based geographic information system, population health scenarios and two case studies (Lisbon and Turin). EURO-HEALTHY has brought together 15 multidisciplinary institutions from 12 European countries assuring a multi-sectoral approach required to employ cross-cutting determinants of population health. This highly collaborative partnership enhanced the capacity of all involved

researchers to conduct transdisciplinary and interdisciplinary research by integrating a variety of disciplines to achieve a common objective.

The involvement of stakeholders was designed to strengthen their understanding of the impact that different policies can have on health promotion and health equity, thus maximizing the project's influence on the public debate.

3. Internet of Things

TICE – MindCare - with this system, it is intended that the families and caregivers of demented patients have services, equipment and tools to let patients have a better quality of life through hospital clinical registration tool specifically for Alzheimer's and Parkinson's.

This will also include behavioral sensors, enabling a timely diagnosis of the disease and its monitoring, sensors, location and position of the patient (who will study their habits, routines, behavior modification), neuro-sensors that complement the clinical diagnosis and system for controlling physical activity of patients and recommending ways to implement physical exercise (in accordance with the therapy recommended by your doctor).

INOVA, IPN, Telecommunication Institute, Media Primer and University of Coimbra were the main project co-promotors.

4. Ambient Assisted Living

DAPAS (Deploying AAL Packages at Scale) aims at delivering an innovative solution, which is based on the needs of older adults and their relatives. The project will bring together successful outputs of previous AAL projects, like Emma, DALIA, zocaalo, kwido and RelaxedCare, developed from different companies in different countries. These innovative solutions will be combined to one product that can be distributed on a larger scale thus to improve quality of life of many people.

First, DAPAS will integrate differentiated service packages that increase security, support activities of daily living and facilitate communication. Secondly, DAPAS will build up the organizational and technical structures and framework around the packages that allow for a distribution and plug & play installation in a bigger scale. Thirdly, DAPAS will evaluate the impact of the packages on users and the installation and distribution process in three countries – Portugal, Luxembourg and Austria – with varying culture and languages.

The General Objectives of the project are:

- Combine and adjust existing resources in projects and products (DALIA, Emma, RelaxedCare) whose success has been previously proven and form AAL support packages in this project;
- Create organizational and technical structures for an easy and large-scale distribution of DAPAS support packages;
- Evaluate the process of configuring and distributing a multinational and multilingual AAL solution (a process not covered in most AAL projects so far), validating the approach developed in the DAPAS project and applying the learning in its business strategy;
- Evaluate the impact and acceptance of AAL packages by users to apply the learning in their business strategy;

- Demonstrate the benefits of using a solution that provides AAL packages to end users through assessment, including relevant measures in the study.

5. Natural Language Processing

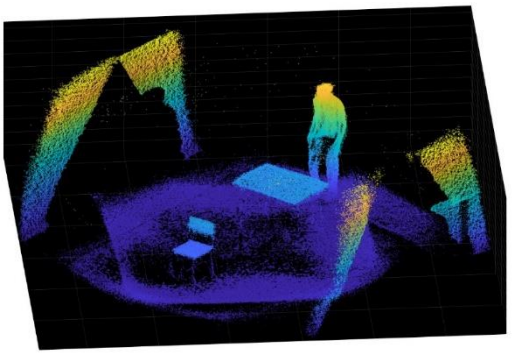
Grow Me Up (2015-2018) was a Research and Innovation project, co-funded by the European Union under the Framework Programme Horizon 2020 with the following partnership: University of Coimbra (Portugal); University of Geneva (Switzerland); Atrium-Orbis: Cure and Care organization (Netherlands); University of Cyprus (Cyprus); PAL Robotics (Spain); ProBayes (France); Citard IT Services (Cyprus); Caritas Diocesana de Coimbra (Portugal).

The GrowMeUp project aimed at developing an innovative service robot for ambient assisted living environments (the GrowMu robot) that could support the needs of older people (65+) in their daily life activities. The main goal of the project was to provide an affordable robot that would be able to learn from older people´s routines and habits, therefore enhancing and adapting its functionality to dynamically compensate the constant deterioration of the cognitive ability of individuals, while simultaneously ensuring a consistent service provision and quality of life throughout the aging process. Furthermore, the involvement of older participants at an early stage of the project could increase the robot´s ability to understand and combine different contextual information for older people, such as emotional states, daily behaviour routines and preferences, thus stimulating them to remain active, prolonging their independence and improve their quality of life. To determine the effectiveness of the GrowMeUp system, trials were performed in two end user organization (the Netherlands and Portugal).

As for its main results, the GrowMeUp system shows the potential of being beneficial for both older persons and (in)formal caregivers when further developed. In accordance with the outcomes of the trial, further refinements and developments on most aspects of the robot (navigation, dialogue and several services) are needed to implement and use it in a daily real-life setting. The next step and recommendation is to implement and develop the services further which are marked as important by the users and refine and develop navigation and dialogue based on the feedback of the trial. After finishing these developments, a user test was performed in a real-life environment – in the apartments of the older persons and day care center - collecting also logged data that provided a more reliable evaluation of the system. These next steps can be accomplished in a future project where the outcomes of this project can be the starting point.

6. Computer vision

HTPDIR - Human Tracking and Perception in Dynamic Immersive Rooms – explores the potential of immersive reality systems and its broad range of application. Despite the numerous systems available, there are currently no solutions that map static and dynamic obstacles in the physical space, and thereby users have to circulate in empty rooms or perform interaction with the immersive system in a very limited space. On the other hand, the tracking of the users restricts to the user's head (or hands through the use of controllers), or when members and hands are also tracked, users need to stand in front of the RGB-D sensors -D (or other sensors) in a limited space.



The motion tracking of the entire body in larger areas is usually solved using tags, with optical or radiofrequency modulation, placed at several points of the body, and using high frequency sensors to capture these tags. This leads to systems with low flexibility and extremely expensive. In this project it is proposed to develop a low cost system based on multiple RGB-D sensors (= 4), providing simultaneously the tracking of the full body of the user at any point of the physical space (areas of tens of m ^ 2) considering unstructured and dynamic environments, gesture recognition for a more natural interaction with the immersive environment, as well as the interaction with the real world from the immersive world. This system finds a broad range of applications in many areas, namely, shopping area (real estate development, allowing to show final finishing/decoration in spaces), education (space simulation in classrooms, museums, showrooms), training in simulation (accident simulation, police training, social training). The possibility of adapting any space to a new dynamic virtual world, where the user can move within it, opens up a whole new range of solutions with a potential that can be exploited in several areas of activity.

Website: http://htpdir.com/project/

Budget: 926K€ (ISR budget: 286K€)

Partners: Sketchpixel - Multimédia e Visual Effects Lda, Instituto Politécnico de Tomar, Universidade de Coimbra (ISR)

Timeframe: 2017-02-01 - 2020-01-31

7. Conversational agents

CaMeLi was a project developed by a consortium led by SIEMENS in Germany and Instituto Pedro Nunes (IPN) in Portugal, funded under the AAL Joint Program (http://www.cameli.eu/). The innovative idea of the project was to provide a system that works through an avatar, aiming to simulate the way the older person was used to or would like, to interact, collaborate and dialogue with a human life partner, understanding emotions and assisting him/her in carrying out daily life activities at home.

This avatar is a virtual assistant with a human figure with which the older person can speak and interact by asking them to perform certain actions. Scheduling activities, contacting family or friends through Skype, choosing meals or reminding the person where he/she stored an object are some of the functions provided by the project.

Cáritas participated in a Portuguese pilot with Instituto Pedro Nunes towards cultural and language adaptation to PT, aiming to make this into an efficient and effective device to improve active ageing.

8. Cloud computing

EuroAGE - Innovative Initiatives for the Promotion of Active Ageing in the EuroACE Region - aims at fostering autonomous healthy life, mainly in older people but also in people with some degree of dependency, through the promotion of innovative initiatives based on information and communication technologies. The project involves Portugal-Spain cross-border cooperation of partners from EuroACE region, a region that covers Centro and Alentejo regions in Portugal, and Extremadura region in Spain, which is a territory in Iberian Peninsula heavily affected by the aging of the population. The research team from ISR - University of Coimbra that participates in the EuroAGE project will demonstrate and validate with older people the use of social robots and smart homes as key technologies to promote active and healthy aging, through cognitive, socio-emotional stimulation and physical activity promotion, thus contributing to quality of life enhancement and increased healthy life expectancy.

Website: http://www.euroage.eu

Partners: Centro de Cirugía de Mínima Invasión Jesús Usón (Spain, Coordinator); Instituto Politécnico de Castelo Branco (Portugal); ISR – University of Coimbra (Portugal); Cluster Sociosanitario de Extremadura (Spain); Universidad de Extremadura (Spain); Instituto Politécnico da Guarda (Portugal).

Timeframe: 2015-10-01 - 2019-12-31

9. Augmented reality

Some projects are implemented in this area, more connected to social participation, citizenship and culture:

1. Projected Augmented Reality Intelligent Model of a City Area with Path Optimization, developed by the Polytechnic Institute of Coimbra —ESTGOH and Institute of Systems and Robotics of the University of Coimbra and the Haute École Bruxelles-Brabant, Belgium

Augmented Reality is increasingly used for enhancing user experiences in different tasks. The present paper describes a model combining augmented reality and artificial intelligence algorithms in a 3D model of an area of the city of Coimbra, based on information extracted from OpenStreetMap. The augmented reality effect is achieved using a video projection over a 3D printed map. Users can interact with the model using a smart phone or similar device and simulate itineraries which are optimized using a genetic algorithm and A*. Among other applications, the model can be used for tourists or travellers to simulate travels with realism, as well as virtual reconstructions of historical places or remote areas.

	https://www.mdpi.com/1999-4893/12/7/140/pdf 2. Resulting from the research project SANTACRUZ - 3D digital reconstruction of Coimbra´s Santa Cruz Monastery in 1834, the initiative Future Paths for Lost Heritage, which takes place within the framework of the 21st Cultural Week of the University of Coimbra, includes two sub-events: • AR/VR interactive visual installation (Augmented Reality/Virtual Reality) or "Mixed Reality" at the DARQ chapel • International Colloquium on 3D Reconstructions of lost or partially lost architectural heritage, to be held at the DARQ Chapel.

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	The main challenges we found one the 4 topic areas were: **Housing and Infrastructure:** • Housing not adapted to older people or people with disabilities (in historic centers and low-density areas). • Lack of support for personal housing adaptation (accessibility and comfort). • Lack of roads and public access adapted to reduced mobility. • Public transport not adapted to chronic and / or disabling conditions. **Health** • Care centers away from places of residence. • Lack of mental health responses. • Shortage of vacancies for admission to the National Network for Long Term Care. • Scarce socioeconomic resources to meet health expenses. • Need for integration of intra and interdisciplinary care (health and social). **Social support** • Low economic resources. • Social isolation and loneliness. • Difficulties in traveling by their own means or in access to transport. • Lack of residential and home support responses. • Reduction of community support networks. • Need for integration of intra and interdisciplinary care (health and social). **ICT** • Info-exclusion of the most isolated and vulnerable publics. • Scarce digital literacy of the older population. • Difficulties in accessing the internet and purchasing electronic devices. • Difficulties in maintaining ICT projects implemented after their completion.

	Caritas Coimbra believes can better contribute to Community Health and Support Services, with special focus on end users' participation and co-creation processes.
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	Caritas Coimbra is better interested in learning about "Housing" issues, since this is a less achieved intervention SHAFE domain for our Region, and there is still much to understand and improve regarding older adults' habitational conditions to assure their healthy and active ageing.

(Aarhus) Municipality of Aarhus.

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2. Your Region	
Country	***Denmark***
Region	***Central Denmark Region***
City	*Aarhus*

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	The Assisted Living Technology development fund (VTU Fund) The assisted living technology program statement was adopted by the political parties in the Aarhus municipality´s budget agreement for 2013-2016. The text is contained in "Conciliation on the 2013-2016 – Reinforced and Strengthened Out of the Crisis, September 21, 2012.: • *"Aarhus Municipality wants to create a globally leading development and business climate in assisted living technology* • *Aarhus Municipality will increase the number of jobs in assisted living technology companies in Aarhus* • *Aarhus Municipality will be a pioneer in the use of assisted living technology in all municipal services* • *Aarhus Municipality will give citizens responsibility and competence to use technology in everyday life* • *Aarhus disseminates assisted living technology for the benefit of its citizens* *Assisted living technology increases the safety and security of citizens. Assisted living technology increases citizens' mobility and the ability to handle daily chores outside the home. Assisted living technology thus provides increased self-reliance and better quality of life for the primary target groups: the seniors, chroniclers and citizens with disabilities. Assisted living technology frees up*

	resources that can be better spent. Assisted living technology can also support learning and well-being for other target groups."
Describe the main features of the policy instrument indicated.	The purpose of the assisted living technology development fund (VTU Fund) is to expand the use of technology, that improves or replaces a service from the municipality. The fund also supports projects which aim to improve the working environment for the employees through use of technology. Most projects are based on cooperation between business and municipality (public- private cooperation). The fund finances or co-finances concrete assisted living technology demonstrations, tests and development projects and strategic efforts. The purpose is also to investigate the potentials and gains of a particular technological solution and assess whether it makes sense to introduce the solution on a larger scale. All magistrate departments have a representative in the VTU- Fund to secure the cross-cutting cooperation. The VTU-fund has 6 million DKK (805.000 €) each year and the fund supports projects with financing, economical advice and project management. Up until now it is primarily projects with target groups as senior citizens and disabled citizens. But assisted living technology is not only interesting and relevant for seniors and the sick. Also, younger target groups can benefit from the use of technology – for example learning for children, youth and vulnerable groups in our society. Assisted living technology is also smart solutions to develop our city and how we use it. The rules for the use of the funding are: • Funds must realize at least one of the Program Statement's impact goals • The funds should contribute as much as possible to increased synergy across magistrate department's departments (sectors) • The funds must increase cooperation with private and other public actors There must be focus on new solutions that have notbeen used before or focus on known solutions used in new ways or areas • The funds will not be used to operate and implement already well-documented solutions in that area • The funds can only be used for projects and initiatives that benefit the municipality's service areas through new assisted living technology products and solutions. The funds are decentralized, so that the funds' instructions and use follow the project management
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how.	In Denmark the responsibility for certain areas has changed. Until 1/1 2019 Central Denmark Region were responsible for i.e. smart specialisation. Now it is Danish Business Authority who is responsible for this part of the strategy, and they are currently in a transition phase. Until now "innovative and knowledge based industrial production" has been a strength and with certain potential for growth in Central Denmark Region. The Region would like this focus to be maintained and to continue the initiatives under the Danish

	Business Authority's responsibility. Therefor there is a strong possibility that the regional (now national) strategy still will contain smart specialisation as a priority.

4. Relevant stakeholders	
Is there a close cooperation between the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	There is a close cooperation between the actors in our region. There is always a possibility for improvement, but we think it is rather functioning as it is.
Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	In the Central Denmark Region we have a cluster, Medtech Innovation Consortium MTIC, www.mtic.dk who is an important actor. We also have Test and Development Center for Assisted Living Technology (TUCV). At Center for Assisted Living Technology we cooperate with several companies of all sizes. We have a network called CareWare, https://careware.dk/om/about-careware/ CareWare is aimed at strengthening co-operation between enterprises, research and educational institutions, and local as well as regional authorities and institutions throughout Denmark and the Nordic countries. CareWare is directed at decision makers and professionals who are working with or for the seniors and people with disabilities or chronic diseases. Businesses, entrepreneurs, research & development institutions, as well as educational and training environments are invited into the network. Business Region Aarhus is a network of 12 municipalities working for quality of life through i.e. mobility and communities. There are several networks (regional and national) with focus on assisted living technology.
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	Relevant stakeholders are VIA University College, University of Aarhus and the social and Health Care Colleges in the region. VIA University College and the University of Aarhus have representatives in our stakeholder group.
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	Relevant stakeholders are: • The Central Denmark Region (Regional development, Health Innovation). • Other municipalities in the region through formal and informal cooperation. • Other magistrate departments (departments) within the municipality of Aarhus.
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of	Relevant stakeholders are: • Council for senior citizens in Aarhus – this council speaks for all citizens over 60 years of age. They give advice to the Aarhus City Council and gives statements about all matters concerning the senior

them are actively involved in the EU-SHAFE project.	citizens before they are handled by the Aarhus City Council • "Ældresagen" is a national union with 870.000 members. Their purpose is to improve living conditions for all senior people. It is a social-humanitarian union. • Visit Aarhus develops the tourism in Aarhus, but also cooperates with the citizens and the public administration. Their interest is to create an attractive environment for all tourists – also the large group of seniors. Visit Aarhus also have a large group of volunteers (ReThinkers). A lot of them are senior citizens and they contribute to quality of life in Aarhus

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	Municipality of Aarhus has the VTU-fund (described above) The purpose of the assisted living technology development fund (VTU Fund) is to expand the use of technology, that improves or replaces a service from the municipality. The fund also supports projects which aim to improve the working environment for the employees through use of technology. All projects are based on cooperation between business and municipality (public-private cooperation). The fund finances or co-finances concrete assisted living technology demonstrations, tests, development and implementation projects and strategic efforts. The purpose is also to investigate the potentials and gains of a particular technological solution and assess whether it makes sense to introduce the solution on a larger scale. The Central Denmark Region, Regional Development, Health Innovation can fund up until 100.000 DKK (75.000€) to development of products, processes and tools that improves the health in Central Denmark Region, Denmark and internationally. The projects must support the Global Goals of UN and create value for the society. Often the projects will be pilot projects, short term testing or feedback and help with applications. Innobooster – the Innovation Funds Programme for SMVs and startups. The AAL-Programme has funded several projects with Danish participation. Interreg Baltic Sea, Interreg ØKS and Interreg Europe has funded projects in Center for Assisted Living Technology. Horizon 2020 projects.
How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	All municipalities are working with SHAFE but there is a big difference between small, medium and large municipalities. This text is mainly about Aarhus, so be aware that we are the largest municipality in the region (and the second largest municipality in Denmark). We have DokkX https://dokkx.aarhus.dk/english/welcome-to-dokkx/ which is an innovative development center for assisted living technologies and digital healthcare solutions. By presenting and demonstrating a wide range of technological solutions, DokkX seeks to promote curiosity and knowledge about the technologies. By sensing, touching and playing with the technologies, citizens of all ages will develop better competences in the use of these technologies of freedom in their daily lives. The centre intends to demystify assisted living technologies and illustrate how assistive technology is a part of the everyday lives of many people and is not only applied for senior citizens. At the same time, DokkX will create the framework for an innovative environment for development, with unique opportunities for

	co-operation between companies, educational and research organisations, the Municipality of Aarhus and its citizens. By bringing together different groups and individuals with different skills, an innovative environment will be formed, combining user feedback with product development. DokkX is a strategic focus across the five magistrate departments and is based on the vision of Aarhus Municipality of being among the leaders in the application of assisted living technology. DokkX on tour: the light blue bus is filled with assistive devices and assisted living technology. The bus meets the citizen at libraries, shopping centres and community centres. Everybody can visit the bus and try out the devices and technologies. The concept of Care Ware (run by the municipality) has since 2010 focused on new technologies or methodologies for the physical or cognitive rehabilitation of citizens, as well as solutions that contribute to a better work environment of the care staff. CareWare is also aimed at strengthening cooperation between enterprises, research and educational institutions as well as regional authorities and institutions in Denmark and the Nordic countries. CareWare is directed decision makers and professionals who are working with or for the senior people and people with disabilities or chronic diseases. CareWare presents several events every year. Center for Assisted Living Technology, Health and Care, Aarhus Municipality has app. 50 employees and the majority are working with detecting, testing, evaluating and implementing assisted living technology in the municipality. The department has a test center, a center for distributing assistive devices, a training/education center (for the employees) and the above mentioned DokkX. In the Central Denmark Region, we have Medtech Innovation Consortium, an accelerator for development and implementation of new products, processes and services for the health and care sector. MTIC build bridges between the public actors and the private companies. The Test and Development center (TUCV) is run by the Municipality of Viborg, CFI (*Center for Industri*) and the hospitals units in Viborg, Silkeborg, Hammel and Skive. This center offers validation of the ideas, opening the right doors, springboards, test and ideas for funding. In Denmark there is a range of accelerator programmes for startups and entrepreneurs. Typically, you apply for participation and can get help for funding, advising, workshops, mentoring, network, office facilities, test facilities. Examples are ITU Start Up Programme (IT), Danish Tech Challenge (hardware) and Copenhagen Fintech Incubation Programme for early stage fintech startups. Copenhagen Health-tech Cluster are also working as an accelerator with focus on esp. digital healthcare solutions.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	22 Danish accelerator programs, five government greenhouses and over 30 student greenhouses and associations plus a sea of municipal services and development parks. This makes it difficult for a startup to find the right place to get help and support. A McKinsey report commissioned by the Treasury stated that the public business promotion system is difficult to assess the impact of, but that there could be more focus on productivity. According to Dansk Industri, the Danish business promotion efforts are incomprehensible and there are overlaps between actors, events and competitions that you can participate in with your company.

	For a startup it is important to decide what you need and what kind of help you want. There is not just one place to look – you will have to google and search systematically for possibilities not only in your own town and region, but in the whole country (Denmark is a small country).

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	**1. The basic conditions and prerequisites in the municipality.** We have a well-developed health system and assisted living system in Denmark with a high standard of social services. The municipality of Aarhus is the second largest in Denmark, and we have a lot of "muscles" and the conditions to develop and test i.e. via Center for Assisted Living Technology and Vikærgården (a nursing home, rehabilitation centre that serves as a test centre). In Aarhus there are several educational institutions and a lot of students. This gives us the possibility to engage trainees who can solve tasks we cannot accomplish or have the competences for. **2. Cooperation** We have cooperation across municipalities, region and hospitals and we have many strong actors focusing on development of SHAFE. We have a council for senior citizens (*Ældrerådet*) who cooperates with the politicians and the employees – the council gives response to propositions from the City Council. The VTU- fund is an example of an activity that promotes cooperation with other actors, like businesses. We also cooperate with educational institutions in the region. **3. Initiatives that promotes dissemination of information and knowledge.** DokkX an innovative development center for assisted living technologies and digital healthcare solutions. By presenting and demonstrating a wide range of technological solutions, DokkX seeks to promote curiosity and knowledge about the technologies to all citizens. The Assisted Living Technology Educational Center is the facility where employees learn how to use technologies to avoid working accidents and to be able to handle the citizens in the best possible way. 4. **Accessibility** In the municipality of Aarhus, the accessibility has a good standard i.e. in regard of public transportation.
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	**1. From decision to embedding** A long way from decision to practise – it's difficult to translate the decisions to practise. The implementation of new technology, new processes etc. is going slow and the time needed is sometimes underestimated (TTT -Things Takes Time). The employees are busy with the daily routines and can easily get to a point where they don't have energy and resources to yet another project. This also entails that it's difficult to act fast and technologies can be outdated before the project has even started. **2. Visibility, communication, information** The possibilities for citizens and employees could be more visible and easier to access (services, assistive devices). Business can experience that it is difficult to find the right way to the right person who can take the required decision and procurement rules are also hindering development

	and access to the market. In a large municipality like Aarhus things can get complicated and you can get at bit complacent and think "we cannot learn anything – we are the best". 3. **Using resources outside of the municipality.** The number of volunteers has increased the last few years but there is still room for improvement. Taking weakness 4 and one of the threats into account it will be necessary to focus on the resources from the volunteers and the relatives to meet some of the needs of the senior citizens. **4. Employee retention** There is a rather large staff turnover in the municipality (around 20 pct.) and this cause loss of knowledge and inferior opportunity for peer-to-peer training. To be front office staff and working with children, young and old are not associated with prestige - wages are at the low end of the scale.
What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	**1. Cooperation and outlook** We could have a wider outlook to world in regard of research, experiences and documentation and we could work even closer together with the knowledge institutions and educational institutions. This also implies more use of funding and grants. We have a strong ecosystem and we should keep on expanding the cooperation. **2. Digitalization** Exploit the fact that the senior citizens and the employees have good digital competences which opens for possibilities for using i.e. telemedicine solutions. We have a lot of data and it will be possible to use them for monitoring and predictions – health prevention and early warnings. **3. Silver Economy** The number of people over 80 years of age will double in a few years – this will be an interesting market for companies, and we will get more technology to choose from and use.
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	**1. Data management and documentation.** We have a lot of available data and the possibilities to collect more in the future. The implications of legal matter might make it difficult or impossible to exploit the potential. Lack of documentation of the effect of new practices can lead to wrong or bad decisions (maybe decisions are taken too early in the process because of impatience and need for showing quick results – lack of understanding of the long process of implementation). **2. Focus and needs** There are a lot of offers and possibilities – a lot of technologies. This can lead to lack of focus, to doing to many things at the same time, but end up doing them half measure. Are we finding the need for a technology OR do we spot a need and search for a technology? It is important to not be dazzled by the technology but keeping the head clear and remember to explore if the problem or need could be solved in a simple way without the use of technology. **3. Resources and competences** It is a threat that we lack employees in the care sector – as mentioned under "weaknesses" we also lack competences. We focus on technologies that improves the daily work and routines, but we should also focus on technologies that can improve competences at the employees and the

	senior citizens. **4. The basic conditions and prerequisites in the municipality** Because of the very high prices on building plots and property it is very expensive to develop new ways of living and accommodation facilities. Also, we have areas with vulnerable people and areas who are labelled "ghetto" – action is taken towards the people (of all ages) living here, but it is progressing very slowly.

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	You will not find all the technologies in all units – i.e. the nursing homes can decide to invest money themselves – part of the budget is allocated for the single units to decide for themselves. **Health Units** • Robot-Fit (robot for rehabilitation and training) Exorlive – training programs • Training tools – different kinds in the units Robot vacuum cleaner **The home care** • Entrance and exit beds / leg lifts • Bidet-seat (rinse and dry function on a normal toilet) Raizer (mobile chair for lifting people if they can't get up) • Eating robot • Support stocking - off and on Electronic door locks **Nursing Homes** • Electronic door locks • Automatic door opener • Automatic curtains • Automatic windows • Electric awnings / sunshade. Height adjustment of kitchen table. Height adjustment of bathroom sink • Handles and swivel sinks (easier access and use of the rest room) • PIR control of bathroom lights. Robot vacuum cleaner • Intelligent toilets (*Rinse and dry toilets with raise/lower function)* • Bidet-seat (rinse and dry function on a normal toilet) Toilet seat lifter • Washing machine and tumble dryer in each residence Two-way communication facilities. • Lifts in the ceiling (from sleeping room to bathroom) Carendo Chair. • Eating robot • Mobility monitor (monitoring the sleeping pattern). Night Rest (virtual monitoring during the night) Touch and Play • Lotus Active (help for standing up and move) Entrance and exit beds / leg lifts • Support stocking - off and on • Tranquility Activity Pack (can increase activity and curb unrest) Ergotip (chair with electric kip and electric hoist)

	• Wellness bathtub and wellness room with starry sky Sensory room / virtual room • Info screens Smart TV Inmuu pillows • Chairs and duvets with balls (for curbing unrest) • "Vendlet" – system for easy turning and handling of a person Circadian Lighting • Massage chairs. Mobile speakers Fitlight • GPS-systems Light guide VR-glasses Play Alive ***Special Unit (testing center Vikærgården)*** • Alter G (anti-gravity treadmill) Treax pads (training system) Fit Light (training system) Exorlive (training programs) • Raizer (mobile chair for lifting people if they can't get up) • Happy rehab (interactive standing system for the training of gross motor and cognitive skills.) • HUR training machines with intelligent training maps Beam movable robot – telepresence • Cetrea – tool for planning Decon-X (disinfection system) Tools for moving the patients • Kinetisense (analyzing movements) • Mobility monitor (monitoring the sleeping pattern). Walker – help for walking - training • Touch and play • Viro (an electronic whiteboard solution that provides a structured overview of the citizens, but also activities, special conditions in relation to. citizens, and not least actions that must be performed, for example, in connection with medication dosage or reception calls.) • Wellness bath Lifts in the ceiling • Intelligent toilets (Rinse and dry toilets with raise/lower function) Sensor – floors • Bariatric rooms • Voice control systems Training stairs • Silbot (cognitive training with use of a robot) Leg lifts • Apps for cognitive training Smart TV

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	It's our impression that we can contribute the most to A) Housing and D) Health and community services.
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	We think that we could learn a lot and get inspired by the other partners activities and practices on b) Social Participation.

(Hamburg) Hamburg Ministry of Health and Consumer Protection

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2. Your Region	
Country	***Germany***
Region	***Hamburg***
City	*Hamburg*

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	The operational program of ERDF 2014-2020 for Hamburg, Germany.
Describe the main features of the policy instrument indicated.	The ERDF OP for Hamburg has two main priorities: innovation and CO2 reduction. The BGV is supporting in the ERDF context innovative joint projects, which try out new solutions for generation friendly districts.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how**.**	No.

4. Relevant stakeholders	
Is there a close cooperation between the the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	In Hamburg several companies, organisations and universities are working on solutions for the challenges of the Demographic change.

Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	- GWHH – health care industries cluster agency - ADSG – housing industries - SAGA – housing industries - P&W - residential care home for the elderly - Evangelische Stiftung Alsterdorf - Silpion – IT-solutions - Connected-health.eu – IT-solutions - Q-Data Services – smart home solutions - TK – public health insurance - Optimedis – company focused on integrated care models
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	- University of Hamburg - Hamburg University of Applied Science - Hafencity University – architecture / urban planning
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	- Hamburg Ministry of Economy, Transport and Innovation - Hamburg Ministry of Labour, Social and Integration - Hamburg Ministry of Science and Research - Hamburg Ministry of Urban Planning and Housing - The district offices of the seven Hamburg districts
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	- Senior citizen council - Patient empowerment organisations - Gesundheitswirtschaft Hamburg e.V.

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	Different funding schemes are used in the region to develop generation friendly districts and smart and healthy living environments. On regional level, we have a mix of different funding schemes, for example with the scope to reduce barriers, regional support, activate the citizens and to build up more healthy environments. One important funding scheme is the: "Förderprogramm zur Stärkung der Gesundheitswirtschaft". With this scheme, we try to boost innovation and try to help companies to develop new products and services in the health sector. On national level, there are as well many different funding schemes. Two are the most important, in the EU_SHAFE context: Funding und the scheme from the Federal Ministry of Education and Research (BMBF) and secondly the Innovation Fund. The BMBF is supporting research in a wide range of topics; societal challenges are one main object in it. The Innovation fund supports projects with innovative solutions in the health care sector with 100 mio. Euro per year. Furthermore, European funding schemes are in use, to improve the situation in the city of Hamburg, like the H2020, in the health program or the ESF.
How does your region nurture early stage and mature innovation, to allow	The cluster agency GWHH GmbH is a key player in Hamburg's health innovation. Through different networks, like the digital health cluster, the

impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	GWHH promotes innovation and cooperation. Stakeholders meet each other in different events on regular basis. Topics are for example housing, e-health and start-up related. In addition, the GWHH gives consulting about possible funding schemes and bring together project partners.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	See above GWHH

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	With a gross domestic product of 117 billion euro in 2017 and accounts for 4% the national GDP. In 2017, the Hamburg gross domestic product (GDP) per capita in purchasing power standards (PPS) per inhabitant is €59,500. This is the highest figure in Germany representing 163% of the national average. The economic power of Hamburg extends far beyond the city limits. The metropolitan area of Hamburg which spans into sections of Lower Saxony, Schleswig-Holstein and Mecklenburg-Vorpommern has currently more than five million residents. One of the strengths of the local economy is its diversity. Hamburg offers a great potential for innovation with its diverse higher education landscape and numerous basic and applied research facilities. The core area of the healthcare economy, the so-called first healthcare market, comprises the sector “classical” healthcare whose services are mainly financed by the social health insurance companies. The Hamburg healthcare economy is a growth industry and employment motor of the Hanseatic City: more then 193,000 employees working in this sector, around two thirds of them in medical care. Also, there is an important share of health economy with gross value added of 10%. About every eleventh euro is generated by healthcare. In recent years, the second healthcare market with privately financed products and services has developed particularly dynamically. Due to technological developments and demographic change, health awareness is steadily increasing. Healthcare providers, in particular, benefit from this trend. Hamburg is among Europe's leading cities in the healthcare industry. More than 160,000 people and counting work in Hamburg's healthcare sector. The metropolitan region includes a total of 79 hospitals, many of which are internationally-renowned specialists' clinics.
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	**Demographic change** Less and less young professionals and more and more senior employees – demographic change presents a challenge for Hamburg companies. Business culture and personnel planning are to meet the requirements of age and aging. But Hamburg appears less affected than other cities and regions. The population is still growing, but even in Hamburg the population is aging. **Shortage of skilled**

	Across the metropolitan region, firms increasingly encounter a shortage of skilled workers in the labour market especially in the sectors of health and social care, engineering, crafts and information and communication.
What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	**Innovative city, sturt-ups and SME´s** Hamburg records almost 100,000 new arrivals per year – among them numerous founders with fresh ideas. Little wonder then that Hamburg is considered to be a major hotspot for the German startup scene. Flourishing local industries such as media, e-commerce, aviation, and logistics, along with strong growth in coworking spaces and professional support services for startups ensure a vibrant startup ecosystem. **Attractive city for new workforce /** **Capital: investment in new companies and new ideas. Many charitable foundations.** The dynamic growth of Hamburg's startup rate is impressive: while the "Hamburg Startup Monitor" published by the private initiative Hamburg Startups recorded 430 young and digital enterprises in 2016, the number increased to 640 in 2017. This is hardly surprising, considering that the Hamburg Metropolitan Region has five million residents and a purchasing budget of EUR 24,000 per capita, thus taking a leading position in both Germany and Europe. New entrepreneurs can draw from these resources, e.g. with regard to B2C or B2B programmes, collaboration opportunities with potential partners from politics, academia and industry, as well as a variety of services available in Hamburg. Hamburg's political and administrative bodies are supporting the region's business sector with the help of nine cluster initiatives. This is where stakeholders from selected industries of the future get together and engage in networking in the form of work groups, jointly funded projects, or events involving stakeholders from industry, startup businesses, academia and research.
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	A major factor which will impact decisively on the prevailing skills shortage in future is Germany's ageing society. An aspect of demographic change, the ageing of society is exacerbating the skills shortage. According to current forecasts, the working-age population, i.e. people aged between 20 and 64, will drop by 3.9 million to 45.9 million by 2030. In 2060, there will be 10.2 million fewer people of working age in Germany. It is expected that by 2050, more than twice as many people will be in need of care. This means that securing an adequate number of skilled nursing staff is an important challenge for Germany and Hamburg. Changing healthcare environments across Hamburg ask for new strategies of smart and healthy age-friendly environments in health-care-sector to be fit for the future. Aging populations, markets in transition, outsourcing activities of manufacturers and legal changes provide the potential to turn threats into opportunities and further develop the health care sector.

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the	In Hamburg, we have good experience with AAL technologies. One example is the ERDF project VWIQ, started in 2012. In the project a flat was equipped

previously discussed thematic areas? (name all of them you are aware of).	with AAL technologies. In the following years, the acceptance of older people was evaluated. More than 100 people lived in the flat between one-night stay and a whole month. The Hamburg University of Applied science is working intensively on Natural Language Processing. In the Health Innovation Port (HIP) founded by Philips, start-up companies work on different digital solutions like Augmented reality – virtual reality solution. One important impulse driver is the Solutions Hamburg Congress, a very important meeting point for the German IT-scene, with more and more focus on health.

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	DOMAIN 1: Option 2 - Housing ("In an age-friendly community, housing is affordable, appropriately located, well-built and well-designed and secure") DOMAIN 2: Option 2 - Social participation ("In an age-friendly community, older people are treated with respect and included in social life. Ensuring older adults' needs are reflected in the development of programs and services is essential")
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	DOMAIN 4: Option 1: Communication and information ("In an age-friendly community, age-friendly communication and information is available")

(Louth) Louth County Council.

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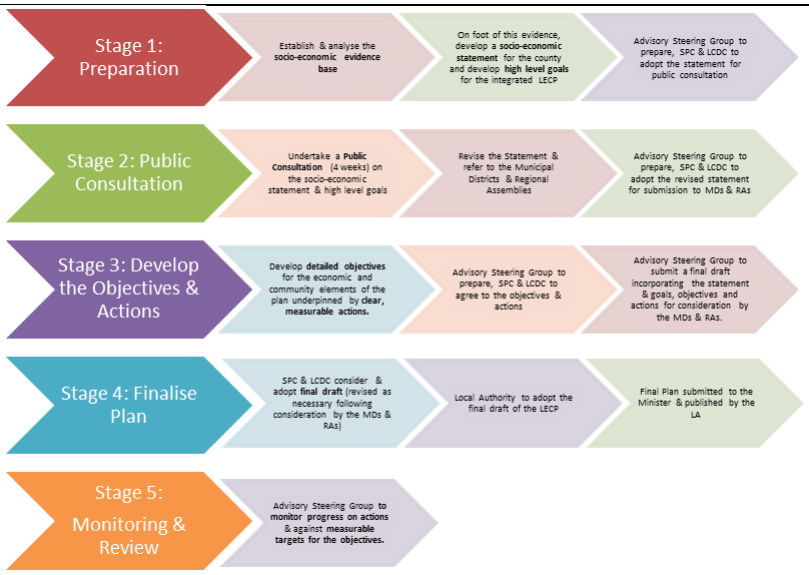
2. Your Region	
Country	Ireland
Region	Border, Midland and Western (BMW) Region
City	Dundalk

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	Age-friendly activities are impacted by and impact • **Healthy Ireland (HI) 2013** is a National policy instrument. • **National Planning Framework**. • **National Positive Ageing Strategy in 2013**. • **Climate Action and Low Carbon Development Act 2015**. • **Social Inclusion Community Activation Programme** funded under national funds and ESF. • **Border, Midland and Western (BMW) Region** 2022 is a local policy instrument. • Louth's **Local Economic & Community Development Plan** (LECP) (2016 – 2022) • **Healthy Ireland for Louth Plan**.
Describe the main features of the policy instrument indicated.	The central target of the European Regional Development Fund (ERDF) is to contribute to the Union's strategy for smart, sustainable and inclusive growth in an effort to address regional imbalances. One regional entity benefiting from that initiative is the third Regional Operational Programme (ROP) for Ireland. The relevant policy Instrument is the BMW Regional Operational Programme 2014-2020. The priorities for the BMW Regional Operational Programme are: (1) Strengthening Research, (2) Technological Development & Innovation (RTDI) in the BMW Region, (3) Enhancing access to, and use and quality of ICT.(4) Enhancing the competitiveness of SMEs. (5) Supporting the

	shift towards a low-carbon economy in all sectors and (6) Sustainable Urban Development. In a dynamic inclusive demographic society, it is difficult to have a single one-size-fits-all national policy instrument that covers all our core values equally. This is because, within the population, there are lenses through which the world is seen and these are influenced by the perspective of the observer. Most governance models divide the task of managing a country into silo ministries, who focus their effort, budget, and planning on a particular subset of these core societal values, e.g. Health, Industry or Finance using policies, good working practice and guiding instruments to explain their strategy. However, some core societal values need to, or naturally happen to, span ministries, and as a result they are more difficult to implement as it would mean sharing resources across ministries. Hence, a policy does not insist on a precise implementation, but strives to guide a principle of action. Ireland is a country that is divided into 32 counties, which are further subdivided into districts or townships or municipalities. Only six of these counties fall under the BMW umbrella. There are different challenges facing each county when delivering services on the ground, and so a one-size-fits-all solution is rarely found. For example, some district's primary reliance may be fisheries, others tourism, agriculture or industry etc. or combinations of two or more. The districts may also differ considerably in the types of dwellings, population size/density, community education, employment and social engagement. Therefore, a district should be allowed to leverage their solution differently, or may have a combination of different policy instruments at their disposal that are better suited to specific aspects of their district. When the BMW policies are combined with other national, regional and local policies, there are areas of similarity and overlap that can improve the cohesive delivery of services to the communities. Some of these services are delivered by different autonomous and independent stakeholders at different levels of support. If this is to be successful, the activities need to be carefully orchestrated, monitored and evaluated, while maintaining goodwill within the local volunteer sector and provide a reporting feedback system to the various policy agents. When the EU-SHAFE lenses are applied, there are five specific aspects of the Louth implementation that have improved the delivery of services that may be replicated in different counties and countries. (1) The technique by which synergies within policies, plans and goals are mapped to specific actions according to RIS3, where each action is clearly assigned a timeline, lead-organisation in charge of the objective, support agency, a metric and status. (2) The establishment of a weekly "Friday Communique" acts as a focused notice board and ticker clock synchronisation tool. Alerting all the participants of key information on Funding, Consultations/Public Meetings, Community, Training/Workshops and Newsletters that impact on the specific actions. The communique is specific enough to impart key information, but generic enough that it avoids isolating stakeholders. (3) Developing multimedia resources and literature that explains the nuances of the community activities which have an inherent community value far beyond the ability of the financial instruments to recognize.

	(4) The process has become "self-aware" in the sense that a successful pattern such as the Age Friendly Towns toolkit has been reapplied from its origin in Ardee to other locations, including the county capital of Dundalk. (5) Provision of a "white pages" register of all groups working in the Louth age-friendly ecosystem. (6) Introduction of a mechanism by which different policy agents can identify the value and impact of their contribution to the dispersed overall solution provided. (7) Development of a position such as the Social and Community Officer to coordinate all of these and other activities.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how**.**	Yes, Using the six-step approach contained in RIS3: 1. Analysis of the regional context and potential innovation 2. Establishment of a sound and inclusive governance structure 3. Production of a shared vision about the future of the region 4. Selection of a limited number of priorities for regional development 5. Establishment of suitable policy mixes 6. Integration of monitoring and evaluation mechanisms There are 31 local authorities in the Republic of Ireland. Each local authority is obliged to develop and deliver a Local Economic and Community Strategy under the Local Government Reform Act 2014. The purpose of the Louth's LECP is to promote and support the economic and local and community development of the area. The LECP was consistent, in the first instance, with the former Regional Planning Guidelines 2010-2022 and subsequently with the Regional Spatial and Economic Strategies (RSESs) as prepared by the Regional Assemblies. Given the wide range of relevant policy instruments that influenced the plan, a significant mapping exercise was undertaken to position the plan according to the resulting different policy lenses. The LECP has a clear overall vision and consists of high level **Goals** for the integrated Plan, supported by specific **Objectives** under the respective economic and community streams. Each objective within the economic and community elements will be achieved through the implementation of specific, time-bound and measurable **Actions.** During the development phase, a socio-economic analysis was carried out, followed by a very defined plan to identify goals, objectives and actions and an implementation plan plus a monitoring and evalution framework.



There is a definite thread to both national and EU objectives using the following progression: ***EU 2020 Priority—>National Strategy—>LECP objective—>LECP action.***

The community elements of the plan were subjected to an impact assessment across the horizontal principles of;-sustainability, equality, poverty, rurality, age and disability.

The impact assessment process had to consider, screening, scoping, assessment, review and mitigation.

A community and economic consensus is a fundamental aspect of regional innovation strategy for smart specialisation as described in the Research and Innovation Smart Specialization Strategy (RIS3). This consensus is achieved through Louth's Local Economic & Community Development Plan (LECP) where the plan is agreed and voted upon by stakeholders consisting of 3 key strategic groups—Louth County Council (local government), Strategic Policy Committee on Economic Development and the Louth Local Community Development Committee.

The governance structure set up to oversee the economic elements of the plan is the Strategic Committee for Economic Development and the Louth Economic Forum. The governance structure for the community elements of the plan is the Louth Local Community Development Committee. A Joint Steering Group oversees the overlap of both the economic and community implementation phase.

Within the third Regional Operational Programme (ROP) for the Border, Midland and Western (BMW) Region which is part of the European Regional Development Fund (ERDF) and the Irish exchequer for the period 2014 to 2020 two smart specialisations priorities are identified:

(1) Supporting the shift towards a low-carbon economy in all sectors

(2) Sustainable Urban Development

The 2013 the government of Ireland developed the Healthy Ireland Strategy known as (HI). HI provides a framework which cuts across ministerial departments and also includes public sector organisations, businesses,

communities and individuals to promote and improve health and wellbeing and reduce the risks posed to future generations.

The Louth Local Economic & Community Development Plan (LECP), which is a regional policy, links not only to the Healthy Ireland framework, but also ties into a number of other policies which are inter-related with the SHAFE ideals;-

- OECD Report on Local Development
- Our Sustainable Future: A Framework for Sustainable Development for Ireland (2012),
- National Action Plan for Social Inclusion 2007-2016,
- Better Outcomes, Brighter Futures - The National Policy Framework for Children and Young People 2014-2020
- Report of the Commission for the Economic Development of Rural Areas (CEDRA),
- Further Education and Training Strategy 2014-2019,
- Corporate Social Responsibility Plan, Good for Business, Good for the Community 2014-2016,
- Healthy Ireland – A Framework for Improved Health and Wellbeing 2013–2025,
- National Strategy for Traveller/Roma Integration,
- Report of the High Level Group on Traveller Issues 2006,
- 20 Year Strategy for the Irish Language 2010- 2030,
- Supporting Enterprise, Local Development and Economic Growth,
- National Reform Programme for Ireland

In terms of Collaborative Leadership, the membership of the Louth LCDC is;-

Public sector –local authority, Health Service Executive, Dept of Social Employment Affairs & Social Protection and Louth Meath Education Training Board. **Private sector**—chambers of commerce, farming community, volunteer centre, local development company—Community-community pillar, social inclusion pillar and environmental pillar from the Public Partnership Network.

1. The membership of the Louth Economic Forum;- Jim Malone – Ardee Business Park
2. Shona McManus – Drogheda Chamber of Commerce President
3. Pat McCormack – Dundalk Chamber of Commerce President
4. Colette Moss – LCC
5. Frank Pentony – LCC
6. Rosemary Gallagher – LCC
7. Joan Martin – LCC
8. Thomas McEvoy – LCC
9. Anne Keeley – Department of Social Protection
10. Irene McCausland DKIT
11. Deirdre Craven – Enterprise Ireland – Chair of Indigenous Group
12. James Boyle – Enterprise Ireland – Chair of FDI
13. Jim McAdam – Mulithog
14. Martin Cronin – Chairperson of LEF
15. Martina O'Dwyer – Failte Ireland
16. Peter Rowan – Yapstone
17. Sadie Ward McDermot – LMETB

	18. Rodd Bond – Age Friendly 19. Fiona Timoney – IDA 20. Declan Meally – SEAI Decisions are made through consensus with a 51-49 split in favour of the private sector should it be necessary to take a vote.

4. Relevant stakeholders	
Is there a close cooperation between the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	Yes. (1) The Louth LCDC provides the overall governnance structure overseeing the development and delivery of the LECP and oversight of community funding in the county of Louth. The LCDC is a collbaoration of public, private and NGO sector. The configuration is split on a 51-49% in favour of the non-public sector. (2) In terms of the Age Friendly agenda, there is a sub-committee of the LCDC called the Age Friendly Alliance (AFA); a voluntary collaboration of public, private, NGO and academic partners. The AFA plan is informed by 2 streams—the voice of older people called the Louth Older People's Forum and R&D through the Dundalk Institute of Technology. (3) The Louth Age Friendly Plan has a joint delivery mechanism through both the AFA and the LOPF. As part of the implementation process, there are face to face meetings between the AFA and the LOPF every 2nd year. (4) The AFA and the LOPF report annually on their action plans embedded in the LECP to the LCDC through the LECP reporting mechanisms. (5) Within the LOPF there is a collaboration of services for older people (public and private), active retirement groups, nursing homes and special interest groups. (6) As part of the Healthy Ireland and Age Friendly Ireland initiative there is a requirement to have a structured Older People's Forum (OPF), where groups working in the community can communicate at a local level at least once every 12 months. Ambulance, fire brigade, Health Services Executive (HSE) etc. in combination with NGOs, citizen movements, companies, universities and research centres who have a focus on the SHAFE sector meet. (7) Due to the diverse nature of the stakeholders in the Louth region, but realising from experience that monthly meetings are insufficient, Louth Co. Co. have employed a weekly "Friday Communique" email that acts as a ticker clock synchronisation tool, providing reminders of actions and activities to be taken, reaffirms responsibilities and provides many links to other resources. The email uses generic headings such as Funding, Consultations/Public Meetings, Community, Training/Workshops, Newsletters to ensure that the information is balanced across the vital threads of the community.
Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The Louth Age Friendly Programme appreciates the need to work with the private sector to deliver a successful programme. Ireland relies heavily on the private sector to provide nursing home care and the AFA has two nursing home owners on the group involved in the decision making processes. The LOPF also acts as a test base for pilot testing both private and public software systems as the AF programme appreciates it needs not only to be innovative but it also needs to know the views of the end user in the decision making processes. In addition to this, Louth has developed a state of the art apartment block which is used by many companies as a living lab where the 15 residents have willingly taken part in

	the design of soft ware around falls, sleep etc. The DkIT holds a substantial amount of data on the residents over the past number of years which can now be used to predict certain patterns around illness and frailty by Netwell/CASALA. In the interests of equity and in an effort to eliminate cronyism, bias or favouritism, it is Louth Co. Co. policy to deal with companies through their membership of organisations such as Louth Economic Forum, Chamber of Commerce (CoC) and, Local Enterprise Office (LEO).
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	**Netwell / CASALA**, Dundalk Institute of Technology, were the first research centre in Ireland to be involved in age-friendly environments and were involved in many AFE related initiatives including the Great Northern Haven. Netwell were also a partner in the ProACT project, and the MAESTRO project which investigated the quality characteristics of technology to support self-management of health conditions. Rodd Bond from Netwell is acting as an advisor on this project. **Trinity College Dublin** is the curating institution of the TILDA, the Irish longitudinal study on ageing and the lead partner in the ProACT project which looks at the use of digital augmentation of integrated care in the community to support independent living. Other Irish academic partners in the ProACT project include Tyndall Institute and Netwell Casala. **tPOT Research Group**, Environmental Sustainability and Health Institute(ESHI), TU Dublin, (involved in project) collaborate closely with the health policy unit in ESHI. In addition to EU-SHAFE, they are currently involved in another SHAFE project called Hands-on SHAFE, and additionally have ongoing funded research in other SHAFE related topics including training to support patient-centric care, and on the interfaces between local (e.g. community) health infrastructure and national infrastructure and processes.
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	The Age Friendly Alliance is a sub-group of the Louth Community Development Committee (LCDC). LCDCs are responsible for: • co-ordinating, planning and overseeing local and community development funding. • bringing a more joined-up approach to the running of local and community development programmes and interventions. • pursuing an integrated approach to local community based services across providers and delivery structures. • promoting meaningful citizen and community engagement in the planning and evaluation of development programmes. • pursuing a more cost-efficient administration of local and community development programmes and delivery structures. • matching resources to priorities. • ensuring better value for money in the management and delivery of programmes. • focusing on learning and feedback, enhancing the links between services delivery and policy development.

- pursuing opportunities for additional funding for the area, whether exchequer, EU, private or other sources.

Louth Age Friendly Alliance (in project)

Louth County, the local government statutory structure, take the lead in the Age Friendly County Programme. The Age Friendly Alliance is a voluntary alliance of public, private, Older People's Forum and Academia developing and delivering the Age Friendly sub-plan of the Louth LECP and the Healthy Ireland Plan for Louth.

The public makeup of the Alliance is:

Louth County Council—statutory local government body with an increased community and economic development role—Local Government Act 2014.
Health Service Executive- public health and social care services to everyone living in Ireland. The key people involved in the Alliance are the Manager for Older People's Services, the Manager for the Integrated Care Pathway for Older People and the General Manager for Health and Wellbeing.
An Garda Siochana (policing)—Chief Superintendent

Dundalk Institute of Technology—Head of School of Health and Science & Manager of Netwell/CASALA centre of research on ageing

Irish Council of Social Housing--

Local Development Company—social inclusion agenda for older people

Rural Transport Programme—community transport for older people

Louth Meath Education Training Board—statutory education and training service for all ages, community education and training for all ages

Louth County Council-- is the authority responsible for local government in County Louth. As a county council, it is governed by the Local Government Act 2001. LCC is responsible for housing and community, roads and transportation, urban design and development, amenity and culture, and environment. LCC has 29 elected members. Elections are held every five years.

Health Services Executive (in project) The HSE is focused on ensuring that older people remain healthy and free from chronic illness and social isolation - both contributory factors in premature mortality and poor quality of life. The HSE has a long history of collaboration with Louth Local Authority in relation to developing evidence based solutions that support Older People to remain in their own homes and communities for as long as possible and to experience good quality of life.

The Louth Economic Forum (in project) brings together a range of key stakeholders from the county of Louth with a view to fostering economic development through networking and the promotion of innovation. One of the Forum's strategic objectives is the development of Louth as an age friendly County and a strategy to achieve this objective has been developed by the Forum'.

Age Friendly Ireland was established to guide the development of city- and county-based, Age Friendly Strategies. Its aim is to use this approach to improve the quality of life of older people throughout Ireland. Louth County

	Council is a leading member of Age Friendly Ireland. The Age Friendly Ireland organisation fosters collaboration and learning between all 31 administrative counties across Ireland and has produced a plan for age friendly communities and regions.
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	**Centre of Excellence for Universal Design (CEUD),** was established by the National Disability Authority (NDA) in 2007 under the Disability Act 2005. The work of the centre focuses on the principle of universal access, enabling people in Ireland, including members of the ageing population, to participate in a society that takes account of human difference and to interact with their environment to the best of their ability. **Louth Older People's Forum** was established to represent the voice of older people in the Louth Age Friendly Programme. The Older People's Forum is: 1. To **represent** the voice of older people. The Older People's Forum will represent the voice of the Older People on the Louth Age Friendly Alliance and any other group tasked with the implementation of the Louth Age Friendly Initiative. (The Bottom up approach). 2. To **guide and advise** the Age Friendly Alliance and any other group tasked with implementation of the Louth Age Friendly Initiative. 3. To **promote and develop** the Age Friendly Initiative through mutual support within the group and through collaboration with other groups, agencies and alliances. 4. To **communicate** the development of the achievements of the Age Friendly County Initiative to the wider community in County Louth. 5. To **support** the Age Friendly Alliance in the delivery of actions identified by the Older People's Forum and the Alliance. 6. To **support** delivery of the Age Friendly Initiative recognising differences in delivery between urban and rural communities. Louth Older People's Forum shall be comprised of the following representatives: • Active Retirement Groups • Residential Care • Support Groups and Advocates for Older People • Individual Older People. **Public Participation Network (PPN)** (2018) (https://www.gov.ie/en/policy-information/b59ee9-community-network-groups/). This organisation has a register of over 11,000 special interest groups across Ireland who have a focus on separate pieces of the EU-SHAFE puzzle. These groups fall into three main categories; (1) voluntary groups working in communities, like sports clubs, cultural societies, Meals on Wheels (The Meals on Wheels service is undertaken three days a week – Monday, Wednesday and Friday. The primary objective is to provide hot nutritious meals to the elderly and incapacitated in Drogheda. Rotary Club of Drogheda) or TidyTowns (https://www.tidytowns.ie/). (2) local organisations formed to protect the environment, like An Taisce (https://www.antaisce.org/) or Irish Environmental Network **(IEN)** have close to 35,000 volunteers members working (estimate 6m unpaid hours) throughout the country protecting and enhancing the natural environment for the benefit of communities now and for generations to come; and (3) groups representing people who are socially excluded and whose voices are not heard in our society, such as people with disabilities, the elderly, migrants or Travellers.

	The **Louth Older People's Forum** is a Linkage Group within the PPN structure. **The Gaelic Athletics Association (GAA)** is one of the main NGOs in Ireland. The GAA Social Initiative - seeking to enhance social inclusion through integration with local sports clubs. **Irish Countrywomen's Association** is a long-running stakeholder in active ageing in Ireland. A key community and training centre of this national organisation is An Grianán in Termonfeckin Co. Louth

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	**The AAL Programme** is a European programme that funds innovation to keep EU citizens connected, healthy, active and happy into old age. (DKIT) **Horizon 2020 i**s the main EU research funding scheme with a total budget of 70 million (School of Nursing TCD) **INTERREG** (All stakeholders in this project benefit from this scheme) **EDRF** (e.g. ERASMUS+) The European Regional Development Fund (ERDF) seeks to foster economic and social cohesion in the European Union through communication and collaboration between regions. It focuses on the following key priority areas, Innovation and research, the digital agenda, support for SMEs and the low-carbon economy. (Louth CC, TU Dublin) **European Social Fund** (ESF) has provided funding through multiple mechanisms, including the funding to enable Age Friendly Ireland. **The LEADER fund,** established in 1991 has provided EU rural communities with resources to enable active engagement by stakeholders through community-led local development.
How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	Louth County Council was the first innovator in the area of Age Friendly Environments in Ireland. LCC has for many years engaged a facilitator who enables partnerships to be formed between stakeholders, helps to build sustainable structures and initiatives and disseminates funding and other resourcing opportunities. Louth County Council was instrumental in the design and delivery of the Age Friendly Town Toolkit, which is now being used by towns all across Ireland. Other notable age-friendly accomplishments include. • The first Age Friendly Alliance in Ireland • The first Age Friendly Strategy in Ireland and the first subsidiary plans on business, health, safety and security, transport • The first Older People's Forum in the Country—setting the template • The first Age Friendly County Toolkit in Ireland wining the Taoiseach's Award in 2012 • The first Age Friendly Town in Ireland (Ardee) • The first County Development Plan to encompass AF interventions—acknowledged by Jack Keyes Chair of the AF Chairs Network • Design of the Age Friendly County Brand • Development of the first Age Friendly County website and coordinated the development of the national portal for all other counties • An affiliate to the WHO Global Age Friendly Cities Network • Set up the first Regional Programme Coordinators Network and delivered the Age Friendly Environments Innovnet EU funded project through that network.

	• Administratively supported that Regional Network until Jan 2017. • Development of a suite of information booklets with its partners Louth Citizens Information Services, *Supporting Older People, Supporting People with Dementia, Supporting People with Cancer, Internet Safety Tips for Older People and the Fair Deal made Easy*. • The collaborative housing project for older people, the Great Northern Haven which has been visited by Age Friendly partners from almost every county in Ireland and many delegations from abroad. • The Cultaca role established by DkIT NetwellCASALA and now mainstreamed into the national body ALONE. • Three extremely successful Trades Expos • Business mentoring programmes and over 55 Start your own Business programmes • A successful GENIO project which resulted in the assignment of a Dementia Cultaca support. • Four Parlours, Drogheda and District Support for Older People, Drogheda Senior Citizens Interest Group, Cuidigh Linn Dundalk and the Great Northern Haven. • Numerous face to face conferences between the Age Friendly Alliance and the wider Older People's Groups. • Successfully negotiated a new public bus transport route which now sees all buses coming into Drogheda passing Our Lady of Lourdes hospital (Regional Acute hospital) • A hospital buddy/companion programme in Our Lady of Lourdes hospital. • Older People as the "emerging group" in the current 2018-19 SICAP plan for Louth • Inclusion in the European Innovation Programme on Active and Healthy Ageing and a participant in the Age Friendly Environments Innovation Funding Project which saw Louth hosting a European conference on behalf of the North East Region in 2014. • Rodd Bond and Mary Deery travelled to Melbourne in 2010 to invite the WHO Global Age Friendly Cities Network to Ireland. Louth hosted a delegation from the WHO in Dundalk and developed a number of short film clips of Age Friendly projects and services in Louth that still acts as a resource to other counties today. • An integrated model designed to facilitate the delivery of national plans at local level based on the Age Friendly learning. • Strong and committed membership on the National Advisory Group, the AF Chairs Network, National OPC Network, the National Coordinators Network • Supported many intergenerational projects including producing a number of short films • Established the living lab for smarter living (a member of the European Network of Living Labs and one of 3 Irish centre that are members of WHO Global Ageing Research Network) • Implemented a range of Living Lab research and innovation trials addressing remote monitoring and self-management with Bosch, HomeSweetHome, Fujitsu and currently within the ProACT H2020 project. • Contributed to the European active and healthy ageing research agenda through participation in EU support actions addressing technology and ageing (BRAID), valuing ageing (Marie-Curie), enhancing the exploitation of results (HAIVISIO).

	• Contribution to the concept design of the new Dementia Village in Bruff, Co Limerick. • The development of Social, Economic and Environmental Impact Assessment Tool for Age-Friendly Environments (SEE.IT). • Drafted the Dublin Declaration on Age-Friendly Cities and Communities in Europe 2013, in collaboration with the EC, the WHO and stakeholders and navigated its adoption as the text for the European Covenant on Demographic Change. • Developed the 'Places to Flourish' pattern-based approach to change in the Nursing home sector. One of the elements of the toolkit that has been demonstrated in Louth and subsequently developed across the country is the appointment of a county coordinator for age friendly initiatives.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	The LCC Friday Communique email, acts as a notice board for Funding, Surveys/Consultations/Public Meetings, Community, Training/Conferences/Workshops/Talks and newsletters.

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	Louth LECP document focuses on goals and actions and is flexible enough to allow for new initiatives to be included. Strong collaborative relationships in the county. Ireland has a long history of volunteering. A study in 2015 revealed that over one quarter of the Irish population volunteered and most (two thirds) of these volunteers were over 45. This volunteer culture has certainly had a positive impact on the development of SHAFE across the country. Experience in AFE. Louth County Council in particular has decades of experience in this area and the processes that are used in the county are now well-matured and self-sustaining. Experience in mapping National Plans to local deliverable actions. Experience in aligning policies with contrasting focuses into a similar overarching goal….
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	**Housing** Slow pace of housing provision puts pressure on accommodation of all sorts. This is a national problem in Ireland. Lack of regulation on new builds in terms of lifetime adaptability standards. Lack of choice of bespoke housing for older people to downsize. **Health** The regional boundaries for public services associated with different elements of SHAFE can cause problems for coordination of services. The HSE regions are fluid and as a result different staff and processes are being changed regularly. Hospital centralisation can cause hardship for those with reduced mobility and acute or long term illness who sometimes have to travel long distances to clinics or other services. Linking remote monitoring devices and data to HSE central systems Application of technology

	Lack of integrated technological support for state-run services, in particular community health services. The economic emphasis of policies does not help with the measurement and valuing of social value. Economic assessments don't generally recognise volunteering – even though volunteering is an essential element of many SHAFE systems.
What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	Volunteerism and generosity of the general population of the region through organisations such as GAA, ALONE, ICA, Men's Sheds and various health support groups and charities. Ireland's position as one of the main software producers in the world has led to a strong ICT culture. Initiatives such as European Computer Driving Licence has led to a high level of digital literacy. There is an opportunity to show the monetary value of social value.
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	Continuity and succession-planning to support sustainability of initiatives and associated turnover of new stakeholders who need to "learn the ropes". A national housing crisis is putting pressure on all types of accommodation, rented, purchased or state. This situation is currently worsening. Budget pressures on community services.

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	The Great Northern Haven in Dundalk includes many IOT, smart home technologies and monitoring of wellness and ADL. The recently completed MAESTRO project which involved DkIT, explored the use of technologies for age-friendly environments including mobile technologies. The ProACT project is another innovative project, focusing on mobile health technology that involved DkIT and Rodd Bond. The ACORN pilot project sought to demonstrate the impact of smart technology solutions specifically designed for improving social inclusion and health and wellbeing of older adults.

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	Housing/Health
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	Social Inclusion/Ageism

(Slovenia) Development centre of the heart of Slovenia.

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2. Your Region	
Country	Slovenia
Region	Western Slovenia
City	Litija

3. Policy instrument	
Please indicate the policy instrument from your region which is to be addressed by EU-SHAFE	Operational Programme for the Implementation of the EU Cohesion Policy in the Period 2014-2020 (CCI 2014SI16MAOP001)
Describe the main features of the policy instrument indicated.	Operational Programme (OP) was designed by taking into account the Europe 2020 Strategy targets, Council Recommendation on Slovenia's National Reform Programme, 2014-2015 National Reform Programmes and Position of the Commission Services on the Development of Partnership Agreement and Programmes in Slovenia for the Period 2014-2020. The relevant national strategic documents and the development disparities that exist between both cohesion regions were also taken on board. The analysis of Slovenia's progress towards the 2020 national targets reveals certain gaps, especially in terms of boosting growth of employment rates, **reducing the number of people at risk of poverty or social exclusion**, strengthening efforts in the area of research and development and promoting energy efficiency. OP is divided into 11 priority axes selected, where priority axe 9 is tackling directly SHAFE topic : 1. International competitiveness of research, innovation and technological development in line with smart specialisation for enhanced competitiveness and greening of the economy 2. Enhancing access to, and use and quality of, ICT 3. Dynamic and competitive entrepreneurship for green economic growth 4. Sustainable consumption and production of energy and smart grids 5. Climate change adaptation 6. Improvements of the environment and biodiversity status 7. Infrastructure development and promotion of sustainable mobility 8. Promoting employment and supporting transnational labour mobility

	9. Social inclusion and poverty reduction 10. Knowledge, skills and lifelong learning to enhance employability 11. Rule of law, enhancing institutional capacity, efficient public administration and capacity building of social partners and NGOs Each priority axe has specific objectives set and priority investment. In EU_SHAFE project we are targeting OP at Priority axe 9 "Social inclusion and poverty reduction" in the section - Community-led local development actions (CLLD). CLLD measures are pivotal for the development of both rural and urban areas that are specific in their particular development needs, issues and opportunities which require a different development approach. The "bottom-up" approach gives the local population the chance to define their own priorities and development goals and to make their own decision regarding local development. This helps meet a range of various challenges in different settings, it allows greater flexibility and suits the actual needs of the local environment. The combination of various funding sources is perfect for local partnerships to implement more complex projects. Such an approach is much more integrated, and has a positive effect on successful meeting of the needs. Local development strategies produced by the local population for each particular area address specific geographic or demographic issues and challenges. Thanks to the flexibility between various types of operations, and, last but not least, to the fact that the approach is not governed in line with the "top-down" principle, this approach has an enormous innovative strength.
Are the main objectives addressed by the policy instrument involved in EU-SHAFE linked to the regional innovation strategy for smart specialisation? If yes, please indicate how.	Slovenia do not have regions on the operational level. Slovenia divided its theritory to two cohesion regions only for the purpose of cohesion funding. Therefore all the documents including innovation strategy for smart specialization are not on regional level but on the national level. We have national Research and Innovation Strategy of Slovenia (RISS), which is linked to policy instrument (OP) mainly through its Priority axes 1: "International competitiveness of research, innovation and technological development in line with smart specialisation for enhanced competitiveness and greening of the economy." The Research and Innovation Strategy of Slovenia envisages the establishment of an environment providing efficient knowledge transfer from public research organisations to enterprises, as well as targeted and high-quality international cooperation which has a direct effect on the transfer of knowledge to the local economy and on encouraging the international mobility of researchers.

4. Relevant stakeholders	
Is there a close cooperation between the public administration and the citizen, associative and private non-profit sector (NGOs, citizen movements), companies, universities and research centres related to the SHAFE Sector and in your region?	The existing cooperation between different helixes and within helixes exists, but it is not intensive. There has been several EU projects which tackle the issue of collaboration between different players in SHAFE sector (like Hocare and Ithaca). The common finding is that the cooperation must be enhanced. In the last three years also due to EU projects the cooperation is better, but still there is missing a stable platform which will link different players and catalyse the common development.

Please indicate the relevant stakeholders from **private sector** (big companies, cluster, professional networks, etc.) related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	Telekom Slovenije Eurotronik Alboretum Volčji potok Terme Snovik Healthday Tehnološka mreža ICT Tehnološki park Ljubljana RISE Coworking Litija – Šmartno ECHAlliance
Please indicate the relevant stakeholders from **research centers and universities** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	University of Ljubljana, Faculty of Social Sciences
Please indicate the relevant stakeholders from **public administration** related to the SHAFE Sector in the region, and which of them are actively involved in the EU-SHAFE project.	Ministry of Health Ministry of Labour, Family, Social Affairs and Equal Opportunities Municipality Litija Municipality Dol pri Ljubljani Municipality Šmartno pri Litiji Municipality Kamnik Municipality Moravče Municipality Lukovica Municipality Mengeš Local action group Srce Slovenije
Please indicate the relevant stakeholders from **citizen, associative and private non-profit sector (NGOs, citizen movements)** related to the SHAFE in the region, and which of them are actively involved in the EU-SHAFE project.	Elderly house Tisje Pristan institute Sopotniki institute Oreli institute Simbioza Kotlovnica ZDUS Association of seniors Litija Association of seniors Šmartno Association of seniors Kamnik Association of seniors Lukovica Association of Slovenian Third Age University Association of Craftmans Moravška valley Centre for Social Work Kamnik Centre for Social Work Litija Health center Kamnik Health center Litija

5. Innovation delivery mechanisms by stakeholders	
Please describe SHAFE-enabling funding schemes that have been used in your region, the objectives and the scope of those schemes (regional, national, EU, international). Please indicate the stakeholder responsible.	The main funding policy instrument available for the implementation of the development strategy in Slovenia from 2014 to 2020 is the Operational Programme (OP). It has available about 2,8 billion EUR from EU funds: 1,3 billion EUR (ERDF), 674M EUR (European Social Fund) and 841M EUR (CF) that primarily intend to strengthen the competitiveness of the companies, R&D and job creation. It will also be given particular emphasis on the efficient use of resources and the social inclusion of vulnerable groups of people. The main responsible stakeholders for SHAFE sectors are: - Ministry of Health - Ministry of Labour, Family, Social Affairs and Equal Opportunities Their focus in this programming period is to support big national pilots related to long term care. The funding is allocated to pilot projects, their development, implementation and findings which will be taken into account during the roll-out of reformed long-term care. The training of professional staff will also be partially funded. Community-based services and deinstitutionalisation are in focus of this programming period. There are several European programs available. The most interesting for SHAFE sector are: • H2020 • AAL Programme • Interreg Europe • Interreg Central • Interreg MED • Interreg Danube • Intereg Alpine space • Interreg A-SLO • Interreg IT-SLO • Interreg SLO-HR • Erasmus+ Slovene Enterprise Fund has a complete scheme to support start-ups from the very initial stage to the growth stage. There are series of different instruments offered to entrepreneurs from the subventions to equity capital. SHAFE projects are welcome to apply for the grants.
How does your region nurture early stage and mature innovation, to allow impactful SHAFE innovations to grow? Give examples and explain them: e.g. SHAFE officer, awards, events, ambassadors. Please also name the responsible stakeholder	There is not a special mechanism dedicated only to SHAFE innovations to nurture early stage and mature innovation to grow. SHAFE innovators are in terms of support equal to any other innovators in the country. It is worth to mention, that due to SHAFE challenges are well specified in the smart specialization, the SHAFE innovators can much easier qualify on national calls where clear compliance to smart specialisation is required. Government mostly supports innovators and start-up through the governmental fund SPS (Slovene Enterprise Fund). There are some initiatives which are consider as a catalysers for the innovators in SHAFE sector: DIH.Healthday.si: a community of health and care stakeholders from Slovenia working towards an innovation friendly ecosystem. Programme is made specifically with the aim to support SMEs and Midcaps in their digital transformation as well as enhance their role as agents of transformation

	of the whole Slovenian health and care system. They do this by connecting stakeholders, across clusters and sectors, identify specific needs for competencies development and internationalisation. The Health day institute facilitate the community. F3ŽO: it is a festival/fair dedicated to older adults. It has almost a 20 years tradition. This year there were over 17.000 participants, 160 exhibitors and around 100 events. It is a great opportunity for innovators to present their innovations directly to end-users and to find potential partners. Proevent as a dedicated organization for events organization is the main organizer. There are some awards for the specific group of stakeholders (but not necessarily limited to SHAFE only) like for volunteers etc. Also some events are popping up (like Days of intergenerational coexistence organised by the biggest association of pensioners). However there is not a special SHAFE officer or similar.
How does your region inform would-be social entrepreneurs about the supports that are available to them?	Within the Ministry for Economic Development and Technology there is a special sector dedicated only to social enterprises . Its main role is to adopt the legislative framework to be friendlier to social enterprises and to launch calls to support them. Social entrepreneurs can on one spot get the complete information on supports dedicated to them end even more, they can express their ideas for the improvement of the current system.

6. SWOT analysis	
What are the main **strengths** of your region in relation to Smart Healthy Age-Friendly Environments?	- Most of older adults own their house where they live - Strong social ties within families - Well-functioning traditional home health services - Running national pilots for developing advanced/digital home health and care services
What are the main **weaknesses** related to Smart Healthy Age-Friendly Environments in your region?	- Week cooperation on national level between health care providers and social providers - Long-term care legislation is not adopted yet - Funding of new home care and home health services is not defined - Coordination between different providers of health and care services is week
What are the main **opportunities** related to Smart Healthy Age-Friendly Environments in your region?	- To find a sustainable business model and funding for new healthcare services - To introduce new sustainable and people friendly home services (social inclusion, care, health) - To become a country, where older adults will move when retired - To establish on local level a very rresponsive coordination of health and care services where is in its center user and his/her particular needs in the particular moment
What are the main **threats** related to Smart Healthy Age-Friendly Environments in your region?	- Long process of implementing new legislation - Slow and small changes in the implementation of the new services to the list of National health insurance - Collapse of the existing system, due to enormous pressure for the bed in the institutional healthcare (elderly houses and hospitals), because we are lacking alternatives.

	- Week cooperation between players

7. Use of innovative technologies	
Which innovative technologies have been used in your region in the previously discussed thematic areas? (name all of them you are aware of).	Internet of Things, Ambient Assisted Living, Cloud computing Augmented reality – virtual reality

8. Thematic areas	
To which of the four thematic areas addressed by EU-SHAFE do you think you can contribute most?	Social Participation and community services
Which of the four thematic areas addressed by EU-SHAFE are you more interested in learning about?	Housing and Health

PART II Good practices

In the context of the Interreg Europe programme, a good practice is defined as an initiative (e.g. methodologies, projects, processes, techniques) undertaken in one of the programme's thematic priorities which has already proved successful and which has the potential to be transferred to a different geographic area. Proved successful is when the good practice has already provided tangible and measurable results in achieving a specific objective.

Since Interreg Europe is dedicated to regional development policy improvements, a good practice is usually related a public intervention. A private initiative may be considered as a good practice only if there is evidence that this initiative has inspired public policies.

In this report, regions are expected to report good practices by domain. Therefore, this section is divided into the following subthemes:

A. *Housing*
B. *Social Participation*
C. *Communication and information*
D. *Health and community services*
E. Cross-themed practices: good practices related to methods and processes which might encompass the four themes above mentioned (e.g. a practice which describes a methodological innovation applied in the diagnosis-planning-implementation-evaluation. Vancouver Protocol. Core Indicators. Use of surveys. Methodological innovations. Empowerment of the older adults in the process)

Regions can list as many practices per domain as they wish, but should be aware that at least one practice must be indicated by domain.

A. *Housing*

Access to the accessible residence. Available information about existing aids. Aids available for housing (condominiums and house interior). Support services for the older adults to remain in their own homes or residential places. Financial support to low-income collectives.

Good practice A1

Coimbra

A1.1 Good practice general information	
Title of the practice	Autonomous Homes in Pinhal

A1.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	The Pioneers – Mourisca do Vouga Parent Association
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	The organization in charge is a private non-profit association (NGO)	
Location of the organisation in charge	*Country*	Portugal
	Region	Centro Region of Portugal
	City	Aveiro

A1.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Besides "The Pioneers" Association and its cooperating members, also Águeda Municipality is involved as a partner in the development and implementation of the project.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	At the moment, the Association is seeking for further donators or funding to increase the number of houses; trying to lobby towards the development of a legal provision for this kind of social service, which is not existing still and therefore it has no legal authorisation to work as a social / community service and cannot receive funding from the Social affairs Ministry; it is also working to disseminate the model, encouraging its scaling-up to other regions of the country, as it has a high scalability potential, whether national or international.

A1.4 Coverage

Is this good practice related to any kind of wider projects? Which one(s)?	Now this good practice is not directly related to any kind of wider projects. Considering its high national or international scalability potential, we see it has an important reference to look at, when eventually planning further age-friendly housing improvements, throughout European Regions. It may be a simple and good example on a solution that allows ageing autonomously but with support and without loneliness.	
Geographical scope/coverage of the practice	Autonomous Homes in Pinhal is implemented as a local practice.	
Location of the practice	Country	Portugal
	Region	Centro Region of Portugal
	City	Águeda

A1.5 Detailed description	
Short summary of the practice	The Pinhal Autonomous Homes are like a senior village, built to host still active and autonomous seniors, who have no family support and refuse to be institutionalized but can use the services of the association nearby (meals, laundry, leisure activities, etc.) and have neighbours in similar situations to relate and interact.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* This project, implemented in 2011, was built in response to the need of housing older people, who are still autonomous, but suffering from loneliness, and who refuse to institutionalize in traditional social responses, but clearly need backing support to achieve a more active and healthy aging. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* The background supporting the development of this good practice consists on the challenges concerning the access of the older people to adapted residences, as also to information, support services for ageing adults and funding available for (in this case, external) infrastructure improvement, in order to allow them to remain independent and active in their own houses, for as long as possible. *How does the practice reach its objectives and how it is implemented?* "Autonomous Homes in Pinhal" is a collection of eight aligned prebuilt wooden houses, all with balcony and pine forest sight, which are implemented in a green area, located at the back of "The Pioneers" Association headquarters, in Mourisca do Vouga, Águeda. The accommodated older people can choose to live alone in a house, as a couple or to share the same house with someone else (known or not known), against a monthly fee (ranging from 130 euros to 800, depending on their income). This initiative also includes the creation of a picnic park, a playground and a pedestrian path that facilitates and promotes the users' mobility and socialization, thus providing room for snacks, for walks and so on. Older people who adhere to this concept, maintain complete privacy and autonomy, are free to come and go as they please, to receive friends and family on the days and times they want. They can however benefit from services provided by the organisation, in several intervention areas

	(socio-cultural animation; laundry service and housing hygiene; medical office, nursing and physiotherapy; psychosocial and psychological monitoring, among others), in response to their most relevant interests and needs, with all due respect for their individual rhythm and will. Services are available until 20:00, but there is also some prevention support available during the night-time, if needed. In this way, this practice provides the possibility for older citizens to stay in their residential environments, although not in their original homes (especially in low income situations), while improving their quality of life, contributing to the stabilization or retardation of the aging process, and also preventing their abandonment, isolation and social exclusion. On the other hand, it also contributes to streaming the organization's existing services and resources, making them usable and profitable for the community and thus promoting its sustainability. *Who are the main stakeholders and beneficiaries of the practice?* The main stakeholders of this practice are the service providers from several intervention areas (socio-cultural animation; laundry service and housing hygiene; medical office, nursing and physiotherapy; psychosocial and psychological monitoring, among others), that through the promoter institution, aim at responding to older people's most relevant interests and needs. Voluntary actions (whether from lodged older people, or from external people) are also welcome. The main beneficiaries of these supporting services are, therefore, the ageing adults, who are still autonomous, but suffer from loneliness, and who refuse to institutionalize in traditional social responses, but clearly need backing support to achieve a more active and healthy aging; and of course their relatives and caregivers who can them be sure they are safe and happy. At this moment the houses are all occupied (with nearly 20 older people) and the waiting list is quite long. *What is the target population/audience (age range, vulnerable groups…)?* The target population are older adults (usually over 65 but not mandatory) who are still autonomous but suffering from loneliness (with no family support), who refuse to be institutionalized in traditional social responses, but clearly in need of support to achieve a more active and healthy aging.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, this practice is not related to Centro 2020 POR.
Methodology	No formal methodology has been made public
Resources needed	The funding amount is related to the amount necessary to build the houses and, if necessary, to buy the land where it is settled and provide the correct infrastructures (garden for example). However, the most direct business model for this would be for an organisation which already has the infrastructure and free land and that only needs to invest (eventually with the support of public funding) between 10 and 25 thousand euros per house. Current expenses shall be covered by the rent paid by the tenants. As for the human resources required, there are several professionals from the association involved (socio-cultural animation; laundry service and housing hygiene; medical office, nursing and physiotherapy; psychosocial and psychological monitoring, among others), apart from the management and

	administrative ones, as there is also room for volunteers (whether external ones, or even from the lodged older people). These can be the already existing workers of a social care organisation that can be then better used by including these activities in their role
Timescale (start/end date)	This is an ongoing project, since 2011.
Challenges encountered	The main challenges are connected to the lack of incorporation, by the Social Affairs Ministry, of such practices in national legislation. This makes this activity not legal as a social service and does not allow any funding as such, nor its scaling and expansion.
Potential for learning or transfer	Although we are not aware of any transfer activity at this point, we sincerely acknowledge the high replication potential of this project initiative. The main aspects of this practice that are potentially interesting for other regions to learn from are mainly related to the positive impact of the project among its target group, in terms of a better quality of life, an active and autonomous aging process, a greater socialization network and more sustainable services to these older adults. The business model is viable, and autonomy is encouraged. *Has this good practice been adopted in other regions around the country or beyond?* There are some more similar examples (only a few) in other regions, such as Aldeia da Mexilhoeira in Algarve, but we have no information if there was any influence of this one on others. *Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?* This good practice was not implemented as a pilot programme, nor configurates itself as an extended programme. *Is this good practice being currently implemented on an on-going basis as a routine procedure?* Yes, it is currently ongoing at Mourisca do Vouga, Águeda, Portugal.
Evidence of success (results achieved)	The most valuable benefits obtained are the positive impact of the project among its target group, in terms of a better quality of life, an active and autonomous aging process, a greater socialization network and more sustainable services to these older adults. The business model is viable, and autonomy is encouraged *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* Tenants report they feel happier, safer and more secure than if they lived alone in their original houses and find this as a much better alternative than a nursing home, which they did not want as they are autonomous still. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* At this moment the houses are all occupied (with nearly 20 older people) and the waiting list is quite long.

	*Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* Could be, if this model was embedded in the national legislation but for now, no. *Has it implied the implementation of any measures by the regional authority in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* No.
Further information	http://ospioneiros.pt/niceoffice/mod1/?&tp=temp001&fid=1.8&lg=PT&dn=1774&pag=1 https://www.tsf.pt/sociedade/interior/um-resort-senior-para-quem-recusa-ir-para-um-lar-9921183.html
Keywords related to your practice	*Os pioneiros; Casinhas autónomas; resort sénior; ageing at home*
Upload image	 

Good practice A2 (also D8)

Aarhus

A2.1 Good practice general information

Title of the practice	The Housing Team – major changes in own home.

A2.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Municipality of Aarhus, Magistrate department of Health and Care.
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

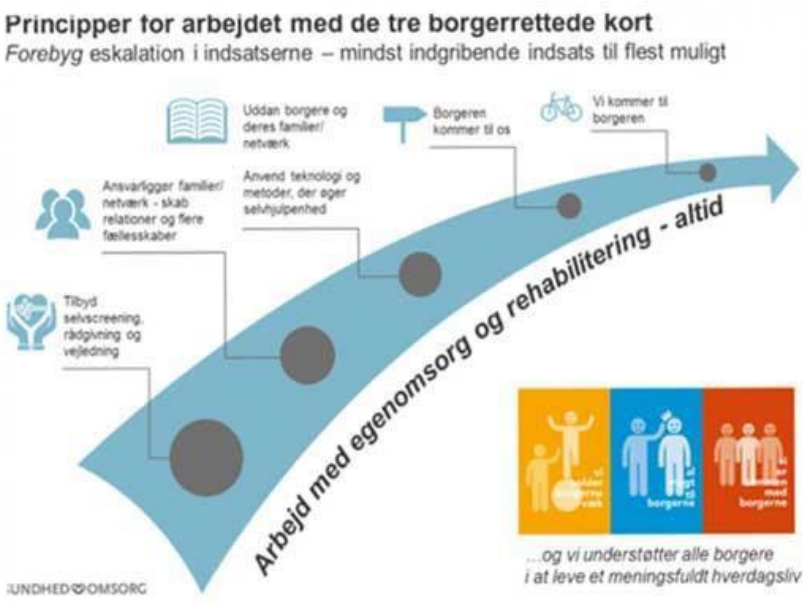
Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

A2.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The law named "Serviceloven" (national law) regulates the area overall and outlines the framework for the municipality who decides the level of services and the wanted quality – the law provide a minimum criterion. The Housing Team is executing and managing in relation to the framework and the politics of the municipality. The Housing team cooperate with other magistrate departments within the municipality. They also give advice to citizens and caregivers, and they network with other municipalities. The Housing team cooperates with caregivers and therapists in the municipality. Often the caregivers initiate the process by talking to the citizens about the possibilities for help and how to approach the Housing Team.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	When the housing team looks back a lot has changed in the 15 years they have existed. This means that the development in society (technology, mentality) and the changes in the law or the municipalities politics will influence the work and cause changes. This happens continuously.

A2.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Not directly to other projects. The housing team often participates with advice and knowledge to projects i.e. in Center for Assisted Living Technology.	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	*Denmark*
	Region	*Central Denmark Region*
	City	*Aarhus*

A2.5 Detailed description

Short summary of the practice	The Housing Team grants changes in own home – changes which will make it possible for the citizens to cope themselves or with less help. In the Municipality of Aarhus, we have the "The Five Clues" which is the strategy visualised in 5 cards. The Five Clues has been the guiding star for the municipality for 10 years. One of the cards says "Keep the citizens away" – this does not sound very polite, but actually it means that we should work with self- care and rehabilitation. This means that the Housing Team is not involved before the citizen has received training etc. and the status and level of functionality is known. An example: a woman wanted a lift for the stairs but was asked to wait until she had finalised a course of training. After the course it was clear that she was able to climb the stairs, and therefore no need for the lift, yet. A positive outcome for all parties.
Detailed information on the practice	In 2003 a new model was introduced in the Danish municipalities – the so called "Fritvalgsmodel" (free choice model) which opened for different ways of administration and organisation of the work and procedures in the municipality. In Aarhus they chose to centralise all work regarding assessment and make watertight shutters between the caregivers and the health care assessors. Previously the assessors were spread out in the different districts – they were close to the citizens, but also had a lot of other tasks, and the processing was not homogeneous. With the "Fritvalgsmodel" the municipality decided to centralise this function and established 3 positions as health care assessors regarding changing in own house (the housing team). This Housing Team also got their own expert in building construction (earlier this was a bottle neck function because it was placed in another department). Regardless of several organisational changes the Housing Team has worked like this since 2005. Today the team is very experienced and work together like a high performing team, they acknowledge the positive effect of being responsible for the procedures of handling the citizens request for major changes in their houses, to make it possible for them to stay in own home, and manage without help. This way of organising the work keeps them focused and the citizens benefits from this. The team is well educated and over time the technology has made them more efficient (google maps, digital cameras) because they can prepare decisions quickly without having to visit the homes (esp. outdoor changes like ramps). The health care assessors are occupational therapist (also educated as assessors) and they must have a very broad knowledge and practical insights – they also must know how to manage communication with citizens who are very ill or traumatised. As written above changes in own home will be granted when the citizens functions are cleared, and the rehabilitation is conducted – then the team make an assessment based on the law and the procedures of the municipality. It is always a ***concrete individual*** assessment. The Five Clues supports "stay as long as possible in own home" and this is followed – but if the home is not suited for changes, the team may suggest finding alternative accommodation – for seniors one of the municipality's senior homes. The team works for all adults in the municipality. It is mainly vulnerable groups like people with a handicap, people who suffered injuries in accidents and senior people.

Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The team do not run projects but are sometimes involved because of their experience and knowledge – giving advice.
Methodology	The team use their occupational therapist expertise and methods such as activity analysis, the 7-step model as described in "Method book for assistive technology dissemination" chapter 10. They also work methodically based on functional requirements. In the municipality of Aarhus, Health and Care the strategy contains efforts concerning "Strengthened citizen contact" and working with the escalation arrow in mind. The escalation arrow works with the rehabilitation mindset and that the citizen must be encouraged to be able to do as much as possible himself, as well as maintain and expand the functions one holds. The escalation arrow is shown below (in Danish). 
Resources needed	The Housing Team have no knowledge of the budget (their superiors manage this) and can focus on the good practice, the law, the procedures.
Timescale (start/end date)	Started in 2005 and ongoing.
Challenges encountered	The team is part of a political system – earlier they experienced that their decision (correct and following the rules) could be overruled by the politicians (perhaps afraid of bad publicity). This is not happening very often these days. When the team was established and the function centralised, it was also a challenge for the colleagues to get used to the new procedures and not having the assessor at their own office. Colleagues could ask questions like "why is it now centralised?" "Why can't we just ask our usual contact person?" being annoyed with the changes.
Potential for learning or transfer	This good practice is based on and emerged from Danish legislation and the municipalities option to choose themselves how to manage. The Danish society is known for having a high standard regarding services to the citizens (and high taxes of course). In other countries the prerequisites and terms will be different and there might not be a basis for a good practice like this. On the other hand, the idea of having a high performing experienced team to handled difficult and delicate matters can be an

	inspiration. We also realised that it is a good idea to have these decisions taken by an authority not too involved with and too close to the citizens. The high quality of buildings in Denmark is also an important prerequisite – we have regulations to secure the quality of buildings and this means that there is a good basis for making changes and make the home fit for a person with handicaps or reduced functions.
Evidence of success (results achieved)	The most valuable benefit of the Housing Teams work is that the citizens can get a part of their old life back and be able to get out of the house and participate in the society – social participation. The citizens also appreciate the fact that they do not have to live in a nursing home or other institution but can stay in own home. The team handles 3-400 cases every year (big and small) – not everybody gets a grant, but all citizens gets a concrete individual assessment. The team emphasizes the importance of involving the citizens, so the majority are able to understand and accept the decision. The Housing Team have detected a change in mentality – now its natural and OK to ask, "what have you done yourself?" the citizens are no longer expecting the municipality to deliver all the help and support needed. The applications cannot be assessed by the team from day to day – there will be latency. The team regards this an advantage (most of the time) because the citizens gets a change to consider before they rebuilt the house (i.e. the bathroom or kitchen) – sometimes they realize that this is not the right solution. Because of the focus on the individual the assessment and the involvement of the citizens the team can detect when they must move fast and when its ok to give citizens time to think again.
Further information	We refer to Section 116 of the Service Act and related guidance, Principles decisions and housing can be found on www.socialstyrelsen.dk and "Method book in assistive technology dissemination" chapter 10. https://www.forflyt.dk/indretning/hvor-meget-plads-skal-der- vaere https://amid.dk/media/1691/rapport-indretning-af-aeldreboliger- for-fysisk-plejekraevende20pdf.pdf
Keywords related to your practice	Housing; Changes; Assisted living; Teamwork
Upload image	

Good practice A3

Hamburg

A3.1 Good practice general information	
Title of the practice	VWIQ

A3.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	GWHH GmbH
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Cluster agency	
Location of the organisation in charge	*Country*	Germany
	Region	Hamburg
	City	Hamburg

A3.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	- P&W - residential care home for the elderly - Q-Data Services – smart home solutions - University of Hamburg - Prosystem
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The project results were used to plan the scall-up project AGQua

A3.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	The project is on local level	
Location of the practice	Country	Germany
	Region	Hamburg
	City	Hamburg

A3.5 Detailed description	
Short summary of the practice	The project aims to achieve the acceptance and impact of assistance systems developed in this context by developing and testing a growing, quarter-based and transferable product service system.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* To get information about the acceptance of elderly people about AAL-technologies in there direct living environment. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* Q-Data Service is company with long years' experience is the sector of ambient assisted living and smart home technologies. Together with the IT-department of the university of Hamburg the idea was developed, to test the acceptance in a real life setting. *How does the practice reach its objectives and how it is implemented?* Pflegen & Wohnen is Hamburgs biggest company in the sector of residential care and homes for the elderly in Hamburg. In the residential home Uhlenhorst one flat was equipped with innovative AAL-technologies and more than 100 people stayed between one night and one moth. The university Hamburg evaluated this with pre and after stay interviews. *Who are the main stakeholders and beneficiaries of the practice?* The main stakeholders are the companies on the field of residential care and homes as well as in the housing sector. *What is the target population/audience (age range, vulnerable groups…)?* The target population are citizens aged 60 years +. *Challenges encountered* It was difficult to find people who liked to stay for a longer period in the flat. Most people liked to stay one, two or three nights. Nevertheless, the acceptance differs significant, if you can get used to the technical solutions, especially the more complex one, like the light system. One other challenge was that services didn´t existed in real life, but the acceptance should be evaluated. Therefor services like the delivery of laundry needed to be installed just for the project.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	ERDF 2007-2013
Methodology	Ostrom et al. (2010) identified service directed at improving well-being as a priority for service research. In response to this call, the project seeks to discuss the concept of localsocial service. Local-social service seeks to leverage the proximate tangible and intangible resources of an urban environment for realizing service. IT can enable the mobilization and integration of such resources, effectively expanding the scope and scale of service available. Based on conceptual arguments, the project proposes

	design goals for IT platforms for local-social service. The university of Hamburg review four existing platforms that atleast partially realize the design goals to identify existing design for IT-enabled localsocial service. Moreover, the analysis reveals gaps in the realizing of design goals, which provide opportunities for future research.
Resources needed	1.1 million Euro
Timescale (start/end date)	June 2012 – May 2014
Challenges encountered	It was difficult to find people who liked to stay for a longer period in the flat. Most people liked to stay one, two or three nights. Nevertheless, the acceptance differs significant, if you can get used to the technical solutions, especially the more complex one, like the light system. One other challenge was that services didn´t existed in real life, but the acceptance should be evaluated. Therefor services like the delivery of laundry needed to be installed just for the project.
Potential for learning or transfer	In this project more than 100 people stayed between one night and one month in the experimental flat during the project and an extra evaluation phase of three years. All persons where interviewed by the University of Hamburg. The University published the results and gave recommendations for the equipment with AAL-technologies. The project results lead to the project idea of the scale-up project AGQua.
Evidence of success (results achieved)	The project is a good practice, because we have strong results about acceptance of technologies from senior citizens. The evaluation report was used by other projects e.g. in the field of interoperability and standardisation in the AAL. The social impact in Hamburg is that much more awareness is now on the field of AAL. For example, many groups like senior citizen organisations visited the flat.
Further information	http://www.vernetztes-wohnen-hh.de/index.php
Keywords related to your practice	assistance system, quarter-based and transferable product service system, interdisciplinary collaborative project, Promote self-determination among older people, Supply concepts, Living concepts, furnished sample apartment
Upload image	

Good practice A4

Louth

A4.1 Good practice general information	
Title of the practice	Sustainable Energy Community (S.E.C.)

A4.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Louth Local Community Development Committee supported by Louth County Council
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Community	
Location of the organisation in charge	*Country*	Ireland
	Region	Co Louth
	City	Dunleer

A4.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	- Sustainable Energy Authority of Ireland - CREDIT, Dundalk Institute of Technology - Sustainable Energy Community - 23 community groups in Dunleer - Bank of Ireland - Glen Dimplex
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes Dunleer SEC developed the Energy Ambassador Programme, a software programme delivered to approx 25 people at a time. The objective of this programme is to educate people on which actions to take to reduce energy consumption in their homes which in some cases is followed by inclusion in the joint application to SEAI for a retro-fit. Dunleer SEC has successfully received a grant allocation from LEADER to continue with the delivery of this course. Dunleer has been invited by 6 other counties in Ireland to deliver the Energy Ambassadors Programme. The potential collaborations include the PPN in other local authority areas, Tidy Towns groups delivering on sustainable energy programmes, small businesses, the NGO sector (already worked with Alzheimer's Day Care centre in Dundalk and developed a model which can be replicated through the Alzheimer's Society of Ireland.

A4.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Dunleer SEC assists Louth to deliver on the Irish Climate Action Plan, the Louth LECP and the Healthy Ireland for Louth Plan. Climate Action Plan 2019—Government of Ireland. Seeks to engage and empower citizens and communities to take local action by linking to existing and new networks and clustering initiatives, using the NDCA and Local Authority structures. The Climate Action Regional Offices will lead a step-up in climate action within Local Authorities. • The SEAI support for the development of Sustainable Energy Communities (SEC) shall expand from 256 now to 500 by 2020, and 1500 by 2030. • The existing SEC network will be leveraged through the Local Authority structures to ensure greater collaboration between the SECs and the NDCA. • A streamlined, one-stop-shop approach to project applications will be developed to significantly reduce the administrative burden associated with multiple funding channels. • The significant potential of the social enterprises will be supported to contribute to job creation and to innovative approaches to the challenges presented by climate change. • The design of policy tools, including the new Renewable Electricity Support Scheme, will explicitly seek to mobilise local and community involvement in micro-generation and in major Renewable Energy projects. • Local Community Development Committees will also be used to step-up how we mobilise and support urban and rural communities to reduce carbon emissions. They will have a key role in stepping up activities by assisting in scaling up from an individual project-based approach to more coordinated and structured approach locally. • The Public Participation Network (PPN) will be leveraged to share information and knowledge, as well to animate local community groups to get involved in climate action initiatives. There are currently approximately 15,000 community organisations registered with 31 PPNs.	
Geographical scope/coverage of the practice	Regional	
Location of the practice	Country	Ireland
	Region	Border Midlands and Western Region
	City	Dunleer

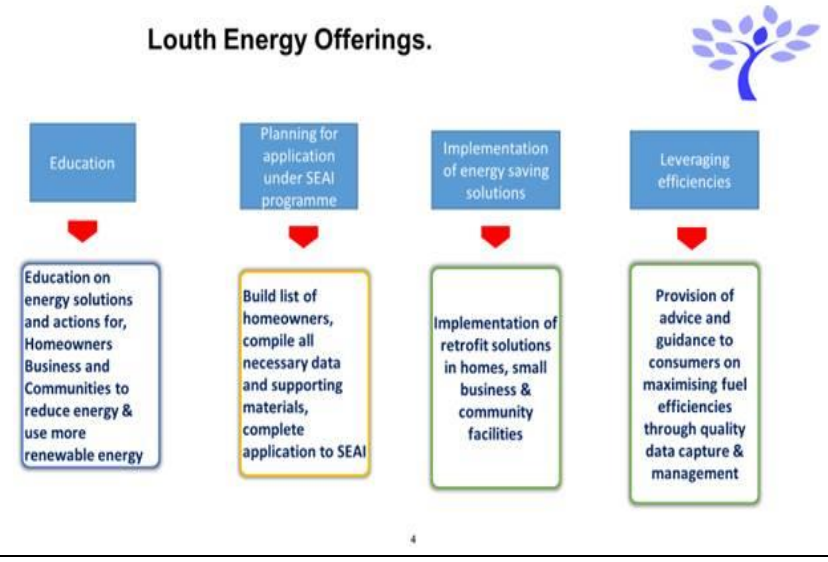
A4.5 Detailed description	
Short summary of the practice	This programme focuses on development of energy efficient housing in the town of Dunleer Co. Louth that has proven to be extremely age friendly.

Detailed information on the practice	Louth has a high concentration of energy and renewable energy companies and organisations researching and manufacturing energy products. The Centre for Renewables and Energy at Dundalk Institute of Technology-CREDIT is one example. Recognising this expertise and the need to address our national energy challenges, a community group in the county decided to take a number of actions to reduce domestic energy use, using more renewable energy and becoming leaders by educating other communities on how to do the same. The community of Dunleer in County Louth established the Sustainable Energy Community (SEC) to provide leadership to communities on addressing the challenges of climate change by reducing energy use and using more renewable energy. They have achieved this through a programme of equipping 230 homes across Louth with measures to reduce energy use and save money, resulting in the drawdown of €2.5 million in grant funding and creating one job for the project management of these programmes. In the high-profile TILDA research study into ageing in Ireland, there was a decrease of 4.6% in adults reporting problems heating their home from Wave 3 to Wave 4, possibly attributable to new policy initiatives. Similar to findings from Wave 2, there was a large disparity in problems with heating the home between dwellings in Dublin city or county (50.4%) compared to a rural area (24.4%). The programme is not exclusively for seniors, but about 60% of the clients of the programme would be those in fuel poverty and 80% of our clients would be over the age of sixty. **Partnerships and collaboration:** To achieve greater impact, the group recognised the need to partner with key players and has formed a partnership with the Centre for Renewables and Energy at Dundalk Institute of Technology (CREDIT), The Sustainable Energy section at Louth County Council and the Sustainable Energy Authority of Ireland (SEAI). 23 community groups in Dunleer, Bank of Ireland, Glen Dimplex
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	Yes, a common thread in the following policy instruments refers to motivation for using less energy. (a) **National Planning Framework**. (b) **Climate Action and Low Carbon Development Act 2015**. (c) **Border, Midland and Western (BMW) Region 2022** is a local policy instrument. (d) Louth's **Local Economic & Community Development Plan** (LECP) (2016 – 2022) (e) **Louth Age Friendly County Plan** (f) **Healthy Ireland for Louth Plan** In the domestic setting, heating and lighting are the two largest energy consuming needs as identified by Sustainability Ireland. Modern advances in lighting, halogen incandescent, compact fluorescent lamps (CFLs) and light-emitting diodes (LEDs) have meant that the energy needed for lighting is now dramatically less that than for heating. Most of the housing stock in Ireland still rely heavily on fossil fuel energy as the source of heat. When burning a fossil fuel 98% of the potential energy can be given in the form of heat, directly at the source. So, by educating and

	encouraging insulation, airtightness and appropriate heating sources in homes, a considerable reduction in Ireland's carbon footprint can be made.
Methodology	Understanding that a mix of skills was needed, the SEC programme focussed initially on partnership. The first step was to establish a steering group bringing together people representing a cross section of the Louth community, business, community groups, local authority and academia and so the Dunleer Sustainable Energy Community (S.E.C.) was born. This steering group set out its vision and objectives and to date has delivered on a number of these, namely 1. Upgrading of 230 premises throughout Louth to make them warmer and more efficient resulting in thousands of Euro in savings and inward investment including grant aid of €2.5 million. 2. Building a community based energy programme "The Energy Ambassadors" to educate people on energy and renewable energy and what simple steps they can take in their day to day lives to reduce energy use and use more renewable energy technological solutions 3. Through a pilot programme bringing the "Energy Ambassadors" to a national audience through deliveries across six counties around Ireland that have inspired, advised and assisted other SECs and communities to take ownership for this national issue with the theme of "communities learning from communities". **Better Energy Community (BEC) programme:** Under the SEAI Better Energy Communities programme, the team based in Dunleer retrofitted 230 premises resulting in significant energy savings. The retrofit involves measures such as renewable space heating technology, insulation, low energy lighting, Solar and PV solutions. While one impact to date has been to reduce energy use, the other positive age-friendly impacts on people's lives is very significant, with people being much warmer in their homes and saving money on their energy costs. To undertake the programme, the SEC have accessed significant grants available through SEAI and the Electricity Suppliers resulting in €2 million investment to date.
Resources needed	• Strong community group https://louthenergy.com/ • Sustainable Energy Authority of Ireland grants • Town and Village grants from Local government for Energy Ambassadors hardware and development of software • Local Government Community Development Support and Engagement with Public Participation Network • Leverage of local homeowners own match funding • Academic partners and expertise: CREDIT, Dundalk Institute of Technology
Timescale (start/end date)	June 2012 – May 2014/ongoing
Challenges encountered	• Building the trust of homeowners that what they wanted would be delivered. • Managing the coordination of possibly 5 teams installing the different solutions of PV, Heat pumps, insulation, windows pre and post BER assessments. • Timelines for works in people's homes is tight due to slow approvals by

	SEAI of an application. • Cash flow to pay staff is a challenge again due to slow payments from SEAI. • Building trust with SEAI that about capability of delivering to their standards. • Partnerships with different bodies. • Managing the 23 pieces of paperwork required for retrofitting each home, from GDPR requirements to certifications and assessments of works completed. • End to end is critical, people need to be educated on what behaviour changes they can take in their daily use of energy. It is not just good enough to retrofit, people are very open to the education.
Potential for learning or transfer	The learning from the Dunleer Sustainable Energy Programme can be transferred because: a) The need to address climate change action is universal. b) The Energy Ambassadors Programme has already been scaled up to other 7 other counties in Ireland. c) The Better Energy Programme has already been scaled up to community buildings and high street businesses. The Energy Ambassadors Education Programme https://youtu.be/beDeNIE6kW0 has potential to be translated into any language as it is relevant to every home owner. SEAI recognises the impacts the Dunleer Sustainable Energy Committee and the Dunleer project has delivered. Louth County Council recognises the impacts that the Dunleer Sustainable Energy Committee and the Dunleer project has delivered.
Evidence of success (results achieved)	• 230 homes retrofitted • Draw down of €2.5m in SEAI grants • Energy Ambassadors Education Programme developed and delivered in 7 counties in Ireland • 1 full time job created work procured from 5 different local companies for housing retrofits • Twinning with Alheim in Germany where Alheim can learn from Louth's bottom-up approach and Louth can learn from Alheim's sustainable energy generation delivery Collaboration of community Sustainable Energy Authority Ireland, Louth County Council, Dundalk Institute of Technology, local business and residents of Co Louth. Project scaled up to meet the needs of retrofitting community buildings (the Birches Alzheimer's Day Care Centre, Dundalk) and high street business **Testimonials from Dunleer homeowners who have had upgrades** • *'I am heating and lighting my home for the price of two cups of coffee per day'* • *'Oh, my Mother just loves it. Her home is so warm and cosy now'*

	• *'See that chair, I used to sit in that chair with a rug around me to keep warm while watching TV. Now, I can come in here and totally relax'* • *"I was using half a bag of coal per night to keep myself warm, now it will last me a week"* To date over 500 people have attended (Energy Ambassador?) workshops in Louth, Monaghan, Roscommon, Cork, Limerick, Wicklow and Dublin, click on the following link for more details **Testimonials from attendees at Energy Abassador workshops,** • *"I learned a lot about energy"* • *"I never knew that there were so many grants available to make my home warmer"* • *"the session was great fun and I learned a lot"* • *"I was not sure what renewable energy and technology was about, now I know"* **Information and Communications Impact** Measures to accompany the practice include Building an education programme for home owners to assist them in reducing their energy use and using more renewable energy, bringing this to communities across the country, to inspire people at local level to take actions in addressing climate change, also assisting and motivated these people to participate in energy saving projects **Energy Ambassador Education programme:** Having had contact with a large number of house holders in the Dunleer area, the SEC identified a gap in knowledge and some confusion about energy, renewable energy, modern technology available in space heating and other energy saving steps that can be taken in homes and communities. To address this knowledge, gap the Dunleer SEC built an education programme targeted at home owners and communities called the "Energy Ambassadors education programme". The education programme is a seventy minute highly interactive workshop, facilitating twenty participants per workshop. The content is endorsed by the Centre for Renewables and Energy at Dundalk Institute of Technology (CREDIT). The delivery team consists of Qualified Energy Specialists**.** **Investing in Communities** https://youtu.be/beDeNIE6kW0 This is a bottom up approach of communities talking to communities and is seen by SEAI as critical to getting communities to take ownership and action on this important area.
Further information	
Keywords related to your practice	Warmer housing, sustainable energy, Ambassadors, Energy efficient housing.

Upload image	

Good practice A5

Slovenia

A5.1 Good practice general information	
Title of the practice	Household Community Davča

A5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Penzion Šošter, Peter Prezelj s.p.
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Small business	
Location of the organisation in charge	*Country*	Slovenia
	Region	Western Slovenia
	City	Davča

A5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	There is no other organizations involved.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes, they would like to enhance collaboration with the local Elderly house and Health Center.

A5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	National in terms of users and local in terms of operation	
Location of the practice	Country	Slovenia
	Region	Western Slovenia
	City	Davča

A5.5 Detailed description	
Short summary of the practice	Household Community Davča is a small community (up to 8 members) where older adults are living together. The facility is located in a very remote village. They are living together with the owner of the house. They are preparing meals and eating together every day. They socialize as they like and want. The owner of the facility is available for them 24h/day for any assistance.
Detailed information on the practice	The idea for setting up Household Community Davča appear to Mr.Peter Prezelj, when he was searching for a transformation of his apartment house. He was well aware of problems, that some older persons feels lonely and that quite many of them are living in huge houses and they cannot cope with the costs arriving form maintaining and operating such building. He designed a model of a small community where each member will have its own apartment (room and toilets) and all together will share the rest of facility where they can cook and eat together, socialize etc. The community has few but strict rules in order to live in harmony. Mr. Prezelj is a very experienced entrepreneur. He was running an apartment house for several decades and knows hospitality business well. He is very sensible to people needs and knows what is important when you want to build a community. And last but not least he is also very well connected in the local community. When he designed the community and prepared the facility and services for launching, he was not sure on the response from the potential users, since it was a very new concept on the market and location is in the remote hills where there is no shop, bar etc. He published a small add in the magazine dedicated for older people and response was above all expectations. In 14 days he received around 90 calls from the potential users. He can host up to 8 persons max, so he is very selective when accepting new member. He set up one month trial period in order to know better new member and to see the response of the rest of community members. The life in the community is based on the shared common task. They are together preparing weekly menu, each day is one member responsible for cooking meals, and they are sharing cleaning activities. They can work on the garden and they have a space for socializing and wellness. Ones a week they are going together to the city where they purchase all the supplies and have time to do all the scheduled activities like hear dressing, doctor visits … Mr. Prezelj is proving transportation services for then ones a week and anytime if is urgent or in case that is scheduled in advance. They have also some touristic trips over the year. The youngest member is 63 and the oldest is 80 years old. Most of them decided to join the community because they felt lonely in their previous home. The causes for feeling lonely were different but mostly they lived without a partner of a family. They do not have any severe medical problems and they do not need much assistance for living. If it happen that they need a medical treatment they use it as all the other residents of Slovenia. If it is a need to go to hospital, Mr. Prezelj is taking them. If they need after hospitalization treatment they have an arrangement with the local elderly house to stay there till their full recovery (one to two months). They believe that if you happily live in a community and you dedicated your energy to build good relations with the community pears, this is the best strategy to avoid illness.

Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	There was not used any particular methodology, however Mr. Prezelj is a very skilled person and can well assess needs of a target group. He did it perfectly. He motivated the target group to evaluate the service by using it.
Resources needed	If it is just renovation needed as it is a case here there is an estimate of a 5.000 EUR per user needed. In terms of human resources needed it is couple months of work for a very skilful person. The biggest challenge for running it is to be available 24/h in case of any urgency. You have to work and live at the community.
Timescale (start/end date)	March 2016 – ongoing
Challenges encountered	The main challenge is in the selection process of a new member. People are in many cases explaining half trues and misinformation on their expectations, past, habits etc. In the community only team players can live in harmony. The most important factor for a successful integration into community is if a new member is oriented in a way that "he/she has truly positive affiliation to a person nearby". They are searching for "good at heart" persons. They have learnt that all necessary legislation is already in place. They are a service for older adults, where they can find a trustful (non-commercial) advice and/or service on the possibilities they have for managing their real estate (sell, rent …). The society as a whole is not promoting a community life and because of that is still perceived as a very unique.
Potential for learning or transfer	The main potential of transfer is in the knowledge learned by the owner of this good practice: - How to build community - Community rules - Community services - Target group - Necessary facility adaptation The good practice do not have a direct clones, however Slovene Ministry of agriculture launched a tender for a couple of pilot project concerning social services on the farm as a complementary activities.
Evidence of success (results achieved)	This good practice is considered good because it achieve an immediate very positive users' respond. All the capacities are full and users are very happy with their decision to change their life. The most valuable benefit users got is the change of their living. Before they faced loneliness and material troubles (high housing costs, relatively low income), now they can use time for hobbies and building relationships with their friends. There is not strong evidence that only this good practice triggered the development actions on the national level at the Ministry of Agriculture to start stimulating development of social services on farms. However this good practice has a very strong media reporting at its start and the timing matches the possible start of activities at Ministry for stimulating development of social services on farms. It is still too early to have a clear evidence on the development of the new markets or job creation, but this good practice is one of the initial snow balls which started to roll and is a great response to challenges demographic changes are bringing.

Further information	
Keywords related to your practice	Community life, Shared housing, “good at heart”, living together, combating loneliness
Upload image	

Good practice A6

Slovenia

A5.1 Good practice general information	
Title of the practice	Public service of information, advice, guidance and subsidies for the acquisition of support products for the promotion of personal autonomy, functional independence and support for carers (GIZATEK)

A5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	DIPUTACION FORAL DE BIZKAIA / BIZKAIKO FORU ALDUNDIA
Is your organization the main institution in charge of the good practice?	Yes

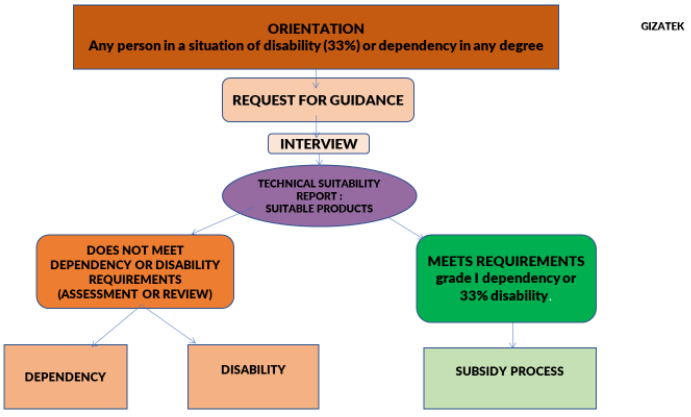
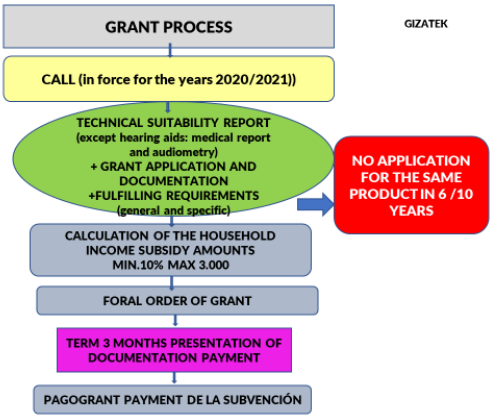
In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Public	
Location of the organisation in charge	*Country*	
	Region	Bizkaia
	City	

A5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	There is no other organizations involved.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	No

A5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	HISTORICAL TERRITORY OF BIZKAIA	
Location of the practice	Country	
	Region	HISTORICAL TERRITORY OF BIZKAIA
	City	

A5.5 Detailed description	
Short summary of the practice	It is a service of a social nature, aimed at the orientation, social integration and promotion of the autonomy of those people, of any age, affected by any disability or situation of dependency that entails deficiencies, limitations of activity or restrictions in citizen participation, which can be compensated or mitigated through the application of diverse technological products and methods.
Detailed information on the practice	OBJECTIVES GIZATEK's general objective is to prevent, promote personal autonomy and socially integrate people with limitations or restrictions in their activity, by means of a technical orientation action about the support products and technological methods that are suitable, according to the type of disability or dependence situation, to compensate or alleviate the limitations suffered by the affected people. AREAS OF BUSINESS Gizatek has the following areas of activity • Area of information, demonstration and advice. I. On the one hand, there is a public space for the exhibition of objects, mechanisms, etc. that can be visited and, eventually, tested and interacted with. II. Likewise, advice is given to people who request it on the possibilities of accessing the service. • Area of guidance on any technical aspect that may serve to improve the personal autonomy of the applicant, through the preparation of a technical suitability report. • Area of management of subsidies for the acquisition of support products, by means of annual or biannual calls and regulated by a provincial decree. TARGET AUDIENCE A. Aimed at: - There are no prerequisites for access to the information, demonstration and advice area, and it is universal. For this purpose, daily service is available from 8.30 a.m. to 1.30 p.m., Monday to Friday, at the Gizatek offices, located at Calle Lersundi 14, 48009 Bilbao. - For access to the guidance area, any person in possession of the administrative resolution of assessment of dependency in any degree or the certification of disability, at least 33%. The orientation ends with the issue of a specific technical report on the recommended support products and their characteristics. This is essential for making the application for the subsidy, except in the case of hearing aids. B. Access to the subsidy: To access a subsidy for the purchase of support products, interested persons must meet the following access requirements: - Be in a situation of dependency valued in any degree, or have a disability of at least 33%, at the time of making the application.

	- Possessing Spanish nationality, in the case of foreigners it will be necessary to have effective residence (EU) or legal residence (for other countries) of 5 years, 2 prior to the application. - Be registered in a municipality of Biscay at least twelve months prior to the date of submission of the grant application and continue to be registered throughout the processing of the file. - Have a Technical Suitability Report prior to the application and that this report prescribes the product for which the subsidy will be requested; except for hearing support products, in which a collegiate medical report with a diagnosis will be sent together with updated audiometry. - To meet the general requirements of the subsidy and the specific requirements of the product for which the subsidy is requested both in the processing of the grant and in the payment procedure - In the case of support products related to improving accessibility in the home, it should be the habitual residence.  
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	
Methodology	The Department of Social Action, taking into account the needs and demands of people in a situation of dependency and disability and seeing that the previous system of individual aid, left an important part of these groups unattended, creates a multidisciplinary team of technicians and techniques in the areas of disability assessment, assessment of dependency and elderly and

<table>
<tr><td></td><td>disabled people that based on years of experience in the field, in order to define the Service Gizatek and, establish the characteristics and structure of it. The work of this team with the support of the management of the Department of Social Action leads to the creation of the Gizatek Service.
Thus, the Decreto Foral 24/2009 of 17 February was approved, regulating access to the Servicio público foral de orientación y préstamo de productos de apoyo para la promoción de la autonomía personal (GIZATEK) and the Decreto Foral 23/2009 of 17 February was approved, approving the public call for subsidies for the acquisition of support products for people in a situation of dependency or disability during 2009.</td></tr>
<tr><td>Resources needed</td><td>Head of Service
Head of Section
In the area of information and orientation: 2 occupational therapists and an administrative assistant
In the area of subsidies: 2 social workers and 4 administrative staff</td></tr>
<tr><td>Timescale (start/end date)</td><td>Since February 17, 2009, date of approval of the decree creating and regulating the Gizatek Service and the decree approving and regulating the first public call for subsidies aimed at the acquisition of support products, every two years a call regulating the granting of subsidies is approved, with the current one being in force until December 2021</td></tr>
<tr><td>Challenges encountered</td><td>To support the permanence of people in a situation of disability and/or dependence in their usual environment.
To prevent dependence, promote personal autonomy and improve the quality of life in daily life activities.
To support caregivers of people in situations of disability and/or dependence in their care work.</td></tr>
<tr><td>Potential for learning or transfer</td><td>Universal access to information on support products for any person registered in the Historical Territory of Biscay and access to guidance and financing for the acquisition of those products which are necessary for the promotion of the autonomy of any person in a situation of dependency or disability, by personnel specialised in the field, gives Gizatek the qualification of a good practice consolidated over more than 10 years of operation.</td></tr>
<tr><td>Evidence of success (results achieved)</td><td>
<table>
<tr><td>INDIVIDUALS WHO HAVE REQUESTED INFORMATION
People served</td><td>2009</td><td>2018</td></tr>
<tr><td>Face-to-face</td><td>1.471</td><td>3.695</td></tr>
<tr><td>And phone</td><td>1.459</td><td>4.721</td></tr>
<tr><td>E mail</td><td>103</td><td>395</td></tr>
<tr><td>TOTAL</td><td>3.033</td><td>8.811</td></tr>
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<table>
<tr><td>TECHNICAL SUITABILITY REPORTS PRODUCED</td><td>2009</td><td>2018</td></tr>
<tr><td>number</td><td>853</td><td>1.996</td></tr>
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<tr><td>Further information</td><td>www.bizkaia.eus</td></tr>
<tr><td>Keywords related to your practice</td><td>Gizatek, technical aids, support products, housing adaptation, guidance, subsidies, dependence, disability, handicap, diversity of function, personal autonomy</td></tr>
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C. Social Participation

Range of activities related to participation. Availability of information about activities. Personal support for participation. Accessibility of activity spaces. Intergenerational spaces and activities.

Good practice B1

Bizkaia

B1.1 Good practice general information	
Title of the practice	Friendly Cities *4All.* Civic Engagement in the field of urban accessibility.

B1.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Zerbikas Foundation and University of Deusto
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

B1.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The initiative involves **public authorities, high schools, social entities and research teams**: - Educators want to provide their students with opportunities to participate in initiatives where they **learn by doing**. - Social partners want to claim accessibility in inclusive terms. - Scientists (from engineering, law and education) want to obtain better data to estimate: sustainability indicators or measure the civic & academic engagement. Oorganizations working with physically disabilities have taken part in the project (FEKOOR, IGON, BENE, Fundación SÍNDROME WOLF HIRSCHHORN and 4p, ELKARTU); groups of volunteer from active and solidarity elder people, like "Cultura y Solidaridad" from the University of Deusto; schools with the coordination of Zerbikas Foundation (Santa Maria, IES Zumaia, CIFP Tartanga LHII, Madre de Dios Ikastetxea, Centro Formativo Otxarkoaga, Deustuko

	Ikastetxea, Askartza Ikastetxea, Ángeles Custodios Ikastetxea, Mariaren Bihotza Ikastola, Colegio Europa and the Claret network in the Basque Country), municipal authorities (Portugalete), research teams from the University of Deusto and DeustoTech, the OpenStreetMap community and groups of volunteers interested in working and learning at the same time.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Not for the moment.

B1.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The experience it is related to two internationals movements: - Wheelmap, an online map about accesibility in OpenStreetMap (free software). - Service Learning (educative methodology).	
Geographical scope/coverage of the practice	The experience has been designed in Euskadi (materials in Basque and Spanish), but it has an international vocation (materials in English and open tools).	
Location of the practice	Country	Spain
	Region	Basque Country
	City	Portugalete, Bilbao, San Sebastián, Getxo, Erandio…

B1.5 Detailed description	
Short summary of the practice	Teenagers and people with reduced mobility map their surroundings (sharing the results in OpenStreetMap) and make suggestions for improvement (writing and accessibility report).
Detailed information on the practice	There are some steps, all with process of Action-Reflection: - WORKSHOP. People with disabilities, educators, volunteers and High School students take part in a workshop on social inclusion and OpenStreetMap. - FIELD WORK. With mixed groups, teenagers and people with mobility difficulties walk around the city TOGETHER. They locate points of difficult access, alternative routes, using a piece of paper with the map (field papers), photos and developing their sense of direction and coping with the environment. - Then, they map these points into OpenStreetMap. Using this free software, they edit digital maps based on geolocation, using a traffic light color code for each point. When they upload the data, it is automatically displayed in the app (available FREE for anyone) enabling the generation of “friendly routes”. - The students submit accessibility reports to public administrations and to their community. With collective return. - The participants analyze the experience, individually and collectively.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No.
Methodology	- **PARTICIPATIVE ACTION RESEARCH**, - SERVICE LEARNING, - CITIZEN SCIENCE, - FREE SOFTWARE.

Resources needed	The project was funded by the city council of Portugalete, the Spanish Foundation for Science and Technology (FECYT), the University of Deusto and the Basque regional government (through pre-doctoral grants) amongst others. The organizations taking part, the sources of funding and the awards achieved are in ciudadesamigables.org
Timescale (start/end date)	November 2012 – June 2017 (1000 participants between 2015-2017).
Challenges encountered	This community initiative is still not autonomous and scalable as we had thought, and certain adjustments in the model are still needed. The spiral process has been so intense, and we reach get a several number of institutions and, above all, people (1000 participants). Fostering the **sustainability of the ENGAGEMENT** through Action-Research is the strength, but, at the same time it has been our highest limitation.
Potential for learning or transfer	One of the **innovations** here is the Service-Learning Waterfall Model, with a waterfall of LEARNING & TRANSFER: ○ One goal is that **High School students** complete all the phases of a scientific project: with the formulation of hypotheses; data collection, interpretation and analysis and presentation of findings to the community. So, it is **indispensable to train students** in open data sources, tools and concepts of accessibility. Thus, they learn *how to do science* while making a *real contribution* to their environment. For this, they have the help of their teachers and stakeholders like volunteers and PhD Students. ○ **Reduced Mobility Volunteers**, that also need training in the scientific method. People making science, this is Citizen Science. And with this, they provide a solidarity service being "experts by experience" about accessibility. ○ **PhD Students** that was learning about Action Research while supporting all of them about it, step by step. This project has been adopted in other regions in Spain, like Ceuta or Zaragoza (by the Architecture Faculty of the University of San Jorge); and has been invited to share the experience by the Government of Minnesota, the Royal Geographical Society in London or several universities around the world (URL Guatemala, PUC Chile, UC Temuco and more).
Evidence of success (results achieved)	Students and volunteers are more ENGAGE to "make a difference". Almost **1000 action-researchers, 856 of them were students from 11 high schools**, changing their opinion about the relation between urban accessibility and disability: accessibility is not only disability, this concern to everyone (and to/from the public and private spheres). Stakeholders have acquired up to date evidences for their lobbying actions. Almost **3.000 stores, portals and sidewalks** evaluated. **4 km² has been surveyed** (mostly, in surroundings of Bilbao). Researchers have improved the knowledge over sustainability, engagement and **accessibility indicators**.
Further information	*WEBSITE OF THE PROJECT:* ciudadesamigables.org Mugarra, A. (Coord.), Alonso, A., Borges, C.E., Echaniz, A., García-Pérez, A., Gómez-Goiri, M. & Pijoan, A. (2017). Friendly cities for all: Service-Learning for innovative and inclusive projects. ***DEUSTO Social Impact Briefing**, 2.* Retrieved from:

	https://www.deusto.es/cs/Satellite/deustoresearch/es/inicio/difusion-y-transferencia/briefings-y-story-tellings García-Pérez, A. (2019). SERVICE LEARNING AND RESPONSIBLE UNIVERSITY SOCIAL INNOVATION IN THE PROJECT HIRI LAGUNKOIAK – CIUDADES AMIGABLES – FRIENDLY CITIES 4ALL. (***Doctoral dissertation***). Bilbao: University of Deusto. Retrieved from: https://www.educacion.gob.es/teseo/mostrarRef.do?ref=1799697
Keywords related to your practice	Accessibility, Service Learning, Free Software, Open Resources, Project Based Learning, social innovation, educational innovation, technological innovation, empowerment, inclusion.
Upload image	

Good practice B2

Campania

B2.1 Good practice general information	
Title of the practice	PERSSILAA

B2.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Federico II University Hospital, Campania Reference Site of the EIP on AHA
Is your organization the main institution in charge of the good practice?	Federico II University Hospital is part of the Regional Health System, coordinated by Campania Health Directorate

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Public body	
Location of the organisation in charge	*Country*	Italy
	Region	Campania
	City	Naples

B2.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	PERSSILAA pilot study involved the communities through local churches. In the experimental setting, the service provision was carried out by the hospital, in collaboration with no profit organizations: - Health Campus (health services) - Progetto alfa (digital literacy) - Salute in Collina (GPs) - CRIUV (Regional Center for Veterinary Medicine)
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The scale up of PERSSILAA services should engage local health agencies, in the regional framework for health promotion (Regional Decree 501/2017).

B2.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	A wider project is under implementation to strengthen service offer to Campania internal areas, within the action supporting digitsal services for residents of Cilento area (PO FESR – O.O. 2.2.2), with a budget of € 872.000.	
Geographical scope/coverage of the practice	Local/Regional	
Location of the practice	Country	Italy
	Region	Campania
	City	Naples

B2.5 Detailed description	
Short summary of the practice	PERSSILAA is a multimodal service model to prevent frailty with a multidimensional approach in community dwelling older adults, focusing on nutrition, physical and cognitive function. Such approach was supported by an interoperable ICT service infrastructure.
Detailed information on the practice	Population ageing is a global challenge that can be faced by preventing frailty and disability in older adults. Approaching community dwelling older adults to screen for frailty allows targeted interventions that are digitally supported and embedded in the local sociocultural background. PERSSILAA is a multimodal service model to prevent frailty with a multidimensional approach in community dwelling older adults, focusing on nutrition, physical and cognitive function. Such approach was supported by an interoperable ICT service infrastructure, utilizing intelligent decision support systems and gamification. PERSSILAA, offered to older adults (> 65 years) through services tailored to the local community, can be seamlessly integrated with health care and social services. To realize this, PERSSILAA developed service modules for screening, monitoring and training. Screening focuses on the use of accessible and user-friendly screening instruments to get an overall picture of an individual's nutritional, functional and cognitive state. Monitoring involves unobtrusive ambulant monitoring of everyday functioning and its change in time in terms of being physically active, performance of cognitive demanding tasks and nutrition behaviour. Training modules involve the use of remotely available health literacy programs, health promoting activities and professionally supported services, and strongly emphasize on improving self-management.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The new European MFF of the 2021/2027 cycle has a strong health dimension, strengthening the integration between social and health services along a holistic approach to wellbeing. PERSSILAA implements the "health in all policies" approach, as it considers the different elements and factors that influence health outcomes in older adults, while using innovative tools. PERSSILAA provided older adults with preventive programmes that can be followed without explicit interference of medical professionals and give stimulating personalized feedback in order to maintain adherence over time. In this way, their quality of life improved, they became more aware of the importance of the various aspects (healthy nutrition, physical and cognitive activities, socialization) of a healthy lifestyle while at the same time health promoting services and professionally guided services have been accessible when needed. Services have been offered through local community, was supported by a proactive team of caregivers and health professionals and was integrated into existing healthcare services.
Methodology	PERSSILAA was implemented using an iterative approach, whereby an assessment of the needs expressed by older adults was outlined with a strong endusers engagement. Subsequently, service modules were developed for screening, monitoring and training, and were deployed. Intermediate evaluation of adoption by professionals and endusers allowed further improvements on the tools. Screening focuses on the use of accessible and user-friendly screening instruments to get an overall picture of an individual's nutritional, functional and cognitive state. Monitoring involves unobtrusive ambulant monitoring of everyday functioning and its change in time in terms of being physically active, performance of cognitive demanding tasks and nutrition behaviour. Training

	modules involve the use of remotely available health literacy programs, health promoting activities and professionally supported services, and strongly emphasize on improving self-management.
Resources needed	
Timescale (start/end date)	
Challenges encountered	

Potential for learning or transfer	The outcomes of PERSSILAA bring major advances to older adults themselves as well as their caregivers. Developments concern:
	- Screening modules – to get a quick but reliable overall picture of the functional and cognitive capacity and nutritional state in older adults and their frailty risk.
	- Monitoring modules- Continuous but unobtrusive monitoring of everyday functioning and changes over time in terms of engagement in physical activities, performing cognitively demanding tasks and daily nutrition.
	- Training modules to support older adults to practice and maintain healthy behavior:
	  ○ Health Literacy programs to raise awareness of older adults and their carers about the importance of ageing well and frailty prevention.
	  ○ Self management and health promoting programs to empower older adults to self-manage their health and ageing related complaints by self-participation in cognitive stimulation, physical exercise and feeding and food related tasks independently or supported by informal carers.
	  ○ Professionals supported training programs delivered as a package of approaches and tailored functional training programmes for several settings (group, at home) and supervised by professionals such as physicians, sport teachers and dieticians.
	  ○ ICT Literacy programs aimed at reducing the "digital divide" that separates older adults from opportunities for knowledge, socialization and services supported by information technology.
	
	Has this good practice been adopted in other regions around the country or beyond?
	Yes, in The Netherlands (Twente region)
	
	Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?
	It is being scaled up for further implementation in Campania internal areas.
	
	Is this good practice being currently implemented on an on-going basis as a routine procedure?
	It is not yet a routine procedure but living labs such as th eons implemented in PERSSILAA's communities are foreseen as a setting

	for health promotion in Campania regional planning (Decree 501/2017).
Evidence of success (results achieved)	PERSSILAA was pilot programme implemented by Federico II University Hospital in 4 parishes of the province of Naples. The pilot programme involved 200 older adults who underwent assessment and innovative multidimensional interventions. Periodic visits, assessments and monitoring in their communities was effective in reducing modifiable risk factors, physical and cognitive status. *Please indicate the **most valuable benefits obtained.*** The activities carried out at the community level stimulated social cohesion and inclusion, while improving the quality of life of older adults and improving health outcomes. *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* Community engagement in maintaining healthy lifestyle was a cultural shift stimulated by the project. Intergenerational activities improved the feeling and stereotypes of the entire community towards older adults. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* Only 200 older adults were involved. Its full potential is 100% of older adults in Campania. *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* The young volunteers (social workers, doctors, nutritionists, gym trainers, psychologists, ICT experts) involved in the activities acquired new skills also related to the implementation of multidisciplinary activities, lean management and communication that have a strong potential to address the needs of a growing market segment, in the silver economy. *Has it implied the implementation of any measures by the regional government in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* Strategic planning for health promotion and disease prevention, as well as for managing chronic diseases and dementia have been integrated with the adoption of innovative approaches and technologies to address the needs of the citizens.
Further information	www.perssilaa.com
Keywords related to your practice	
Upload image	

Good practice B3

Coimbra

B3.1 Good practice general information	
Title of the practice	IDOVIS: Older adults as visitors of other older adults - changing roles from care receiver to care giver

B3.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Caritas Diocesana de Coimbra
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

B3.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Idovis was an initiative of Caritas Coimbra with the support and partnership of **Coimbra Higher School of Nursing** (ESEnfC) and **Ageing@Coimbra**, aimed at promoting the change of roles of older persons from care receiver to care giver. **Coimbra Higher Nursing School** - this higher education training institution has been a partner in several local, regional and national projects, also collaborating in several internships and trainings in place with CDC's services. In IdoVis Prof. (and nurse) Rosa Melo was involved, on the development and implementation, but mainly on the training of the visitors and supporting teams. **Aging@Coimbra** - As member of this regional consortium, CDC has access to discussion forums on concerns and opportunities in the field of active aging. It also enhances networking, sharing and development of projects and initiatives in this area. Specifically, this project had the participation of João Malva, Professor at University of Coimbra, and coordinator of this consortium, providing training to the visitors. Cáritas presented this project in two international Conferences: (1) European Social Network (ESN) Forum in Brussels; (2) Conference Increasing Capacity for Age-Friendly Enviroments in Europe, Dublin; at the international conference "Addressing the challenge of population aging" in Naples.

Are there any plans to develop new collaborations in this good practice? If yes, please explain.	In 2016, the pilot project was implemented in 2 residential units at Caritas Coimbra – CRSI and LNSE – to be then up-scaled to other health and care units. As the results were very positive, several seniors expressed the desire to continue maintaining this interaction, with technical supervision from professionals of their services.

B3.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	IdoVis concept is still ongoing through an up-scaling process. In fact, it is being replicated through some context adaptations in Leirosa, within the 6th edition of the national project "Choices: Being Leirosa, Being+".	
Geographical scope/coverage of the practice	IdoVis was implemented as a local practice.	
Location of the practice	Country	Portugal
	Region	Centro Region of Portugal
	City	Coimbra

B3.5 Detailed description	
Short summary of the practice	The IdoVis project was launched in March 2016 with the aim of creating groups of independent older adults, who were visiting other institutionalized and dependent people (in long term care, nursing homes and home care services), after adequate training for this purpose. (272 – sem espaços)
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* Evidence has pointed to the need of human presence as enabler of affection and also to the need of improvement of health literacy. On another hand, seniors in a position of caregivers maximize their own capability and autonomy in retaining knowledge and better practices in their routines. That makes them much more active and prevent isolation and solitude. That is why IdoVis came to promote the change of roles of the older person from care receiver to care giver. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* The demographic change will have considerable consequences for the organization of Europe, implying the need for concerted public and private political action to address the challenges of an aging population. Alongside this scenario, the changes of the last decade in social and family structures have created new needs, which become even greater with the situations of fragility, dependence and disability that increased longevity has created. In Portugal, the Republican National Guard (GNR) in 2015 pointed out that "39,216 older people are living alone or isolated throughout the country, 5,253 more than in 2014. Of the 39,216 identified, 23,996 live alone, 5,205 live in isolated places and 3,288 live alone and isolated. The GNR also found 6,727 older people living together, but "in a vulnerable situation due to physical or psychological limitations". In a time of democratization of communication, when it is so easy to reach a friend or family member via mobile phone, skype or social

networks, research generally indicates that we are as lonely as a society than ever before.

This truth makes a big difference when we talk about the older ones, particularly people who are dependent and / or bedridden.

According to Bearon, since the 1960s, gerontologists have been developing conceptual frameworks to describe the optimal outcomes of the aging process.

Taken together, these emerging trends suggest a two-dimensional approach to defining successful aging:

- One for healthy older adults
- One for the most frail

In the first one, we find several prevention and promotion models proposed at the end of the last century, aiming at better ageing. One approach emphasizes the strengths and growth potential of older people. We include authors such as Sullivan & Fisher (1994), who emphasize the potential of older people for self-realization rather than a decline-centered approach.

Another angle of approach highlights social factors such as poverty, malnutrition, limited educational opportunities, and others such as obstacles to a “good aging lifestyle” - Austin (1991) - with particular emphasis on social work and social organizations to minimize these adverse circumstances.

Regarding the size of the frail and dependent older adults, Lustbader (1991) departed from the prevailing theories that pointed to autonomy as an essential element of good aging and described other possibilities of finding satisfaction and meaning as moments of vitality, intimacy with family and spiritual rebirth.

Today, the population over 65 is not subsumed in the two dimensions described above, assuming very different contours and hues, so the concept of successful aging becomes difficult to define.

It can be measured with indicators of subjective well-being, such as life satisfaction, happiness, perceived quality of life or on the reverse of the spectrum with levels of negative factors such as depression, loneliness, anxiety, etc., finding a richer and broader view of this topic with a view to solutions that work for each group or individual.

The search for better services and to facilitate a successful ageing process, led Cáritas Diocesana de Coimbra in 2015 to collect informal needs gathering with its users and caregivers’ teams (social workers, psychologists, health professionals). health, animators and auxiliary professionals). The factor identified as most in need of a cross-sectional intervention (ie, in various social responses of the institution, particularly in residential and home care) was the request expressed by the older adults to have other people to talk and socialize - the need for human presence and the creation of new bonds seems to be the major touchstone in increasing their quality of life.

The existence of activities that are different from the usual, which work periodically and give a new routine to the days, provide the feelings of personal utility and social belonging, which help to avoid the hopelessness and depression that often accompany the aging process.

	How does the practice reach its objectives and how it is implemented? The main objectives of IdoVis were: ○ To improve the emotional and affective state of older people in a situation of dependency; ○ To create support networks between dependents and independent people; ○ To increase the activity, sense of usefulness, relational capacity and knowledge of the older adults, promoting volunteering among peers; ○ To create tools to support the monitoring of older people in a situation of dependency. It was based on 5 main actions: 1) Creation of the profile of the visitor and visited, with a view to the selection of the participants; 2) Creation and implementation of a training program for visitors, covering the following modules: • Aging – biological, psychological and social changes, adequate management of the therapy and impact of the polymedication; • Humanization of care, relational techniques and importance of health affects; • Daily care in permanent / permanent support structures. 3) Routine establishment of weekly visits, with support and technical supervision; 4) Evaluation of the impact of visits on the quality of life of both groups of older people; 5) Preparation of pilot project report and recommendations for further phases to be developed. *Who are the main stakeholders and beneficiaries of the practice?* The main beneficiaries of this practice were the 2 groups: independent older adults, acting as visitors to a second target group of other institutionalized and dependent people (in long term care, nursing homes and home care services). *What is the target population/audience (age range, vulnerable groups…)?* The main beneficiaries of this practice were autonomous people over 65 in the group of visitors. As for the ones receiving the visits, they could be of any age (although most of them are also over 65) but not autonomous.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, there was no funding behind this initiative. The transportation costs, with technical and auxiliary staff, as well as the organization of training sessions and dissemination were funded by Cáritas Coimbra, through its own funds. ESEnfC supported the hours of training and consulting, through a formal protocol established for this purpose. Prof. João Malva performed the training also without any costs.

Methodology	The project comes after an informal collection of needs carried out in 2015 by Caritas Coimbra, where it was found that the most pointed factor was the expressed request by the elderly on other people to talk and socialize with. The need for human presence and the creation of new bonds of affection - regardless of the action taken by the institution's professionals and the presence of visitors from family and close friends - has proved to be the "touchstone" in increasing the quality of life of the older adults. In the same hearing, it was also widely noted, particularly by carers, the need to increase the health literacy of older people (mostly from a lifelong intervention perspective), particularly in 2 vectors: Health and therapy, (in)forming and giving tools for the person to understand their own processes, options, protective factors and consequences; Healthy living habits, with emphasis on nutrition, exercise and cognitive stimulation. Even though the most common way of approaching this "health education" is through training and awareness raising, CDC found that the impact of these activities is often reduced by some difficulty felt by the elderly to self-portray as such - the confrontation with the final phase of life and, consequently with death, brings associated anxieties that are often dismissed through avoidance processes. In this sense, the hypothesis of using the training strategy recognizing older adults as caregivers and not as the mere object of care may increase their ability to retain content, the internalization of concepts and, ultimately, its application in the context of daily life. In addition, there was also the need to strengthen the program of activities for self-employed older adults, with the potential to optimize their quality of life, regarding a more active aging. Following these 3 diagnostic vectors, the IdoVis initiative emerged with the focus on stimulating "meeting others", "making new friends", facilitating the conditions of visitation and travel between Centers, fostering the sharing of experiences, helping the better understanding of the active aging process of oneself and the other. The project **evaluation methodology** included: 1. Validated assessment scales, before and after the intervention (training through theoretical and practical training) by a Psychology professional. For the visitors, the WHOQOL-Old (World Health Organization Quality of Life Assessment Inventory for Older Adults) was used. For the elderly people visited, the UCLA Loneliness Scale, adapted to Portuguese by Barroso (2008), was applied. 2. Post-pilot interview with 2 instruments: a) Thinking aloud, based on evaluation parameters for visitors and visitors: In older visitors, the following parameters were evaluated: ▪ Activity and routine ▪ Aging knowledge ▪ Feelings and Affections ▪ Personal growth

	▪ Perspectives of continuity In the older visited, the following parameters were evaluated: ▪ Feelings and Affections ▪ Routines ▪ Perspectives of continuity (b) Quantitative project appraisal grid for: ▪ Training ▪ Visits ▪ Project team / trainers
Resources needed	There was no funding behind this initiative. The transportation costs, with technical and auxiliary staff, as well as the organization of training sessions and dissemination were assumed by Cáritas Coimbra, through its own resources. ESEnfC supported the hours of training and consulting, through a formal protocol established for this purpose. Prof. João Malva did the training free of charge. (338 – sem espaços)
Timescale (start / end date)	The project was implemented in March 2016 and is still ongoing through an up-scaling process.
Challenges encountered	We observed that most of the visitors that maintained the project after one year usually were developing the visits in pairs and not alone; that if the visited person is severely disabled or has had a severe disease or condition the visitor many times quit or gets depressed.
Potential for learning or transfer	Considering that other European regions are probably dealing with similar challenges, related to (1) the need of human presence as an enabler of affection, particularly in hillness and dependency conditions and contexts, and also (2) the need of improvement of health literacy amonst older people, we believe this good practice could easily come as very interesting and productive, to be learned and eventually adopted by other regions. This would allow seniors to take role as caregivers, thus maximizing their own capability and autonomy in retaining knowledge and better practices in their routines, which, in turn, would make them more active and socially participative, while preventing isolation and solitude. (607 – sem espaços) *Has this good practice been adopted in other regions around the country or beyond?* Idovis has potential for a larger up-scale, although it has only been replied regional wide. *Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?* A pilot programme was implemented for 5 months and involved around 16 participants in the role of visitors and 13 participants and 10 workers. A protocol of assessment of the quality of life and well-being was used in the group of visitors and people visited, with validated scales, which showed positive results in both groups. There are also predicted extended programmes, across Caritas health and care units and services.

	Is this good practice being currently implemented on an on-going basis as a routine procedure? Yes, IdoVis is currently being up scaled to other CDC's health and care units, as several seniors expressed a desire to continue maintaining this interaction accompanied by the technicians (psychologists, social workers, animators) of their social equipment.
Evidence of success (results achieved)	The project is considered as a good practice, particularly to be applied in urban areas and social facilities that welcome users who do not belong to the community where they belong. Fundamentally, it reflects the relationship that is still currently visible in some rural areas, where the older adults try to stay active by promoting a good interaction with their neighbors, through socialization and support in situations of illness or weakness. *Please indicate the **most valuable benefits obtained.*** **Quantitative results** of the pilot project show: Regarding users visited, the average loneliness index fell from 40.85 to 35, with a sharpest decrease in the home support group (8 points) and in females - 6 points vs 2 in males. In the group of visitors, the WhoQol-Old average increased from 99.56 to 107.25 with a incidence in the areas of activities, autonomy and social participation. In a more **qualitative approach**, the opinions of the 16 participating visitors were collected over the months. The narratives below result from their perceived impact on the older people they visited and on how they felt after participating in this project: "Even when people don't talk, only the company it´s enough". "I don't understand what she says, but when she sees me she starts laughing". "I want to talk, and I don't understand it and it costs me. But she understands what I tell her". "Speaks very well, perceives everything… but doesn't see me". "I was gone for a few days and they asked for me. They already miss us". They also revealed from their experience that they feel useful again, able to use the knowledge they have acquired and express persistence, commitment and willingness to continue with visits in the future: "I don't give up on doing what I can". "It's one of the activities that gave me what I like best". "I am teaching my guest to move his hands very well because he has no strength". The ability to create ties with the visited elderly manifested a common denominator among all visiting participants: "She wants to grab my hands and I'll stay there" "Instead of me making her parties, she makes me" "Want a lot of affection, a lot of kisses and a lot of parties"

	"Is very affectionate and makes me a lot of parties" "She takes me by the hand and wants me to go to lunch with her or to the bathroom" *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* IdoVis project execution promoted social interaction, fostered better knowledge and sharing experiences between people, increased the literacy of the older population on health and well-being matters, recognized the older adults as able to play the role of caregivers, and not as mere recipients of care, increased their capacity to retain and internalize concepts and, ultimately, in daily life context, it contributed to increase the ultimate goal of self-promotion of health in the elderly. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* IdoVis benefited directly, within Caritas Coimbra services, 2 residential units, including 16 participating visitors. *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* No, as all the participants to IdoVis were recruited on a volunteer basis. *Has it implied the implementation of any measures by the regional government in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* No, no measures were implemented to tackle the main topic yet.
Further information	https://www.youtube.com/watch?v=e3OcFdeE9yg
Keywords related to your practice	Active ageing; older adults solitude; social participation.
Upload image	IDOVIS idosos visitadores de OUTROS IDOSOS

Good practice B4 (also D7)

Aarhus

B4.1 Good practice general information	
Title of the practice	Local centres in the Municipality of Aarhus

B4.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Municipality of Aarhus
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	*Denmark*
	Region	*Central Denmark Region*
	City	*Aarhus.*

B4.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Many of the activities at the local centers are user-controlled, so there is cooperation with volunteers. The local centers are open citizen houses and associations and groups of citizens can come and have meetings and events at the Local Center. The Council decided in the 1980s to set up a number of local centers which should be activity houses for senior citizens. Over the years, these centers have evolved and today there are 37 centers distributed throughout the municipality. Close to the local centers there is accommodation for senior citizens – citizens can get an assessment from the municipality and be granted these apartments. The centers are used diligently. The activities are managed by volunteer seniors through local user councils. There is the opportunity visit the cafe and dine with others and participate in various activities. All centers are equipped with exercise equipment and citizens are offered rehabilitation during the day. Late in the afternoon/evening hours, other older people over the age of 60 in the local area can come and do exercise. Due to the location and distribution around the municipality there is always a local center nearby and many uses it on daily basis. Home care and health units are also housed in the local centers and the staff have their offices at the local center.

Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Over the years there has been continuous development. Most activities are now run exclusively by the senior citizens, which is in line with MSO's guidelines: *"Power to the citizens.* In recent years other groups have also started using the center. Kindergartens and nurseries also use the local centers at selected times so that the seniors and children can enjoy each other and take part in joint activities.

B4.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The activities at the local centers are supported by MSO's guidelines (The five clues). The local centers also contribute in cooperation with the other events in the local area. The framework for what a local center can do and support follows the development in the local area, which the head of the local center and the user council develops and decides in close cooperation. The local centers are not related to other projects as such but sometimes the staff who has adress at the local center participates in projects. The Local Centers also houses the home care staff, there is a health clinic and in connection with the Local Center you will find accomodations for seniors. Sometimes administrative staff will also have a local center as workplace.	
Geographical scope/coverage of the practice	In 37 locations in the Municipality of Aarhus	
Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus

B4.5 Detailed description	
Short summary of the practice	Aarhus Municipality offers a variety of activities at the 37 local centers that match many different needs and interests - for example, exercise teams, Krolf, singing and music, computer rooms, wood workshops, lectures, study circles, games and excursions. Each local center has activity offerings that reflect the culture of that place. Many of the team activities are user controlled and open to everyone. There is always room for new ideas for activities and for the creation of new self-governing groups. Most local centers have a café where you are welcome to come and eat, have a cup of coffee and have a chat with the cafe's staff and volunteers. The café is open to everyone, so you are always welcome to bring guests - large or small. If you want to help yourself as a volunteer in the café at your local center, simply go there or talk to the volunteer consultant about it. In the online cafes you can freely come and use a PC - or bring your own and connect to the wireless network. The Internet cafes are at certain hours staffed with IT volunteers, who are ready to answer your questions and help you. In addition to online cafés, many of the local centers also have computer rooms where you can immerse yourself in IT. Volunteer teachers offer help and courses in IT, targeted at seniors.
Detailed information on the practice	The local centers are part of the services that the municipality has for the citizens, as part of prevention initiatives, rehabilitation and fighting loneliness. The local centers are open to everyone but are especially used

	by the seniors. "More proximity to citizens" was also part of the vision of the municipality. In 1982 the first local center was established, and the following years they were established in the whole municipality. The vision was to create "houses for the people" where the citizens could get help and to create proximity and physical environment where citizens could get to know each other and the municipality. The establishment was ongoing and in 1998 the last area had a local center. The main stakeholders are the citizens and the employees in the municipality. With the local centers the municipality has an infrastructure that makes it easier for the home care staff to reach the citizens. And of course, the citizens have a short distance to the local center. All citizens can make use of the local center, but it is mostly the senior citizens who use it. Kindergartens and groups for mothers on maternity leave are other target groups that use the local centers.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, it is not. But some of the VTU-projects involves the users and employees at the local center.
Methodology	The decision was made by the City Council, the funds allocated, and the project executed as decided by the Council.
Resources needed	MSO works on the basis of the strategic five clues. The Center Manager manages the activities in close cooperation with the user councils. The vast majority of activities are self-driven, but the citizens who need assistance can be helped based on current guidelines for granting assistance. It is not possible to inform about resources to staff; this depends on participants in the individual activities. The framework, i.e. buildings, are also a resource provided by the municipality. In some cases, citizens may be offered a ride to and from the local center, it depends on an individual concrete assessment.
Timescale (start/end date)	1982 and ongoing.
Challenges encountered	One of the challenges was to find the right locations – both for the center itself and for the senior accommodations. This required some area. Another challenge was to pay for the area within the budget.
Potential for learning or transfer	Similar centers can be found in other municipalities but in Aarhus is has been done very systematically and structurally. The good practice has definitely a learning or transfer potential – especially to countries with a public sector.
Evidence of success (results achieved)	For the citizens the most valuable benefit is the loneliness prevention and the opportunity to exercise and have other activities in common. For the employees the most valuable benefit was to get closer to their managers, to get better office accommodation, and a better infrastructure. The number of users is not registered – it is completely voluntary to participate. The local centers have existed for many years and the municipality assumes that the citizens know what a local center offers. They do not advertise, but you can read about it on the website and in local papers. When a citizen become a widow the prevention consultant from the municipality will visit him/her and tell about the different services from the municipality and also the offers and possibilities at the local center.
Further information	https://lokalcentre.aarhus.dk/ (only in Danish)

Keywords related to your practice	Loneliness; Services; Activities
Upload image	

Good practice B5

Hamburg

B5.1 Good practice general information	
Title of the practice	Q8 Sozialraumentwicklung: Neue Lösungen für soziale Fragen

B5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Evangelische Stiftung Alsterdorf
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Diaconal Foundation.	
Location of the organisation in charge	*Country*	Germany
	Region	Hamburg
	City	Hamburg

B5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The Alsterdorf Foundation is working in this project with the goal to develop better conditions in the living environment for people with disabilities.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	No

B5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	The project is on regional level in three districts in Hamburg	
Location of the practice	Country	Germany
	Region	Hamburg
	City	Hamburg

B5.5 Detailed description

Short summary of the practice	The project focus on social spatial development on district level. All inhabitants should live self-determined as possible, and with the support that they need in their living environment. The approach is a mix out of self-help, civil involvement, neighbourhood assistance, professional support, and new technical solutions. Furthermore, the project is helping citizens, companies and institutions to get better connected. District managers help people with need for assistance, to live self-determined in their living environment.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* The aim of the project is to give all citizens in a district the ability to live self-determined in their living environment. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* The Evangelic Foundation Alsterdorf has long-term experience in different fields of social work and is well integrated in Hamburg's social secure system. Out of this experience Alsterdorf developed the project idea Q8. *How does the practice reach its objectives and how it is implemented?* The project brings together different stakeholders like companies and out of the public sector to work together on the project goals. The key role in this project has the "district guides" who helps persons with a need for assistance, to stay self-determined in their living environment. *Who are the main stakeholders and beneficiaries of the practice?* The project focus most on person with complex disabilities.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	The Sengelmann institute for medicine and inclusion evaluates the project.
Resources needed	Human resources are required in the project for thee district coordinators.
Timescale (start/end date)	ongoing
Challenges encountered	Please specify any challenges, barriers, facilitators and lessons learned in the implementation of this good practice.
Potential for learning or transfer	The project is a good example how persons with complex disabilities are enabled self-determined in their living environment. The important role of the "district guides" in this project, helps to bring the support to the persons who need it. There for it is a good example how to work with a relatively 'low-threshold' on the improvement of living condition in the districts.
Evidence of success (results achieved)	These following initiatives were developed in the project: • Development of an inclusive health promotion programme for the employees of day care centres. • Development of a series of workshops to strengthen the health literacy of people with disabilities in the housing groups of the integration assistance on the topics "doctor's visit" and "hospital stay".

	• Development of materials in light language for information and education about health care structures • Creation of a database of information materials on health and medicine in light language and supported communication on the topics
Further information	https://www.q-acht.net/projekte/gesundheit-25.php
Keywords related to your practice	inclusion, self-help, civil involvement, neighbourhood assistance, professional support, and new technical solutions
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Good practice B6

Louth

B6.1 Good practice general information	
Title of the practice	Drogheda and District Support 4 Older People (DDS4OP)

B6.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Drogheda and District Support 4 Older People
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	Ireland
	Region	Border Midlands Western
	City	Drogheda

B6.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Drogheda and District Support 4 Older People is a member of the Louth Older People's Forum. The group contributes greatly to the delivery of bespoke services under the Louth Age Friendly County Plan. DDS4OP take referrals from ALONE and match their Befriending service to the ALONE programme. DDS4OP work with the discharge team in Our Lady of Lourdes and the step-down facility in the Cottage hospital to assist effective and efficient return of the patient to their own home. (Care and Repair, Good Morning Call Service, Befriending Service) DDS4OP run the distribution service for incontinence pads for the Health Service Executive. DDSOP link in the Treadagh Alzheimer's Day care so the service users are linked to the service at an early stage and the client is supported from an earlier point in the diagnosis DDS4OP is a member of the Louth Public Participation Network
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The service is transferable and there are other models similar in many ways across the country. DDS4OP is supported by a Section 39 grant from the HSE. The ambition of the Louth Age Friendly County Programme is to mainstream the service with a particular emphasis on the funding model, the mix of paid/volunteer resource and the demand led response to the needs of older people in a specific area in the wider context of the Age Friendly County Programme and its partners.

B6.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	DDS4OP aims to assist in the delivery of national policy as follows: ***Future Health (A Strategic Framework for Reform of the Health Service 2012- 2015)*** commits to caring for more people in their homes for as long as possible, rather than in residential care. It commits to a new concentration on keeping people healthy throughout their lifecourse, and to treating patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. It commits to a patient-centred, flexible, community-based service. ***Healthy Ireland:*** Healthy Ireland; Support, link and further improve existing partnerships and initiatives that aim to support older people to maintain, improve or manage their physical and mental wellbeing. Support, link and further improve existing partnerships and initiatives that aim to remove barriers to participation and to provide more opportunities for the involvement of older people in all aspects of cultural, economic and social life in their communities ***National Positive Ageing Strategy:*** Remove barriers to participation and provide more opportunities for the continued involvement of people as they age in all aspects of cultural, economic and social life in their communities according to their needs, preferences and capacities. Support people as they age to maintain, improve or manage their physical and mental health and wellbeing. Enable people to age with confidence, security and dignity in their own homes and communities for as long as possible. Support and use research about people as they age to better inform policy responses to population ageing in Ireland ***National Dementia Strategy:*** The aim of the Strategy is to improve dementia care so that people with dementia can live well for as long as possible, can ultimately die with comfort and dignity, and can have services and supports delivered in the best way possible	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	Ireland
	Region	Border Midlands Western
	City	Drogheda

B6.5 Detailed description	
Short summary of the practice	The main aim of DDS4OP is to provide support for the health, safety, wellbeing and community involvement of older people residing in Drogheda and surrounding areas. This is achieved by harnessing the skills and talents of older people so that the community will benefit from, and value, the wealth of their experience and wisdom.
Detailed information on the practice	**Drogheda and District Support 4 Older People (DDS4OP)** Set up in early 2010 DDS4OP (a registered charity) is dedicated to the health, safety, wellbeing and community involvement of older people living in Drogheda and surrounding areas, a catchment area of approximately 40,000 people. To date there are over 70 'older' volunteers working on the six main activities which are: **Good Morning Drogheda**" – a free morning phone call to older people living on their own to check that they are safe and well. This reduces feelings of isolation, insecurity, loneliness and vulnerability. The **"Care and Repair Team**" – mostly retired handymen or tradesmen assist in giving a minimum cost service to older people doing small maintenance jobs and repairs in their homes and gardens. This is a mutually beneficial service. The retired handymen or tradesmen person feels a sense of being valued and contributing to society, while the user of the service gets a service at a reasonable cost to suit their budget. In addition, homes and buildings that fall into a state of disrepair reduce the sense of community and are linked to increase instances of crime or undesirable social behaviour. **Computer Classes** – volunteer tutors assist older people on a one-to-one, one afternoon a week, to get them up and running with e-mail, exploring the internet, Skype etc. **Fáilte Isteach** – a fun way of teaching conversational English to new immigrants two evenings a week, using older people as the teachers. **Befriending Drogheda** – matches older people with a suitable volunteer who will visit them at home on a regular basis. The volunteer Befrienders are trained, and Garda vetted to provide a confidential service. Support – **The Parlour** an office where older people can go to find out about their rights and entitlements, and be given information and advice on grants and anything else they may be having problems with, as well as filling in forms and making phone calls on their behalf.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	This practice has a direct link to the following policy instruments: • Healthy Ireland (HI) 2013 is a National policy instrument. • National Planning Framework. • National Positive Ageing Strategy in 2013. • Climate Action and Low Carbon Development Act 2015. • Social Inclusion Community Activation Programme funded under national funds and ESF. • Border, Midland and Western (BMW) Region 2022 is a local policy instrument. • Louth's Local Economic & Community Development Plan (LECP) (2016 – 2022) • Healthy Ireland for Louth Plan

	The elder population can feel isolated due to a break down in their social structure and have a recognisable inability to identify and access services. This practice encourages a social framework and also directly helps the elderly to identify services, funding grants that they are entitled to, opens the discussion on the benefits and disadvantages of different options and finally aids the elder person by assisting them in completing the forms and the application process itself.
Methodology	**Drogheda and District Support 4 Older People (DDS4OP)** The DDS4OP annual report for 2018 highlights selected detailed actions of the group as follows: The opening of a **distribution centre for incontinence pads** for older people in the Greenhills area of Drogheda. This is a collaboration with the HSE and allows older people and their families or carers to gain access to HSE supplied incontinence pads relieving pressure on a very busy state agency. **The Care and Repair Team** undertook 399 jobs; an increase of 12% compared to 2017. The main activities were gardening followed by general household maintenance. Fitting both internal and external hand-rails also increased. A van had to be purchased to support the Care & Repair team and the deliveries from the distribution centre. The trusted traders list now includes a plumber, carpenter, electrician, roofer, TV man, washing machine man and a rodent controller **Befriending** continues to be very active in 2018. There were 69 referrals, 58 assessments resulting in 44 introductions. Since 2015 75 people were matched. **Good morning Drogheda** now has 15 volunteers, and 87 are called every morning that's 21,376 phone calls a year. There was a definite increase in the demand for panic buttons in 2017 we arranged for 56 installations this increased to 110 in 2018 a 100% increase. **Fáilte Isteach** has had a successful year and is continuing to grow. At the beginning of last year there were 22 registered students and ten teachers, the majority of whom have been teaching with us since the classes started back in 2011. This year there is an additional teacher and the number of students has increased to twenty-five students a week. An effort was made to promote the English classes by placing notices in the local newspaper and displaying posters in strategic locations around the town. The office continues to be very busy with helping people with all matter of queries and problems. Some of the most frequent are: Phone, electric or gas charges, entitlements, form filling, local property tax, housing adoption grants, wills, the fair deal scheme for nursing homes Monday afternoon crochet classes are going very well with regular attendees. **Volunteer Activity Annual Report 2018-2019** Volunteers are invited into the office to meet with the team and should they want to volunteer with the service. They are Garda Vetted and a volunteer profile is created so they can be matched with an older person. Volunteers Assessed: 70 Garda Vetting Processed: 45

<table>
<tr><td></td><td>
<table>
<tr><td>Volunteers Registered</td><td>40</td></tr>
<tr><td>Volunteers Active</td><td>21</td></tr>
<tr><td>Volunteers Unsuitable</td><td>03</td></tr>
<tr><td>Volunteers coming through Louth Volunteer Centre</td><td>80</td></tr>
</table>

<u>Fundraising:</u>
Flag days in May & September, Easter raffle and coffee morning, bag packing in October and December, Carol Singing in Scotch Hall in December, Carol Singing in Town Centre in December</td></tr>
<tr><td>Resources needed</td><td>• Strong Volunteer Ethos
• Community Leadership
• Local Authority Community Animation
• Finance—HSE and local authority grants and fund raising
• Interagency cooperation
• Recognition by state agencies of the need to do this work and acknowledgement that the group has the capacity to do it.</td></tr>
<tr><td>Timescale (start/end date)</td><td>2011 and ongoing</td></tr>
<tr><td>Challenges encountered</td><td>Earning recognition from state agencies of the challenges older people experience and recognising the need to support a community group to carry out this work where state agencies have not got the reach to do so.
DDS4OP calculated their community work in monetary terms by multiplying the number of volunteers by the number of hours by the minimum wage to quantify the work the group does in the community. This work is out of the reach of state agencies.
As a result of this calculation and positive feedback from older people both Louth County Council and the Health Service Executive have supported DDS4OP to deliver their programmes beyond the reach of their own services.</td></tr>
<tr><td>Potential for learning or transfer</td><td>Taking the model of care that is shown where service is aligned to the individual, DDS4OP is located in Tier 2 the “Parlour”.</td></tr>
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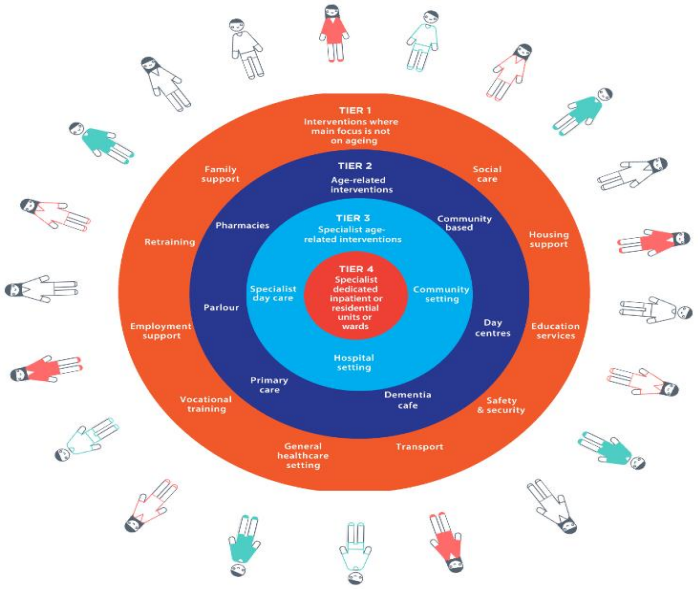
	 This is not a unique "good practice" but it is unique in that it was developed to meet the needs of the older people in Drogheda and surrounding area. The group grew organically based on identified need to do so. The methodology of setting up the group, the collaboration with other older people's services through the Louth Older People's Forum and the Louth Age Friendly County Alliance were the key success factors in the development of the group's work. Ireland has 31 local authorities which are all signed up to the Age Friendly County Programme committing each local authority to set up an Alliance and an Older People's Forum/Council. Each local authority has an Age Friendly Coordinator who can animate a group to deliver a demand-responsive programme based on the identified need of the community. The coordinator can network the group with the state agencies and provide high visibility when needed to demonstrate the capacity of the group to deliver. This leaves every county in a position to replicate this model under the umbrella of Age Friendly Ireland a shared local government service and a partner in the Ireland LAG. The DDS4OP model has been presented to several visiting groups from all over the world over the past 7 years.
Evidence of success (results achieved)	Although the methods were mostly focused on social participation, the impact of the DDS4OP was often on supplementing community services and supporting good health where the state agency had no reach. Drogheda and District Support 4 Older People have won 2 Public Participation Network awards, one for the Care and Repair programme and one for the Befriending Programme. Louth County nominated DDS4OP as a candidate for the national Pride of Place award in the 2019 competitions. (Awaiting results in Nov 2019). Please also see annual report stats above. There is one job created
Further information	DDS4OP developed a video to demonstrate the work it carries out daily. You can access the video on youTube at this link

	https://youtu.be/HoySQURMVM8 For more information click onto DDS4OP website. http://dds4op.com/
Keywords related to your practice	The Parlour, Community Support for Older People
Upload image	

Good practice B7

Slovenia

B7.1 Good practice general information	
Title of the practice	Simbioza Giba

B7.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Simbioza Genesis
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Social enterprise	
Location of the organisation in charge	*Country*	Slovenia
	Region	Western Slovenia
	City	Ljubljana

B7.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Ministry of Health Co-financing of project activities Main project partners: - National institute of Public health - University of Ljubljana - Faculty of sport Assistance in promoting the project at national level, articles on exercising and healthy eating, expert advice on the design of annual weekly campaigns and year-round events within the project. Other partners: - Olympic Committee of Slovenia, Association of Sports Federations - Slovene Association of Disabled People Sport - Paraolympic Committee - Slovene Federation of Pensioners' Associations - Association School of Health - BTC CITY Project's marketing assistance, informing its members and general public. Supporters / facility donors:

	- Municipalities - Simbioza School (proactive network of primary and high schools) and primary and high schools - Voluntary associations - Kindergartens - Health centres - Elderly homes - Public and private providers of sport activities Assisting at implementation of the project activities and events in the local/regional environment, providing the necessary infrastructure, promoting the project and events within the project, informing its members and the local/regional public.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Apart of strengthening the collaborations with the institutions mentioned in the section above, which operate either at the local, regional or national level, they plan to involve in the project Slovene municipalities that are not yet participating in the project (62 out of 212). They also want to increase the number of the above mentioned partners and supporters of the project (site providers).

B7.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	National	
Location of the practice	Country	Slovenia
	Region	Western Slovenia
	City	Ljubljana

B7.5 Detailed description	
Short summary of the practice	The project's aim is to offer suitable physical training or different physical activities for all generations, from - 9 months to 100+ years. All the recreational and sports activities are free of charge and are based intergenerational cooperation, socializing and volunteering. Project is raising awareness of healthy lifestyle and the importance to be active 365 days a year throughout the life span of each individual. It is facilitating intergenerational collaboration and creating harmony through learning and participating in various exercises and sports activities.
Detailed information on the practice	For many years, Simbioza has been striving for an inclusive society that puts social cohesion and sustainable development at the forefront, and they believe that intergenerational cooperation is the right form for a sustainable vision for the future society development that will be long- lived. In view of the emerging needs of the social environment, they have created a cross-sectoral, collaborative, national, sustainable project, Simbioza Giba, involving intergenerational cooperation, volunteering and physical activity - a movement whose primary purpose is animation and promotion of active healthy and quality lifestyles of all generations at all stages of life, thereby enhancing the health of the entire population, creating harmony of

	intergenerational cooperation and dialogue, recognizing the positive charge of voluntary work in sports and exercising. Simbioza Giba's comprehensive content direct the attention of the entire population towards the necessary directions of raising awareness, animation and implementation of programs of exercising culture, recreation and sports. When acquiring locations (or location providers) for the implementation of free sports-exercise training activities, they take the view that the implementation of various programs and contents is adapted to the terrain - that is, to the local environment, according to the capabilities and capacities of the latter. The key role in this is played at the local level: coordinator - volunteer (comes from the local environment) activates locations and establishes a local network of volunteers who carry out activities. The local coordinators report results back to Simbioza Giba central point, and at the same time proactively contribute with their suggestions and possible comments to the improvement of the project at all its stages. Due to the diversity of the participants and their physical abilities, they try to adapt the training contents to the participants as much as possible, so the activities are adapted for different target groups, their health needs and physical abilities. The offered training activities are dominated by low-intensity sports exercises, non-intensive elements of sports games and natural movement, although the project supports all forms of physical culture, recreation and sports. With the free activities during the weekly campaign, as well as the implementation of various free activities and events after and before the campaign and e-brochure issue four times a year, the project calls for active participation of all generations (from -9 months to 100 + years), with particular emphasis on the activation of those segments of the population that do not exercise or do not exercise enough, or may not even have opportunities (older adults, the unemployed and other vulnerable groups). Successful implementation and realization requires networking with different partners. Through them, they received public support for the project, as they significantly helped to inform their members, participants, professional and the general public. Partners also provide material and financial support in the form of grants, which significantly contributed to the success of the project.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	The story of Simbioza is intergenerational cooperation, volunteering, and lifelong learning together with social responsibility and social/ethical action, which began in 2011 with the implementation of the first pan- Slovenian voluntary campaign of intergenerational cooperation in the field of ICT skills Simbioz @ e-literate Slovenia. Young volunteers have taught older generations a computer and internet use in the form of free workshops (one campaign a year lasting five days) across Slovenia. The aim of the campaign was to invite young people to activate volunteering, give older generations a positive experience with the computer and the internet, and encourage them to engage in lifelong learning. The campaign was successfully implemented in 2012 and 2013, and the upgrade was awarded to the sustainable project Simbioza School. For the project, they have developed a unique model or a specific interactive methodology for transferring knowledge between young people and the elderly, which is tested every year across Slovenia in order to create unique mutual learning opportunities. The model of inclusion of the elderly in an inclusive society, which they

	have developed, has proven to be successful and useful in other areas or topics that address the challenges of an aging society. By implementing the model into a Simbioza Giba, they have proven that the intergenerational model can be successfully applied. It can be implemented in every environment or an area that faces similar social challenges. The responses of all project's stakeholders are monitored through standardized processes and procedures, namely survey questionnaires, through which they collect additional opinions, criticisms and suggestions for improvement, as well as through formal and informal discussions with all involved project stakeholders. The impact of the program is also measured by other indicators such as: - the growth of the number of locations, - the growth of the number of participants, partners and supporters of the project. Based on the information obtained and the data analysed, they came to the conclusion that the visibility of the Simbioza Giba has constant growth and it is addressing all the target groups which are very satisfied with the project's programs. From year to year, the project was updated and continuously adapted to the wishes and needs of all stakeholders. Because of a great success and happy users they see enormous potential, especially in upgrading the quality - improvement of program content and implementation of project programs - as well as the quantities (expansion and growth of the programs) that arise out of mutual cooperation of all project's stakeholders.
Resources needed	Financial budget per year: 65.000 – 85.000 EUR Staff: 2-4 people Volunteers: 300-350
Timescale (start/end date)	October 2014 / ongoing
Challenges encountered	The biggest challenges was to deploy and to expand the project throughout the whole year. If the event is not just one time event, but has constant activities all year round, it becomes movement, which can move the society much stronger. Within the framework of the project, the challenge was solved by offering to all Slovenian schools the opportunity to carry out activities of intergenerational movement and socializing (20 hours of activity per year) within the framework of the Simbioza School project. After completing the activities, the schools are given the title Simbioza School. In 2020, the Simbioza Kindergarten project will be implemented in the same way. As part of the Simbioza Giba Project, in 2019, they implemented two smaller pilot projects, a 10- week awareness program on the importance of healthy behaviours (movement and eating) for young people. 52 students were involved in the pilot project. In addition to raising awareness, the project encouraged young people to organize similar projects or activities, which are then implemented with the support of the Simbioza Giba project. The 8-week pilot exercise project for Health for All Generations involved 24 participants of different ages. Both pilot projects were created in collaboration with the Faculty of Sport. Project program were prepared and implemented by the students of the Faculty. Other two challenges are fund raising and operations. Quick process of end-user registration is a huge challenge. They have developed a mobile app for the end-user's registrations to events, which just partially solve the problem,

	because not everybody used it and because of that they have to run three system for user registration in parallel (web form, phone call and mobile app). The idea of intergenerational cooperation and movement has proven to be an excellent project. The evidence shows great responsiveness not only by the participants but also by the volunteers with whom they have been involved since the very beginning. The number of both is increasing year by year, which has the effect of raising the number of new partners as well as the number of new site volunteers. It turns out that one of the key reasons for the annual growth in the number of site providers is the free choice of activities. The site providers decide to carry out the activity autonomously, which allows not only a higher level of creativity and quality in the implementation of the activity, but also more active local environment concerned to active engagement in the activities. The introduction of certificates for all participants for rewarding their participation proved to be another great idea. Also other project's stakeholders receive acknowledgments and thanks. They further motivated location providers by launching a prize competition in different categories (location with the highest number of participants, location with the highest number of events, best video, photo and literary contribution), which was introduced in 2019.
Potential for learning or transfer	The project, which has been ongoing since 2014, has brought together (2019) more than 135,936 participants of all generations, moving for free in as many as 3024 locations throughout Slovenia. The number of both is increasing year by year. Among the advantages of implementing the project in other regions or countries, they primarily emphasize the whole idea / mind-set behind the project. Intergenerational cooperation and socializing in the context of movement or physical activity is, and remains, the real value that has contributed not only to the great responsiveness of participants to programs, but also to the activation of volunteers. Cooperation with neighbouring countries (Austria, Italy, Croatia, and Hungary) is one of the challenges they faced. In the first phase, they plan cooperation in form of a pilot regional integration in nearby geographical areas (like Friuli, Raba region, etc.). In the next phase, the project will outgrow their regional framework through international partners and develop into a national projects in the partnering countries. According to the same principle, the partners will spread the model forward. The ultimate goal of the Simbioza Giba project is to implement the model internationally and globally.
Evidence of success (results achieved)	Simbioza Giba has a huge social impact, due to a very large participation of older adults. They gather, get to know each other and socializing. At the same time the older adults associations are more active because of their active preparations and mobilization of their base. Sport is also positively contributing to the health condition, so the health impact is positive. Some of participants are triggered by the project to start exercising. Simbioza Giba (total numbers in six years: 2014-2019). • Number of participants: 135.936. • Number of locations: 3024 • Number of participating kindergartens/primary schools/high schools: 951 • Number of participating institutions:

	674 • Number of participating municipalities: 150 Most interesting activities: intergenerational exercising and hiking Simbioza Giba (2017) • Number of locations: 313 • Number of local coordinators: 206 • Number of participants: 23.266 (male 43%; female 57%), 9.846 elderly • and 1.620 unemployed Simbioza Giba (2018) • Number of locations: 540 • Number of local coordinators: 260 • Number of participants: 30.126 (male 41%; female 59%), 12.695 elderly and 2.088 unemployed Simbioza Giba (2019) • Number of locations: 644 • Number of local coordinators: 365 • Number of participants: 39.167 (male 38%; female 62%), 16.575 elderly and 2.727 unemployed
Further information	https://www.simbiozagiba.com/
Keywords related to your practice	Simbioza Giba, intergenerational cooperation, volunteering, health, physical activity, we have been moving all our lives
Upload image	

D. Communication and information

Access to information related to life in the community. Format and content of the communication available. Accessibility of Telematic communication. Automated teams. Digital gap.

Good Practice C1

Bizkaia

C1.1 General Information on the good practice	
Title of the practice	Task force on social services for older people (task force 3) of the Bizkaia Council of older people (CPMB)

C1.2 Good practice organisation	
Main good practice organisation	Bizkaia Council of Older People - Bizkaia Provincial Council
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

C1.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	The task force includes older people belonging to different associations and organisations of Bizkaia: - Hartu-emanak - Bizkaia College of Physicians - Nagusilan - Nagusiak - Gizadiberri – Orue Auzolana Fundazioa The role of the participating organisations is to provide the perspective of the older people of the different organisations that they represent, advising BPC on themes linked to the social image of older people. All the participants do so voluntarily.
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	Yes Task Force 3 is going to embark on a round of invitations to bring onboard more older people from different organisations (college of nursing, architecture, social work, psychology, lawyers etc.)

C1.4 Coverage		
Is this good practice related to any type of broader project? With which?	This practice comes under the Bizkaia Council of Older People. The three existing task forces provide the Council with content and activity. The council holds two plenary sessions a year, during which the task forces report on the work carried out in each half year.	
Geographical sphere/coverage of the practice		
Location of the practice	Country	
	Region	Bizkaia
	City	

C1.5 Detailed description	
Short summary of the practice	Task Force 3 is tasked with establishing a strategy that facilitates the empowerment of older people as a tool to improve their social image
Detailed information on the practice	*What problem does it address and in which context was the practice introduced?* Task Force 3 addresses the problem of the negative and stereotyped image of older people (in the media, language, the popular consciousness, etc.) and which results in what we call ageism. *How does the practice achieve its objectives and how is it implemented?* a. By fostering and implementing a new social image of older people by public and private institutions b. Organising specific actions that foster a new social image of older people. c. Creating and disseminating the Council "brand" first among the older people groups and then society overall, as a way of projecting another image of ageing. *Who are the main stakeholders and beneficiaries of the practice?* Bizkaia's society is the main beneficiary of the task force's work, with special emphasis on older people. *What is the target population/audience (age range, vulnerable groups...)?* The most immediate target audience are older people, and indirectly and in a preventive way, the rest of Bizkaia's society as well. The task force also targets the media in so far as the latter transmits and reproduces negative and stereotyped images of the older people.
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	
Methodology	Task force 3 works voluntarily from a perspective of collaborative practice-learning. Different people from different older people associations of Bizkaia were invited in order to get task force underway. The group can be defined as a practice and learning community where the participants contribute and

	share knowledge, learn and put into practice what is considered and/or analysed by the task force.
Resources Required	BPC provides data on those resources
Time scale (start/end date)	In 2013, work began on setting up the 3 task forces of the CPMB. Impetus was given to the task forces in 2016 by allocating work and providing them with an advisory role for Bizkaia Provincial Council. During this time, it has issued reports and organised and supported activities. It is currently continuing with its two-year work plan (2018-2020)
Challenges detected	CHALLENGE: Detecting all those ageisms that occur in the everyday media and correct them. BARRIERS: Difficulty of raising awareness in the media. FACILITATORS: The participating associations and professional associations. Bizkaia Provincial Council and the contacts it has offered (Deusto University, institutions, etc.) CONCLUSIONS: This is a long, hard and difficult process, and is not expected to be completed in the short- or medium-term.
Learning or transfer potential	Ageism is a human development problem in contemporary societies which means that this good practice can be transferred to any other region of Europe. The work methodology, based on active participation, is common to the societies concerned about participatory processes, people, human development indexes (HDI) and active ageing. *Has this good practice been adopted in other regions of the country or in other countries?* Not that we know. *Has this good practice been implemented as a pilot programme or as an extended programme? If it is a pilot programme, is there a plan for broader implementation?* It is a broad programme with the CPMB itself taken as such. The reason for deploying these task forces was to provide the Council with content. *Is this good practice currently being implemented on an ongoing basis as a routine procedure?* Yes. There is a work plan, a meeting schedule and a series of contributions made to the Bizkaia Council of Older People and to BPC
Evidence of success (results achieved)	Because it has benefited many older people who run the risk of internalising ageist social abuse
Additional information	
Key words related to your practice	*Select existing key words or add others* *Ageism / media / stereotypes / social image / popular consciousness / discrimination / older people / participation / learning-practice / ageing*
Load image	

Good Practice C2

Bizkaia

C2.1 General Information on the good practice	
Title of the practice	Preparing Your Medical Consultation

C2.2 Good practice organisation	
Main good practice organisation	Medical Association of Bizkaia
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation <u>is not</u> overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge	Professional Association	
Location of the organisation in charge	*Country*	España
	Region	Bizkaia (País vasco)
	City	*Bilbao-Bizkaia*

C2.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	Medical Association of Bizkaia Town councils and associations of municipalities in Bizkaia User groups, day centres.
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	Yes. To extend the practice to new potential groups of beneficiaries. As well as opening it up to society in general

C2.4 Coverage		
Is this good practice related to any type of broader project? With which?	Health Education in the health of the population	
Geographical sphere/coverage of the practice	Bizkaia	
Location of the practice	Country	ESPAÑA
	Region	Bizkaia
	City	

C2.5 Detailed description	
Short summary of the practice	**Communicative project** which aims to "educate the population for health". In this case to the group of elderly people, helping them; by means of previous preparation to reassure the users, to optimize the medical consultations, and to improve the communication and results of the same one between doctor and patient, attending to the particular conditions of the group.

Detailed information on the practice	Although the responsibility of carrying out a successful communication with their patients falls on the professional person of the Medicine, and it is a capacity that can be trained and reinforced through continuous training, that the patients can be advised on how to prepare a consultation will allow them to face the meeting with their doctor with a security and tranquility that will always benefit them. the campaign "Preparing your medical practice", an initiative framed within its commitment to education and promotion of the health of citizens. In order to make going to a consultation with our doctor an even more effective experience, the Medical Association of Biscay has designed a series of recommendations and reminders that will help citizens in general, and older people in particular, to live their consultation with their doctor as a positive and rewarding experience
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	
Methodology	The medical association contacts the intermediate agents who are informed of the planned action. All the associations of elderly people in Bizkaia are contacted. Visits are scheduled by doctors who give a talk on "how to prepare a medical consultation effectively". They support their talk with videos, posters, flyers, etc
Resources Required	Part-time editing of materials and people using the infrastructure of the CMB and intermediate public bodies
Time scale (start/end date)	The project starts in 2019 and continues
Challenges detected	General interest of the intermediate agents to make it possible to reach the final users
Learning or transfer potential	It is a practice that can be perfectly replicated in any territory. The forms and supports can be adapted to the uses of the specific community, but the reassuring effect of the patient, optimizing the effects of the consultation and improving doctor-patient communication will be the objective/ achievement in any case
Evidence of success (results achieved)	The reception of users and requests for presentations received
Additional information	https://www.cmb.eus/campana-preparando-tu-consulta-medica-2019
Key words related to your practice	Preparando tu consulta medica; colegio de médicos, Consulta, eficaz, tranquilizadora, educación

Load image	 https://www.cmb.eus/campana-preparando-tu-consulta-medica-2019 (flyer y poster)

Good Practice C3

Bizkaia

C3.1 General Information on the good practice	
Title of the practice	GIZADIBERRI

C3.2 Good practice organisation	
Main good practice organisation	ORUE AUZOLANA FUNDAZIOA
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge	Community	
Location of the organisation in charge	*Country*	España
	Region	Bizkaia (Basque Country)
	City	

C3.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	DIPUTACIÓN FORAL DE BIZKAIA, an institution which grants us the annual subsidy and through which we carry out the tasks for the quarterly publication of the magazine, as well as, maintenance work of the website. Occasionally, it also finances the different communication initiatives that we carry out for the institution
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	Yes, we have just started to work with the Provincial Council of Gipuzkoa by holding workshops on ageism. We consider that this could be another new way of financing our communication project.

C3.4 Coverage		
Is this good practice related to any type of broader project? With which?	No	
Geographical sphere/coverage of the practice	Especially PAIS VASCO and NAVARRA, but we also distribute some copies by countries in Europe.	
Location of the practice	Country	ESPAÑA
	Region	BASQUE COUNTRY & NAVARRA
	City	

C3.5 Detailed description	
Short summary of the practice	Communicative project that aims to promote a deep, critical and respectful public debate on social issues, such as the risk of social exclusion, disability, the elderly and lack of protection, mainly.
Detailed information on the practice	Any person or entity interested in issues related to social exclusion, disability, the elderly, lack of protection or information of social interest in general, is the main interest group. Society in general is the target audience of our communication project, but above all, as we have mentioned before, any person interested in issues related to social exclusion, disability, elderly people, lack of protection or information of social interest in general. To carry out the objectives, in addition to the usual work staff, we try to seek collaboration with different third social sector agents.
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	
Methodology	A previous market study and, above all, a multi-level collaboration between different agents in the social world.
Resources Required	60,000 budget, and three part-time staff, plus a wide network of collaborators
Time scale (start/end date)	The project starts in 2014 and continues
Challenges detected	Difficulties of expansion in the communicative space, due to the fragmentation of that space and the multiplicity of means of all kinds with which one competes to have a space. Mistrust of other media and some agents.
Learning or transfer potential	We believe that our project can be interesting, because as it deals with social issues, we make society aware of the problems and at the same time, we contribute to the adoption of social policies by public administrations in accordance with the problems. The greater the impact of the information, the easier it is to reach a wider audience and the awareness will be even greater. In 2018, we created an OBSERVATORY OF EDADISM, through which we are analysing the social imaginary of older people. Currently, we are in contact with AGE EUROPE PLATFORM, working on the issue of Ageism, During the 2018-2019 academic year, we held a series of workshops on ageism in different municipalities of Bizkaia, which concluded with an international day. Likewise, our OBSERVATORY OF AGEING was presented in Brussels, as an example of good practice in issues related to older people. Currently, we continue to work with this WATCH in Bizkaia, and we have just started to work in Gipuzkoa.
Evidence of success (results achieved)	We consider this to be a good practice and interesting for society in general, as could be seen at the Conference held at the Palacio de Euskalduna in Bilbao, where the capacity was almost complete. We believe that more and more people are starting to talk about ageism. People are becoming more and more aware of the subject, and as the statistics show, the population will grow, so any initiative that contributes

	to improving people's well-being will always be welcome.
Additional information	www.gizadiberri.eus
Key words related to your practice	Gizadiberri, communication, information, interviews, reports, exclusion, lack of protection, disability, elderly people, social issues
Load image	

Good practice C4

Bizkaia

C4.1 Good practice general information	
Title of the practice	Interdisciplinary Research Platform Ageing and Wellbeing

C4.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	University of Deusto International Research Projects Office (IRPO)
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

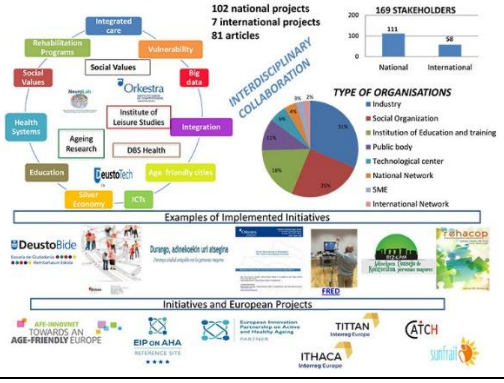
C4.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The Interdisciplinary Research Platform Ageing and Wellbeing works with more than 200 organizations from all over the world (71 international and 131 national institutions), representing different sectors like business, non-profit, education & training, public administration, networks and technology centers.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The Interdisciplinary Research Platform Ageing and Wellbeing has been in constant growth since its creation in 2011.Therefore, it is foreseen that the number of associated institutions will progressively grow in the next years.

C4.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	International	
Location of the practice	Country	Spain
	Region	Basque Country
	City	Bilbao

C4.5 Detailed description

Short summary of the practice	The Interdisciplinary Research Platform Ageing and Wellbeing gathers around 30 researchers from different fields of knowledge committed with UN Agenda for Sustainable Development and working together to generate innovative research results to the benefit of active and healthy ageing throughout the life course.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* Research in health, care and welfare has become a key priority in the European agenda. The economic crisis and demographic change have made of health, and public health in particular, a key challenge for our societies, but also an opportunity for innovation and investment in industry, technology and education. *How does the practice reach its objectives and how it is implemented?* Through the Interdisciplinary Research Platform on Ageing and Wellbeing, the University of Deusto is addressing these challenges and opportunities, by promoting interdisciplinary approaches and cross-sectoral collaborations with other relevant stakeholders, including local and regional authorities. The Interdisciplinary Research Platform on Ageing and Wellbeing gathers researchers from various departments and schools within the University (Faculty of Engineering, Faculty of Psychology and Education, DeustoTech, Deusto Business School Health, DeustoBide, Orkestra, etc.), coming together to share ideas and develop new projects to advance research in Active and Healthy Ageing (AHA). The platform aims at promoting interdisciplinary research, based on the strengths of the different teams and individual researchers, as well as on the social needs that have been identified both locally and internationally. A growing critical mass of researchers is thus working together in the promotion of active, healthy, and meaningful ageing and in identifying innovative solutions and alternatives to the problems and opportunities raised by demographic change. *Who are the main stakeholders and beneficiaries of the practice?* The Interdisciplinary Research Platform Ageing and Wellbeing works with more than 200 organisations from all over the world. As a result of the collaborative work of the platform and the fruitful cross-sectoral cooperation, the University of Deusto is part of the Covenant of Demographic Change gathering national, regional and local public authorities, as well as other stakeholders interested in promoting age-friendly environments as a response to Europe's demographic change. The University is also an active player in the Basque Country Reference Site for Innovation in Active and Healthy Ageing awarded a four stars for an equal number of good practices by the European Commission. *What is the target population/audience (age range, vulnerable groups…)?*

	The target population consists of DEUSTO researchers from different knowledge areas who are somehow working on themes related to health and wellbeing. At the same time, the platform connects with stakeholders from different sectors at the regional, national and international levels. Still, although indirectly, the wider society is the main target of the platform, since it is the audience to be finally benefited from the collaborations and research results which are generated with this mechanism.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	In the framework of the Basque Country Regional Operational Programme 2014-2020, the The Interdisciplinary Research Platform on Ageing and Wellbeing has been acting as a hub which gathers stakeholders from different sectors around Research and Innovation projects and initiatives to address issues related to health, care and welfare in the Basque Region. A good example of such dynamic is the participation of Bizkaia Region in EU-Shafe project, which was made possible through the network that has been built around this research platform.
Methodology	The platform is coordinated by the International Research Projects Office of University of Deusto (IRPO), which has two people directly involved with the related work (the Director of the office and a Senior Research Advisor). The office plays a neutral role of promoting opportunities to create synergy between researchers from different knowledge areas and stakeholders, therefore, it is in charge of organizing meetings every six months, updating researchers on European guidelines for Health and Wellbeing and it also acts as radar for project opportunities. The participation in the platforms is voluntary and the invitation to gather might come from platform coordinators or other participating members. In order to maintain engagement, two plenary meetings are held yearly per platform. Moreover, to make the work more manageable, platforms unfold into smaller 'core groups', which collaborate in sub-themes under each platform's general research line.
Resources needed	As mentioned before, the platform is coordinated by the International Research Projects Office (IRPO) of University of Deusto. In this office, two people are directly involved with the related work: The Director of the Office and a Senior Research Advisor.
Timescale (start/end date)	The was created as a bottom-up initiative in 2012 and is still working
Challenges encountered	The existing resistance of universities' compartmentalised and fixed structures (faculties, departments, research teams) was a challenge encountered in the process as well as the traditional separation between knowledge areas. Therefore, it is important to try to progressively build a culture of collaboration in the institution.
Potential for learning or transfer	The Interdisciplinary Research Platform on Ageing and Wellbeing platform acted as a pilot initiative upon which four more platforms, addressing other problems (Gender, Social Participation, Social Justice andSocial Innovation) were later developed. As Caro-Gonzalez (2019), explains: "once piloted and based on lessons learned, regular general platform meetings were introduced successively over the other interdisciplinary platforms, adjusting

	the content and dynamics for each specific context and field...envisaged as cohesion tools, these meetings facilitated spaces for exchanging ideas, networking and planning between platform members" (p. 108).
Evidence of success (results achieved)	The work carried out inside the Interdisciplinary Research Platform on Ageing and Wellbeing has resulted in the participation of University of Deusto in a number of International Research Projects, has created synergies both at the intra-institutional level (between researchers and research groups from different knowledge areas) and the inter-institutional level (with more than 200 intersectoral collaborations). The platform has delivered research with special impact on: **A. More active and healthy ageing society** • Development and implementation of rehabilitation programmes (e.g. REHACOP and REHACOG) • Implementation of the WHO age-friendly cities project **B. Inclusion of the elderly in society** • Studies on elderly vulnerability and social values • Deustobide school of citizens **C. Development of new products and services for a more competitive Silver Economy** • Analysis of the regional economic potential and identification of future sectors and training needs **D. Innovative integrated care services and policies** • Leading innovation processes for the healthcare systems • Deployment of innovative and integrated care models (e.g. Pasaia Project) **E. Better health care management** • New technologies and big data analytics to prevent diseases, develop treatments and reduce healthcare costs • Co-creation and testing of serious 3D gaming (e.g. FRED, Healthy Heart, Crazywords)
Further information	Webpage of the platform Booklet
Keywords related to your practice	International Research, Interdisciplinarity, Communication, Intersectoral Collaboration, Ageing, Wellbeing
Upload image	

Good practice C5

Campania

C5.1 Good practice general information	
Title of the practice	RISKER

C5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Local Health Agency Salerno (ASL Salerno), Public, Health Care Provider. Campania Reference Site of the EIP on AHA.
Is your organization the main institution in charge of the good practice?	ASL Salerno is a stakeholder of the Regional Health System coordinated by Campania Department of Health.

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Public Body	
Location of the organisation in charge	*Country*	Italy
	Region	Campania
	City	Salerno

C5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The Unit for Health Innovation of Campania Region established a working group within the regional ProMIS network focusing on the scale-up of innovative and validated approaches for the risk stratification in the population (DD N. 1 and 4, 2019), progressively involving the other Local Health Agencies. Health Innovation fosters and facilitates the transfer of the GP from the local originator. Local Health Agencies collaborate in the identification of the best process and procedures to implement locally.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The new collaborations foreseen to establish the full exploitation of the GP is with General Practitioners and is being implemented to facilitate the set up of personalised interventions targeting the population at risk of adverse health outcomes.

C5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The dedicated working group within the regional ProMIS network is focusing on the set up of a coherent framework to scale-up the risk stratification in the population in a regional project.	
Geographical scope/coverage of the practice	Local, scaling up to regional	
Location of the practice	Country	Italy
	Region	Campania

	City	Salerno

C5.5 Detailed description	
Short summary of the practice	Aim of the good practice is the population stratification in relation to the risk of hospitalization due to preventable causes and death through the RiskER algorithm.
Detailed information on the practice	**Problem addressed** Risker addresses the need of early identification of the population at risk of adverse health outcomes to allow targeted preventive interventions, occurring more frequently especially in an ageing population due o chronic disease. **Background** The risk prediction model where the algorithm is grounded was estimated in Emilia-Romagna (involving almost 4 million people), exploiting the data on the use of health services (SDO, ADI, PS), data on pharmaceuticals (AFT FED) and demographic data relating to age, gender and geolocation in the same year. For each individual patient, the use of health services and data on pharmaceuticals in the previous five years, ie 2009-2013, was also considered. As a dependent variable, hospitalization in the ordinary regime and death in 2015 were used. The model was developed using a logistic regression on population strata, and following validation in Emilia Romagna is now being transfered to Campania. **Implementation** In Campania, Risker has already been implemented for Salerno province, using availabl dataflows. A multidisciplinary group of experts, including clinicians, IT, administrative and social professionals have been working together. GPs have been involved to validate the findings of the stratification in Campania, and are now setting up the organizational model to facilitate the personalised interventions on the population at risk. The model is being scaled up progressively. Salerno local health agency is currently developing the organizational and administrative models to integrate the risk strata with interventions in terms of anticipatory care, health promotion and disease prevention, for which also a cost estimate is being carried out according to the methodology of time-driven Activity Based Costing.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	
Methodology	A stakeholders-driven process was implemented by the Health Directorate, that took advantage of the local ProMIS network, and the Unit for Disease Prevention and Health Promotion, and the Unit for the management of regional dataflows, to assess the need for the good practice. Such multi-stakeholders group evaluated feasibility of the transfer, and identified an iterative approach starting the implementation at one of the local health agencies.

	Subsequent enlargement of the stakeholders' group to local GPs organizations has been identified as a key-element for the full deployment of the GPs. Evaluation is currently ongoing, through indicators agreed with the GPs.
Resources needed	So far 90.000 Euro have been invested so far, also to involve GPs and economists in the set up of the local implementation model.
Timescale (start/end date)	June 2017 – March 2020/ongoing
Challenges encountered	The first barrier was the identification of the data strings in the context of Campania dataflows. Then there was the need to validate the strata in collaboration with the GPs, who had the information for specific "sample" patients. The last bottleneck was the organization of data extraction to feed the algorithm at regional level, that implied the involvement of the managers of the dataflows. The facilitating element was the support from the Health Innovation Unit and the local ProMIS network.
Potential for learning or transfer	The implementation process was two-folds: it started out with an assessment of the data available in the regional dataflows, and how the required data could be retrieved to feed the algorithm. Then the validation step in Campania involved lso the clinicians who could check the reliability of the stratification. The second step concerned the change management of the population at risk of adverse health outcomes, that needed to be designed taking advantage of a combination of the services available locally for disease prevention and health promotion. *Has this good practice been adopted in other regions around the country or beyond?* The good practice is fully implemented in Emilia Romagna, In Campania is between a pilot programme and an extended program. There is a plan to extend it through a regional project. Other Italian regions are involved in the scale up. *Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?* It is is being currently implemented as a large-scale pilot *Is this good practice being currently implemented on an on-going basis as a routine procedure?* The integration with with routine primary care is being implemented.
Evidence of success (results achieved)	Avoided acute events for citizens at high risk. The algorithm stratified 920.000 citizens > 14 aa. Very high-risk patients identified were 12.700; high-risk were 26.000. 150 subjects at high-very high risk have been involved in the assessment and interventions. This approach can potentially avoid acute events and adverse outcomes for high-very high-risk citizens.

	*What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* The expected social impact is an improvement of the quality of life of the citizens reached by the proactive interventions reducing the risk of adverse health outcomes. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* It does not reach its full potential yet *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* Not yet *Has it implied the implementation of any measures by the regional government in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* Not yet
Further information	
Keywords related to your practice	
Upload image	

Good practice C6

Coimbra

C6.1 Good practice general information	
Title of the practice	ReHab

C6.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Caritas Diocesana de Coimbra
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

C6.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Besides Caritas Coimbra as an end-user institution, also Banco BPI is involved, through BPI Seniors Program, as financing partner, and Pedro Nunes Institute and Fraunhofer AICOS, as partners.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes, there are. In fact, ReHab is actually being escalated, as its main outputs are being used to implement another project within the scope of SHAFE: Integrated Unit for Healthy and Active Aging (***UnIESA***), an integrated pathway programme for the older adults in Coimbra, in pratnership with the region hospital center CHUC, primary care, UC, IPN, among others.

C6.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	CaMeLi (IPN) and CogniPlay (Fraunhofer)	
Geographical scope/coverage of the practice	This is a good practice within a local scope.	
Location of the practice	Country	Portugal
	Region	Centro Region
	City	Coimbra

C6.5 Detailed description	
Short summary of the practice	ReHab is implementing a multidimensional kit of innovative technologies and traditional materials to promote cognitive stimulation and functional rehabilitation, whether individual and collectively, at home, through remote interaction.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* With the increase in average life expectancy, we must look to the future, preventing and controlling the most common cognitive and physical decline in older citizens. The older population faces daily the consequences of the most common diseases in Portugal in this age group: Alzheimer's, Cataracts, Parkinson's, Osteoporosis, Diabetes, Cardiovascular, Cancer, Deafness and Depression. Portugal is the 4th OECD country with more people with dementia per 1000 inhabitants, according to the "Health at a Glance 2017" Report. Another major concern in the country is the feeling of loneliness, which, although transversal to all ages, prevails more in the elderly, related to widowhood, poor accessibility to health care, distance from urban centers and distance from the family. According to data collected by the GNR (Republican National Guard) in the Senior Censuses 2017, there are 45.516 older people living alone or in isolation in Portugal. Specifically, in the area of senior population, Cáritas de Coimbra offers 13 day centers, 18 home support services, 5 residential structures, 2 continuing care units, 1 medical and rehabilitation clinic and 1 senior colony, with the support of around 3500. elderly in these services. In the demographic region supported by Caritas de Coiumbra, serious difficulties in the area of aging are identified, such as insufficient social support equipment; older people living alone; increased dependence. For this reason, Caritas has been working to combat cognitive and functional decline in an attempt to contribute to an improvement in the quality of life of these people, extending their autonomy. One of the key answers today, namely for Ageing in Place, is the Home Support Service. This is a social service which consists of providing care and services to families and / or people who are at home, in a situation of physical and / or mental dependence and who cannot temporarily or permanently meet their basic needs. or performing the instrumental activities of daily living, nor have family support for the purpose. The main challenges encountered in this area are enhancing the active participation of older citizens in the community; combat cognitive and motor decline; extend the autonomy of older people, irrespective of their socio-economic conditions; promote digital literacy in the ageing population. Either for prevention or rehabilitation, people need cognitive and functional training on a daily basis. However, in home care, it is not feasible to go to all houses every day to perform such long activities and the remote interaction can bring people closer. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).*

To achieve the abovementioned aims, a range of activities have been developed with home care service users and institutionalized users, residential and day care facilities, such as: digital literacy workshop for home care users; cognitive stimulation and functional rehabilitation at home; cognitive stimulation group sessions for institutionalized clients; weekly digital literacy workshops for institutionalized users; and physical rehabilitation sessions for institutionalized users

In Rehab, for the sessions of cognitive stimulation and functional rehabilitation 15 home care service users were recruited, who, after an initial diagnosis to define the individual plan of cognitive and functional intervention, received at their home the multidimensional KIT. Users should develop activities twice a week, autonomously, with remote support from the caregiver through the use of digital platforms at the beginning of each session. The implementation of the ReHab project is giving Caritas de Coimbra the opportunity to test an alternative solution for improving social care delivery to the community that it supports by improving the resources available.

In practice, what was observed was that users have an interest in the project and want to participate, even developed their technological skills and got used to the use of technology. However, some problems were identified, which led to some readjustment and mitigation actions.

It was found that the technologies used need refinements because they do not respond at all to some users 'needs, namely: (i) need to keep up with users' cognitive deficit, avoiding very fast and unexplained games, which leads to non-usability; (ii) should allow remote service with simple questions that should be quickly resolved, e.g. ex. Game sound has not diminished to allow the participant to hear the animator through Skype.

How does the practice reach its objectives and how it is implemented?

The project works on cognitive stimulation and functional rehabilitation individually and in a group, in an assisted environment and at home, making available a multidimensional kit of innovative technologies and traditional materials. The used instruments range from geriatric games to cognitive training games, available on a tablet, through interaction with an avatar.

Healthier older persons, active and capable of facing the challenges of aging, are the main objective of the Caritas Coimbra – ReHab project. Caritas caregivers provide remote support at the beginning of each session through internet connection and Skype service. Digital literacy sessions are also being promoted for the beneficiaries of the project.

Thus, the summary of Rehab's actions are:

(i) mobilization and recruitment of clients from day-care and home support responses, preferably living alone; (ii) cognitive stimulation and functional rehabilitation of elderly patients, through the provision of a multidimensional kit of didactic and technological instruments, with the changes promoted by the technical partners, so that it is possible to adapt to the needs of users (iii) cognitive

	stimulation sessions and functional rehabilitation at home, performed remotely through the use of technology and (iv) improved response and meeting the needs of these users, through the inclusion of technologies such as the Internet of Things (IoT) and artificial intelligence. ReHab enables Caritas to test this alternative solution for improving social care delivery to the community it supports by improving the resources available, allowing it to test the feasibility of this intervention in a specific group of participants, the results of which will provide the tools necessary to assess sustainability of this intervention in the future by integrating the kit into the home support routes. *Who are the main stakeholders and beneficiaries of the practice?* **ReHab** is a project coordinated by Cáritas Coimbra, in partnership with IPN - Pedro Nunes Institute and Fraunhofer AICOS, funded by Banco BPI, under the BPI Seniors 2018 program. The main beneficiaries are people over 65 in the city of Coimbra that are supported by Cáritas home care services and its clients in CRSI day care and residential units. *What is the target population/audience (age range, vulnerable groups…)?* The target audience to this project are older persons living at home or using ageing assistance services (home support, day-care center).
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, it is not related do POR. ReHab has been funded by Banco BPI (private fund), under the BPI Seniors 2018 program.
Methodology	The project foresees the implementation of an initial and final evaluation protocol, as well as the monitoring and evaluation of ongoing activities over the project period, with a view to analysing the effectiveness of this intervention in order to measure the impact of this intervention on the project, namely well-being of the target population (improving the active participation of older citizens in the community; combating cognitive and motor decline; promoting the autonomy of older people irrespective of socio-economic conditions and promoting digital literacy in the elderly), as well as to analyse the effectiveness of this intervention for the organisation, in order to evaluate its scaling-up and future replicability, inside Cáritas but also outside as a model connected to national home care services. In order to evaluate this intervention in the target beneficiaries, the following protocol was implemented: 1. Participants from home care were selected according to the inclusion criteria defined in the application - persons living alone or with a small family, particularly those in a proven socioeconomic need as established in the application. To be able to define an appropriate individual intervention plan, according to their needs and limitations, the results of the Addenbrooke Cognitive Assessment, Geriatric Depression Scale and WHOQOL-OLD were used. This plan details all the activities that each participant should perform in each session and identifies the kit resources to be used. Periodically, some results of the activities carried out by the

	beneficiaries are being collected from the kit to analyse their progress and eventual re-planification / adjustment of future activities to be developed. 2. Participants in residential units were selected for cognitive training based on an informal diagnosis of their cognitive abilities, for a more appropriate selection of kit resources to be used in each session, according to their needs and limitations. For group sessions, informal feedback will be collected throughout the project implementation period through observation and informal interviews with participants. For the literacy and physical rehabilitation activities, participants were selected based on the following inclusion criteria: interest and motivation for the use of new technologies; Formal diagnosis of their cognitive abilities - Addenbrooke Cognitive Assessment. Considering that these are group activities, an observational record sheet was developed where the caregiver, responsible for the dynamization of the session, registers feedback and subjective comments, which will be periodically analysed to improve and refine the intervention, as well as for reflection about the impact of using the technological materials on daily routines. At the moment, the informal feedback collected by the project team has been reported in the description of the progress of each activity, and the final evaluation will be reported with the delivery of the last report of this project.
Resources needed	The total amount of funding was 36 760 euros, with Caritas Coimbra ensuring 5% of this expense and BPI Seniors 2018 program providing the rest.
Timescale (start/end date)	ReHab has been implemented since January 2019 and is ongoing.
Challenges encountered	The participants have shown great interest in the project and in the interaction with new technologies stating that this is an excellent opportunity to stimulate memory, reasoning ability and concentration, which allows them to improve their life quality. The implementation of this project proved to be an important step in the prevention and intervention of more common cognitive and motor diseases in older adults, as well as an alternative approach to improve care delivery in the houses of older people living alone.
Potential for learning or transfer	ReHab departs from the structure of NGOs or other providers delivering home care services, to make use of its already existing vehicles, HR, clients, etc. and with a very small investment on the multidimensional suitcases kit, to implement an innovative, sustainable and high-impact service on cognitive and physical training and rehabilitation. It does not depend on national apecificities and models and can thus be up scaled without major difficulties. *Has this good practice been adopted in other regions around the country or beyond?* In fact, ReHab is being escalated, as its main outputs are to be used already in 2020 to implement another project within the scope of SHAFE*: Integrated Unit for Healthy and Active Aging (**UnIESA**).* This is an integrated patient pathway designed explicitly to patients over 65 years of age with multimorbidity, identified by any provider. This pathway integrates healthcare centre groups, a specialised unit for active ageing at the Coimbra University Hospital (which includes a geriatric assessment consultation, an acute care unit, a day hospital, and consultations or inpatient units in specific subspecialties), the

	long term network and social services. It aims to reduce the burden of care (polypharmacy and multiple contacts with the health system) and emergency/acute care. It aims to improve the patient's quality of life by sharing decisions based on what is essential to the patient in terms of treatments, health priorities, lifestyle and goals. Although the clinical course starts in a situation of organic deterioration, the synergies and resources created by the pathway allow the development of an upstream response through the integration of care between providers. When the patient needs is hospitalised, a previously designed care plan is implemented by a dedicated team, reducing the average length of stay to less than six days, avoiding loss of autonomy and reducing the prolonged stays and unplanned readmissions. Since day one, discharged is planned in coordination with the family and informal caregivers, primary care and social services, including previous home visiting for assessing home based conditions. It is possible to use remote monitoring tools, distance physiotherapy services, healthcare and social home services, or to follow the patient at the day hospital and outpatient clinic. Also, the specialised hospital ageing unit is used as a reference for pre and postgraduate training in ageing and the use of innovative approaches and the optimisation of a living lab with the Ageing@Coimbra partners. *Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?* Yes, this practice is implemented has a pilot programme in Caritas Coimbra. In this sense, it is still open to wider implementation possibilities, afterwards. *Is this good practice being currently implemented on an on-going basis as a routine procedure?* Yes, ReHab is ongoing.
Evidence of success (results achieved)	The most valuable benefits achieved by the project are translated on the improvements regarding the older citizens active participation in the community, the stabilization or declining of cognitive and motor decline, the extension of the autonomy of these older people, regardless of their socio-economic conditions and, last but not least, the digital literacy increasing among the participants. Monitoring already shows good progress in the indicators under evaluation but the final reports in January 2020 will show the benefits obtained. *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* Feedback received is positive as a change in the way in which cognitive and functional stimulation activities are seen to be viewed - not just for entertainment reasons, but also because they are now

	recognized as essential to maintaining their autonomy and independence. your daily routines for as long as possible. All those whose family members use technology in their daily routine tend to be those who are most interested in learning from this project, especially about how to use digital platforms. For example, knowing that they can make calls to their distant relatives, just as they receive calls from the Caritas caregiver, is an added value that they want to consolidate so that they can do it themselves, at other times. On the other hand, participants with a less participatory informal care network tend to be more resistant to learning how to use KIT materials, especially technological ones. However, they recognize the importance of this intervention, considering their participation in the project as an opportunity to socialize and to approach the social institution that accompanies it, as a synonym of security. Participants already assume these activities as essential for the cognitive stimulation and permanence of their functional capacities, even more than for the occupation of their free time. The view of the need for cognitive and functional stimulation with advancing age has changed for many of the beneficiaries, leading to greater participation in these activities, as they recognize this activity as essential for maintaining their autonomy and independence from their daily routines. for as long as possible. There is an effective improvement in their levels of self-esteem and active participation in the communities in which they operate. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* 15 people in home care and 46 in residential units of Cáritas Coimbra. *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* Although there is still no evidence on new markets, employment or job creation coming from this ongoing project, it certainly withholds some major replication potential, whether regional, national or European wise. *Has it implied the implementation of any measures by the regional government in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* No, is has not.
Further information	https://en.caritascoimbra.pt/project/rehab/
Keywords related to your practice	Healthy and active ageing; cognitive stimulation; functional rehabilitation.
Upload image	

Good practice C7 (also D9)

Aarhus

C7.1 Good practice general information	
Title of the practice	DokkX

C7.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	The Municipality of Aarhus, Magistrate department of Health and Care. It is the council who has granted the money and DokkX should be working across the magistrate departments. It is the MSO (Magistrate department of Health and Care) who run the operation.
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	Denmark
	Region	Central Denmark Region
	City	Aarhus

C7.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	In the development and implementation phase there was a steering committee of important stakeholders who participated and provided input and ideas for activities on DokkX. It was educational institutions (University of Aarhus, The Alexandra Institute, VIA University College, Vocational Schools, business academy, primary schools) The council for senior citizens in Aarhus, the disability council, the Rehabilitation Center Marselisborg.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	We are currently working on "DokkX 2.0" which implies a new economic model – the companies will have to pay for having their products on exhibition and also the educational institutions will have to pay for the services at DokkX.

C7.4 Coverage	
Is this good practice related to any kind of wider projects? Which one(s)?	DokkX is a valued and integrated part of a lot of projects in the municipality. The employess on DokkX has a wide network and good connections to the citizens and other actors, this makes them a preferred partner. Examples of other projects are DokkX on Tour, better use of assisted living technology and devices, the Melvin-Robot project, and a VR-project about VR on nursing homes.
Geographical scope/coverage of the practice	Local

Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus.

C7.5 Detailed description	
Short summary of the practice	DokkX is an innovative development center for welfare technologies and digital healthcare solutions. By presenting and demonstrating a wide range of technological solutions, DokkX seeks to promote curiosity and knowledge about the technologies. By sensing, touching and playing with the technologies, citizens of all ages will develop better competences in the use of these technologies of freedom in their daily lives. The centre intends to demystify welfare technologies and illustrate how assistive technology is a part of the everyday lives of many people and is not only applied for senior citizens. At the same time, DokkX will create the framework for an innovative environment for development, with unique opportunities for co-operation between companies, educational and research organisations, the Municipality of Aarhus and its citizens. By bringing together different groups and individuals with different skills, an innovative environment will be formed, combining user feedback with product development. DokkX is a strategic focus across the five magistrate departments and is based on the vision of Aarhus Municipality of being among the leaders in the application of welfare technology.
Detailed information on the practice	According to the Danish Law, paragraph 10 in "Serviceloven" all municipalities must provide information to the citizens: "*The municipal council must ensure that everyone has the opportunity to receive free counselling. The purpose of the counselling is to prevent social problems and to help the citizen over immediate difficulties. In the longer term, the purpose is to enable the citizen to solve problems that arise with his own help. The advice may be provided separately or in connection with other assistance under this or other legislation.* 2. *The advice must be provided as an anonymous and open offer.* 3. *In connection with the counselling, the municipal council must be aware of whether the individual needs some other kind of assistance under this or other legislation.* 4. *The municipal council shall offer advice on the selection of aids and consumer goods as well as instructions on their use. The task can be carried out in collaboration with other municipalities".* In the municipality of Aarhus, the Council decided to solve this by establishing DokkX as an efficient and innovative way of providing information and counselling. DokkX is located on DOKK1 (a community with library, municipality services etc) at the harbour in the centre of Aarhus with easy access by public transportation and possibilities for parking. The X stands for the unknown, for experiments and it is also a letter that (with a bit of imagination) looks like an active human being. DokkX is intended as a crucible in which business, educational institutions, civil society and the municipality unite and together create something beautiful. The goal is for people to be able to fend for themselves and

	develop themselves - using technology. At DokkX, citizens can get advice and guidance so that they can acquire the right technologies and tools that support an independent and active life. The target group is the citizens of Aarhus. According to the statistics of DokkX 50 pct. of the visitors are citizens of all ages, 20 pct. are students, 20 pct. are professionals (health sector), 5 pct. are tourists and 5 pct. are companies.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	DokkX was established with grants from the VTU-Fund. It was funded with 6.3 mill. DKK (app. 850.000€) for the first 3 years. After this period the Council granted 2 mill DKK (app. 270.000 €) per year for running DokkX.
Methodology	DokkX was established as the Municipality´s answer to the obligation of "Serviceloven" paragraph 10, 4. It was run as a project with involvement of many stakeholders. Today DokkX runs an evaluation scheme every day for the visitors, they are asked to fill in a survey when they leave the exhibition. The staff registers every day the number and kind of visitors and makes notes in a log about special incidents and the needs of the visitors.
Resources needed	The Council grants 2 mill DKK (270.000 €) every year to run the DokkX. External visitors (other municipalities, guests from abroad) are charged a fee when they visit DokkX.
Timescale (start/end date)	The project started august 2015 and DokkX opened on the 29th of April 2016. It is now in operation.
Challenges encountered	DokkX operates in a political context and the challenges are sometimes different from other contexts. Before the opening it was a huge challenge and a lot of discussions about the name – all the magistrate departments wanted to put their opinion forward. It was also a challenge to balance the cooperation between the different magistrate departments. The municipality of Aarhus is the second largest in Denmark, at the magistrate departments are used to decide for themselves – running their own kingdom. Where to locate DokkX was also discussed widely – and it is still discussed today. An important lesson learned was the importance of involving all actors in the planning process right from the start – ownership is crucial when you want to develop something.
Potential for learning or transfer	In Denmark DokkX or the vision can be transferred to other municipalities – perhaps partly or on a smaller scale. The same will apply to other countries (and perhaps even larger scale). It is crucial to choose the right location; it must be easy access for the citizens and other visitors. The success for DokkX is built on professionalism and a wide range of professionals. The employees are engineers, designer, anthropologist, occupational therapist, physiotherapist. The staff on DokkX manages to build a bridge between all the actors in the world of assisted living technology. In Norway something similar to DokkX has been established in Bærum. DokkX is now a running operation and implemented part of the communication, information and dissemination in Aarhus.
Evidence of success (results achieved)	This practice is considered as good because it fulfils the vision emanating from the legal text. Every citizen can visit the center and get advice and

	guidance on how to find the right device or technology that can make them more self-reliant. DokkX has user friendly opening hours, it is located close to the citizens. Students visits DokkX and are impressed by the things they learn and observe. This will affect the way we work as professionals in the health care in the future. As mentioned before the social impact and health impact is especially the improved self-reliance of the citizens. DokkX is open for all citizens and they are met by technologies that support and active and healthy lifestyle. It is possible to try and lend the products – some citizens decide not to wait for a free device from the municipality but buys the device – some citizens prefer not to get public help. There are app. 1.200 visitors per month. Up until now (14/11- 2019) there has been 46.238 visitors at DokkX. There is always room for improvement and the staff is always working on getting more visitors. At DokkX they have had a lot of trainees who has created their own job and are now employed at DokkX. The exhibition initiates additional sales for the companies who exhibits at DokkX.
Further information	https://dokkx.aarhus.dk/english/welcome-to-dokkx/
Keywords related to your practice	Exhibition; Self-reliance; Network Actors; Innovation; Assisted Living technology
Upload image	

Good Practice C8

Aarhus

C8.1 Good practice general information	
Title of the practice	"Assisted Living Technology Educational Center" as part of the "Ergonomic Concept"

C8.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Aarhus Municipality
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation <u>is not</u> the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

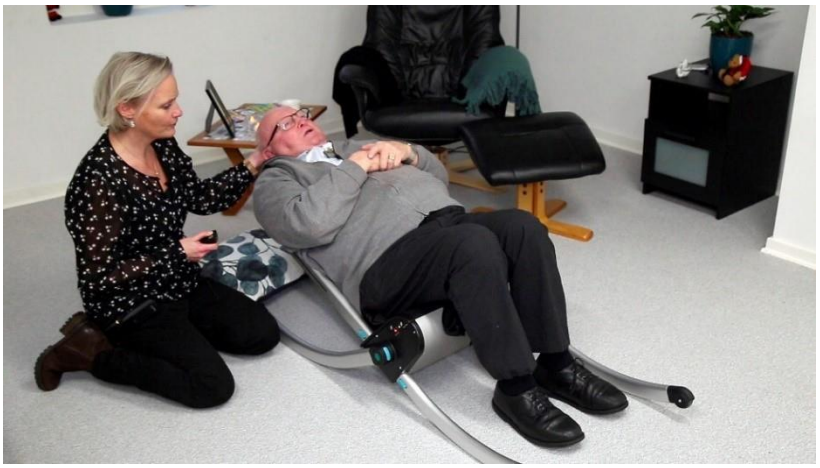
C8.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	We involve the employees in the municipality: caregivers, physiotherapists, occupational therapist, nurses and their leaders. The physiotherapists and the occupational therapists are teaching ergonomics and how to use assisted living technologies in the daily work of caregivers. They are teaching at the Assisted Living Technology Educational Center. But they only teach part time, the rest of the time they work in nursing homes or as caregivers for senior residents in their own homes, therefore they are not distant from the topic they are teaching (ergonomics/transfer) and they are available for job training for their co-workers. The business is involved in the sense that they deliver the assisted living technologies and devices. The municipalities buy the equipment through procurement. The Assisted Living Technology Educational Center should reflect the practice.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes, we are inviting other organisations to rent Assisted Living Technology Educational Center for their use of educating staff. We experience interest from other organisations from Denmark but also from abroad (from Norway to Hong Kong!) They visit to see and learn about the Assisted Living Technology Educational Center, the methods we use teaching and how we "made this happen". We are always looking for new topics for courses and constantly working on improving the courses we already have. Our biggest issue right know is that we are fully booked!

C8.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The Center is part of the "Ergonomic Concept" which is areas that will improve the way we work with ergonomics in the Municipality. The vision is to introduce an improved and healthy transfer culture, implementation of assisted living technology and common goals and direction. This should lead to less accidents, less days of illness and more transfers conducted by a single person. The practice also contributes to the strategy in the municipality of Aarhus. We have "the five clues" which has been our guidance in the last decade: "We keep the citizens away", "Power to the citizens", "We are together with the citizens", "Set the employess free", "Management with intent". The Center contributes to all five clues. At the center we have gathered all the ergonomic teaching (3.000 participants in 2018), but there is also other courses at the center with app. 1.000 participants in 2018 (all numbers will increase in 2019). Other courses are about i.e. wheelchairs, entry and exit beds, pressure-relieving pillows and flushing/drying toilets. We are implenting the Carendo chair in the municipality and the teaching regarding use of the chair takes place at the Education Center. Citizens come to the Education Center and try out what technologies and resources they need (by appointment).	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus.

C8.5 Detailed description	
Short summary of the practice	**Aarhus is implementing assisted living technologies and a healthy transfer culture.**  The Assisted Living Technology Educational Center provides a platform where technologies are presented to citizens and employees, so that citizens become more self-reliant and the employees' working environment is improved. **The Assisted Living Technology Educational Center** is the facility where **employees** learn how to use technologies to avoid working accidents

	It is 550 square meters and includes 6 workstations - each provided with a care bed, a ceiling hoist and various other technologies.
Detailed information on the practice	We are focused on implementing assisted living technologies and a healthy transfer culture in Aarhus. Our aim is to reduce the number of work-accidents related to transferring patients/citizens. We needed a "classroom" for the caregivers to practice their skills of transferring and using assisted living technologies for the benefit of the citizens and the caregivers. We are aiming to teach transferring from a rehabilitating perspective, which means we always focus on the citizen´s abilities and try to preserve these. We do not want the caregivers "to take over". For example: Even though the citizen needs help to get out of bed, he is still the master of his own life and we need to encourage this and provide the assisted living technologies that supports this and at the same time protect the caregivers working environment. From a review "Interventions to reduce injuries when transferring patients" which was published in the "International Journal of Nursing Studies" in March 2014, we know that there is a need for management commitment and support besides six core programme components: • A policy requiring safe transfer practices • Ergonomic assessment of spaces where people are transferred • Transfer equipment including lifts • Specific risk assessments protocols • Adequate training of all care staff • Coordinators, coaches or resource staff The components are synergistic, omitting one component weakens the impact of the other components. The Education Center is a valuable input especially for programme component 5. There were 3 goals when project was started: to reduce the number of work injuries (displacement), re-implement "from 2 to 1" (focus of one caregiver transferring the citizen instead of two) and establishing a common uniform ergonomics teaching across the areas of the Municipalities (before the teaching was distributed to the areas). The decision on the project comes partly from a city council decision and partly from a management team in MSO (Magistrate department of Health and Care). The project listed 12 areas to work with to reach the three goals - the Education Center is one of them. In the implementation phase the project manager (who had a solid practical knowledge and experience) was very aware of having conversation with managers and middle managers, to facilitate the transition from having their own teaching practice to and Education Center with joint teaching. Co-involvement of former teachers and the establishment of 15 working groups created the necessary ownership. It was very important to focus on work environment and among educators and to deal with their fear of not being good enough compared to the others. This very involving way of working with the implementation paid off, because the teachers moved from mostly sceptical to mostly enthusiastic in a very short time. The main beneficiaries are the care staff, their leaders and the citizens. The main target group are the employees who are caregivers to senior citizens who are vulnerable, sick and in bad condition. Citizens are also a target group as we invite citizens to test our different assisted living technologies and assisting aids. We want the citizens to maintain self-reliant and master their own life. Maybe they need to check out how a renovation of their bathroom can make them independent

showering? Or if a specialized bed empowers them to get out of bed without help?

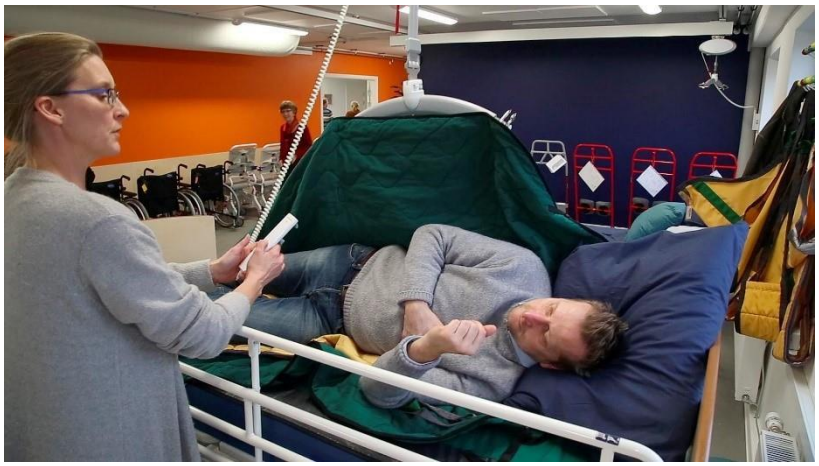


The senior's council says:

"We are very focused on the fact that the employees - from caregivers to leaders - can use the technologies and aids provided. If the employee is not familiar with the technologies neither will the citizen be!"

Employees

The education of employees is systematic training in practice with supervisors. The main part of our courses is "hands on".

	Cases We use citizen cases as basis for teaching – this is Børge, one of our citizens. We focus on: • Citizens level of function • Assisted living technologies • Assisting aids • Risk assessment • Risk management  The students say: ”I was taught what is important for my working environment and good handling of the citizens. There were many practical exercises which gave me the opportunity to be in the citizens' place. This was valuable insight!” “The instructors had a playful and serious approach at the same time, infecting the students. The dissemination was clear, and the participants were quickly involved.”
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, we did not use the VTU-fund. The project was funded with resources from governmental measure and resource from the Municipality
Methodology	In the project period interviews with the involved parties were conducted to identify needs. It was important to know the status seen from the employees and the teacher’s point of view and to be able to compare the needs from the different districts in the municipality. In the implementation phase there was emphasis on involvement of the stakeholders. The plans were approved by a long list of boards and groups and the project manager had good use of the existing descriptions of procedures. The procedures (sometimes forgotten) were a great backup – “we actually already have decided to do like this”. The evaluation is done by looking at data for accidents, using interviews, surveys. The Education Center is fully booked, and the courses get good feedback (a satisfaction rate over 80 pct.).
Resources needed	The Assisted Living Technology Educational Center costs approximately 650.000 Danish kr. (87.000 €) per year (rent, heat, water, and so on). The transition of a warehouse to the The Assisted Living Technology Educational Center did cost approximately 1.000.000 Danish kr. (134.000 €) (off expense) The districts provide the teachers – as described they are employed as i.e. therapists in the districts and the teaching is part of their job.

Timescale (start/end date)	The project started August 2015 and ended December 2017. From January 2018 it has been in operation with app. 3.000 students per year.
Challenges encountered	The challenges are connected to the good practice in operation: • Lack of time – for the employees to go to the courses, for the teachers, for the managers. • Cultural differences between the districts – not everybody finds it important to educate yourself. • Lack of back up from the management Students not showing up – the courses are for free and if they find other things more important (or the management decide you should prioritize otherwise) they do not show up.
Potential for learning or transfer	This practise can be transferred both in Denmark and abroad. A country like Norway has worked with the same challenges and goals and according to Per Halvor Lunde (Norwegian specialist in transferring techniques) our Education Center is a model example on how to work. The practise is implemented on an on-going basis. There is a strong need for working in this way if you want to change people's way of working.
Evidence of success (results achieved)	The most valuable benefits are that we have reduced the number of injuries when transferring patients/citizens, and we now have a systematic way of training all care staff within transferring citizens and using assisted living technologies. We have indication of a positive impact of the degree of use of the assisted living devices and technologies and the employees benefit from knowledge sharing. The implementation was successful due to the very deliberate use of involvement of the stakeholders. We have had approximately 3.000 participating in our courses per year since start up in January 2018 – we would like to have more visiting citizens, but due to lack of time this potential is not yet obtained.
Further information	https://velfaerdsteknologi.aarhus.dk/om/cft-center-for-frihedsteknologi/enheder-under-center-for-frihedsteknologi/undervisningscenter-for-velfaerdsteknologi/ (in Danish)
Keywords related to your practice	*Working environment; Assisted Living; Technologies and Aids; Education of Staff; Empowering citizens*
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Good Practice C9

Aarhus

C9.1 Good practice general information	
Title of the practice	The VT-pioneers (Welfare Technology Pioneers)

C9.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Municipality of Aarhus, Magistrate department for Health And Care, Center For Assisted Living Technology
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation <u>is not</u> the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

C9.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	In this good practice the vocational college (educates the caregivers) participate and have the responsibility for competence enhancement of the VT-pioneers. In our own organisation the HR-department is involved to secure the link between the competence enhancement of the ordinary caregivers and the VT-pioneers. Also, inside the municipality the Implementation Group for Assisted Living Technology (consist of managers and staff from the different districts in the municipality) are involved in regard of quality assurance of the training program, content of the program and time planning.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	There are plans to involve external experts in the training program on areas like ethical dilemmas, dissemination, pedagogy and didactics. Also plans for more involvement of the companies on specific expert knowledge about the products/technologies.

C9.4 Coverage	
Is this good practice related to any kind of wider projects? Which one(s)?	Before we had the VT-pioneers there had been different attempts at establishing ambassadors for the assisted living technology – they had titels like “key person” or “supervisors”, but it was not a uniform effort across the municipality. This function had been sought after for a long time, because there is a need for a more effecient implementation effort and a stronger connection to the employees working in practice. When the MSO (magistrate department of health and care) decided to implement the Carendo chair (an expensive investment) it opened the possibility to initiate the VT-pioneers – there was a “burning platform” and a need to do something extra to make the Carendo Chair work and be a success.
Geographical scope/coverage of the practice	Municipality of Aarhus, Magistrate department for Health And Care.

Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus.

C9.5 Detailed description	
Short summary of the practice	The VT steering committee approved 29.8.18 the job description for welfare technology pioneers (VT pioneers). This is a 2-year function (hopefully it will be a permanent scheme after this period). The function is partly funded by the budget for ”More VT in Nursing Homes”. Expected outcome: • That the citizen can participate more actively in everyday life and experience a dignified care. • A significant boost to the physical and mental work environment, where aids help to counteract tedious work • More efficient workflows to counteract pressures on finances and resources. • Through VT networks, the targeted efforts are strengthened with VT implementation in each local area. • The VT pioneer is given the opportunity to develop competences. In doing so, they will be able to strengthen the implementation of welfare technology. Process goals 2019: • That all nursing homes have chosen VT pioneers by the end of 2019. That the management team takes a position on a possible continuation when the project period is completed by the end of 2021.
Detailed information on the practice	There is a strong need for applying the technology – because of the demographic development and the expensive investments in equipment. The implementation is a job for everybody but turns into a “nobody’s job” if you do not pay any attention to it. Too much of the equipment is not used and the potential is not exploited. Among the caregivers you could find lack of motivation for using technologies and lack of readiness for change. The caregivers have busy working days and continuously exposed to changes and new tasks. People working under a lot of pressure are not able to handle changes. It is acknowledged that it is necessary to have “first movers” and pioneers with expert knowledge if we want to be able to change the culture and the way people think and work. There is also a need for a constant focus on the use of technology (there is a lot of things to remember and do) if you don´t the caregivers (as all people) will fall back to the original way of working.  When the decision was taken to implement the Carendo Chair and start the VT-pioneers (the management team takes the decision based on input from the steering committee for assisted living technology, and the implementation committee) it was decided that it was mandatory for nursing homes to designate a VT-pioneer and optional for the home care-units and the health units.

	The nursing homes get funding for the job, but the rest does not. All parties can get help and support from the employees at CFT (Center for Assisted Living technology). The help is for example to define the tasks of the pioneer and to talk to management about choosing the right pioneer with the sufficient personal competences. There is also help for operating the network for the VT-pioneers and offer the necessary training. The main stakeholders are the management team of the Magistrate department for Health and Care, The steering committee for assisted living technology, The implementation committee, The managers in the different units in the different districts. There are many beneficiaries of this practice – the pioneers get a possibility to develop the job and the competences. The staff gets easier access to help and knowledge about the technologies and it promotes an innovation culture where you try to find new solutions and new possibilities to solve problems. The citizens will benefit from having a caregiver who knows how to use the technology and who is able to disseminate this knowledge to the citizen (there is a need for staff who dares press the buttons and experiment together with the citizen). The target group for the VT-pioneers are their colleagues in practice -those who are working with the citizens. This also affects and involve the citizens and their relatives.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	 This effort is not a project as such – it is more like a process. The management insist on making a paradigm shift towards more use of assisted living technology and the VT- pioneers is one of the ways to reach that goal. In CFT (and MSO) we use common sense, experiences and a process called "The AIM" (the Aarhus implementation model).

Resources needed	As long as the implementation effort on the Carendo chair is ongoing the nursing homes gets funding for the VT-pioneers. The different units have autonomy and they decide how to manage the VT-pioneer effort on their nursing home, home care unit or health care unit. It is not a centralized decision that you have to spend i.e. 5 hours a week on being a VT-pioneers. The VT-pioneer needs time for working with the colleagues, network meetings with other VT-pioneers and time for enhancement of their competences (this is offered for free – no fee) and for participating in conferences etc.
Timescale (start/end date)	The effort started in November 2018 (together with the implementation of the Carendo chair) and is ongoing. In 2021 there Carendo-effort is finished and hopefully the VT-pioneers has shown their value and will continue as a part of making the assisted living technology work in the Municipality of Aarhus.
Challenges encountered	*Please specify any challenges, barriers, facilitators and lessons learned in the implementation of this good practice.* • Some of the managers in the different units do not prioritize this as much as needed. • It is a challenge if the VT-pioneer doesn´t have the right personal competences (it is the manager who designates the pioneers). • We have a saying "Soldiers of Tordenskjold" – it means that its often the same persons who undertakes new tasks – sometimes they get too many tasks, and this goes for some of the VT-pioneers. • Some of the pioneers are uncertain of themselves and of the expectations • Some of the pioneers try to fix everything themselves and forget to involve other colleagues (janitor, the safety representative, the transferring supervisor). The personal competences are very important and so is the allocation of the responsibility. It must be placed locally or else it's to easy to play a passive role. We know there is a huge need for knowledge and a huge wish for more knowledge among the employees. It is also our experience that an effort like this based on a great deal of volunteerism needs trust between colleagues, between colleagues and management and between employees working in practice and CFT. 
Potential for learning or transfer	We consider this good practice to have potential for learning and transfer because we think that implementation challenges are universal for all organisations and societies. The decision process in MSO is based on a structure where you listen to the practitioners and the management on all levels, and the issues are discussed in different forums with different perspectives before the management teams decides. This good practice runs in a similar way in the City of Copenhagen. Other municipalities do something similar in a smaller scale. Also, in Norway we can find VT-pioneers or ambassadors.

	The idea of the VT-pioneers originated from something existing – it is upscaled and planned in a more systematical way – further developed. We hope this good practice will show its worth and that the management team will show persistence and support this shift in paradigm. We think that we need front runners who have extra competences and the necessary overview.
Evidence of success (results achieved)	We consider this practice good because the employees states that their professionalism is lifted, and they solve a task that would not have been solved without them. We get employees who are passionate about this and think it's very exciting and like the challenge. The most valuable benefit is teams of caregivers who are much better at matching the citizens with the right technology. Together with the VT-pioneers, we will be able to optimize the workflow and improve the working environment – the VT- pioneers are storytellers close to the people in the process of changing. The stress factor of some employees over new initiatives is minimized. Citizens are becoming more self-reliant (using technology). The network between the VT-pioneers makes it possible for them to discuss and the reflections on the technology and its application strengthens. Today we have 64 VT-pioneers – the potential is 80 so we still have work to do before all areas and units have their own VT- pioneer. The VT-pioneer effort has a potential to retain the workforce which will have a great value (the turnover of staff is to high). If we can implement more assisted living technology, it will have a positive impact on the companies who develops and sell the products. 
Further information	https://velfaerdsteknologi.aarhus.dk/innovation/implementering/p ionerer-for-velfaerdsteknologi/ (in Danish) It is a description of the functions of the VT-pioneers.
Keywords related to your practice	Implementation Change management Assisted Living Technology Working environment Empowerment Self-reliance
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Good practice C10

Hamburg

C10.1 Good practice general information	
Title of the practice	INVEST Billstedt/Horn

C10.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Gesundheit für Billstedt/Horn UG
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Regional Healthcare Network	
Location of the organisation in charge	*Country*	Germany
	Region	Hamburg
	City	Hamburg

C10.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	- Optimedis AG - Local healthcare providers - Health insurances
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The Hamburg parliament decided to build up a healthcare information office in each of the seven parts of the city, based on the project results.

C10.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	Local in two districts	
Location of the practice	Country	Germany
	Region	Hamburg
	City	Hamburg

C10.5 Detailed description	
Short summary of the practice	The regional management agency Billstedt/Horn UG, together with physicians, healthcare professionals, healthcare insurances, and other local partners, is building up science 2017 a healthcare network. The aim of the project is to improve health care processes and the health-related opportunities of the citizens.

	The central element of this project is the walk-in clinic is a low-threshold and supportive institution for all health-related issues with the aim of improving population health through a needs-oriented, integrated and continuous healthcare provided in mother tongue by a multiprofessional team. Furthermore, innovative care structures, in combination with new digital applications were established, to improve the communication between health care professionals and the patients.
Detailed information on the practice	*What is the problem addressed and the context, which triggered the introduction of the practice?* Due to low socioeconomic status, people living in Hamburg's neighbourhoods of Billstedt and Horn have lower health-related chances than the rest of Hamburg's population. In these parts of the city, there are more social welfare recipients, more people with a migrant background, lower levels of education and more single parents than in the rest of Hamburg. These citizens get ill earlier in life, are more likely to suffer from a chronic disease and have a lower life expectancy. At the same time, access to healthcare is limited – there are for example less primary care physicians and specialists in Billstedt and Horn than in other parts of Hamburg. This may be one reason why the use of emergency care services has increased over the past years. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* Optimedis has a long-term experience regional integrated care. Before the project started, a pre study was analysing the potentials and needs in the districts. The pre study started in 2014 with a duration of 11 month. Based on these results the project INVEST Billstedt/Horn was planed *How does the practice reach its objectives and how it is implemented?* The chance to live a healthier life in Billstedt and Horn will be improved. In order to achieve that, the project partners will implement a patient oriented and interdisciplinary health network. It aims to: o Empower patients to take more responsibility for their health o Decrease the workload of general practitioners o Use resources efficiently o Increase quality of care The project partners carry out various interventions aimed at strengthening the collaboration between the medical and social sectors. The main interventions are: o A health kiosk based at a central location – here, insures are consulted in their mother tongue while doctor appointments can be prepared or revised o Innovative IT-communication-solutions: electronic patient records and mobile applications to facilitate the exchange of health data between patients and providers o Integrated healthcare management – to improve care for chronically ill patients and with multimorbidities o Training of physicians in drug safety *Who are the main stakeholders and beneficiaries of the practice?*

	Healthcare providers, health insurances *What is the target population/audience (age range, vulnerable groups…)?* Billstedt-Horn is located in the east of Hamburg and is part of the district of Hamburg-Mitte. About 105,000 people live in 50,000 apartments in the area on an area of about 2,000 hectares. The population has almost doubled since the early 1960s due to the construction of large-scale residential complexes. At 4,682 people per square kilometre, the population density is twice as high as in the hamburg-mitte district and in Hamburg as a whole. Despite the exodus of families, the population is relatively constant. Billstedt-Horn is comparatively young and international. At 22.7 percent, the number of households with children (Hamburg as a whole: 18.9 percent) live here. The proportion is particularly high in Billstedt. The proportion of migrants and emigrants (22.2 percent) is also higher than the Hamburg average (14.8 percent). The number of unemployed is relatively high at 7 percent (Hamburg: 6 percent). At almost 23.5 percent, the number of recipients of benefits social secure payments is twice as high as in Hamburg as a whole (11.7 percent). In some districts of the area, the proportions are even higher.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	Optimedis create a simple market and potential analysis, and build a standardized reporting and benchmarking system (e.g. for our healthcare cockpits) which can be used to deliver important information on the quality of their work to the network members, as well as make comparisons between practices possible. Based on this Optimedis is able to create complex health economic studies which shed light on the effectiveness and efficiency of overall healthcare or of individual partial interventions in a region.
Resources needed	6.3 million Euro
Timescale (start/end date)	2017-2020
Challenges encountered	The German health system is very fragmented. This makes it more difficult to build up integrated care structures. Additional to this the diversity of the citizens in the two districts is a challenge for the project.
Potential for learning or transfer	The health kiosk offering is diverse: The medically trained and multilingual team advises patients both before and after their visit to the doctor, with this advice being available in several of the languages spoken in the district. It also coordinates treatment steps and puts patients in contact with institutions and associations in the district. In this way, the project initiators and partners want to not only close existing supply gaps, but also strengthen the areas of prevention and health promotion in the districts. Another objective is to further the self-competence of patients. This will relieve the burden on doctors and, in the longer term, reduce treatment costs for health insurers. The health kiosk collaborates closely with a network of around 100 district facilities. These facilities include nursing homes, care homes, clinics, sports clubs, the adult education centre, specialist outpatient counselling centres, patient initiatives and social-psychiatric services. The community-oriented care and networking structure is revolutionising aspects of the health care system by dismantling traditional hierarchies and empowering patients to take a more active role in their own care.

	Has this good practice been adopted in other regions around the country or beyond? Based on the experience of the two projects Gesundes Kinzigtal and INVEST Billstedt/Horn, Optimedis developed an integrated care model, that was selected as one of four good-practice-models from the EC. The good-practice-models will be analysed and implemented in different regions in the EU during the Joint Action JADECARE.
Evidence of success (results achieved)	As a unique lighthouse project in Germany, the health kiosk has shown how successful such cross-sectoral cooperation between institutions of prevention, social care, care, general practitioners and specialists as well as hospitals can be With the help of OptiMedis and innovative health insurance companies as realisers of innovative medical care systems. Here, the structures revolve around the patients – and not the other way around. The high level of use of the project confirms that the people in Billstedt and Horn are well reached and receive early support – be it during a visit to the doctor, prevention or education. With a majority decision, the Hamburger parliament at its meeting on the 22th May 2019, the process of continuous work of the health kiosk and health for Billstedt/Horn UG on the course of the project phase. At the same time, the Senate is to support the expansion of these projects. The reason for the decision was that the work of the health kioskand the invest Billstedt/Horn project – the one from the "Health for Billstedt Horn UG" responsible and implemented, playing an important role in strengthening the patient health literacy.
Further information	https://gesundheit-bh.de/
Keywords related to your practice	health care processes and the health-related opportunities of the citizens, Health Network
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Good practice C11

Slovenia

C11.1 Good practice general information	
Title of the practice	Sopotniki – (Cotravellers)

C11.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Sopotniki institute
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	NGO	
Location of the organisation in charge	*Country*	Slovenia
	Region	West Slovenia
	City	Sežana

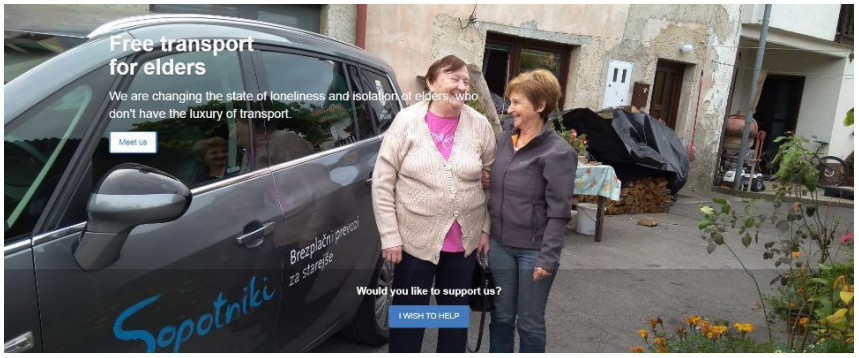
C11.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Local municipalities are organizing the local network of volunteers and are locally coordinating the whole operational process. Volunteers are the drivers.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	No

C11.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	National	
Location of the practice	Country	Slovenia
	Region	Western and Eastern Slovenia
	City	Many cities across Slovenia

C11.5 Detailed description	
Short summary of the practice	Organisation Sopotniki has an innovative solution for elderly mobility, customized for rural areas. The service increases the elderly's quality of life and prolongs their independence. It is financed through public, corporate and civic sector. After 5 years of experience the service now operates in 15 Slovene municipalities as an integrated solution and the most cost-efficient

	and sustainable way of ensuring rural, elderly-friendly mobility. Local municipalities offer free transport to older adults and thereby help them to be involved in an active and social life. Free transport service enables them to attend cultural events, visit friends, go to the doctor, go shopping etc. In this way they can run their errands independently and carefree as well as make new acquaintances and keep social contacts with the wider environment, which would otherwise be out of reach. Volunteers drive them around to run errands, go for a visit, attend cultural events or just take a trip.
Detailed information on the practice	Many of older persons do not have a convenient transportation services available. Quite some of them do not have a driving permit or the medical conditions do not allow them to drive. At the same time they are living alone or with a partner who doesn't drive as well. Usually in the rural areas the public transport is poorly develop and it is not matching needs of older adults' population. Organisation Sopotniki has an innovative solution for elderly mobility, customized for rural areas. The service increases the elderly's quality of life and prolongs their independence. It is financed through public, corporate and civic sector. After 5 years of experience the service now operates in 15 Slovene municipalities. Advantages: 1. tested operating model 2. community-driven solution strengthening links between stakeholders in local communities 3. volunteers and employees are carefully selected and trained in soft skills 4. the service is supported by cutting-edge IT technology 5. focused in establishing respectful relationships with users to empower and activate the elderly Sopotniki is bringing a transportation service to all the older adults who ask for it free of charge at the convenient time for them. They ask for the upfront booking via telephone call. Coordinator at Sopotniki receives all the bookings for transportations from users and arrange the volunteer's driver to the transportations needed. The car and gasoline is covered by local community and/or sponsors. The developers are skillful social workers, who detects the need of free transportation services where public transport is not matching older adults' needs. They have succeed to design such a business model which on long term enable reliable and free of charge transportation. The second goal is to activate of passive rural population – to achieve a higher rate of participation in cultural happening and social life despite their remote dwellings. They are changing the state of loneliness and isolation of older adults, who don't have the luxury of transport. The good practice is addressing one of the biggest local communities' problems – transportation in rural and remote places. In Slovenia Sopotniki has a very good statistics: - Municipalities: 15 - Regular users: 80% uses service at least 3 times per year - Users: 1800 - Number of transports per month: 540 - Active Volunteers: 200 - Volunteer's hours per month: 1000 The main stakeholders are:

	- Municipalities: coordinating the service, financial contribution (car/gasoline) - Volunteers: drivers - Relatives: promotors and companions - Sponsors and donors: financial contributors - Elders: main beneficiaries At Sopotniki the cost of service is covered mainly by the municipalities and partially by sponsors, donors. The older adults qualify for service, if they are over 60 years old and if they live in rural areas, where is a poor coverage of public transportation. Rides are provided also for wheelchair users. If wished, a family member can accompany the elder.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	At the development of the model and at the evaluation of the outputs/results several methodologies are used. They are pointing out SROI methodology which has been used to analyse the effects of social innovation in the local environment.
Resources needed	To set up a Sopotniki in a new municipality there is a need of approximately 20.000 EUR (car and software) and one (not fulltime) coordinator. Additional cost are associated with car registration, insurance, gasoline and maintenance.
Timescale (start/end date)	*2015 - ongoing*
Challenges encountered	Challenge 1: Perception or expectation of end-user regarding the nature of the service: profesional vs. non-profesional / volunteer based. Some users understand service as an equivalent of public transport or taxi and have simmilar expectations regarding availability and service level. One of the added value is directly linked to the concept of volunteer based service because it has much stronger social benefit since the volunteers main drivier is to help / they are doing it with "heart". Challenge 2: There is not a good understanding/knowledge on the decision making level in terms of rural and urban mobility – good practice in urban area is not necesary a good practice in rural area (longer distances, lower density of population, older population etc) Challenge 3: General perseption that car mobility is not acceptable from the ecology and sustainability standing point. Its not necesarly true. Car transporting 4 pasanger is beter than bus transporting 4 pasangers. Challenge 4: Simplification on the decision level what older adults needs are. Quite offen they see only transport as a need. They do not have a larger picture in mind like social activation, invormation delivery, inclusion, participation etc.
Potential for learning or transfer	The good practice is bringing a much needed service (transportation) free of charge for end-users in the remote places where is quite difficult to establish proper transportation service. The practice can be transferred by three factors: - Software for managing processes (organization of transport) - Knowledge of necessary tasks to set up a service - Approach to each stakeholder group In four years of providing service, encourage by success in Slovenia (high percentage of satisfied and returning users), they see this as an opportunity

	to apply service across rural regions of Europe. In Slovenia their service is already up and running in 15 municipalities across the country.
Evidence of success (results achieved)	The main evidence of success are satisfied and returning users. Their feedbacks are very positive. In four years of operation they have 1800 offered service to more than 1800 individuals, where most of them are regular users. Currently they are organizing more than 500 transportations per day. The number of municipalities who are joining Sopotniki is growing every year. The demand is huge and is served according to resources available (volunteers and number of cars). The most valuable benefit is in a fact that due to available proper transportation older adults can live longer in their homes. They are also much happier if they can prolong their life in their home. On the other side the cost for the whole society is lower if older adult goes to the place of service (in the institution) and is no need to provide services at his/her home. Sopotniki has a big social impact. When taking a ride with Sopotniki is more than just transport. During the ride older adult spend some time with volunteers, exchange experience, advice or just chat. When living alone such a ride can be a highlight of a week in terms of social interaction. Good practice is positively contributing to job creation, since a local coordinator is usually at least half time employed.
Further information	https://www.sopotniki.org/home.html
Keywords related to your practice	Elderly transportation, digital gap, volunteers, social inclusion
Upload image	

E. Health and community services.

Reach of social and health services. Sufficient services. Socio-Health coordination. Accessible social and health community setups. Friendly professional treatment. Emergency planning adapted to the older adults.

Good Practice D1

Bizkaia

D1.1 General Information on the good practice	
Title of the practice	OLDER PEOPLE'S WORKING GROUP to steer the promoting and implementing of the Friendly Cities programmes in the different municipalities of our region.

D1.2 Good practice organisation	
Main good practice organisation	BIZKAIA PROVINCIAL COUNCIL AND THE BIZKAIA COUNCIL OF OLDER PEOPLE (it is a consultative and advisory council answering to the regional public administration mentioned in first place).
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge	BIZKAIA COUNCIL OF OLDER PEOPLE The Bizkaia Council of Older People is a participatory forum for people over 60 and of the entities, associations and organisation related to older people, to work together in planning, implementation and monitoring of the policies and actions aimed at achieving the well-being of this sector of the citizens of Bizkaia. It is a consultative and advisory collegiate body, attached to Bizkaia Provincial Council's Social Action Department. The central focus underpinning the functioning of this Council and its actions is "**to create the optimum conditions to foster Active Ageing in Bizkaia".** The Council has a task force known as a DRIVER GROUP, which is precisely the subject of this good practice that we are showcasing here	
Location of the organisation in charge	*Country*	
	Region	BIZKAIA
	City	

D1.3 Other participating stakeholders	
Indicate the region's organisations involved in the development and implementation of the good practice and explain their role	• Bizkaia Council of Older People • Bizkaia Older People's Associations (Nagusiak) • Other social entities of the Region promoting the active social participation of older people (Secot, Hartu Emanak, Nagusilan, etc.)

	• Bolunta (Agency to Foster Volunteering and Social Participation in Bizkaia) Www.Bolunta.Org • Local Councils of Bizkaia - Network of Age-Friendly Municipalities of Bizkaia • Basque Government And "Euskadi Lagunkoia" Initiative Www.Euskadilagunkoia.Net • Deusto University
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	Connecting this practice to working with other stakeholders has never been ruled out.

D1.4 Coverage		
Is this good practice related to any type of broader project? To which?	• BIZKAIA PROVINCIAL COUNCIL'S BIZKAIA FOR ALL AGES STRATEGY • EUSKADI LAGUNKOIA initiative promoted in the Basque Country by the BASQUE GOVERNMENT. • The WHO's AGE-FRIENDLY CITIES programme.	
Geographical sphere/coverage of the practice	Regional	
Location of the practice	Country	
	Region	BIZKAIA
	City	

D1.5 Detailled description	
Short summary of the practice	There is a WORKING GROUP within the BIZKAIA COUNCIL OF OLDER PEOPLE to steer the promoting and implementing of the Friendly Cities programmes in the different municipalities of our region.
Detailed information on the practice	**Introduction** For the 2018-20 period, the DRIVER GROUP has proposed giving impetus to ACTIVE AGEING AND THE "BIZKAIA FOR ALL AGES" STRATEGY, whose aim to get older people to be centre stage in the transformation of the region by adapting the structures, resources and services so that they are accessible and inclusive for all older persons. Therefore, there has been a task force (called the DRIVING GROUP) within the BIZKAIA COUNCIL OF OLDER PEOPLE set up since 2014. The group is made up of 12 older persons and its mission is to steer the promotion and implementation of the Friendly Cities programme in our region **Objective** Promote Active Ageing in the region using the "Bizkaia for All Ages" Strategy as a framework. **Work framework** The "Bizkaia For All Ages" strategy seeks to adapt Bizkaia for ageing, as set out in the Bizkaia Strategic Plan for Older Persons. The Council for Older People wishes to be the body that guarantees the transformation of the Territory "with" older people in the spotlight, guaranteeing that the Age-Friendly Cities programme and other programmes are driven from participatory models aimed at the community development of the different towns and zones. **Functions** - Collaborate in information, dissemination and awareness-raising actions

	- Process the requests for information or support of different stakeholders to implement the programme. - Foster the active involvement of older people's associations and of other interested parties. - Monitor the implementation of the programme. - Energise the networking between the municipalities of Bizkaia.
Is this practice related in any way to the political instrument described in Part I? If so, please explain how	
Methodology	The group emerged at the end of 2014 as the outcome of an intense deliberative process, during the preceding months, within the Bizkaia Council of Older People. That process was aimed at assessing the relevance of actively promoting the international Age-Friendly Cities programme in the region. At least twice a year, the work group reports on its progress and proposals to the Bizkaia Council of Older People. Furthermore, there is, at strategic and operational level, a direct line with Bizkaia Provincial Council's Social Action Department.
Resources Required	Committee 1 (DRIVER GROUP) is made up of 10-12 older persons representing the partner older people's associations. That participation is voluntary and involves people dedicating approximately 100 hours a year (around 20 meetings a year). That Driver Group receives technical assistance from an external company (approximately 300 hours a year) and a small amount to cover the travel costs of the group's members (total cost approximately €15,000 per year). Furthermore, Bizkaia Provincial council can sporadically directly cover other costs/activities associated to the carrying out of our work: publishing leaflets, organising technical seminars, etc.
Time scale (start/end date)	From OCT 2014 to the present
Challenges detected	• It must be guaranteed that the INTERNATIONAL AGE-FRIENDLY CITIES PROGRAMME from the roots; BOTTOM-UP. • The programme must be led by older persons, through the DRIVER TEAMS set up in each municipality. • It is only fair to recognise the need to give a greater role the older people in our society. But as older people, we do not only want to be participants but rather architects of what is happening in society and we want to be able to contribute more and better. • The programme is precisely an opportunity for us older people to be able to be involved and empowered in the improving of our towns/neighbourhoods. • And our involvement can lead to better responses to our needs, a growing sector of the population. • And the programme must also serve to create spaces to foster intergenerational relationships in our municipalities. • It is not only about transforming the cities, but rather, about empowering and fostering the active participation of older people and the general public overall.
Learning or transfer potential	*Has this good practice been adopted in other regions of the country or in other countries?* No. *Has this good practice been implemented as a pilot programme or as an extended programme? If it is a pilot programme, is there a plan for broader implementation?*

	No *Is this good practice currently being implemented on an ongoing basis as a routine procedure?* Yes We are not aware of this practice existing in any other region. In Bizkaia, we believe that it is essential that a programme of the characteristics of the INTERNATIONAL AGE-FRIENDLY CITIES be promoted under the auspices, monitoring and direct participation of the Regional Council of Older People. It would be an easy practice to transfer, provided there is an empowered body representing older people that assumes the commitment to be involved in the implementation and development of the AGE-FRIENDLY CITIES programme in their respective territory.
Evidence of success (results achieved)	*What has been the **social impact**, along with the **health impact** of the implementation and deployment of this good practice?* • We are one of Europe's regions with a higher percentage of municipalities signed up to the AGE-FRIENDLY CITIES. At the end of 2019, there are already 30 municipalities of Bizkaia committed to driving the programme. • We have launched a work network in the region with the different municipalities involved with different work sessions, awareness-raising actions, specific support, etc. We have also connected the network to the work being done in the Basque Country and which current involves 60 municipalities. • We have contributed to guaranteeing a key role for older people, by giving importance to the existence of a DRIVER TEAM of older people in each municipality which is leading the impetus being given to the programme *What is the real number of beneficiary people/institutions of the good practice? On the other hand, does it deploy its whole potential?* • The programme is currently being implemented in around 30 municipalities of Bizkaia (out of a total of 112), meaning coverage of nearly 70% of the total population. • The whole potential has obviously not been deployed. *Is there any evidence that this good practice is contributing to the growth of new **markets, employment and job creation**?* Not yet *Has any measure needed to be implemented by the regional government in 2019-2020 (or earlier years) to **address the main theme** of this good practice?* Yes, and here are some examples: • In 2016, a seminar was organised to disseminate the Age-Friendly Cities programme in the region • In 2017, "Manual for the Implementation of the Age-Friendly City in your Community" was published in conjunction with Deusto University • In 2017, an annual decree was issued regarding subsidies for municipalities of Bizkaia that implement the Age-Friendly City programme.

Additional information	
Key words related to your practice	Social participation, Age-friendly cities, Friendliness, governance, associationism, networking, active ageing, empowering, community development, volunteering
Upload image	 

Good Practice D2

Bizkaia

D2.1 General Information on the good practice	
Title of the practice	Detecting and preventing economic and physical abuse of older people

D2.2 Good practice organisation	
Main good practice organisation	The organisation leading the good practices is Bizkaia Provincial Council (Social Action Department and specifically the Dependency Assessment and Guidance Service), even though the involvement of both the municipal social services and of the health services is essential.
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

D2.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	This social healthcare project seeks to embrace the whole of Bizkaia. It is going to be progressively introduced in the different Integrated Health Organisations (OSI) and the corresponding municipal and supramunicipal health and social services systems. Therefore, the institutions and organisations involved are in principle the following. - BIZKAIA PROVINCIAL COUNCIL. Social Action Department Directorate for the Promotion of Personal Autonomy - BIZKAIA HEALTH TERRITORIAL DELEGATION - OSAKIDETZA. BIZKAIA OSIs. - BIZKAIA LOCAL COUNCILS. Social Services All the institutions and organisations are involved
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	

D2.4 Coverage		
Is this good practice related to any type of broader project? With which?		
Geographical sphere/coverage of the practice	Province of Bizkaia	
Location of the practice	Country	
	Region	

	City	

D2.5 Detailed description	
Short summary of the practice	It is a Social Healthcare Collaborative Protocol to integrate the Individual Care Programme, which is particularly linked to assessing the dependency situation, in truly comprehensive healthcare.
Detailed information on the practice	This good practice stems from the goal to improve care for people who request a dependency assessment by means of joint and coordinated action of all the professionals and stakeholders involved and committed to joint interdisciplinary interventions, and specifically by means of the incorporation of the Individual Care Programme (PIA) in integrated and comprehensive care. Specific goals have been established to advance in this good practice and which are a) To consolidate and expand the existing good practices among professionals of the social services and health systems in the detection and care of community cases. b) To integrate the preparation of the PIA as a further instrument for the comprehensive care of the person in such a way that the envisaged resources and benefits envisaged are part of a general social healthcare plan. c) To prepare a joint communication procedure in the detection of cases needing to be addressed by both health and social systems. d) To early detect the social fragility situations and to foster the continuity of social healthcare e) To guarantee the continuity of care by means of the care routes using coordinated actions in the detected cases f) To agree on tools and criteria by constructing a common language g) To embark on joint assessment practices and prepare personalised case action plans among professionals of those sectors. h) To prepare procedures for the coordinated approach to cases that require a urgent response. i) To provide more comprehensive information to people in a dependency situation and their carers. And certain specific actions to fulfil them: 1. Preparing a new service and benefit model proposal which includes specific social healthcare actions to be implemented and a copy of which will be given to the person requesting the dependency assessment or, as applicable, their representative. 2. Establishing indicators that endorse the different coordination and communication levels to advance in preparing the joint care plans. 3. Preparing a social healthcare consultation datasheet as the basis of sharing information until interoperable systems exists 4. Developing leading professionals both in the area of provincial and municipal social services and in the healthcare field 5. Producing a guide to shared services and benefits.
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	

Methodology	**1. Assessment** The needs assessment stems from the Assessment and Guidance Service. Years of experience in home visits by the social healthcare teams conducting the assessment and guidance tasks has shown that when disabled, dependent and vulnerable people need continued support, a single system cannot cover all the needs in many cases, but rather the different systems have to make the necessary organisational efforts and adaptations so that there can be a joint and coordinated response. There is awareness that the assessment and guidance for dependency situations and the consequent preparation of a proposal of services and benefits associated with the portfolio of the Fostering of Personal Autonomy and Care for Dependent People (PIA) Act 39/2006, of 14 December, are only a small part of all the care that the person requires. However, a need has been detected for that PIA to be integrated in all the social healthcare that the person requires. The aim must be to always offer the care and support that people need with sufficient flexibility to adapt to the different contexts affecting the person: at home, or in a residential home, in a city or in a rural setting. It is therefore deemed necessary to establish communication and participation channels for the different professionals involved in order to be able to adjust this service and benefit proposal to the required care continuity. **2. Preparing the protocol using the Working Group methodology** A working group is envisaged as a meeting point to coordinate the Assessment and Guidance Service with the Provincial Council's Services providing benefits and services, and also with the Municipal Social Services and Health Services, particularly Primary Care. The Provincial Council provides professionals to assess dependency situations, along with professionals to manage services and benefits for those dependent people. As regards the professionals from municipal social services, primary care and health care, the baseline is to work with Bilbao City Council and the Bilbao-Basurto Integrated Health Organisation (OSI). However, professionals from another OSI (Uribe) are also included from the health field and who are working hard on social healthcare coordination in social services and health primary care and whose experience is considered to be very valid for the group. The aim is to subsequently mainstream the model in all the OSIs and municipalities of Bizkaia to make the necessary adjustments for its application in coordination with any municipal social service and health centre. **3. Implementation**: The implementation is envisaged in two phases: <u>Formal presentation in the Social Healthcare Task Forces.</u> This phase is considered essential. The Social Healthcare Task Forces are a steering group whose members are stakeholders and institutions with jurisdiction in the

	social healthcare field and whose objective is to prepare framework procedures in the sphere of influence of the task force in question. Social healthcare task forces are therefore the forum to validate the social healthcare protocols that are prepared and also to gather contributions. However, they are particularly necessary to establish the implementation and dissemination process in the coordination area of each task force, with specific municipalities or supramunicipal associations being prioritised when it is the right time to embark on new projects. <u>Joint dissemination in the field of health and social services</u> The respective task forces are going to establish the joint dissemination plan to professionals in the field of health and social services that make up the social and health primary care teams, in order to ensure that the dissemination plan guarantees that all the professionals involved are aware of the protocol. The effective implementation of the protocol is greatly linked to the development of social and health primary care and coordinated work in teams. In this regard, social healthcare collaborative protocols are being signed by municipalities and/or supramunicipal associations. This protocol is included in this collaborative framework.
Resources Required	The required resources are the very professionals of the social services and health systems that run them on a daily basis.
Time scale (start/end date)	Started in 2016 and continues
Challenges detected	There are difficulties regarding the way information is shared as both the health system and social services system have their own information system that are currently not shared.
Learning or transfer potential	The Good Practice began as a pilot and with the specific aim of preparing a streamlined and user-friendly procedure that could be easily integrated in the routine work of the professional teams and that they would consider it as something that facilitates their work. Establishing clear goals and a streamlined and user-friendly communication channel is therefore fundamental. It began in Bilbao as the city accounts for practically half the cases requesting assessment of the dependency situation. It is being implemented in different organisations in such a way to ensure it is considered routine and included in broader protocols that are already functioning or are being prepared.
Evidence of success (results achieved)	1. The Dependency Situations Assessment and Guidance procedure has included a proposal of services and benefits with a clear social healthcare approach, so that when a social healthcare risk situation requiring the participation of other stakeholders is detected, contact is established with those stakeholders and a joint intervention plan put forward. In those cases, the procedure establishes which of the professionals will coordinate the case so that the person requiring care receives truly comprehensive care. Monitoring to assess the situation is set up in all cases, regardless of whether the professionals of the Assessment and Guidance Service are in charge of the coordination. This in itself is a very valuable benefit. 2. A more efficient case communication procedure has been established by means of designating contact persons and shared email addresses that make contact easier than by telephone and ensure much quicker responses.

	3. The sessions to disseminate the procedures are ensuring that there is greater information on the existing services and benefits, and how to access them..., as well as bringing professionals together which leads to better cooperation in the shared cases.
Additional information	
Key words related to your practice	Social healthcare coordination, dependency, service and benefit proposal, social healthcare teams
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Good Practice D3

Bizkaia

D3.1 General Information on the good practice	
Title of the practice	ALKAR ZAINTZEN

D3.2 Good practice organisation	
Main good practice organisation	ORUE AUZOLANA FUNDAZIOA
Is your organisation the main institution overseeing the good practice?	Yes

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge	Community	
Location of the organisation in charge	*Country*	España
	Region	Bizkaia (Basque Country)
	City	

D3.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	DIPUTACIÓN FORAL DE BIZKAIA, the institution that grants us the annual subsidy and by means of which we develop the tasks for the detection of the beneficiaries, personalized evaluation of their situation, design of the integral action plan carer- dependent person, assignment of specialized technical personnel in the attention to the person in dependency, pursuit and evaluation of the evolution of the convivial unit.
Is there any plan to develop new partnerships in this good practice? If so, please explain it.	Yes, we are currently designing and developing a digital project in possible alliance with the University of Deusto and other actors in the area of health and in the cultural field aimed at promoting the digital incorporation of the caregiving population and its subsequent use in a program that favors inclusion and interaction with the community through the management of leisure as an element that favors the development of self- efficacy of caregivers.

D3.4 Coverage		
Is this good practice related to any type of broader project? With which?	No	
Geographical sphere/coverage of the practice	Especially BASQUE COUNTRY	
Location of the practice	Country	ESPAÑA
	Region	BASQUE COUNTRY
	City	

D3.5 Detailed description

Short summary of the practice	A social and health coordination service project that aims to improve the quality of life of the convivial care unit formed by the dependent person and the caregiver, considering this unit as an interactive and interdependent support network. The project focuses mainly on informing, advising and accompanying the caregiver in improving their health and social-emotional skills for the achievement of greater personal welfare, without neglecting in any way the care and quality of care of the dependent person.
Detailed information on the practice	The context of demographic change in the Basque Country, the increase in situations of dependency associated with old age and disability, and the incorporation of women into the productive sector are some of the elements that have contributed to the so-called care crisis with a significant family overload in the provision of such care and especially for the person who becomes the main caregiver, who experiences great overload or "bornout", with a deterioration in health, feelings of loneliness and in some cases persistent social exclusion due to the progressive loss of ties with friends and the possibility of leisure and rest activities. In this context ORUE AUZOLANA FUNDAZIOA designs a project aimed at providing weekly hours of respite to the main caregiver by providing information and advice to promote self-management and also ensuring a program of functional maintenance and promotion of personal autonomy for their family member during the hours of duration of the respite time. To achieve the objectives and their implementation, firstly, we manage alliances with the Town Halls and the Social Services to know and detect those caregivers with greater overload and with greater risk of giving up in the provision of care, which in turn increases the risk of institutionalization of the dependent person. Once the beneficiaries have been identified, an evaluation of the cohabitation unit is carried out, after which two intervention plans are designed to be applied simultaneously, one aimed at the dependent person and the other at reducing the overload and empowering the carer. All society is our interest group and we also seek to make visible the reality of this sector of the population to raise awareness of the need to seek and find new models of care that are more equitable and promote good living for all people. All the people who take care of a relative or another person in a situation of dependency, as well as all those people in a situation of dependency. The characterisation of the carer is mainly female between 50 and 75 years of age (currently the number of male carers has increased but the trend is still towards more female carers), which can present health risks and social exclusion associated with care
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	
Methodology	Systemic ecological methodology. Transversal axis focused on the life cycle and human development
Resources Required	120,000 budget, and three full-time staff
Time scale (start/end date)	January 2013 to present November 2019...
Challenges detected	One of the main challenges we face is the incorporation of the community in the development of strategies that favour the inclusion of carers by strengthening social capital as a humanizing element of care.

	Another important challenge is to incorporate new technologies not only for the care of the dependent person but also to facilitate the self-management of the caregiver in aspects related to the management of her/his time, leisure activities, health monitoring and the expansion of her/his opportunities for participation in the community.
Learning or transfer potential	Given the importance of accompanying the family caregiver in his task, we have designed a project that coordinates with social services the detection of convivial units at risk due to overload and exhaustion to provide hours of respite that not only aim to provide "free time" to the caregiver but also to design with him a plan to improve his self- efficacy while we intervene in the promotion of personal autonomy or functional maintenance of the dependent person. In order to increase the knowledge of this sector and guarantee the continuous improvement of our actions, we are currently carrying out two processes: • Establishment of alliances with the University to carry out research related to the self- control and bounded agency style of family or primary carers in Bizkaia. • Creation and monitoring of the living lab with the programme's carers to design new care tools based on their needs.
Evidence of success (results achieved)	The most valuable benefits obtained. • Reduction of overload indicators in caregivers • Use of respite time in leisure activities, training, medical evaluations and rest that was not done prior to the program. • Satisfaction in the care provided to the dependent person • Reported high satisfaction with the program • Coordinated solutions and open communication between social services and project managers. The social impact, as well as the health impact of the implementation and execution of this good practice are the following: • Improvement in the quality of life of the caregiver, which is evidenced by the reduction of the overload indicator, increase in the number of social encounters, continuity with personal work projects, effective advice in the solution of complex situations in relation to care. • Possibility of opening a space of co-creation between the advisors of the Foundation and the carers, for the reflection and identification of better practices to manage the care. • Increase in the assistance resources of the social services to provide a personalized and quality service in the face of the overload and difficulties of families with a person in a dependency situation So far, the record of beneficiaries is 124 convivial units. We have 3 partner institutions that are expanding their service portfolio with this project. We believe that as more funding can be obtained, we can expand institutional partnerships and increase the number of managers and technicians and thus expand the number of households, favoring the empowerment of the caregiver, functional maintenance and promotion of autonomy of the dependent person and therefore an improvement in the quality of life of the population. The number of jobs could be increased if the scope of the intervention could be broadened.

Additional information	www.orueauzolana.org (aunque está desactualizada)
Key words related to your practice	Caregivers, dependency, empowerment, personal autonomy, inclusion, socio-health alliances
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Good practice D4

Bizkaia

D4.1 Good practice general information	
Title of the practice	Serious Games to promote Health and wellbeing

D4.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	University of Deusto
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

D4.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Local Nursing homes
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	In the nearfuture, the developed games of this good practice will be tested by 3 countries: Portugal, Austria and Luxembourg, in the framework of DAPAS AAL project. The collaborations are already established.

D4.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	AAL Dapas project	
Geographical scope/coverage of the practice	In the following months, the European tests will start	
Location of the practice	Country	Austria /Portugal /Luxemburg
	Region	Syria/Vienna/Coimbra/Luxemburg
	City	Syria/Vienna/Coimbra/Luxemburg

D4.5 Detailed description	
Short summary of the practice	Serious Games for Physical and Cognitive rehabilitation Serious Games developed in Android O.S. to improve the quality of life of the elderly, trying to improve their independency at home. The set of games is composed by basic games to work memory, or complex games which using wearables can collect data about the activity of the elderly.

Detailed information on the practice	With this practice we will try to include technological solutions in the daily life of the elderly to promote and maintain the independent living as much as possible. Main beneficiaries are elderly with 60+, with and without physical and cognitive impairment.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	
Methodology	To design the interfaces of the technological solutions we include elderly in the specification stage from the beginning. During the implementation phase, it is needed to provide the people with internet connection and tablets The evaluations are made though the data collected and with specialists
Resources needed	Hardware resources: tablet and internet connection per person Human resources: People in charge of installing the apps and show the elderly how it works
Timescale (start/end date)	From 2018 - ongoing
Challenges encountered	At least in Spain, not all the elderly people have internet connection at home. In some cases, the technological gap is important, and it is one of the most challenging objectives.
Potential for learning or transfer	The data collected in this good practice is very useful to detect (mainly) cognitive impairment, and mainly to know more about the elderly and the needs they are going to have in the future. *Has this good practice been adopted in other regions around the country or beyond?* In the following months, other countries are going to test it. *Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation?* It is a pilot programme nowadays *Is this good practice being currently implemented on an on-going basis as a routine procedure?* The idea is to continue developing more solutions to be included in their routines, and include smart sensors to work with biofeedback
Evidence of success (results achieved)	
Further information	
Keywords related to your practice	
Upload image	

Good practice D5

Campania

D5.1 Good practice general information	
Title of the practice	Beyond Silos

D5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	University of Salerno
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Educational and Research Institution	
Location of the organisation in charge	*Country*	Italy
	Region	Campania
	City	Salerno

D5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	• Local Health Agency of Salerno, responsible for the homecare service provision. • San Giovanni di Dio and Ruggi d'Aragona University Hospital, responsible for patient's discharge. • Campania Region, as observer.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	No

D5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	BeyondSilos was aimed at further spreading ICT-enabled, joined-up health and social care for older people by developing, piloting and evaluating integrated services based on two generic pathways in a multicentric approach, making extensive use of knowledge and experience gained among early adopters of integrated eCare in Europe. Third sector organisations and family/informal carers, where appropriate, are included in the information loop in order to facilitate service users to self-care and live independently.	
Geographical scope/coverage of the practice	European	
Location of the practice	Country	Italy
	Region	Campania
	City	Naples

D5.5 Detailed description	
Short summary of the practice	Beyond Silos aims to promote healthy lifestyles in order to reduce the prevalence of age related chronic diseases in the general population and scaling –up good practices of e-health already ongoing in the region (ARCHER, ADD Protection) in order to promote healthy aging for chronically ill patients, reducing hospital accesses due to re-acutization and major adverse events and preventing frailty.
Detailed information on the practice	"Beyond Silos" is aimed to address the issue of de-hospitalization by designing and implementing a network of services and facilities that is tailored upon the local context, to support the reduction of the cost of avoidable hospitalization by implementing an efficient and effective ICT system. These devices allowed the detection, transfer and monitoring of the clinical parameters that was stored at the hospital servers, supporting the hospital doctors to take medical decisions, in order to adjust the care pathway. Such a system integrates the function of hospitals for chronic diseases through a health management model network that identifies a range of facilities, professionals, equipment and tools. Chronic, multi-morbid patients include a heterogeneous population with a broad spectrum of health needs calling for a multidisciplinary approach, that takes in to account patients' individual preferences, and ranges from clinical to socio-cultural and psychological perspectives. Coping with multi-morbid patients raises issues of clinical management, as it is necessary to follow multiple indications and guidelines (for each individual disease), while embedding lifestyles measures that can significantly influence outcomes. Beyond Silos ICT tools allows tele-monitoring of patients, integrated with home social and healthcare services. This facilitates scale up to a larger number of patients of the same district, as well as to other districts. 100 patients in an early hospital discharge were enrolled in home tele-monitoring. The stakeholders are: • Patients • University high specialty hospital personnel, including decision makers • Local Health Agency ASL Salerno personnel, including decision makers • Campania Region policy makers and decision makers The target population is Older adults (Age>65) in home care, non-communicable chronic disease patients.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The policy instrument identified aims to improve quality of life of internal/rural areas of Campania region. These areas are characterized by an inadequate offer of services which determines an impact on the health of the resident population, aggravated by the high rate of population over 65. The low adherence to prescriptions also increases the avoidable hospitalization rate, due to diagnostic and intervention delays on subjects at risk of adverse events. In addition, the geographical conformation and the characteristics of the social context make the implementation of integrated care between hospital facilities and the territory difficult.
Methodology	Beyond Silos developed an interactive and integrated organizational and technological innovation program, in which the problems related to the provision of integrated and personalized assistance for older people is addressed through an ICT platform. The tool allows the provision of home care services, integrated with IT, allowing hospital staff to follow the patient at home, as if he were still in the hospital. The data collected at the patient's home are made available to hospital staff through a web-based platform, allowing the activation of transversal care paths, with multi-center governance structures and effective monitoring systems for the services provided and

	their respective costs. The service was provided through the integration of clinical tele-monitoring with the platforms for home care, monitoring clinical, environmental and behavioral parameters, lifestyle and self-care functions. Beyond Silos facilitated the sharing of relevant patient data respecting privacy.
Resources needed	The scale up of Beyond Silos will require: - Training of human resources - Integration of digital solutions into the current practice of home service provision - Update of the IT solutions available at central and home level - Revision of the organization of current practice An estimate of the cost has not been carried out yet in detail.
Timescale (start/end date)	May 2015-ongoing
Challenges encountered	• Patients low ICT literacy. • Patients access to the web-supported services. • Nurses comments on the time required to carry out evaluation of services. • difficulties in involving local health agencies (1 of 2 adhered to the project and carried out the activities).
Potential for learning or transfer	This Good Practice addresses the issue of de-hospitalization by designing and implementing a network of services and facilities that is tailored upon the local context, to support the reduction of the cost of avoidable hospitalization by implementing an efficient and effective ICT system. Indeed, de-hospitalization can take place when an efficient and effective ICT system, allow the possibility to monitor the data (indicators) and the process (services). Such a system can integrate the function of hospitals for chronic diseases (cardiovascular diseases, diabetes and the bronchopathies) through a health management model network that identifies a range of facilities, professionals, equipment and tools and is harmonized with the National Health System. To address the lack of direct contact between patient, doctor and specialists (and also to connect the de-hospitalization facilities with the National Health System) more user friendly methods and tools had been developed, able to collect as much information as quickly as possible. Beyond Silos successfully implemented: 1. Home diagnostic/therapeutic pathways in continuity with the hospital medical records 2. Home care service delivery 3. Tele-reporting and tele-monitoring system for sharing clinical data collected at the patient's home with hospital doctors 4. Economic Evaluation and Evaluation of the Clinical Process. The practice is a pilot study of the CIP-ICT-PSP program that in Campania has added ICT based clinical and social assessments trough questionnaires and tele-monitoring to the existing web-based platform CUREDOM that is used for the management of Home Care. The project was funded by the Campania Region in the context of a contract for innovation companies. Magaldi Life, a leader SME in the home care sector in Campania, in collaboration with SimasLab, which also includes the San Giovanni di Dio e Ruggi d'Aragona University Hospital associated to design, test and implement the ICT-supported solution. 100 patients in an early hospital discharge were enrolled in home tele-monitoring.
Evidence of success (results achieved)	Beyond Silos supports the reduction of the time of occupancy of hospital beds, by the delivery of integrated care at the home of patients. Once the Care Pathway is defined according to the specificities of the local setting, the hospital alerts the integrated care provider and discharge the patient from the hospital. The local network of nurses, territorial specialists, territorial pharmacists, nutritionists and rehabilitators will provide to patients the

	hospital care they need at their places. A series of devices will allow the detection, transfer and monitoring of the clinical parameters that are stored at the hospital servers, supporting the hospital doctors to take medical decisions, in order to adjust the care pathway.
Further information	http://beyondsilos.eu
Keywords related to your practice	ICT; Integrated care; Non-communicable chronic diseases; telemedicine; Home care; Protected discharge
Upload image	

Good practice D6

Coimbra

D6.1 Good practice general information	
Title of the practice	Blue Line

D6.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Coimbra Urban Transportation Services | Coimbra City Hall
Is your organization the main institution in charge of the good practice?	No, it is not.

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	The organization in charge is a public administration: city council.	
Location of the organisation in charge	*Country*	Portugal
	Region	Centro Region of Portugal
	City	Coimbra

D6.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The organisations in the region which are involved in the development and implementation of the good practice are: • Portuguese Electric Vehicle Association; • Mobility and Transport Institute; • Viseu City Council.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	This good practice has proved already some important utility and results, since its first implementation took place several years ago. It however still withholds potential for new collaborations and for regional, national or European escalation. Current interaction with other municipalities on this practice is already implemented, namely with: • City Hall of Bragança; Portalegre City Council; • City Hall of Viana do Castelo;

D6.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Within this (auto)sustainable driven perspective, Coimbra Urban Transportation Services (SMTUC) are also involved in the CIVITAS Plus project, with the aim of providing the city with better and cleaner transport. Before this, no other Portuguese city has ever been involved in the previous Civitas I and II.	
Geographical scope/coverage of the practice	This is a practice within a regional scope.	
Location of the practice	Country	Portugal
	Region	Centro Region of Portugal
	City	Coimbra

D6.5 Detailed description	
Short summary of the practice	Blue Line is a Social Inclusion project for the more vulnerable population, that consists on the creation of an ecological transport, able to circulate (not only but also) through the Historical Center of Coimbra, and to establish a connection between the Baixa and Alta da Cidade (the Low and High areas of the city), going through the medieval core. Facilitating the mobility of all the people with mobility difficulties, namely older adults, people with impairments, children pregnant women, among others, it allows their participation and involvement in social, cultural, spiritual, civic affairs, among others. It also allows the target population to have their autonomy in managing their daily lives, as it is prepared to be used by citizens with any kind of special mobility needs. This line has no stops, so the buses stop at a simple signal to the driver, just as they leave the user wherever they want. Because they are quiet, they are popularly called "slippers" and are a great opportunity to get to know the historic core of the city.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* The city of Coimbra has a Historic Center mainly inhabited by an ageing or vulnerable population, largely resident in Alta da Cidade, who usually struggles with great mobility issues, considering their age and health-related limitations, as well as their lack of financial resources for other solutions, such as the ownership of private cars. These solutions, of course, also had the ecologic shortcomings and the lack of parking spaces. All of these conditions led to the need of a sustainable public and collective solution for mobility adjusted to all citizens' needs. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* One of the important aspects for the population to maintain their independence and autonomy is their ability to move around the urban space in order to participate in different daily social tasks and participate in the active life of their own community. It is within this scope of action and social concern that the Blue Line emerged in 2003. "Mobility is the most studied and most relevant physical ability affecting quality of life with strong prognostic value for disability and survival. Natural selection has built the "engine" of mobility with great robustness, redundancy, and functional reserve. Efficient patterns of mobility can be acquired during development even by children affected by severe impairments. Analogously, age-associated impairments in mobility-related physiological systems are compensated and overt limitations of mobility only occur when the severity can no longer be compensated. Mobility loss in older persons usually results from multiple impairments in the central nervous system, muscles, joints, and energetic and sensory physiological systems. Early preclinical changes in these physiological systems that precede mobility loss have been poorly studied. Peak performance, rate of decline, compensatory behaviors, or subclinical deterioration of physiological resources may cumulatively influence both timing of mobility loss and chances of recovery, but their role as risk factors has not been adequately characterized. Understanding the natural history of these early changes and intervening on them would likely be the most effective strategy to reduce the burden of disability in the population. For example, young women with low bone peak mass could be counseled to start strength resistance exercise to reduce their high risk of developing osteoporosis and fracture later in life. Expanding this approach to other physiological domains requires collecting and interpreting data from life course epidemiological studies, establishing normative measures of mobility,

	physical function, and physical activity, and connecting them with life course trajectories of the mobility-relevant physiological domains.[1]" *How does the practice reach its objectives and how it is implemented?* This practice reached its main objectives by: • Improving the mobility of populations living in the historic area, taking into account the specificity of population residing in the geographical area covered by the project, namely the population older. • Making of Alta an attractive center for new residents, rejuvenating its active population encouraging their fixation. • Mitigating physical barriers that discourage older people with mobility problems to leave home and participate in community life. • Improving the quality of life through the use of passenger-friendly vehicles with reduced mobility and environmentally friendly, thus preserving the Historic Center. • Improving the management of public roads, through the use of traffic and parking regularization car, making the access of private vehicles to the historical zone, except for the resident population. *Who are the main stakeholders and beneficiaries of the practice?* The main stakeholders of this practice are the City Council of Coimbra, as also the Portuguese Electric Vehicle Association and Mobility and Transport Institute. The main beneficiaries are residents of the historic centre of the city, mainly those who usually struggle with mobility issues, considering their specific conditions (e.g. pregnancy), age and health-related limitations. *What is the target population/audience (age range, vulnerable groups…)?* As a Social Inclusion project, the Blue Line initiative is aimed at the most vulnerable groups (living in areas with low rents, with no private cars, etc.), and also to the ageing population and people with mobility difficulties, namely due to disabilities or chronic diseases. Facilitating mobility allows citizen participation and involvement in social, cultural, spiritual, civic affairs, among others. It also allows the target population to have their autonomy in managing their daily lives. Concerning gender, there are data confirming that the majority of the transported passengers were women.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The Blue Line bus was partially funded (85%) by DGTT/IMT, the public institute that manages national transports and mobility.
Methodology	As part of the European project CIVITAS MODERN, a feasibility study for the implementation of a carsharing service was carried out in the city of Coimbra. This study was part of a set of eight CIVITAS MODERN sustainable mobility measures to be developed by the Coimbra City Council, coordinated by the Coimbra Municipal Transport Services (SMTUC), and was supported by "Espaço e Desenvolvimento". The European Commission's CIVITAS programs support adhering cities in the development of sustainable, cleaner and economical transport systems through the implementation and evaluation of package measures. In this feasibility study, some innovative aspects were highlighted, namely the use of electric vehicles and the fleet of the Municipality of Coimbra. This study considered the technical and economic viability of the system and the possibility of making the traditional system more flexible, so that the same vehicles can meet both the functional needs of the municipality (during

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978365/

	working hours) and the general public (vehicles not reserved for services, rest of the day, and on weekends and holidays). This creates a mixed system of institutional and public car sharing that enables the simultaneous use of the same vehicle fleet by CMC and / or SMTUC services and other entities adhering to the system." Guidelines were also defined for the choice of the fleet, including the incorporation of clean vehicles, as indeed the urban buses serving the historic area of Coimbra, the "Pantufinhas", which fleet is made up of electric vehicles and thus supported by IMTT. A broad information on the Mobility Package and the Technical / Thematic Brochure on shared transport (carpooling, carsharing and bike-sharing) was presented, which presents a set of Transport and Mobility concepts and instruments to support the preparation of Studies, Plans and Projects in these areas - http://www.civitas-initiative.org/tool-inventory. The implementation has been developed as described above and the ongoing evaluation process is being developed by directly involving the passengers, either related to the service itself as in the way it is delivered. The main evaluation items, concerning the cost of the service, satisfaction and features is better detailed in the information provided under Challenges and Lessons learned. Pantufinhas makes an average service of 60.000 trips/year.
Resources needed	Funding to buy the bus (167.185 euros per vehicle) by IMTT; resources are also needed to ensure driver and maintenance.
Timescale (start/end date)	This initiative was implemented in 2003 and is running since then.
Challenges encountered	The main challenges and barriers that Blue Line project aimed at overcoming are related to the need of: • Preserving the historical center of the city. • Promoting accessibilities (considering older or impaired people's mobility difficulties or limitations). • Improving social inclusion opportunities in the urban territory. • Enabling vehicles circulation through narrow roads. • Promoting sustainable and environment-friendly ways to solve these demands. As for the lessons learned, the end-users satisfaction towards the utilization of the Blue Line bus has been empiric and statistically proved over time, with the majority of passengers classifying as good the conception, image, safety and noise level of the bus, while on the other hand considering its comfort/space and ventilation levels could be further improved. Additionally, there are also some identified disadvantages, regarding the Blue Line minibus: • It is unsuitable for mass passenger transport. • It has limited energetic autonomy (demands frequent batteries charging). • High weight of lead batteries (2 X 750 Kg), with consequent implications in the vehicle's energy consumption. • Battery replacement costs (lifetime - 3 years). • Absence of incentives for the exploitation of this type of vehicle, namely, cost reduction in battery purchase and/or lower electricity price.
Potential for learning or transfer	*Has this good practice been adopted in other regions around the country or beyond?* This practice has already been escalated in its own region, as the Blue Line was in the meantime extended to 2.4 km and will probably continue to be enlarged. Blue Line started with 3, but there are already 7 units running in the field, throughout Coimbra.

	Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation? This good practice was not implemented as a pilot programme, nor configurates itself as an extended programme. *Is this good practice being currently implemented on an on-going basis as a routine procedure?* Yes, it is currently ongoing in Coimbra, Portugal.
Evidence of success (results achieved)	These minibuses operate on the so-called Blue Line, which connects distinct areas of the city, with previous hard accesses and transportation resources. This line (1) facilitated the mobility of the Alta resident population, mostly elderly or people with reduced mobility; (2) took public transport to areas that could not be served by other type of vehicle; (3) contributed to the preservation of environmental conditions through an environmentally friendly vehicle; (4) allowed to sustain the measures taken with the municipality itself to restrict and condition motorway access to the historic areas; and (5) facilitated the traffic management as the preservation of urban heritage. *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* E**nvironmentally wise**, the Blue Line minibus definitely contributes to the reduction of environmental impacts, as it is small in size, silent and free of fumes from combustion products. Additionally, it is also reliable and lifetime durable (due to its simple and economic maintenance, as its "eternal" engines duration is only conditioned by the bodywork). Its ability to induce measures leading to urban planning as to escape eventual trafic disturbances are also added values. On a **social level**, this transportation alternative brought concrete and valuable solutions to the mobility possibilities within Coimbra city. By being route flexible and well adapted to traffic in narrow urban areas, particularly in historic areas, it is able to reach previously isolated and inaccessible places (even for a ligh car), constituting, in many cases, the only way to get a public passenger transport line to an aging population with great mobility problems, residing in the upper part of the city. In this inclusion perspective, being wheelchair accessible and significantly stocking for small size is a plus. Regarding the **health impact**, we must acknowledge the improvement of the opportunities for older or territorially isolated people to circulate within the city, not only for social participation purposes, but also for health purposes (e.g., medical appointments, pharmacy visits, clinical tests or exams, etc). On the other hand, also the mobility capacity itself improves the probability of walking, moving and staying physically active, while actively circulating through the town. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* In 2009 alone (last formal evaluation available for the public), 77.848 passengers travelled in the Blue Line minibuses, for a total of 10.158 crowded kilometres. Its full potential is constantly improved by the

	greater need of multiplying these vehicles, as also of diversifying their route planning. *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* This good practice can surely contribute to the growth of employment and job creation (bus drivers, management and maintenance workers, exploitation of this type of vehicle and its specific kind of batteries), as it is much likely to grow and escalate itself. As it also improves mobility of residents, it allows for better access to the market, either as workers and also as consumers. *Has it implied the implementation of any measures by the regional authorities in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* In recent years, and in order to maintain or even increase urban mobility, the Municipality has developed infrastructures and implemented several measures, namely: • Driving simulator for training public transport drivers (buses and trolleys). • Mobility Info Center, which provides information to residents and tourists and allows the sale of tickets and services by regional road operators and national rail service in one place. • Demonstration of the local production of hydroelectric energy for the city trolleys and electric minibuses. • Electronic ticketing system, which enables greater integration and interoperability of the entire public transport fleet. • GPS / GPRS operations support system, which provides transport operators with up-to-date information on the positioning of their vehicle fleets.
Further information	Link to where further information on the good practice can be found http://www.smtuc.pt/en/servicos/linha-azul/ http://www.transportesemrevista.com/Default.aspx?tabid=210&language=pt-PT&id=1725
Keywords related to your practice	Urban mobility; Older adults autonomy; Isolation and solitude;
Upload image *[2000px wide recommended]*	

	 Linha Azul A linha do centro histórico... SERVIÇOS MUNICIPALIZADOS DE TRANSPORTES URBANOS DE COIMBRA "Pantufinhas" eléctrico ...mais perto do coração de COIMBRA	

Good practice D7 (also B4)

Aarhus

D7.1 Good practice general information	
Title of the practice	Local centres in the Municipality of Aarhus

D7.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Municipality of Aarhus
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	*Denmark*
	Region	*Central Denmark Region*
	City	*Aarhus.*

D7.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Many of the activities at the local centers are user-controlled, so there is cooperation with volunteers. The local centers are open citizen houses and associations and groups of citizens can come and have meetings and events at the Local Center. The Council decided in the 1980s to set up a number of local centers which should be activity houses for senior citizens. Over the years, these centers have evolved and today there are 37 centers distributed throughout the municipality. Close to the local centers there is accommodation for senior citizens – citizens can get an assessment from the municipality and be granted these apartments. The centers are used diligently. The activities are managed by volunteer seniors through local user councils. There is the opportunity visit the cafe and dine with others and participate in various activities. All centers are equipped with exercise equipment and citizens are offered rehabilitation during the day. Late in the afternoon/evening hours, other older people over the age of 60 in the local area can come and do exercise. Due to the location and distribution around the municipality there is always a local center nearby and many uses it on daily basis. Home care and health units are also housed in the local centers and the staff have their offices at the local center.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Over the years there has been continuous development. Most activities are now run exclusively by the senior citizens, which is in line with MSO's guidelines: *"Power to the citizens.* In recent years other groups have also started using the center. Kindergartens and nurseries also use the local centers at selected times so

	that the seniors and children can enjoy each other and take part in joint activities.

D7.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The activities at the local centers are supported by MSO's guidelines (The five clues). The local centers also contribute in cooperation with the other events in the local area. The framework for what a local center can do and support follows the development in the local area, which the head of the local center and the user council develops and decides in close cooperation. The local centers are not related to other projects as such but sometimes the staff who has adress at the local center participates in projects. The Local Centers also houses the home care staff, there is a health clinic and in connection with the Local Center you will find accomodations for seniors. Sometimes administrative staff will also have a local center as workplace.	
Geographical scope/coverage of the practice	In 37 locations in the Municipality of Aarhus	
Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus

DT.5 Detailed description	
Short summary of the practice	Aarhus Municipality offers a variety of activities at the 37 local centers that match many different needs and interests - for example, exercise teams, Krolf, singing and music, computer rooms, wood workshops, lectures, study circles, games and excursions. Each local center has activity offerings that reflect the culture of that place. Many of the team activities are user controlled and open to everyone. There is always room for new ideas for activities and for the creation of new self-governing groups. Most local centers have a café where you are welcome to come and eat, have a cup of coffee and have a chat with the cafe's staff and volunteers. The café is open to everyone, so you are always welcome to bring guests - large or small. If you want to help yourself as a volunteer in the café at your local center, simply go there or talk to the volunteer consultant about it. In the online cafes you can freely come and use a PC - or bring your own and connect to the wireless network. The Internet cafes are at certain hours staffed with IT volunteers, who are ready to answer your questions and help you. In addition to online cafés, many of the local centers also have computer rooms where you can immerse yourself in IT. Volunteer teachers offer help and courses in IT, targeted at seniors.
Detailed information on the practice	The local centers are part of the services that the municipality has for the citizens, as part of prevention initiatives, rehabilitation and fighting loneliness. The local centers are open to everyone but are especially used by the seniors. “More proximity to citizens” was also part of the vision of the municipality. In 1982 the first local center was established, and the following years they were established in the whole municipality. The vision was to create “houses for the people” where the citizens could get help and to create proximity and physical environment where citizens could get to know each other and the municipality. The establishment was ongoing and in 1998 the last area had a local center. The main stakeholders are the citizens and the employees in the

	municipality. With the local centers the municipality has an infrastructure that makes it easier for the home care staff to reach the citizens. And of course, the citizens have a short distance to the local center. All citizens can make use of the local center, but it is mostly the senior citizens who use it. Kindergartens and groups for mothers on maternity leave are other target groups that use the local centers.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No, it is not. But some of the VTU-projects involves the users and employees at the local center.
Methodology	The decision was made by the City Council, the funds allocated, and the project executed as decided by the Council.
Resources needed	MSO works on the basis of the strategic five clues. The Center Manager manages the activities in close cooperation with the user councils. The vast majority of activities are self-driven, but the citizens who need assistance can be helped based on current guidelines for granting assistance. It is not possible to inform about resources to staff; this depends on participants in the individual activities. The framework, i.e. buildings, are also a resource provided by the municipality. In some cases, citizens may be offered a ride to and from the local center, it depends on an individual concrete assessment.
Timescale (start/end date)	1982 and ongoing.
Challenges encountered	One of the challenges was to find the right locations – both for the center itself and for the senior accommodations. This required some area. Another challenge was to pay for the area within the budget.
Potential for learning or transfer	Similar centers can be found in other municipalities but in Aarhus is has been done very systematically and structurally. The good practice has definitely a learning or transfer potential – especially to countries with a public sector.
Evidence of success (results achieved)	For the citizens the most valuable benefit is the loneliness prevention and the opportunity to exercise and have other activities in common. For the employees the most valuable benefit was to get closer to their managers, to get better office accommodation, and a better infrastructure. The number of users is not registered – it is completely voluntary to participate. The local centers have existed for many years and the municipality assumes that the citizens know what a local center offers. They do not advertise, but you can read about it on the website and in local papers. When a citizen become a widow the prevention consultant from the municipality will visit him/her and tell about the different services from the municipality and also the offers and possibilities at the local center.
Further information	https://lokalcentre.aarhus.dk/ (only in Danish)
Keywords related to your practice	Loneliness; Services; Activities
Upload image	

Good practice D8 (also A2)

Aarhus

D8.1 Good practice general information	
Title of the practice	The Housing Team – major changes in own home.

D8.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Municipality of Aarhus, Magistrate department of Health and Care.
Is your organization the main institution in charge of the good practice?	Yes

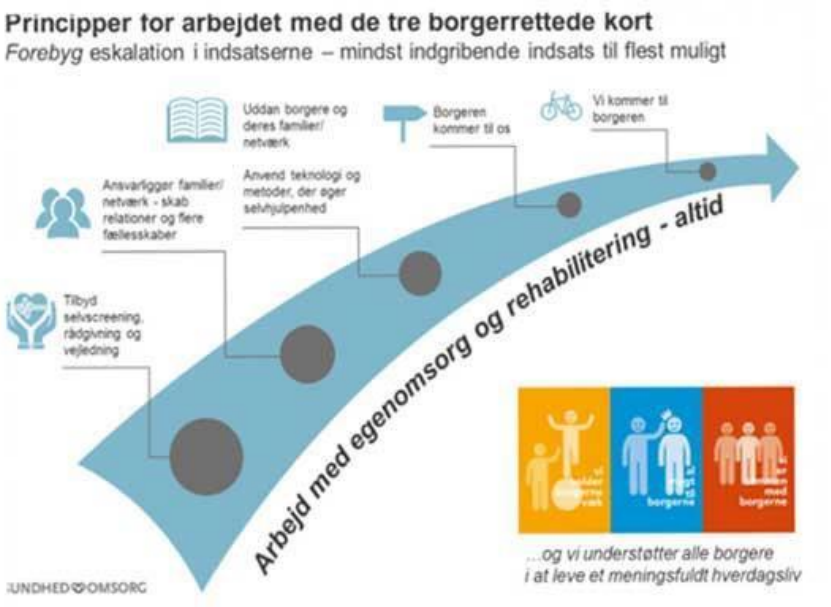
In case your organisation <u>is not</u> the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

D8.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The law named "Serviceloven" (national law) regulates the area overall and outlines the framework for the municipality who decides the level of services and the wanted quality – the law provide a minimum criterion. The Housing Team is executing and managing in relation to the framework and the politics of the municipality. The Housing team cooperate with other magistrate departments within the municipality. They also give advice to citizens and caregivers, and they network with other municipalities. The Housing team cooperates with caregivers and therapists in the municipality. Often the caregivers initiate the process by talking to the citizens about the possibilities for help and how to approach the Housing Team.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	When the housing team looks back a lot has changed in the 15 years they have existed. This means that the development in society (technology, mentality) and the changes in the law or the municipalities politics will influence the work and cause changes. This happens continuously.

D8.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Not directly to other projects. The housing team often participates with advice and knowledge to projects i.e. in Center for Assisted Living Technology.	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	*Denmark*
	Region	*Central Denmark Region*
	City	*Aarhus*

D8.5 Detailed description	
Short summary of the practice	The Housing Team grants changes in own home – changes which will make it possible for the citizens to cope themselves or with less help. In the Municipality of Aarhus, we have the "The Five Clues" which is the strategy visualised in 5 cards. The Five Clues has been the guiding star for the municipality for 10 years. One of the cards says "Keep the citizens away" – this does not sound very polite, but actually it means that we should work with self- care and rehabilitation. This means that the Housing Team is not involved before the citizen has received training etc. and the status and level of functionality is known. An example: a woman wanted a lift for the stairs but was asked to wait until she had finalised a course of training. After the course it was clear that she was able to climb the stairs, and therefore no need for the lift, yet. A positive outcome for all parties.
Detailed information on the practice	In 2003 a new model was introduced in the Danish municipalities – the so called "Fritvalgsmodel" (free choice model) which opened for different ways of administration and organisation of the work and procedures in the municipality. In Aarhus they chose to centralise all work regarding assessment and make watertight shutters between the caregivers and the health care assessors. Previously the assessors were spread out in the different districts – they were close to the citizens, but also had a lot of other tasks, and the processing was not homogeneous. With the "Fritvalgsmodel" the municipality decided to centralise this function and established 3 positions as health care assessors regarding changing in own house (the housing team). This Housing Team also got their own expert in building construction (earlier this was a bottle neck function because it was placed in another department). Regardless of several organisational changes the Housing Team has worked like this since 2005. Today the team is very experienced and work together like a high performing team, they acknowledge the positive effect of being responsible for the procedures of handling the citizens request for major changes in their houses, to make it possible for them to stay in own home, and manage without help. This way of organising the work keeps them focused and the citizens benefits from this. The team is well educated and over time the technology has made them more efficient (google maps, digital cameras) because they can prepare decisions quickly without having to visit the homes (esp. outdoor changes like ramps). The health care assessors are occupational therapist (also educated as assessors) and they must have a very broad knowledge and practical insights – they also must know how to manage communication with citizens who are very ill or traumatised. As written above changes in own home will be granted when the citizens functions are cleared, and the rehabilitation is conducted – then the team make an assessment based on the law and the procedures of the municipality. It is always a ***concrete individual*** assessment. The Five Clues supports "stay as long as possible in own home" and this is followed – but if the home is not suited for changes, the team may suggest finding alternative accommodation – for seniors one of the municipality's senior homes. The team works for all adults in the municipality. It is mainly vulnerable groups like people with a handicap, people who suffered injuries in accidents and senior people.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The team do not run projects but are sometimes involved because of their experience and knowledge – giving advice.
Methodology	The team use their occupational therapist expertise and methods such as

	activity analysis, the 7-step model as described in "Method book for assistive technology dissemination" chapter 10. They also work methodically based on functional requirements. In the municipality of Aarhus, Health and Care the strategy contains efforts concerning "Strengthened citizen contact" and working with the escalation arrow in mind. The escalation arrow works with the rehabilitation mindset and that the citizen must be encouraged to be able to do as much as possible himself, as well as maintain and expand the functions one holds. The escalation arrow is shown below (in Danish). 
Resources needed	The Housing Team have no knowledge of the budget (their superiors manage this) and can focus on the good practice, the law, the procedures.
Timescale (start/end date)	Started in 2005 and ongoing.
Challenges encountered	The team is part of a political system – earlier they experienced that their decision (correct and following the rules) could be overruled by the politicians (perhaps afraid of bad publicity). This is not happening very often these days. When the team was established and the function centralised, it was also a challenge for the colleagues to get used to the new procedures and not having the assessor at their own office. Colleagues could ask questions like "why is it now centralised?" "Why can't we just ask our usual contact person?" being annoyed with the changes.
Potential for learning or transfer	This good practice is based on and emerged from Danish legislation and the municipalities option to choose themselves how to manage. The Danish society is known for having a high standard regarding services to the citizens (and high taxes of course). In other countries the prerequisites and terms will be different and there might not be a basis for a good practice like this. On the other hand, the idea of having a high performing experienced team to handled difficult and delicate matters can be an inspiration. We also realised that it is a good idea to have these decisions taken by an authority not too involved with and too close to the citizens. The high quality of buildings in Denmark is also an important prerequisite – we have regulations to secure the quality of buildings and this means that there is a good basis for making changes and make the home fit for a person with handicaps or reduced functions.
Evidence of success (results achieved)	The most valuable benefit of the Housing Teams work is that the citizens can get a part of their old life back and be able to get out of the house and

	participate in the society – social participation. The citizens also appreciate the fact that they do not have to live in a nursing home or other institution but can stay in own home. The team handles 3-400 cases every year (big and small) – not everybody gets a grant, but all citizens gets a concrete individual assessment. The team emphasizes the importance of involving the citizens, so the majority are able to understand and accept the decision. The Housing Team have detected a change in mentality – now its natural and OK to ask, "what have you done yourself?" the citizens are no longer expecting the municipality to deliver all the help and support needed. The applications cannot be assessed by the team from day to day – there will be latency. The team regards this an advantage (most of the time) because the citizens gets a change to consider before they rebuilt the house (i.e. the bathroom or kitchen) – sometimes they realize that this is not the right solution. Because of the focus on the individual the assessment and the involvement of the citizens the team can detect when they must move fast and when its ok to give citizens time to think again.
Further information	We refer to Section 116 of the Service Act and related guidance, Principles decisions and housing can be found on www.socialstyrelsen.dk and "Method book in assistive technology dissemination" chapter 10. https://www.forflyt.dk/indretning/hvor-meget-plads-skal-der- vaere https://amid.dk/media/1691/rapport-indretning-af-aeldreboliger- for-fysisk-plejekraevende20pdf.pdf
Keywords related to your practice	Housing; Changes; Assisted living; Teamwork
Upload image	

Good practice D9 (also C7)

Aarhus

D9.1 Good practice general information	
Title of the practice	DokkX

D9.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	The Municipality of Aarhus, Magistrate department of Health and Care. It is the council who has granted the money and DokkX should be working across the magistrate departments. It is the MSO (Magistrate department of Health and Care) who run the operation.
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	Denmark
	Region	Central Denmark Region
	City	Aarhus

D9.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	In the development and implementation phase there was a steering committee of important stakeholders who participated and provided input and ideas for activities on DokkX. It was educational institutions (University of Aarhus, The Alexandra Institute, VIA University College, Vocational Schools, business academy, primary schools) The council for senior citizens in Aarhus, the disability council, the Rehabilitation Center Marselisborg.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	We are currently working on "DokkX 2.0" which implies a new economic model – the companies will have to pay for having their products on exhibition and also the educational institutions will have to pay for the services at DokkX.

D9.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	DokkX is a valued and integrated part of a lot of projects in the municipality. The employess on DokkX has a wide network and good connections to the citizens and other actors, this makes them a preferred partner. Examples of other projects are DokkX on Tour, better use of assisted living technology and devices, the Melvin-Robot project, and a VR-project about VR on nursing homes.	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	Denmark
	Region	Central Denmark Region
	City	Aarhus.

D9.5 Detailed description	
Short summary of the practice	DokkX is an innovative development center for welfare technologies and digital healthcare solutions. By presenting and demonstrating a wide range of technological solutions, DokkX seeks to promote curiosity and knowledge about the technologies. By sensing, touching and playing with the technologies, citizens of all ages will develop better competences in the use of these technologies of freedom in their daily lives. The centre intends to demystify welfare technologies and illustrate how assistive technology is a part of the everyday lives of many people and is not only applied for senior citizens. At the same time, DokkX will create the framework for an innovative environment for development, with unique opportunities for co-operation between companies, educational and research organisations, the Municipality of Aarhus and its citizens. By bringing together different groups and individuals with different skills, an innovative environment will be formed, combining user feedback with product development. DokkX is a strategic focus across the five magistrate departments and is based on the vision of Aarhus Municipality of being among the leaders in the application of welfare technology.
Detailed information on the practice	According to the Danish Law, paragraph 10 in "Serviceloven" all municipalities must provide information to the citizens: "*The municipal council must ensure that everyone has the opportunity to receive free counselling. The purpose of the counselling is to prevent social problems and to help the citizen over immediate difficulties. In the longer term, the purpose is to enable the citizen to solve problems that arise with his own help. The advice may be provided separately or in connection with other assistance under this or other legislation.* 2. *The advice must be provided as an anonymous and open offer.* 3. *In connection with the counselling, the municipal council must be aware of whether the individual needs some other kind of assistance under this or other legislation.* 4. *The municipal council shall offer advice on the selection of aids and consumer goods as well as instructions on their use. The task can be carried out in collaboration with other municipalities".* In the municipality of Aarhus, the Council decided to solve this by establishing DokkX as an efficient and innovative way of providing information and counselling. DokkX is located on DOKK1 (a community with library, municipality services etc) at the harbour in the centre of Aarhus with easy access by public transportation and possibilities for parking. The X stands for the unknown, for experiments and it is also a letter that (with a bit of imagination) looks like an active human being. DokkX is intended as a crucible in which business, educational institutions, civil society and the municipality unite and together create something beautiful. The goal is for people to be able to fend for themselves and develop themselves - using technology. At DokkX, citizens can get advice and guidance so that they can acquire the right technologies and tools that support an independent and active life. The target group is the citizens of Aarhus. According to the statistics of DokkX 50 pct. of the visitors are citizens of all ages, 20 pct. are students, 20 pct. are professionals (health sector), 5 pct. are tourists and 5 pct. are companies.

Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	DokkX was established with grants from the VTU-Fund. It was funded with 6.3 mill. DKK (app. 850.000€) for the first 3 years. After this period the Council granted 2 mill DKK (app. 270.000 €) per year for running DokkX.
Methodology	DokkX was established as the Municipality´s answer to the obligation of "Serviceloven" paragraph 10, 4. It was run as a project with involvement of many stakeholders. Today DokkX runs an evaluation scheme every day for the visitors, they are asked to fill in a survey when they leave the exhibition. The staff registers every day the number and kind of visitors and makes notes in a log about special incidents and the needs of the visitors.
Resources needed	The Council grants 2 mill DKK (270.000 €) every year to run the DokkX. External visitors (other municipalities, guests from abroad) are charged a fee when they visit DokkX.
Timescale (start/end date)	The project started august 2015 and DokkX opened on the 29th of April 2016. It is now in operation.
Challenges encountered	DokkX operates in a political context and the challenges are sometimes different from other contexts. Before the opening it was a huge challenge and a lot of discussions about the name – all the magistrate departments wanted to put their opinion forward. It was also a challenge to balance the cooperation between the different magistrate departments. The municipality of Aarhus is the second largest in Denmark, at the magistrate departments are used to decide for themselves – running their own kingdom. Where to locate DokkX was also discussed widely – and it is still discussed today. An important lesson learned was the importance of involving all actors in the planning process right from the start – ownership is crucial when you want to develop something.
Potential for learning or transfer	In Denmark DokkX or the vision can be transferred to other municipalities – perhaps partly or on a smaller scale. The same will apply to other countries (and perhaps even larger scale). It is crucial to choose the right location; it must be easy access for the citizens and other visitors. The success for DokkX is built on professionalism and a wide range of professionals. The employees are engineers, designer, anthropologist, occupational therapist, physiotherapist. The staff on DokkX manages to build a bridge between all the actors in the world of assisted living technology. In Norway something similar to DokkX has been established in Bærum. DokkX is now a running operation and implemented part of the communication, information and dissemination in Aarhus.
Evidence of success (results achieved)	This practice is considered as good because it fulfils the vision emanating from the legal text. Every citizen can visit the center and get advice and guidance on how to find the right device or technology that can make them more self-reliant. DokkX has user friendly opening hours, it is located close to the citizens. Students visits DokkX and are impressed by the things they learn and observe. This will affect the way we work as professionals in the health care in the future. As mentioned before the social impact and health impact is especially the improved self-reliance of the citizens. DokkX is open for all citizens and they are met by technologies that support and active and healthy lifestyle. It is possible to try and lend the products – some citizens decide not to wait for a free device from the municipality but buys the device – some citizens prefer not to get public help.

	There are app. 1.200 visitors per month. Up until now (14/11- 2019) there has been 46.238 visitors at DokkX. There is always room for improvement and the staff is always working on getting more visitors. At DokkX they have had a lot of trainees who has created their own job and are now employed at DokkX. The exhibition initiates additional sales for the companies who exhibits at DokkX.
Further information	https://dokkx.aarhus.dk/english/welcome-to-dokkx/
Keywords related to your practice	Exhibition; Self-reliance; Network Actors; Innovation; Assisted Living technology
Upload image	 

Good practice D10

Hamburg

D10.1 Good practice general information	
Title of the practice	NetzWerk GesundAktiv

D10.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Techniker Krankenkasse
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Health Insurance	
Location of the organisation in charge	*Country*	Germany
	Region	Hamburg
	City	Hamburg

D10.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	- Albertinen Haus - CIBEK technology + trading GmbH - BARMER, die DAK-Gesundheit - KNAPPSCHAFT - Johanniter-Unfall-Hilfe e.V. - Universität Bielefeld - Albertinen Haus-Forschungsabteilung für Klinische Geriatrie
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	There are concrete planning's to bring together the project results with other projects (especially AGQua) to scale-up in a new ERDF project.

D10.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	Local in one distrct	
Location of the practice	Country	Germany
	Region	Hamburg
	City	Hamburg

D10.5 Detailed description	
Short summary of the practice	NWGA is cross-sectoral aid and support network in the neighbourhood, which seeks to provide answers to demographic challenges, by taking medical-geriatric competencies and digital solutions into account. The core objective of the project is to enable elderly people, to reside in their own homes in an autonomous and self-reliant manner for as long as possible. The target group are elderly people (normally aged 70+) with an increased risk of needing help or long-term care or with a level of long-term care.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* The number of elderly people and those in need of care is also growing steadily in Hamburg. The project tries to get answers, to get prepare for the changes at an early stage. Care close to home is particularly important for older people; only in this way can they live independently into old age, in many districts there are good existing supply structures. Often, however, there is a lack of networking, or people do not even know the offers. Therefore, the project wants to better link the existing care structures, services and actors in the health, care, social, residential and community sectors. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* With 10.1 million insured persons, the Technician Health Insurance Fund (TK) is the largest health insurance fund in Germany. With more than 13,000 employees, it is represented in all 16 federal states and is one of the fastest growing players in the German healthcare system. In the past year alone, their number of insured persons has increased by more than 300,000 and their budget now amounts to 33 billion euros. TK has highly specialized know-how for the development, taxation and evaluation of selective contracts and model projects. With more than 200 contracts in 70 indication areas, the TK thus serves more than 400,000 patients annually. With various contractors, the TK has developed innovative forms of care, from apps and coaches for disease treatment to high-tech supply offerings and cross-sectoral care for serious illnesses with your contractors. *How does the practice reach its objectives and how it is implemented?* In addition to the regional district offerings, the NWGA combines new and proven supply modules. The first point of contact for the participants is the Coordinating Body. First, all participants undergo extensive examinations and structured tests in the coordinating body to assess individual needs. The results form the basis for the creation of an individual support plan. The goal is to provide comprehensive and targeted advice and support to people. The support plan therefore allows for improved care in your own home. This is an ideal way to avoid full-time care, which would have been necessary up to now due to the health situation. *Who are the main stakeholders and beneficiaries of the practice?* Healthcare providers, health insurances.

	What is the target population/audience (age range, vulnerable groups…)? Elderly persons with the risk of care dependency.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	No
Methodology	The Health Economics and Health Management Group of Bielefeld University and the Research Department for Clinical Geriatrics at the Albertinen-Haus take over the scientific support of NetzWerk GesundAktiv. Because the project is very complex, the analyses is focusing on three core areas of evaluation: acceptance, quality of care and costs. On the one hand, it examines the willingness to participate in the 'NWGA' and the acceptance. On the other hand, the scientific support provided by several institutions should also show to what extent the quality of medical care for the participants is increasing and whether the project is cost-effective.
Resources needed	6.3 million Euro
Timescale (start/end date)	Ongoing: 2017-2021
Challenges encountered	Fragmentations in the health- and care system makes it very difficult to prevent a person from care. Especially old people after hospitalisation have a great risk to be not able to stay in their own living environment.
Potential for learning or transfer	The project try to link the numerous aids in the environment based on the general practitioners experience Existing regional accommodation services such as housing and care services, housekeeping, care and social services as well as the existing nursing centres are to be connected and integrated into the NWGA in order to improve the quality of care. The individual support plan also provides that the participants of the project will receive tablets with the pre-installed assistance system PAUL ("Personal Assistant for Supported Life") and will receive a touch-display-operated support and Communication platform that offers a variety of multimedia and communication functions and supports senior citizens in everyday life. This support can take the form of online video consultations with the doctors of the coordinating body; video chats with relatives, and orders for services in the care sector, the placing of an emergency call, control functions (e.g. light switches, sockets, windows, etc.) or the retrieval of event information in the district. The NWGA participants can
Evidence of success (results achieved)	885 persons participate in the project. The project results show a great participation and the digital tool PAUL was well accepted. What was the social impact, as well as the health impact of the implementation and execution of this good practice? To better adjust the helping system, especially risk orientated, helps to offer better services. This helps to make it possible, to stay longer in the own living environment. What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential? 885 persons participated, and eight partners worked together.
Further information	https://netzwerk-gesundaktiv.de/

Keywords related to your practice	Aid and care network for seniors in the neighborhood, self-determined life, extensive investigations and structured tests
Upload image	

Good practice D11

Louth

D11.1 Good practice general information	
Title of the practice	Ardee Age Friendly Town

D11.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Louth County Council
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Public administration	
Location of the organisation in charge	*Country*	Ireland
	Region	Border Midland Western Region
	City	Ardee

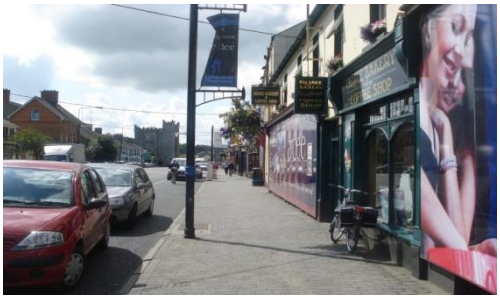
D11.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Age Friendly Ireland have adopted the model which was first developed in Ardee (and now represented in the Age Friendly Town toolkit.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes - the approach has, at time of writing, been adopted by many other towns across Ireland

D11.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Age Friendly Ireland	
Geographical scope/coverage of the practice	National	
Location of the practice	Country	Ireland
	Region	Border Midlands Western Region
	City	Ardee

D11.5 Detailed description	
Short summary of the practice	Development of what was the first age-friendly town in Ireland, through active and careful facilitation of (mostly) bottom up processes.
Detailed information on the practice	**Ardee Age Friendly Town** As part of the Louth Age Friendly County Programme, Louth County Council took the opportunity of making Ardee the first Age Friendly Town in Ireland when renewing its Local Area Plan in 2010. The vision included providing a choice of homes for older people supported by a range of services and meeting places in close proximity to enable them to remain active, healthy independent and contributing to their community. Desktop research was carried out followed by a stakeholder consultation with individuals and a multi-sectoral workshop where all community groups, businesses and public bodies were included. A submission was prepared by the Louth Older People's Forum to the Local Area Plan public consultation process with key issues identified as: 1. The rapid growth of an ageing population 2. Housing for older people—providing choice 3. Mobility—safe environments 5 minutes walking from essential services 4. Public Facilities—seating and toilets in particular 5. Recreation amenities—accessible safe outdoor spaces 6. Economy and Employment 7. Town Centre—pedestrian and cycle path circuit of the town The implementation stage was captured in a review carried out by Louth County Council on behalf of the Louth Age Friendly Alliance and can be accessed at https://www.louthcoco.ie/en/services/communities/louth-age-friendly/ardee-age-friendly-town.pdf The aim of the Ardee Age Friendly Town programme was to develop age friendly innovations in the physical, social and economic activity in the town and carry out a review whereby other towns in Ireland could follow
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	This practice has a direct link to the following policy instruments: **Healthy Ireland** (HI) 2013 is a National policy instrument. **National Planning Framework**. **National Positive Ageing Strategy** in 2013. **Climate Action and Low Carbon Development Act 2015**. **Social Inclusion Community Activation Programme** funded under national funds and ESF. **Border, Midland and Western (BMW) Region 2022** is a local policy instrument. Louth's **Local Economic & Community Development Plan** (LECP) (2016 – 2022) **Healthy Ireland for Louth Plan**
Methodology	The implementation of the Ardee Age Friendly Town submission was turned

	into an action plan which led to the successful completion of the following actions: • An "Enabled Area" ring fenced on HSE lands in a central location in the town to provide specific housing for older people with ambient assisted living supports • The development of pedestrian crossings at strategic points in the town to enable safe passage for older people and people with mobility problems to navigate the town. • Safety railings were installed to direct people with dementia to safe crossings at strategic locations e.g. St Joseph's nursing home • Ramps and continuous pathways across minor junctions at strategic areas to provide unimpeded access to people of all ages and abilities. • Maintenance of trees, provision of lighting and clear signage along walkways • Upgrade of pathways • Provision of seating at suitable locations • Installation of exercise equipment • Age Friendly Business recognition scheme • Making Arts and Cultural activities Age Friendly in Ardee • The Ardee Tidy Towns Group delivered intergenerational programmes "Trail a tree through Ardee", and improved the environmental presentation of the town increasing the amenity value of the area. • Moorehall Lodge, a residential centre for older people, developed intergenerational projects with both primary and post primary schools in the town. • Moorehall Lodge developed a household model of care for older people and was at the time the only accredited "Butterfly Centre" a specialist model of care for people with dementia.
Resources needed	• Political backing from the local authority • Community animation by the local authority • Multi-sector buy-in • A multi-sectoral collaboration to identify the needs and working together to deliver the results • Finance
Timescale (start/end date)	*e.g.* 2010 and ongoing
Challenges encountered	The process of achieving an age friendly town is a long process and the Ardee story is a story of 10 years of growth. Infrastructural change depends on capital funds and it often takes years to access such funds. Getting the business community to realise that older people have money to spend, but they will not spend foolishly, and assisting businesses to find ways of attracting older people into their businesses. Engaging with travel companies to get older people into towns.
Potential for learning or transfer	The Ardee Age Friendly town project has already shown replicability. • 18 other towns in Ireland have followed the Ardee model.

	• Louth County Council has used the learning from the Ardee Age Friendly Town when redesigning the Clanbrassil St area in Dundalk. The design team consulted with the Louth Older People's Forum independently of the statutory consultation obligation by LCC in the design phase. • The successful Ardee Rural Regeneration Development Fund application by LCC encompassed the Age Friendly actions still to be delivered in Ardee as part of the Category 2 design concept stage. • Louth County Council representation on the Healthy Ireland national coordinators group raised the potential of taking the learning from the Louth experience on public realm design to assist delivery of actions in meeting the needs of older people, people with disabilities, young people, families and people with obese issues, all actions to be delivered in the Healthy Ireland Strategy, the National Physical Activity Plan, the national Healthy Weight for Ireland Plan and the national Positive Ageing Plan. Louth County Council has made an application to the Healthy Ireland Fund to develop public realm guidelines for age friendly, disability friendly, family friendly solutions and from this develop a Continued Professional Development programme for local authority technical staff to understand the principles of Universal Design and Shared Space. The ambition is to share this programme with the other 31 local authorities in Ireland. The Royal Institute of Architects of Ireland have produced a guideline for place-making in rural land in Ireland which is coherent with this work.
Evidence of success (results achieved)	A review of Ardee Age Friendly Town was carried out and can be accessed at https://www.louthcoco.ie/en/services/communities/louth-age-friendly/ardee-age-friendly-town.pdf Age Friendly Ireland took the Ardee Age Friendly Town model and replicated in in 18 other towns in Ireland Raheny, East Wall, Crumlin, Mohill, Cavan, Carlow, Letterkenny, Kinsale, Trim, Foxford, Castleblayney, Balinasloe, Callan, Limerick North, Waterford, Rathcoole, Naas, Skerries, Louth is now replicating the programme in its main town Dundalk **SOCIAL PARTICIPATION in Ardee Age Friendly Town** The following activities could be considered as contributing to the Social Participation theme. · Making Arts and Cultural activities Age Friendly in Ardee · The delivery of intergenerational programmes, including the one in Moorehall Lodge, with both primary and post primary schools in the town. **HOUSING in Ardee Age Friendly Town** The housing theme was also addressed with the allocation of lands for purpose-built age-friendly housing.
Further information	The Ardee Age Friendly Plan is still very much alive and informing all opportunites. Currently the Ardee Age Friendly Town plan informed the successful national Rural Regeneration Development Fund competition

	allowing the merging agendas of Age Friendly Towns, Healthy Towns and Smart towns to be considered. The Louth Age Friendly Alliance recognises that achieving Sustainable Development Goals is only possible when development and delivery of policy is inclusive of all ages. You can access the Ardee story at https://www.youtube.com/watch?v=uNuSbJ22hKk
Keywords related to your practice	
Upload image	  

Good practice D12

Slovenia

D12.1 Good practice general information	
Title of the practice	HOMETAB

D12.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	EUROTRONIK Kranj d. o. o.
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	SME	
Location of the organisation in charge	*Country*	Slovenia
	Region	Western Slovenia
	City	Kranj

D12.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	University of Ljubljana - Faculty of social sciences is providing evaluation of the service and equipment and was working on a needs assessment.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	New collaboration are welcome especially with end-user organization, where they can provide fast feedbacks. If some technical challenge appear also collaboration with specific knowledge holders is welcome.

D12.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The HomeTab is developed and tested within AAL project i-evAALution. Currently large scale end-user's testing is performing in four EU countries (Slovenia, Austria, Italy and Netherlands). There are 400 end users involved.	
Geographical scope/coverage of the practice	National	
Location of the practice	Country	Slovenia
	Region	Western Slovenia
	City	Kranj

D12.5 Detailed description	
Short summary of the practice	HomeTab is a tablet-like device which allows professional care service documentation as well as managing alarms, food orders, access to tools like Skype, news or browsers and defined APPs.
Detailed information on the practice	Due to demographic change in Europe, people are living longer and want to stay in their own homes as long as possible. At the moment, there is a challenge to cover all needs of an older adult with one holistic solution. Main problem lies in the ability to live autonomously and to coordinate the activities of a daily life independently. Decline in physical and psychological well-being and social isolation causing increased concerns for family, neighbours, friends and formal carers. HomeTab is a comprehensive tablet-like device in terms of functionalities and on the other side is very simple to use. In the development phase designers strictly followed instructions from the end-user group which pointed out that technologies should be affordable, user-friendly, secure and reliable. In order to have a successful large-scale product they took into account couple more requirements: simple to implement, expandable and usable in community-based care settings. Home tab has three main devices: a. Tablet (as a phone and multi-use device) • Emergency call • Service call • "how do you feel" • Reminder • Calendar • Call to relatives/friends • Games • Monitoring of smart home devices • Speech recognition b. Bracelet • Emergency call • Fall detection and alarming • Activity monitoring • Geo location c. Wireless sensors • Different 3rd party sensor detection and management The fundamentals for the development of this good practice are: - Years of experience in IT solutions for health-care facilities, residential environments in domains of nurse call, health-care management, telecare and ambient assisted living. Many health-care and tele-care solutions rolled out in Europe and outside through distributor network. - Expertise in hardware and software development (both embedded software and back-end software, especially adapter friendly user-interface designed according to user needs, cloud based solutions and platforms) and data analytics. - Expertise in integration of different ICT solutions in health-care

	industry (HIS integration etc.) - Expertise in project management for roll outs in both residential as commercial buildings as well as marketing and export expertise. The key was the cooperation with different stakeholders (Universities – testing and evaluating, End users – demands and feedbacks, Other tech peers – technology and development) within several EU projects which contributed much to understand the users and markets well. In over 20 international markets the strong intend on testing and implementing the HomeTab was expressed even before the first prototype was ready. End-users who apply to participate in large scale pilot (400 users) were very eager to test it. Such a positive expectation from users is key indicator of a successful work. The main stakeholders are: • Professional organizations offering home care services at home - Patronage service - Health centres - Relatives • Other local social and health organizations The main beneficiary are older adults who are independently living at home. They can start using it very early (around 60 years old), since HomeTab is also helping to enhance social participation. It is anticipated that elderly over 75 living alone and having some medical conditions will be the main users.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The good practice is related to policy instrument, since it is 100% focus to the needs of one group of venerable persons – older adults. Policy instrument is explicitly addressing to the needs of older adults.
Methodology	
Resources needed	There is not estimate what is a financial resource needed to set up a complete service in one region. It depends on set of factors where number of users and system of existing health and medical services are two main.
Timescale (start/end date)	April 2018 - ongoing
Challenges encountered	There were no major challenges encountered. Challenges like proper assessment of user needs, smaller technical barriers, make it simple to use and not optimal cooperation with externals appeared, but were well managed.
Potential for learning or transfer	HomeTab is one out of many technology devices developed for older adults, which very good meets end-user's needs, is reliable and very simple to use. Good practice offer several opportunities for learning like: - how to include end-users, - how to work with research institutions, - how to proper evaluate prototypes - how to be in constant touch with the final beneficiaries and the whole value chain.

	The good practice can be transfer also by adopting current solution to country/local needs. At the moment the large scale pilot of 400 users are running in 4 EU countries (Slovenia, Austria, Italy and Netherlands). The output of large scale pilot shall detect final corrections especially in terms of expectations and demands in different EU countries. After the final tuning of the product the plan is to offer the product globally.
Evidence of success (results achieved)	The main evidences of success: - 400 end-users fast respond to become the test users - There is a strong interest in this solution in more than 20 countries - Technology is properly working HomeTab is addressing social and health issues. It is key element in organizing and transferring data at professional e-health and e- social services. It is also a great tool to be connect to friends, relatives, volunteers etc. At the moment the HomeTab is just at start and is estimated to reach its full potential in 5-10 years. It is an early bird in the industry of silver economy and e-services for older adults which is still quite small but having strong positive trend.
Further information	https://www.i-evaalution.eu/
Keywords related to your practice	HomeTab, emergency call, communication device, e-healthcare
Upload image	

F. Cross-themed practices

Good practices related to methods and processes which might encompass the four themes above mentioned (e.g. a practice which describes a methodological innovation applied in the diagnosis-planning-implementation-evaluation. Vancouver Protocol. Core Indicators. Use of surveys. Methodological innovations. Empowerment of the older adults in the process).

Good practices related to methods and processes that may address the four themes mentioned (e.g. a practice that describes a methodological innovation applied to the diagnosis-planning-implementation-assessment. Vancouver Protocol. Core Indicators. Use of Studies. Methodological Innovations. Empowerment of older persons in the process).

Good Practice E1

Bizkaia

E1.1 General Information on the good practice	
Title of the practice	CREATION AND IMPLEMENTATION OF THE TASK FORCE ON SOCIAL SERVICES FOR OLDER PEOPLE (Task force 2) OF THE BIZKAIA COUNCIL OF OLDER PEOPLE (CPMB)

E1.2 Good practice organisation	
Main good practice organisation	BPC-BFA
Is your organisation the main institution overseeing the good practice	

If your organisation is not overseeing the good practice, include more information on the main organisation in the following table:

Type of organisation in charge		BPC - Bizkaia Council of Older People - Task Force 2
Location of the organisation in charge	*Country*	
	Region	Bizkaia
	City	

E1.3 Other participating stakeholders	
Indicate the organisation of the region involved in the development and implementation of the good practice and explain their role	Representatives of associations of older people, companies and social entities linked to the field of older people.
Is there any plan to develop new	There is the plan to embark on a new round in order to invite new

partnerships in this good practice? If so, please explain it.	stakeholders to take part in the task force (professional associations of Bizkaia, etc.)

E1.4 Coverage		
Is this good practice related to any type of broader project? With which?	With the CPMB. This task force is part of the working groups (task forces) of the CPMB	
Geographical sphere/coverage of the practice		
Location of the practice	Country	
	Region	Bizkaia
	City	

E1.5 Detailed description	
Short summary of the practice	It is a working group in the form of a task force, set up within the CPMB, which makes contributions, either at the request of BPC or at the initiative of the task force itself, regarding care legislation, regulations and projects affecting the older people of Bizkaia. The value of the task force is that it provides the view of older people throughout the process, thus fostering their autonomy and empowerment from a position of recognising their dignity.
Detailed information on the practice	*What problem does it address and in which context was the practice introduced?* It addresses the need for older people to participate in the policies and design of their care resources-services. It emerged as a CPMB initiative in 2013. The CPMB had a limited capacity and task forces were set up to provide executive content and with year-on-year work plans *How does the practice achieve its objectives and how is it implemented?* Regular work meetings are held and using an active participation methodology. There are also two coordination figures consisting of a person from the field of older persons and another from the professional sphere. The task force is mainly made up of older persons and professionals from their area of activity. The diversity and heterogeneity of participants given their professional and/or practice means they cover different situations of older people with an enriched input. *Who are the main stakeholders and beneficiaries of the practice?* Older people including families and society in general. The professionals of the sector are also beneficiaries *What is the target population/audience (age range, vulnerable groups...)?*

	Older people in a situation or at risk of dependency, users of the care and prevention services. The target population is conditioned by the powers of the provincial entity in charge of it
Is this practice related in any way with the political instrument described in Part I? If so, please explain how	
Methodology	Representatives of all the associations of older people represented in Bizkaia society and different professionals of the sector were invited in order to implement this and the other two task forces included within the CPMB. Biannual work plans were created and an assessment is to be performed at the end of each work plan. On a six-monthly basis, a progress report on each task force is sent to the CPMB and is presented to the Plenary Session of the Bizkaia Council of Older People
Resources Required	Specify the amount of funds/financial resources used and/or the human resources required to establish and deploy the practice. Task Force 2 is made up of 14 voluntary participants. External people are occasionally invited to attend the task force and there is a technical secretary supporting the 3 task forces.
Time scale (start/end date)	It started in 2013 and has run with no interruptions to the present (2019)
Challenges detected	Specify any challenge, barrier, facilitators and conclusions reached in the implementation of this good practice. CHALLENGE: The greatest challenge is to detect and prioritise the problems or themes to be discussed in coordination with the BPC and in line with the institution. BARRIERS: • Time and deadlines for publishing provincial decrees and legislation is one of the important barriers to works on the themes adequately (short timeline). • Receiving feedback from the CPMB is one of the difficulties we come across when carry out the work of the task force. • Lack of knowledge about the existence and the work of the 3 task forces is a barrier and raising awareness of them is one of the challenges we face FACILITATORS: The "mix" of the sector's professionals and older people is fundamental for the task force to work smoothly. The participants consider this point to be very positive. As a positive aspect, we should stress that the task force does feel it is listened to and backed by BPC.
Learning or transfer potential	
Evidence of success (results achieved)	The incorporation of the view and needs of older people in the provincial legislation and care services, for example: - Empowering older people participating in the task force (and in institutional decision-making bodies) - Streamlined simple language and improved communication

	in the legislative and administrative documents of social services, etc. for users. - Inclusion of the suggestions, reports and proposals issued by the task force reflected in the provincial legislation created in that regard.
Additional information	*www.bizkaia.eus*
Key words related to your practice	task force / participation / advisory / empowerment / Active ageing / dignifying older people
Load image	

Good practice E2

Bizkaia

E2.1 Good practice general information	
Title of the practice	Participative research-action project involving older adults in Vizcaya in the field of personal and community empowerment: WHO's Global Age-Friendly Cities Project.

E2.2 Organisation in charge of the good practice	
Main organisation in charge of the good practice	University of Deusto
Is your organisation the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	
	Region	
	City	

E2.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The organisations involved in developing and implementing the practice are the Local Councils involved in the Project. The role of the Local Council technicians and older members of the Core Group is to develop the goals set out in the action plan in order to make their city age-friendly.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	The practice has been implemented in other municipalities such as Abanto-Zierbena, Basauri, etc...

E2.4 Coverage	
Is this good practice related to any kind of wider projects? Which one(s)?	No
Geographical scope/coverage of the practice	Bizkaia

Location of the practice	Country	Spain
	Region	Bizkaia
	City	

E2.5 Detailed description	
Short summary of the practice	The practice aims to promote social participation based on the Active Ageing paradigm proposed by the WHO. A process that enables potential for physical, social and mental well-being to be fulfilled throughout the life cycle and participation in society according to one's needs, wishes and capabilities, whilst providing suitable protection, safety and care. This practice, based within the framework of social participation, seeks to empower older adults and thus fulfil the goals proposed in the action plan in order to make their city age-friendly.
Detailed information on the practice	Within the paradigm of Active Ageing, social participation is a fundamental pillar. Social functioning is associated with a person's survival and longevity, physical and mental health, performing everyday activities, proper cognitive functioning, satisfaction with life and quality of life. The self-perception that an individual can exercise control over the world is one of the psychological conditions for active ageing. In the bid for an age-friendly society, we can increasingly see greater emphasis being placed on the benefits older adults' participation has for society, from the point of view of both social and economic capital. The intervention does not aim to eradicate the deficits or weaknesses of people looking for a solution to problems, but rather seeks to promote and mobilise the resources and potentialities that enable individuals, groups or communities to take command and control over their lives. Empowerment consists of two fundamental elements. First, it entails each individual's determination with regard to his or her own life, and second, it encourages engagement on the part of the community itself. The practice goals relate to the *Methodological* level (deepening our knowledge, developing evidence-based programmes, networking amongst researchers, disseminating the programme in other environments); *Community* level (securing the commitment of communities to be more age-friendly, seeing things from an older person's perspective, combating negative images of old age); and *Personal* level (improving quality of life, promoting social participation and stable relationships, enhancing participants' personal empowerment and sense of community).
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	Yes, this good practice was developed within the frame of "Biscay Age-Friendly Council", which, in its turn, is part of the Basque Country ERDF Regional Operational Programme 2014-2020.
Methodology	The working method is based on a participative research-action process. The project is structured so that older adults, intervention technicians and local agents in municipalities participate actively. They are therefore the key players in the project and receive support throughout the process. The professionals do not behave like experts, using their technical authority to carry out a diagnosis of the problem in order to obtain the community's commitment to actions for change. It is a dialogue-based model of collaboration. An empowerment approach replaces terms such as client and expert for participant and collaborator. When the project has concluded, the community itself will be able to continue functioning autonomously in order to fulfil the

	goals. The professionals facilitate a transfer process so that community members acquire the knowledge and skills required to play a leading role in discovering the social dynamics affecting them, and in transforming their environment.
Resources needed	The project was subsidised by the Provincial Council of Vizcaya, within the framework of the Bizkailab agreement, between 2013 and 2015. The Handbook and short Guide were subsidised in 2014. €13,500, €15,000 and €15,000 were awarded for 2013, 2014 and 2015, respectively. The Handbook and the short Guide received an €18,000 subsidy in 2014. Those involved in the practice were Pedro Fernández de Larrinoa and Nuria Ortiz from the University of Deusto, local council technicians and older adults from the municipalities. In addition to the professionals from the UD mentioned above, María Carrasco, Isabel Rubio, Silvia Martínez and Ignacio Gómez also took part in the production of the Handbook.
Timescale (start/end date)	September 2013- June 2016
Challenges encountered	The main challenge facing this practice is to implement the actual participative research-action methodology. The fact that the key players in the project are older adults means that fostering empowerment and then being able to function autonomously to fulfil the goals is the main challenge. This fact can also be a barrier, since the support needed to be able to function autonomously is complex. The motivation of the core group of older adults and local council technicians to work towards fulfilling the goals to make their city age-friendly is an important facilitator in this practice.
Potential for learning or transfer	The Project began as a project with local scope and ended as a territorial project with initiatives in diverse localities, developing a support and accompaniment project with normative and international endorsement. A Handbook was designed to implement the practice in other municipalities according to Provincial Decree 39/2016, dated 1st March, issued by the Provincial Council of Vizcaya, whereby the regulatory bases and public announcement of subsidies are approved for projects by local entities which help to make Vizcaya a region for all ages.
Evidence of success (results achieved)	There is ample evidence that the practice has been successful. The drafting and publication of a Handbook for implementing the Age-Friendly Cities project in the community, published in three languages, and drafting of a short guide for implementing the WHO Age-Friendly Cities project in the community are examples of this. The publication of a Provincial Decree whereby the regulatory bases and public announcement of subsidies are approved for projects by local entities that help to make Vizcaya a region for all ages, and regulation based on the experience gained from this project, which will enable the deployment of new experiences in other municipalities, is further evidence of success. The Diagnostic Report and Action Plan written by the core group of older adults, which were approved by policy makers in municipal plenary sessions, and then presented publicly and sent to the WHO for perusal and international dissemination, is further evidence of success. Regarding the social impact, it can be concluded that implementing the action plan whilst developing goals in order to make cities age-friendly is the most important social impact. In relation to the impact on health, the active ageing paradigm enables the potential for physical, social and mental well-being to be fulfilled throughout

	the life cycle, and participation in society according to one's needs, desires and capacities, while society provides protection and safety. Participation is an important pillar of active ageing and is thus linked to the impact it may have on health. Finally, this project has led, in some municipalities, to the recruitment of a technical professional to develop the goals proposed in the action plan.
Further information	http://www.bizkaia.eus/home2/archivos/DPTO3/Temas/Envejecimiento%20Activo/Dokumentuak/Manual%20Ciudades%20Amigables.pdf?hash=9b9439c53abd6568855d79122c8a28d7&idioma=CA
Keywords related to your practice	Age-friendly cities, older adults, empowerment, age-friendly diagnosis, age-friendly action plan
Upload image	

Good practice E3

Campania

E3.1 Good practice general information	
Title of the practice	Telerevalidatie.nl

E3.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Federico II University Hospital
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Public administration/Educational and research Institution	
Location of the organisation in charge	*Country*	Italy
	Region	Campania
	City	Naples

E3.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Federico II University Hospital (FOUND) is an excellence health care facility in Southern Italy, that hosts over 50 Specialist Courses and master's degrees of Federico II University Medical School. It provides in-hospital admittance, day-hospitals, day-services and outpatient activities. The Hospital hosts the Outpatient Clinic for the Prescription for Adapted Physical Activity for Patients with Chronic Diseases, which was launched in July 2019. This clinic offers patients the possibility to follow prescriptions of Adapted Physical Activities that are tailored on their specific needs. The Clinic is open to patients from the hospital, as well as the GP and other hospitals of the territory. Access to the clinic is through GPs prescription a for Visit, EKG and exercise test, all procedures are reimbursed by the Regional Government. The clinic is compliant to the Campania region directives on Promotion Physical Activity and prevention of chronic conditions. Patients referred to the Clinic are from the cardiovascular rehabilitation, geriatrics and internal medicine. Recently, a dedicated session of the clinic was opened for pregnant women.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Recently, a dedicated session of the clinic was opened for pregnant women and pre or post surgery patients.

E3.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Italy.Telerevalidatie.nl allows remote supervised physical training by means of videos configured by care professionals as a personalized training schedule, physical activity monitoring and coaching, and online communication. In the Netherlands this platform is used in various rehabilitation centres and hospitals. Within the PERSSILAA project (FP7-ICT-610359), the content was further developed into a self-management program for Adapted physical Activity and this module is used and evaluated in the Twente and Campania EIP on AHA Reference sites Twinning Support Scheme 2016.	
Geographical scope/coverage of the practice	Regional	
Location of the practice	Country	Italy
	Region	Campania
	City	Naples

E3.5 Detailed description	
Short summary of the practice	ITALY.TELEREVALIDATIE.NL is a platform for promoting physical activity to patients with chronic diseases and older adults. A set of different functionalities allow for the patient to receive tailored information and a personalized training schedule with instruction videos and allows him/her to track their training progress.
Detailed information on the practice	Telerevalidatie.nl® is an ICT Platform that supports rehabilitation at home, allowing the patient to receive a personalized training program with tutorial videos and to track their training progress and physical activity during all day. The platform aims to improve adherence to cardiac and respiratory rehabilitation. Adapted Physical Activity programs (APA) are group exercise programs, designed for individuals with chronic conditions, aimed at correcting sedentary lifestyle and hereinafter at the prevention or mitigation of frailty and disability. APA programs have a recognized effectiveness in terms of improving clinical well-being indexes and reducing hospitalizations in various contexts, such as cardiological, respiratory, neurological and orthopedic rehabilitation. APA differs from rehabilitations programs which are limited in time and space and used to recover from acute events. In patient with chronic heart failure, APA has been shown to be effective in reducing the risk of sudden death and re-infarction, but above all to improve symptoms, functional capacity and quality of life in patients suffering from cardiovascular diseases. Despite the effectiveness of APA, the prescription and the adherence are very low. It is estimated that less then 11% of people above 65 years exercise regularly, and over 75years this percentage shrink to 4%. The Guidelines of the American College of Sport Medicine propose a model for PA prescription based on the assessment of the APA needs of the patient and the FITT theory. The prescription per se increases the number of patients that start an PA program, nevertheless, issues are on the adoption of PA as a lifestyle. Therefore, at follow-up many patients drop out for not having exercised. In recent years ICT has helped to develop tele-rehabilitation, allowing, patients to exercises at home through a web platform that also allows remote monitoring of the patient. We envisaged that such a solution would also be feasible for enforcing APA at home, using

	a web-based platform that allows patients to review their prescribed exercises and perform in front of the video in their houses. Telerevalidatie.nl® is an ICT Platform that supports rehabilitation at home, allowing the patient to receive a personalized training program with tutorial videos and to track their training progress and physical activity during all day. The platform aims to improve adherence to cardiac and respiratory rehabilitation.
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	The policy instrument identified aims to improve quality of life of internal/rural areas of Campania region. These areas are characterized by an inadequate offer of services which determines an impact on the health of the resident population, aggravated by the high rate of population over 65. The low adherence to adapted physical activity increases the avoidable hospitalization rate, due to adverse events. In addition, the geographical conformation and the characteristics of the social context increases the drop out from rehabilitation programs.
Methodology	Sedentary habits, or low attitude to physical activity are a prerequisite for the access to the clinic, nevertheless, also trained patients that are coming from rehabilitation program can have access, if they need further movimentation before going back to exercise. Furthermore, the use of the platform requires some level of digitalization of the patients, and in particular the access to the internet and the ability to use a smartphone or a PC. Patients that are referred to our clinic come from the cardiovascular rehabilitation, internal medicine division, geriatric division. Recently, we have started dedicated sessions to pregnant women which are overweight or obese. Also, sedentary candidates to elective major surgery have access to the clinic, in order to start programs of PA that can help improving the perisurgery outcomes.
Resources needed	€ 40.000,00
Timescale (start/end date)	November 2017 – ongoing
Challenges encountered	Our experience with sedentary patients that have so far enrolled the clinic and the follow up is that about 50% of them adopt a lifestyle that includes PA. The relevance of such a result is that they have been sedentary until the enrolment of the clinic. So far, there is no intervention that can guarantee a similar rate of adoption. Among the reasons of such a high adherence rate, there is the support of the ICT, which allow the patient to feel always monitored and safe, in the company of the professionals of the clinic, that are assessing the progress through the platform. Indeed, although the activity is not monitored in real time, the messages exchange with the professionals that read the logs of the patient on the platform of the clinic is an important enforcement to continue the exercise. The clinical outcomes that can be measured as an impact on the patients reard most the changes in the strength of muscle groups (legs and arms) and the flexibility of the trunk. Some effects can also be measured in terms of weight reduction, but the most important change we observe is the change in body composition assessed by BIA, showing an effect of reduction of body fat mass.
Potential for learning or transfer	The solution is at a TLR 8, is indeed already used routinely in our clinic. The platform has been tested for 4 months from July to October, in November a novel release was made available that includes amelioration in the website, novel sets of exercises and a working android app. Patients use the solution on a regular base for the first month after visit, then we observe a reduction in the frequency of accesses, due to the fact that they learn the exercise and

	the exercise routine and perform it without felling the need to log into the system. For this reason, we have decided to reduce the length of interval from one visit to the next and to update the exercises from remote to those patients that cannot be seen earlier. The model of the Clinic for APA prescription is easily transferable and scalable, and the ICT solution is commercially available, at this point. Federico II University Hospital is currently revisiting the opportunity to expand the offer to other patients. In particular, a program for enforcing physical activity in oncological patients is in place, that can be potentiated by merging with the activity of the Clinic. Also, diabetes patients as well as neurological patients might find help from the enrolment in the Clinic. There is a program for the development of the clinic, that will go through the identification of larger ambulatory spaces for better assessment of the physical needs of the patients. Federico II University Hospital also has recently acquired a gym space within the hospital fences that can be used in support to the clinic and to patients. Given the fact that MD have a very low attitude to prescribe or refer patients to physical activity, Federico II University has also recently introduced a Master class for the Prescription of Physical Activity in Chronic Conditions to target the MD and Physical Trainers. The class will start in February 2020 and is open to 30 pupils.
Evidence of success (results achieved)	The preliminary data provide the proof of evidence of the efficacy of a physical training program for older people that minimally impacts on their consolidated life habits. This intervention induced a significant improvement in physical performance and enhanced social interactions hence improving the quality of life. It is well established that older people do not like to break their habits. Going to gym, which is an ordinary and simple task for the youngest, may, on the contrary, be a destabilizing, changing-habit event for older people. We reasoned that all together this factor could significantly lower the acceptability of gym programs in older adults. Therefore, we designed an innovative approach aiming to embed physical training in their usual day-life activities. The efficacy of the adopted approach in improving the fitness of chronic patients was documented by the substantial increase in handgrip strength and in physical tests. As expected, physical training decreased waist circumference and the waist to hip circumference ratio suggesting that patients lost fat mass.
Further information	*https://www.telerevalidatie.nl/*
Keywords related to your practice	Physical Activity; Chronic Disease; Life-style; Cardiological rehabilitation
Upload image	

Good practice E4

Coimbra

E4.1 Good practice general information	
Title of the practice	Ageing@Coimbra

E4.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Regional Authority of the Center Region (CCRD-C)
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Regional Authority of the Center Region (CCRD-C) is a decentralized public authority from the Planning Ministry, with joint authority of the Ministry of Environment, and financial and administrative autonomy.	
Location of the organisation in charge	*Country*	Portugal
	Region	*Centro Region of Portugal*
	City	*Coimbra*

E4.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	Aiming at reinforcing the Centro Region of Portugal' capacity to respond to SHAFE demands in the territory Ageing@Coimbra (www.ageingcoimbra.pt/en/) emerged, in 2014, in the city of Coimbra, as a consortium strongly driven by the quadruple helix approach, supported by an ecosystem of organizations related with health and innovation, with the ambition to create a reference site on AHA – Active and Healthy Ageing. Originally UC – University of Coimbra (with the involvement of FCDEF (Sport Sciences, Physical Education Faculty) – and Medicine Faculty (FM)), ARSC (Centro Regional Health Administration), CHUC (Hospital Centre of the University of Coimbra), CMC (Municipality of Coimbra) and IPN (Pedro Nunes Institute) supported the first proposal to create the reference site, and engaged in cooperation and dissemination activities on AHA. In 2019, and following an informal cooperation during these years, a consortium agreement was signed in 2019 integrating these 5 initial members with 3 more – CCDR-C, Cáritas Coimbra and ESEnfC (Nursing School of Coimbra). These organisations are the main players of the regional AHA ecosystem and the main intent consisted in straightening the communication and collaboration between them, towards SHAFE regional purposes achievement. Presently, the consortium has 84 members, with a clear regional coverage and involving a diverse and complementary network of organisations, from public regional and local organisms, to civil society organisations and

	companies, that together form a consolidated ecosystem that mix AHA health, knowledge, public entities, citizenship and innovation.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes, there are for sure further plans to develop new collaborations within Ageing@coimbra. It is actually an open network, always ready to receive new interested members regarding the aim of cooperating to define strategies and pursuit actions in order to implement innovative successful practices on AHA in Centro Region of Portugal.

E4.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	The EIP-AHA and the Blueprint for the Digita Transformation of Health and Care: In 2015, the European Commission started developing a shared vision on how innovation enabled by a Digital Single Market could transform health and care provision and contribute to the Silver Economy. For that purpose, it engaged a number of industrial players, regional authorities, professional organisations and multi-stakeholder platforms such as the EIP-AHA, to mobilise investment and guarantee the commitment of all actors. The initial objectives for 2018 were 50 + regions deploying digital innovative solutions for AHA with 500M€ investment and reaching 4M people. Currently the Blueprint is being coordinated by the EC and the CSA consortium WE4AHA and has grown its methodology to be focused on the demand-side perspective, by developing 12 personas and 4 key areas of work that helps in the identification of heath and care needs of the European population. Four key topic areas have been elaborated in 2018, representing digital health and care priorities identified by EU demand and supply actors: data analytics, proactive prevention, digital support and solutions for connected health and integrated care, leading to the revised Blueprint policy vision and its enablers. The new steps are developing high-impact user scenarios based on the 12 personas, based on existing best practices, Region's positive examples, relevant interactions, the needs of key actors, outcomes/impact and, mostly, on High scalability and replication potential. Other links: By sharing similar principles and purposes regarding Active and Healthy Ageing implementation within a regional scope, Ageing@Coimbra has been working in close collaboration with the Portuguese Network for Smart, Healthy and Age-Friendly Environments, as also with the tematic European Network for Smart, Healthy and Age-Friendly Environments, EIT Health, the Digital Helath Hub Diatomic, among others. Many H2020, PT2020 or C2020 projetcs (and other funding programmes) have been also funded and implemented in connection to ageing@coimbra, e.g a new research unit of excellence in ageing – MIAPortugal.	
Geographical scope/coverage of the practice	Regional.	
Location of the practice	Country	Portugal
	Region	Centro Region of Portugal
	City	Coimbra

E4.5 Detailed description	
Short summary of the practice	Ageing@Coimbra is currently a 4 star reference site on Active and Healthy Ageing, based on a consortium of stakeholders focused on defining strategies and pursuing actions towards the implementation of innovative successful practices on AHA in Centro Region of Portugal, through a close communication and collaboration strategy, strongly driven by the quadruple helix approach.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* Ageing@Coimbra emerged, in 2014, as an additional resource to reinforce the Centro Region of Portugal' capacity to respond to SHAFE demands in the territory in the city of Coimbra, also aiming at better organizing, streightening and aligning universities, regional authorities, business companies and civil society into a quadruple helix-based approach on AHA. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* A Memorandum of Understanding (MoU) was signed between January 17th, 2013, creating a consortium that stated the agreement on cooperation to define strategies and pursuit actions in order to implement innovative successful practices on AHA in Centro Region of Portugal. These members immediately aimed at enlarging the initial consortium to a wider territory, from the city of Coimbra to Centro region, and involve a larger number of representative and significant organisations devoted to AHA aims/activities. In March 2013, the consortium was enlarged to 40 adherent members. Ageing@Coimbra since then grew to its 84 partners and recently, in July 11 2019, Ageing@Coimbra 7 key stakeholders have signed a Consortium Agreement, consolidating a formal/legal strucuture for the network. It is a now stable self-regulated consortium that works based on a set of principles shared by all members. It is OPEN to regional members with successful practices and able to create positive regional impact on AHA; INFORMAL because it is based on the free and voluntary membership, and adherence to the goals and strategy stated on the Consortium Agreement; it is HOLISTIC because accepts an ageing concept without thematic barriers and in a humanistic perspective; and it is a PARTNERSHIP where members share a common goal and strategies, respecting each organisation's individuality, promoting cooperation work and making several types of resources available to pursuit its goals, with mutual benefits to create positive impact and added-value. *How does the practice reach its objectives and how it is implemented?* Despite the centralised and siloed main framework, a set of structural reforms and quality initiatives aiming to improve efficiency and achieve better quality of care are being introduced: chronic diseases prevention programmes, restructure of primary health care services and the hospital sector, integrating services. The long-term care network is a European highlight example of integrated care nationally

	implemented. There are examples of targeted primary prevention and secondary prevention efforts, such as management of diabetic and hypertensive patients that are monitored at primary care. E.g., the Centro Region has the all population covered by population based screening for breast cancer. Ageing@Coimbra is a factor of modernization and transformation of the care system at regional level, contributing to innovation and creating added value, as it integrates the full quadruple-helix stakeholders: organisations that represent knowledge, health and social care, innovation and civil society. Each Ageing@Coimbra partner has its own model of leadership and financing, because they have their own juridical statute and organic regulations. However, when the consortium acts as a partnership each partner member has the same value and the relationship is democratic, horizontal and bottom-up based - the Consortium has a signed contract between the 7 central partners where the strategic objectives, possible intervention areas and commitments are defined.. *Who are the main stakeholders and beneficiaries of the practice?* The main stakeholders in Ageing@Coimbra are the consortium core members,: UC – University of Coimbra (with the involvement of FCDEF (Sport Sciences, Physical Education Faculty) – and Medicine Faculty (FM)), ARSC (Centro Regional Health Administration), CHUC (Hospital Centre of the University of Coimbra), CMC (Municipality of Coimbra),IPN (Pedro Nunes Institute), the Regional Authority of the Centro Region (CCDR-C), Cáritas Coimbra (CDC) and Nursing School of Coimbra (ESEnfC) and also its associated partners, to a total of 84 Ultimately, the main beneficiaries of Ageing@Coimbra are all ageing people in Centro Region of Portugal, as their formal and informal carers, since they are the intended end-users of all the initiatives that it aims to implement. *What is the target population/audience (age range, vulnerable groups…)?* About the target population of Ageing@Coimbra, here there are some important figures:

	Number of ageing people	
	Aged 65-79	**Aged 80+**
Centro Region	364705	174268
Coimbra	24221	9933

Number of patients 65+ with long term chronic conditions in Centro Region: 629756

Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	There is a relation. Considering that the mission of the Regional Authority of the Centro Region (CCRD-C) is: (1) to implement environmental, territorial planning, and regional development policies in Centro region; (2) to assist and support the regional services, municipalities and its associations' coordination; and (3) to assure the negotiation and management of EU

	structural funds in the region, while knowing that these are also shared purposes with Ageing@Coimbra (to contribute to the regional influence and development of AHA policies, as to the coordination of AHA purposes and implementation actions), there are links to the POR.
Methodology	In 2013, the diagnosis and planning developed for the implementation of the reference site were organised based on the mentorship of some more evolved sites, from which Coimbra benchmarked, namely articulating with Coordinators and relevant stakeholders and making field visits, such as Groningen, in the Netherlands. As from its implementation, the execution and evaluation processes were defined as follows, according to some main areas: **Political** In the Centro Region there is policy commitment towards innovation for active and healthy ageing (AHA) as a strategic priority: • Region: CCDRC, Operational Regional Programme of the Centro Region 2014-2020 (http://ris3.ccdrc.pt/index.php/100-english-contents/120ris-3-english-contents) • Inter-municipalities Communities: CIM Region of Coimbra, Integrated Territorial Development Strategy of the Region of Coimbra 2014-2020 (https://www.cim-regiaodecoimbra.pt/wp-content/uploads/2018/06/RCoimbra_EIDT_v2.pdf / https://www.cimregiaodecoimbra.pt/estrategia-2020/) **Organizational** The new Consortium Agreement framing Ageing@Coimbra organizational structure and activities is highly innovative. A coordination committee meets regularly (monthly) to organize and monitor the action plan of the organization. Each member assumes activities/deliverables commited to the benefit of the success of the Reference Site, contributing to the collective effort towards AHA in the region. All pillars of EIP on AHA are integrated in Ageing@Coimbra activities: members actively participate in the action groups, developing regularly activities, products/services, projects, and research, education and training courses, giving concrete inputs to the 3 pillars and committing themselves with future activities. One of the most evident features of Ageing@Coimbra is the inclusive engagement strategy towards a “quadruple helix” approach. As a consortium, it involves a large number of organisations from the region that are members Ageing@Coimbra consortium – 84 members. These members clear represent the 4 types of organizations from the helix: research and academia (e.g. UC, Nursing School of Coimbra, Center for Neuroscience and Cell Biology, and others); business incubators (IPN), entrepreneurship associations (BIOCANT, TICE) and companies (e.g. BLUEPHARMA and others) health and social care providers (e.g. Regional Health Administration of Centro; social care Instituto de Segurança Social), the Regional Authority of Centro Region public authorities (Municipalities and Intermunicipal networks); and civil society organisations (Cáritas Coimbra, APOSENIOR, Pharmacists Association, Alzheimer’s Disease Patient Association and many others).

See also the Ageing@Coimbra case study paper published in Frontiers in Medicine

(https://www.frontiersin.org/articles/10.3389/fmed.2018.00132/full); and Ageing@Coimbra Reference Site (https://ageingcoimbra.pt/en/).

Technological

Moreover, the region demonstrates strong evidences of technological readiness towards active and healthy ageing. Such readiness is the result of a strategy adopted since the beginning of the decade (late 2010). In particular, the cooperation between the founding members of Ageing@Coimbra has been successful in deploying some technologies in key stakeholders (e.g. end-user organizations, hospitals and patient associations) after the corresponding development projects finished. Some concrete examples include the AAL CaMeLi and H2020 GrowMeUp projects H2020 GrowMeUp projects (https://link.springer.com/chapter/10.1007/978-3-319-56538-5_57, https://link.springer.com/chapter/10.1007/978-3-319-56538-5_76), which technologies were adopted by Cáritas Diocesana de Coimbra as tools for occupational caregivers to engage older adults in digital literacy activities. Additionally, other examples targeted innovation in cure and care service delivery, like home hospitalization or remote follow up of patients with COPD, as they are being implemented in Figueira da Foz Hospital.

Financial

CCDRC has been investing significant funding directly supporting the

Ageing@Coimbra flagship project MIA-Portugal. Overall, in the last 4 years 10.6 M€ have been contracted. This budget includes: a) 2.9M€ contracted with UC, IPN and Biocant research groups within 2 Integrated Programs on Scientific and Technological Research to support AHA (SAICT, Centro 46-2015-01);b) 0.9M€ to support the first phase of MIA-Portugal implementation; c) 0.8M€ to support research on cancer (02-SAICT-2017); d) 0.9 M€ for Scientific and Technology Transfer (SAAC-46-2016-01); e) 5.5 M€ for large infrastructures on biomedical imaging for early diagnosis of disease and support AHA (01-SAICT-2016); f) 0.5 M€ in co-promotion projects to support AHA and age-related diseases (cancer, Alzheimer's disease, cardiovascular diseases, etc).

Evaluation

The new organizational model inscribed fourth strategic activities: A1 - innovation ecosystem management, A2 - representing local ecosystem in European iniatives related to AHA, a3 - Ageing@Coimbra brand management, A4 - Ageing@Coimbra brand promotion. Additionally, a set of KPIs were established in association with each strategic activity, respectively: for A1 - number of partners in the ecosystem, number of R&I projects, amount of national and European funding in R&I, number of new products and services, number of project involving more than one partner in the ecosystem, number of scientific publications, A2 – number of participation in working groups, number of good practices identified by the organization, number of commitments, A3 – number of new Ageing@Coimbra accreditation, number of renewed accreditations, number of non-renewed

	accreditations, A4 – key events organized by Ageing@Coimbra, number of events where Ageing@Coimbra is represented (directly or indirectly by its members), website visits, number of events organized or co-organized by Ageing@Coimbra, number of news in relevant publications with reference to Ageing@Coimbra.
Resources needed	Ageing@Coimbra is functioning since the beginning without funding. The organisations of its core group ensure the mobilisation of resources for its main initiatives and for the ongoing management
Timescale (start/end date)	Ageing@Coimbra is an ongoing initiative, since 2013.
Challenges encountered	Challenges and barriers: • Lack od dedicated funding • The permanent growth of challenges in the Region due to demographic change • Definition of common AHA thoughts and actions to implement Facilitators and lessons learned: • Regional scope • Collaboration of the quadruple helix-based ecosystem in a systematic way • Systematic approach and a programme of opportunities for cross-sector learning-development and improvement in line with the EIP on AHA objective • Active contributions to European co-operation and transferability
Potential for learning or transfer	Ageing@Coimbra is potentially interesting as a good practice for other regions to learn from, thanks to: 1. The implementation of a quadruple helix-based model to its operational structure, pursuing a perfect alignment between universities, regional authorities, business companies and civil society. Moreover, within this perspective, Ageing@Coimbra is a constantly growing Consortium. 2. Its contribution to the EIP on AHA horizontal initiatives, concerning the Blueprint of digital innovation on health and care. 3. Its reliance on six important criteria regarding the quality and effectiveness of AHA purposes regional implementation: • Political, Organisational, Technological and Financial Readiness. • Learning, knowledge and resources for innovation sharing. • Contributing to European co-operation and transferability. • Delivering evidence on impact against the triple win approach • Contributing to the European Digital Transformation of Health and Care. • Scaling of demonstration and deployment of innovation. *Has this good practice been adopted in other regions around the country or beyond?* Yes, Ageing@Coimbra concept, structure and mission have already been used to inspire other Reference Site such as candidates: Lodz in Poland, Asturias in Spain, Porto and Algarve in Portugal, which were recognised as reference sites in the most recent calls of the EIP-AHA.

	Has this good practice implemented as a pilot programme or as an extended programme? In case it is a pilot programme, is there any plan for a wider implementation? No, it was not implemented as a pilot programme, nor as an extended programme. *Is this good practice being currently implemented on an on-going basis as a routine procedure?* Yes, it is.
Evidence of success (results achieved)	The most valuable benefits achieved by Ageing@Coimbra are those related and consequent to: • The stakeholders in the Region around Active and Healthy Ageing work together, plan their activities in an integrated manner and explore synergies towards better results. • A higher appreciation of the role of the older adults in society. • The use of good practices for active and healthy aging. • The improvement of the quality of life of older citizens through social services and health care, the creation of innovative products and services, and the development of new means of diagnosis and therapy. *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* Overall, in the last 3 years, Ageing@Coimbra matured its structure and governance approach by maintaining a very active dynamic from the funding members (UC, IPN, CMC, CCDRC) and including a deeper involvement of key members like CCDRC at the policy level, and Cáritas Diocesana de Coimbra and Escola Superior de Enfermagem (Nursing School), who bring the important perspective of key stakeholders to the ecosystem – the end-users. Ageing@Coimbra partners apply the public-private partnership concept at regional level, as well as pan-European using the EIT Health network, RSCN, the EIP-AHA, SHAFE and AAL. In clear commitment to progress towards the objectives of EIP on AHA, Ageing@Coimbra already counts with some good examples of public-private partnerships to deliver innovation and upscale regional solutions in a wider geographic coverage. One good example is the EIT-Health project - HeaLIQs 4 Cities (EIT Health is a major public-private partnership of >140 members in Europe). In 2016, the MIA project set the cornerstone for the creation of the multidisciplinary institute for ageing, in a teaming effort with the University of Newcastle. In 2019, MIA Portugal is implementing an infrastructure, which will represent an investment of near 45M€ in the region and that will be coordinated by UC, supported by other Ageing@Coimbra members. Motivated by the continuous investment in key scientific domains, which include health and wellbeing at great extent, in 2016 the total turnover of companies incubated at IPN business incubator was around 114 M€ and around 1750 people were employed. In 2017,

these numbers increased for a total turnover of about 135 M€ (18% increase) and around 2100 employees (350 jobs created, for a 20% increase in jobs available in the areas of innovation and technologies).

Moreover, the involvement of Ageing@Coimbra partners in H2020, EIT Health and Centro2020 (regional) projects related with AHA created a direct number of 60 new jobs critical for the implementation and management.

Cáritas Coimbra, one of the Ageing@Coimbra core partners, is using the MAFEIP tool to assess a specific intervention, following the successful outcome of the 2018 call for use cases. Cáritas proposed a use case that was approved to be experimenting the MAFEIP online tool and that is currently under finalisation.

The overall results and impacts are very wide, so some specific examples will now be detailed:

Concerning regional telemedicine, the PDS Live, a new application (SER Live) was developed to overcome the identified technical barriers, is in its final stage of completion and will be launched in 2019-2020, more specifically, in the Tele Via Verde AVC. Namely, electronic records for statistical purposes, patient- and program related, will be collected and integrated with an international platform.

By the end of 2019 a pilot study will be deployed with volunteers at the Regional Oncology Centre, who will have access to an app (mobile-phone friendly) that allows preliminary diagnose of skin lesions through Artificial Intelligence with faster and more practical referral of the photographs from the primary healthcare centres to the dermatology department. Currently, the majority of dermatology consultation requests is made through this program. The aim is to reach the 90% of photograph-complemented requests until the end of 2019.

Cardiology teleconsultations will be launched in end 2019 along with the deployment of the new RSE Live platform. It will connect 12 primary healthcare centres and the CHUC cardiology department allowing for scheduled consultations or clinical case studies.

The programs of 'Telemonitoring of patients with COPD' and 'Telemonitoring of patients with heart failure and poststroke patients' will continue to follow-up the already sampled patients at home and are expected to be included following the evaluation of the program that will be carried out until the end of 2019.

'Digital Platform' is a project running in the District Hospital of Figueira da Foz (HDFF, EPE) that entails a new service model of communication with the patients and their significant others. The digital platform comprises a set of services that are permanently available within and outside the hospital. The specific aims are to restructure the face-to-face and remote interaction with the patients and their significant others and to readapt BackOffice processes while focusing in the digital documentation and workflow optimization. Along with the transformation of processes and technologies, security and robustness issues will be on focus by re-adapting the mechanisms for authentication, certification and

	preservation of information. The new services will follow the national strategy for ensuring the digital interoperability in compliance with the guidelines and legislation. This initiative will reach 112,300 users, who are all the potential users of the HDFF, EPE. The VirtuALL (Innovation, Aging and Quality of Life Symbiosis) project developed by the ADELO, intends to stimulate 6 ecosystems, with an innovative and unique approach at national level, aimed at promoting the quality of life of the elderly in 6 municipalities of the Center Region. The project integrates technology, the scientific and business community and local knowledge on good practices for the active and healthy ageing. This project started on April 1, 2019 and will be developed in a continuous period of 30 months. Accordingly, the operationalization of the Action Plan has started with the establishment of partnerships and collaboration protocols, as well as, the acquisition and supply of technological equipment and contents. These 6 ecosystems are expected to function simultaneously in Oct. of 2019, making an important contribution to the independent, autonomous, healthier and more participative life of the older population of the municipalities covered by the project. *What is the actual number of people/institutions benefited by the good practice? On the other hand, does it reach its full potential?* Ageing@Coimbra has currently 84 stakeholders, coming from all different intervention areas (public administration bodies, research and academia, business companies and civil society), and therefore withholding a number of direct and indirect end-users to their respective services. *Is there any evidence of a contribution of this good practice to the growth of new **markets, employment & job creation**?* The current Ageing@Coimbra consortium intends to ensure its sustainability, by creating the conditions to have professional dedicated staff, able to assess the Coordination Group to perform the planning, management and monitoring of activities, and to continue developing ongoing and future projects. This achievement would eventually determine the creation of new job opportunities. *Has it implied the implementation of any measures by the regional government in 2019-2020 (or previous) to **tackle the main topic** on this good practice?* There is one measure under negotiation regarding the possible funding of the consortium basic organisation and resources – it will probably be released in 2020
Further information	www.ageingcoimbra.pt/en/
Keywords related to your practice	Regional AHA network, quadruple helix, good practices on AHA

Upload image	Ageing @ Coimbra

Good practice E5

Hamburg

E5.1 Good practice general information	
Title of the practice	AGQua

E5.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	GWHH GmbH
Is your organization the main institution in charge of the good practice?	No

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge	Cluster Organisation	
Location of the organisation in charge	*Country*	Germany
	Region	Hamburg
	City	Hamburg

E5.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	- ADSG – housing industries - P&W - residential care home for the elderly - Silpion – IT-solutions - Connected-health.eu – IT-solutions - Q-Data Services – smart home solutions - University of Hamburg - Hamburg University of Applied Science
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	We have concrete plans to bring together the project results of the different living environments project and to scale-up in the new ERDF funding scheme.

E5.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	No	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	Germany
	Region	Hamburg
	City	Hamburg

E5.5 Detailed description	
Short summary of the practice	Goal of the project is to enable senior citizens, to stay as long as possible in their living environment. Innovative services and new technical solutions are tested in the districts Rübenkamp and Uhlenhorst. To achieve this goal, 36 flats will be equipped with AAL technologies. A digital platform enables the citizens to communicate with each other, and with service providers. In and outdoor digital notice boards supplement the provision of information. Additional district management and advice on prevention, should help the increase the social interaction and the health status in the districts.
Detailed information on the practice	*What is the problem addressed and the context which triggered the introduction of the practice?* By 2030, about one in three Hamburgers will be over 60. This demographic development is also a fundamental challenge for social security systems and health care. A central task from the point of view of research and development as well as politics is to develop, and test offers and concepts that enable people to participate actively and socially in different areas of life in their living environment. *Please describe the knowledge that constitutes the basis for the development of the good practice (background).* The project was developed with the experience from the project VWIQ and its evaluation: http://www.vernetztes-wohnen-hh.de/index.php?id=52 *How does the practice reach its objectives and how it is implemented?* Together, the partners involved in the project aim to develop, test and apply a local and social care system. A holistic approach to the district is taken, which is adapted to the requirements and resources of the respective district. The aim of the project is to make use of the diverse resources that urban neighbourhoods provide for day-to-day and health care. Short distances, a high density of settlements and the diverse offers have the potential to enable the residents of the district to stay in the ancestral living environment for a long and self-determined manner. In order to be able to use this potential, it is necessary to establish a comprehensive district management. Its task is to bundle the diverse activities in the district, to network the different actors and, through information and information, to provide residents with low-threshold access to appropriate offers in the district. Allow. The aim is to increase the health competence of the residents, increase their sovereignty and enable healthy ageing, in line with the provisions of the Prevention Act. *Who are the main stakeholders and beneficiaries of the practice?* Housing sector, residential care, healthcare- and nursing sector, IT- and electro initialisation companies

	What is the target population/audience (age range, vulnerable groups…)? The citizens in the two district's Rübenkamp and Uhlenhorst, around 20.000
Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	Yes
Methodology	In parallel with the establishment of neighbourly activities in connection with health advice and prevention services, a concept for scientific monitoring and evaluation is being developed. The concept is developed in consultation with the network partners and the competent authority in order to provide access to the necessary data on the one hand and to concert the dates of data collection and processing on the other. For the depiction of the subjective perceptions of the meaning of the network offers, qualitative semi-structured interviews with the residents are conducted and evaluated according to the qualitative content analysis of Mayrin (2010). This methodology allows the presentation of justification sestets for the benefit and use of the site from the residents' point of view and is necessary against the background of a resident-cantered development of the network. The intensity of the use of the Neighbourhood Network is determined by the results of the health advice of doctors/therapists/health care providers. The aim is to identify health-promoting activities during the project and to adapt the offers accordingly. This subproject is used for the development-related evaluation of the socio-technical systems. These include the Digital Black Board (Work Package 12: Digital Black Board) and the Digital Neighbourhood Network (Work Package 13: Digital Neighbourhood Network). Various methods of human-centered design are used. This ensures a user-centred implementation of the project. The exact implementation of the individual evaluation steps depends on the concrete results of the above-mentioned work packages. Due to the planned iterative approach in the project, the detailed requirements for the evaluation can only be determined during the project. In order to support the project partners always through appropriate evaluation activities, the approach of service design thinking is chosen in the implementation. This approach serves the iterative conceptual development of innovative solutions and can be well combined with the itera-tive scrum approach of software development. A software-technical evaluation in the sense of functional testing is not provided for in this subproject. This is in each case part of the software or technical development in the corresponding work packages themselves
Resources needed	3.7 million Euro.
Timescale (start/end date)	Ongoing May 2014 – December 2020
Challenges encountered	
Potential for learning or transfer	With the digital neighbourhood network "Meine Nachbarn" get to know neighbours from your district, get information about local events and offers and have the possibility to offer or receive neighbourhood assistance easily. In addition to your neighbours, the AGQua district management, the AGQua health consultancy and many other local organizations are also active on My Neighbours. What features does My Neighbours offer?

	• News, Discussions, Requests: Write posts on My Neighbours • Inform yourself about upcoming events and promotions in the district calendar • Talk to neighbours directly via private messages • Share your interests in your profile and find like-minded people in your district • Join with neighbours in public and private groups • Get to know interesting local organisations and their offers
Evidence of success (results achieved)	The ADSG equipped in the district Rübenkamp 12 new, barrier-free apartments with construction-technical basis for the use of AAL-systems. This is all the more important as barriers in the apartments are often when it comes to dealing with physical restriction to remain active. The company Q-Data Service relies on needs-based, technical assistance systems. To the necessary basics is above all a far-reaching Electrical installation in the form of extensive power lines and certain transmitting and receiving modules that can be wireless controlled. The inhabitants of the districts are connected with a neighbourhood-App. The App helps that the residents in the districts can easily and quickly get in touch with each other, arrange for activities and small support services inquire or offer. District managers support the activities and try to activate the residents. *What was the **social impact**, as well as the **health impact** of the implementation and execution of this good practice?* The impact of the project is an increasing activity in the districts. Different groups start to work inside the project and get linked with each other. Doctors, therapists and health care providers in the districts will be involved in the project. Among other things, they offer eHealth-supported advice in the districts. Relevant data is digitally exchanged between doctor and patient. After determining the health status (vital data measurement, weight, blood pressure, sugar) recommendation stipend for health-promoting activities (e.g. exercise, nutrition advice, physiotherapy) is given. In order to strengthen the networking of all actors, providers and activities from the district are used as far as possible. Supportive neighbourhoods in the districts are supposed to ensure everyday needs (such as a shopping aid, ride-sharing). Through such a commitment, contacts and social relations in the district are promoted and established. In addition, local sports and volunteer associations are involved in the district work and a voluntary management is established. In this way, professional and voluntary support and support can go hand in hand in the districts (citizen-professional mix).
Further information	https://www.agqua.de/startseite.html?no_cache=1
Keywords related to your practice	Development, testing and application of a local and social care system, neighbourhood management, Actors networking, enlightenment work

Upload image	AGQUA Aktive und Gesunde Quartiere Uhlenhorst und Rübenkamp

Good practice E6

Louth

E6.1 Good practice general information	
Title of the practice	Core collaborative components between projects

E6.2 Organisation in charge of the good practice	
Main organization in charge of the good practice	Louth County Council
Is your organization the main institution in charge of the good practice?	Yes

In case your organisation is not the one in charge of the good practice, please provide further information about the main organisation in the box below:

Type of organisation in charge		
Location of the organisation in charge	*Country*	N/A
	Region	N/A
	City	N/A

E6.3 Other players involved	
Please indicate the organisations in the region which are involved in the development and implementation of the good practice and explain their role	The delivery of frontline services discussed within the good working practices of Section A, B and D above are heavily reliant on a wide and interesting variety of core stakeholders. Some of these stakeholders are self-funded and autonomous entities, operating in an overlapping space with other providers and sometimes in a voluntary capacity. The list below is a summary of the active groups from an NGO, Academic Institute, Government, Local Government (Louth Co. Co) and Collaborative Alliances within the SHAFE space operating in county Louth. It is important to emphasise that large companies are never mentioned in county council documents, as there is a strict policy in place to eliminate cronyism, bias or favouritism. **NGO** **Approved Housing Bodies (AHB):** AHB are independent, not-for-profit organisations. They provide affordable rented housing for people who cannot afford to pay private sector rents or buy their own homes; or for particular groups, such as older people or homeless people. **Chamber of Commerce (CoC):** Chamber of Commerce refers to the business network and business voice consisting of 200 members representing all local business sectors. Chamber members meet monthly with a view to promoting local economic development. Louth cannot be seen as pro or bias to one

product or company over another. Hence using this communication conduit Louth Co. Co. can pass community information to the commerce groups without specifying a particular stakeholder group or company.

Gaelic Athletic Association (GAA): A volunteer organisation promoting native Irish sports, e.g. Hurley, Gaelic Football and Camogie, through a network of local and national action groups.

Get Ireland Walking (GIW): Walking is the easiest way to get moving, get active and get happy, and Get Ireland Walking provides positive activities to encourage and promote walking e.g. Age appropriate tours.

Irish Countrywomen's Association (ICA): ICA bring together both rural and urban women offering support, friendship, personal development, education and life-long learning, having due regard for our Irish Culture and the use of the Irish Language through its Advocacy work, networks with many community based initiatives and facilities located all around Ireland.

Irish Farmers Association (IFA): A Farming representative organisation, focused on protecting and defending the interests of Irish farmers at home and in Europe, lobbying and campaigning for improved conditions and incomes for farm families.

Louth Leader Partnership (LLP): To promote, support and engage in a social development, enterprise development to facilitate rural and urban regeneration and community development designed to benefit and promote the welfare of local communities or to deal with the causes and consequences of social and economic disadvantage and poverty.

Louth Volunteer Centre (LVC): Louth Volunteer Centre is an independent organisation, which is affiliated to Volunteer Ireland, and is part of a network of 21 Volunteer Centres and 7 Volunteer Information Services. They offer a Free Volunteer Placement Service, a database of opportunities for volunteers, email and telephone support staff, support and information on Policy Issues to volunteer involving organisations and training.

National Disability Authority (NDA): Is an independent statutory body that provides information and advice to the Government on policy and practice relevant to the lives of persons with disabilities. They have a statutory role to assist the Minister for Justice and Equality in the co-ordination of disability policy.

Private Rented Tenancies Board (PRTB): They undertake to support the development of a well-functioning rental housing sector that is fair, accessible and beneficial for all.

Sustainable Energy Communities (SEC's): The SEC network is made up of over 200 communities around Ireland who are interested in community energy. Some communities have been influencing local energy use for years, while others are thinking about it for the first time. The aim of the network is to encourage and support a national movement in every part of the country.

Save our Sons and Daughters (SOSAD): The aim is to raise awareness of suicide in Ireland, to break the stigma surrounding suicide and to provide support and direction to those feeling depressed and/or suicidal.

Academic (Higher Education) Institutions

	Dundalk Institute of Technology (DkIT): Third level institute of higher education and research on the Belfast-Dublin corridor, serving the North Leinster, South Ulster region of Ireland. **Technological University Dublin (TUDUB):** Third level institute of higher education and research in Dublin. **<u>Government</u>** **An Garda Síochána (AGS):** The police force for the Republic of Ireland **Community Employment Scheme (CES):** CES is a programme designed to help people who are long-term unemployed and other disadvantaged people to get back to work by offering part-time and temporary placements in jobs based within local communities. **Department of Education & Skills (DES):** Irish Ministry for education and skills development. **Department of Social Protection (DSP):** Is responsible for the distribution and re-distribution of income to assure social cohesion and equity of economic outcomes, and the efficient operation of the supply side of the labour market in Ireland. **Health Service Executive (HSE):** The HSE provides public health and social care services to everyone living in Ireland. **Louth Adult Education Guidance & Information Service (LAEGIS):** Laegis is part of a countrywide initiative to promote and support adult education. They provide information, advice and guidance to adults who are considering returning to education/training, changing career or seeking information on possible educational opportunities available to them. The service is free and confidential. **Local Community Development Committee (LCDC):** Responsible for co-ordinating, planning and overseeing local and community development funding. A key function is to prepare the community elements of 6-year Local Economic and Community Plans (LECPs). **Local Enterprise Office (LEO):** LEO provides advice, information and support to you in starting up or growing your business. **Louth Meath Education & Training Board (LMETB):** Provides an extensive range of educational and training opportunities, both part time and full time to the adult population of counties Louth and Meath. Programmes/Courses have been designed to afford flexible, inclusive learning opportunities, located in venues throughout the region. **National Road Safety Authority (NRSA):** Responsible for providing a safe environment for all road users and promoting the efficient use of the Irish road network. **National Transport Authority (NTA):** Is a statutory non-commercial body, which operates under the aegis of the Department of Transport, Tourism and Sport. It regulates the small public service vehicle sector (SPSV). **Sustainable Energy Authority of Ireland (SEAI):** This is the national sustainable energy authority, who work with householders, businesses, communities and government to create a cleaner energy future.

	Sports Ireland (SI): Sport Ireland is the authority tasked with the development of sport in Ireland. This includes participation in sport, high performance sport, anti-doping, coaching and the development of the Sport Ireland Campus. **<u>Local Government (Louth Co. Co)</u>** **Age Friendly Ireland (AFI):** An intermediary organisation, Age Friendly Ireland coordinates the national Age Friendly Cities and Counties Programme. The Programme brings together, supports and provides technical guidance to the 31 local authority-led, multi-agency Age Friendly City and County Programmes in every local authority area. **Louth County Council (LCC)**: Responsible for the running of the county of Louth. This includes services (housing, water, and waste-water), planning, motor tax, libraries, some school activities, dog pound, and election. **<u>Collaborative Alliances</u>** **Age Friendly Alliance (AFA):** A strategic partnership for the county that brings together the statutory, private, voluntary and community sectors to create new initiatives and services and enhance those that already exist for older people in their communities. Funded externally, but an Administrative Officer, provided by the County Council, and who reports to the County Manager. **Joint Policing Committee (JPC):** Joint Policing Committees (JPCs) provide a dedicated forum to support consultation, cooperation and synergy on policing and crime issues between An Garda Síochána, local authority officials, elected representatives and the community and voluntary sectors. A JPC operates in each of the City, City and County and County Council areas. **Louth Economic Forum (LEF):** Responsible for implementing the Louth County strategy with a collaboration of state development agencies and the business community. **Louth Older Peoples Forum (LOPF):** represent the voice of older people and work as partners with the Age Friendly Alliance to identify ways to improve the quality of life for older people in County Louth. **Louth Sports Partnership (LSP):** Provide support to sport and active recreation at local level in the Louth area. The key aims of the local sports partnerships are to increase participation in sport and physical recreation and ensure that local resources are used to best effect. **North East Drugs & Alcohol Task Force (NEDATF):** Is one of twenty four drugs task forces nationwide. The task forces were developed to combat the threat from problem drug use throughout the country. They are made up of statutory, voluntary, community and public representatives who work in partnership to provide and maintain a system of supports and services for individuals, families and communities through which existing and future problem drug use is prevented, reduced and managed. **North East Further & Higher Education Alliance (NEFHEA):** Is a major regional higher and further education initiative comprising higher and further education institutions in the North East.

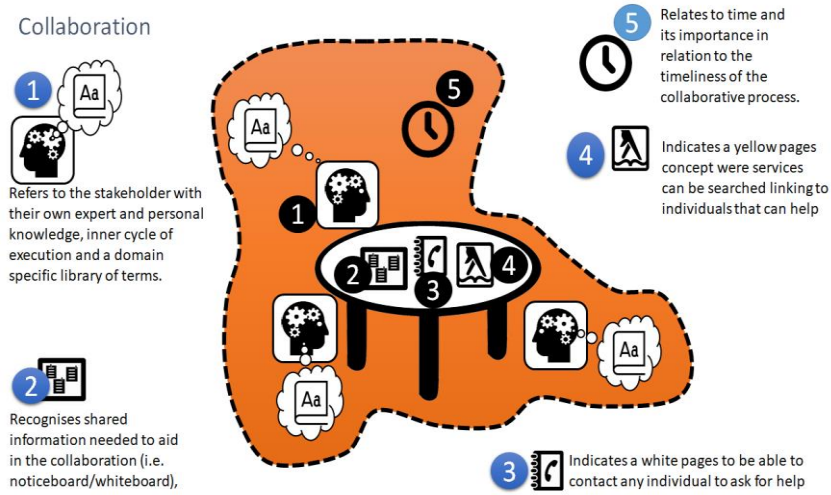
	North East Regional Homeless Forum (NERFH): An assessment on eligibility for emergency services will be conducted when an individual presents at the homeless clinic. If deemed eligible for Homeless services they will be advised of the options available. **Public Participation Network (PPN):** A Public Participation Network (PPN) is a network that allows local authorities to connect with community groups around the country. The PPN is the 'go to' for all local authorities who wish to benefit from community and voluntary expertise in their area. **Tidy Towns Together (TTT):** An initiative to create a competitive experience to have the tidiest town in Ireland.
Are there any plans to develop new collaborations in this good practice? If yes, please explain.	Yes. As new groups/stakeholders come into the space and become intent on providing some, or part of a, service, they are included within the core document structure. This is made possible by including them in the weekly "Friday Communique". This email is sent to all E1.3 stakeholders and any other interested groups. This email alerts all the participants of key information on Funding, Consultations/Public Meetings, Community, Training/Workshops and Newsletters that impact on the specific actions. The communique has, a low floor (easy entry to the information), using generic headings that prevent isolating stakeholders or cronyism or bias, but a high ceiling, where the information is specific enough to depart key information needed to ensure the action is in focus. In addition to the "Friday Communique" the LCEP refers to groups with similar service abilities by a single name. For example Public Participation Network (PPN), Age Friendly Alliance (AFA) and Chamber of Commerce (CoC) refers to a network of service providers, so it is easy to include new collaborator partners without disjointing the current plan.

E6.4 Coverage		
Is this good practice related to any kind of wider projects? Which one(s)?	Yes, the core collaborative components are used on all projects within the Louth region. It could be considered the spine of the projects.	
Geographical scope/coverage of the practice	Local	
Location of the practice	Country	Ireland
	Region	Co Louth
	City	Louth

E6.5 Detailed description	
Short summary of the practice	On review of successful initiatives completed in the Louth region, there are a set of core collaborative components that reappear repeatedly. When the EU-SHAFE lens is applied there is potential that these may be replicated in different counties and countries.
Detailed information on the practice	When reviewing national, regional and local policies, sometimes there are areas of similarities and overlap, between the aspirations of the policies, which can improve the cohesive delivery of services to the communities.

	Some of these services are delivered by different autonomous and independent stakeholders at different levels of support. A list of these stakeholders, in the case of Louth is shown in E1.3 above. If this service delivery is to be successful, the activities need to be carefully orchestrated, monitored and evaluated, while maintaining goodwill within the local volunteer sector and provide a reporting feedback system to the various policy agents. **Question 1:** <u>How are services to the communities apportioned?</u> The technique by which synergies within policies, **plans** and **goals** are mapped to specific **actions**. Each action is clearly assigned a timeline, lead-organisation in charge of the objective, support agencies, a metric and status. All the team members are identifiable to each other and the council through the Local Community and Economic Plan (LCEP). This technique uses an iterative spreadsheet approach finally resulting in the published LECP plan which is open to all, both service users and service providers. The stakeholders referred to in section E1.3 permit subtle changes to occur as the action is executed. For example, any business aiding on the service delivery would be covered under the NGO, Chamber of Commerce (CoC) mantel. This eliminates the concern when relying on one business. Hence, it is the business as a group shouldering the responsibility of actions linked to the CoC. This would be similar to the alliance groups Public Participation Network (PPN). Again the PPN is made up of over 11,000 sub-groups and so actions linked to the PPN are shouldered by that group as a whole. **Question 2:** <u>What technique is used to keep the services on track?</u> The establishment of a weekly “Friday Communique” acts as a proactive noticeboard and ticker-clock synchronisation tool. This is an email that is sent to all E1.3 stakeholders and any other interested groups. This email alerts all the participants of key information on Funding, Consultations/Public Meetings, Community, Training/Workshops and Newsletters that impact on the specific actions. The communique has, a low floor (easy entry to the information), using generic headings that prevent isolating stakeholders, cronyism or bias, but a high ceiling, where the information is specific enough to depart key operation information (which is relevant, timely, local and accurate) needed to ensure the action is in focus. **Question 3:** <u>How do financial instruments recognize the true value of a service to the community?</u> In a general sense, financial instruments focus their lens on money in and money out, whether the funding is accounted for and whether it is balanced. For most cases, the metrics are numerical and the numbers are easy to identify and self-explanatory. Unfortunately, community led services rarely fall into a simplistic numerical scale. For example, how do we measure human comfort, elderly accessibility or dependency of an older person on their family on a numeric scale? To overcome this cross-cutting challenge relating to truly understanding what the “**value**” to the community of the service is, and not just the “**cost**” of providing it, Louth have spent substantial time and resources in developing a range of ebooks to try realise the financial to community value link: Healthy Ireland for Louth Plan, Louth Age Friendly County Plan, Healthy Ireland or Louth Plan, Louth Disability Inclusion Plan and Louth Realising our Rural Potential. http://apps.louthcoco.ie/HealthyIrelandEbooks/

	Within these ebooks Louth have distilled essences of their sense of self (core values, e.g. Dependability, Reliability, Loyalty, Commitment, Open-mindedness, Consistency, Honesty, Compassion, Motivation, Positivity, Optimism, Passion) as a as a community **Question 4:** How do stakeholders know of the existence of each other, and how can communication be effected between them? As part of the LECP plan there is a list of contact details, to permit a specific group to be contacted. This list is available through the Social and Community Office, Louth County Council. This would be similar to the traditional white pages telephone directory. There is also a yellow pages type directory, which identifies services the stakeholders provide, and there are sometimes alternative stakeholders that can provide similar services or perhaps more specific services. At times the Social and Community Office is just used to share the contacts, but the action delivery is occasionally simply shared between the stakeholders as the aspiration of the service is stated in the LECP. **Question 5:** How can the separate policy management agents identify where their policies impact beneficially on other policies. A form of feedback to identify "value" of the policy has further reaching impacts? With reference to the LECP and through the weekly "Friday Communique" the different policy administrators are made aware of how their policy instruments have synergy with other instruments. It aids the unlocking of hidden extra value in synergy between policies. **Question 6:** What is the driving force that energises this cross cutting practice? The appointment of a person in the role of a "Social and Community Officer" within the region who acts as an architect to coordinate all of these activities and to ensure the appropriateness of the actions to the stakeholders. Once running, the different groups engage. But periodic review of the action takes place to ensure the actions are being achieved and if some modification to the plan needs to be undertaken. **Question 7:** Does Louth Co. Co. have an ability to be "self-aware" and to identify those elements of the practice that are reusable? At national level, Louth Co. Co. produced a tool kit to pave the way for other counties in Ireland to implement the age friendly policy after they successfully became age friendly itself. Now, using that tool kit every county in Ireland is age friendly, and Ireland was recognised as the world's first age friendly country. **Question 8**: How is consistency between service providers ensured? A fundamental component relating to the professionals offering services is that they must be accurate and consistent. Institutes of technology and universities in Ireland offering NFQ 6 to 10, rely heavily on accreditation by external professional bodies, such as Engineers Ireland. This link provides a two way communication. Firstly, the professional body has a direct link to the academics teaching the material, hence, it ensures that courses are consistent and accurate for their profession. Secondly, the professional groups lobby government to ensure that their profession's core values are retained in policy documents.

Is this practice somehow related to the policy instrument described in Part I? If so, please explain how	Yes The amalgamation of national plans into one local plan and sub-plans allows the delivery of national plans at local level. Not only does the Louth LCDC deliver on the policy instrument described it delivers on a suite of national plans that have to be delivered at local level. To further the visibility of the delivery of the plans and to simplify the reporting mechanisms for the collaboration of stakeholders LCC has developed a combined reporting template which links actions across the different strategies into one reporting document.
Methodology	 Figure 1, Collaboration a) **Review the "state of the art" literature on change management, true collaboration, innovation and improvising theory and practice.** The published research identifies that for true collaboration, innovation and improvising to be successful, there are five ingredients that need to be present which are illustrated in Figure 1. (1) The stakeholder, expert or group who are autonomous and in charge of their own affairs. (2) A noticeboard space where relevant information is shared. (3) A white pages to look up specific contacts. (4) A yellow pages to be able to look up services. (5) A timeline/clock in which to synchronise, order and prioritise activities. **b) View aspects of the literature review with a view to gaining an insight to the underlying structure of LECP and other practices occuring in Louth.** If we review the LECP document through this collaborative lens we can map aspects of the plan to the above ingredients. (1) Stakeholders are the community, lead-organisations and support agency. (2) The noticeboard space is the weekly "Friday Communique" and the Older Peoples Forum, the goals and actions, which provide the "**voice"** of the older person. (3) The white pages is where each stakeholder has a point of contact who can be identified and communicated with directly. There is no need to bottle neck communications through one person or office. (4) The yellow pages are the services that the different groups stakeholders provide and lastly (5) a timeline which is clearly linked with each goal, objective and action.

	c) Review the National/Regional Innovation Strategies for Smart Specialisations (RIS3) with a SHAFE lens. RIS3 in summary has identified three essential mechanisms of a strategy for smart specialisations: (1) Clustering organisations who can provide overlapping service with a specific focus. (2) By design eliminate isolating stakeholders, cronyism or bias. (3) Ensure there is a consensus among stakeholders. **d) Examine the LCEP and other practices occuring in Louth through the RIS3 lens** When we examined the cross-cutting success of Louth in the SHAFE space, we identified practical aspects linked to the RIS3 literature. (1) Organisations are grouped and clustered with in the LCEP plan. For example, Public Participation Network (PPN), Age Friendly Alliance (AFA) and Chamber of Commerce (CoC) refers to a network of service providers. (2) Louth Co Co. never refer to a company and all communications, such as, the weekly "Friday Communique" has a low floor (easy entry to the information), using generic headings that prevent isolation of stakeholders or cronyism or bias, but a high ceiling, where the information is specific enough to impart the key information needed to ensure that the action is in focus. (3) The LCDC consists of Public sector –local authority, Health Service Executive, Dept of Social Employment Affairs & Social Protection and Louth Meath Education Training Board. Private sector—chambers of commerce, farming community, volunteer centre, local development company—Community-community pillar, social inclusion pillar and environmental pillar from the Public Partnership Network. Decisions are made through **consensus** with a 51-49 split in favour of the private sector should it be necessary to take a vote.
Resources needed	The resources needed to support the above mentioned comes from: Good local government leadership A cross collaboration of public and private stakeholders working to a defined agenda (LCDC) A strong flexible and all-encompassing local agenda (LECP) A qualified community development worker to support the animation and development of both public and private sector engagement The local authority skill on strategic planning and the employment of that skill to link EU objectives and national plans to local plans and delivery structures The provision of a renewed national government suite of funding opportunities and the statutory provision of local government to support the governance structure the LCDC A developed and nurtured trust among and within community groups over riding any natural competitive dynamic
Timescale (start/end date)	2010 and ongoing
Challenges encountered	Breaking down the silos between organisations and within organisations—this is almost impossible, however, LCC now looks for soft spots in the silos by means of "What's in it for me" and when the organisation sees an

	opportunity to deepen or widen their service through partnering with another organisation the silo wall softens and melts.
Potential for learning or transfer	Louth has proven with the success of their Tool Kit that it is possible to ensure that other counties in Ireland can become SHAFE-Friendly. Even though these counties are fundamentally different in their demographics, it highlights the resilience of the Tool Kit and the core collaborative components.
Evidence of success (results achieved)	Some evidence of the cross cutting practice, divided into function and Form, but there are many more: **Function:** When a home complies with sustainable energy guidelines, that home is cheaper to run on an annual basis. In addition the aged population would traditionally stay at home for longer periods during the day than other occupants. When this saving is scaled up to a countries housing stock, (even allowing for the higher initial capital expenditure), the rising cost of fossil fuels and carbon tax exposure is included, the savings from a country perspective are substantial. This can free up revenue to be spent on other aspects of society. Within the LECP there is provision for support to aid home owners seeking grants to aid in the retrofitting of insulation to the property. **Form**: This is a direct result of implementing the sustainable energy and education sectors policies through the LECP framework. The education of the professionals is consistent using the Institutes of technology and universities in Ireland offering NFQ 6 to 10, as they rely heavily on accreditation by external professional bodies, such as Engineers Ireland to keep a consistency in their profession. **Function:** When a home/dwelling is warm and cosy the occupant(s) has statistically a better level of overall health (both physical and mental) than homes that are not as comfortable. This divide is even greater in dwellings used by the aged population. From a country cost perspective, the least expensive location for our population to be housed in is their own home. This cost rises as their dependency requirement increases, e.g. if they enter nursing homes, and the highest cost is in high dependency situations such as a hospital. Hospitals network in Ireland will not release elder patients into homes that are not suitable. But if the home is suitable and perhaps in combination with meals on wheels (meals produced and delivered directly to the home by volunteer organisations) this same patient can be discharged earlier with the confidence they will not be readmitted to the hospital. **Form**: Although the warm and cosy outcome is a direct result of the sustainable energy and education sectors it was of substantial benefit to the National Positive Ageing Strategy initiative by Department of Health. This link is clearly map-able to a goal, objective, action, timeline, lead body, supporting agency and measurement within the LECP. The ebooks overcome the challenge relating to truly understanding what the "**value**" to the community of the service is, and not just the "**cost**" of providing it, Louth have spent substantial time and resources in developing a range of ebooks to try to realise the financial value to community value link: Healthy Ireland for Louth Plan, Louth Age Friendly County Plan, Healthy Ireland or Louth Plan, Louth Disability Inclusion Plan and Louth Realising our Rural Potential. http://apps.louthcoco.ie/HealthyIrelandEbooks/. The Department of health and Department of communications, climate action and the Environment, which are both government departments share parts of the weekly "Friday Communique" and the different reporting aspects used in the Louth Co. Co. operation to demonstrate mutual benefit and support of the activities under

	taken. This help to ensure communication and funding is transparent between the implementation of two or more policies. **Function:** If a home is reliably warm and cosy the occupant will feel more inclined to engage socially. This includes leaving the home for visits to the shops, walk to town or the park with the assurance the house will be warm and comfortable on their return. If the paths, bridges, traffic lights, between the home and local amenities (e.g. pharmacies, shops, parks, church, and social centres) are age friendly appropriate, there is a higher likelihood the elder person will shop locally (adding to the local economy), meet other locals on the journey (chance meetings and social interaction) and contribute socially to the local community. This aid in the elder person's fitness from a physical and mental perspective. **Form**: This substantial benefit is linked to the National Positive Ageing Strategy initiative by Department of Health. The Chamber of Commerce (CoC) can also map the benefit in spending within the local community. This is only one example, highlighting the cross-cutting action of insulating a home and it reducing the fuel carbon used to heat the home, is healthier for the SHAFE person and also helps with the local community. There are many other examples, but we are limited by space.
Further information	
Keywords related to your practice	Security, Safety, collaboration, sharing, government, policy, clustering, consensus
Upload image	

Acronyms linked to Web pages

AFA:-> http://agefriendlyireland.ie/programme/age-friendly-structure/
AFI:-> http://agefriendlyireland.ie/
AGS:-> https://www.garda.ie/en/
AHB:-> https://www.housing.gov.ie/housing/social-housing/voluntary-and-cooperative-housing/approved-housing-bodies-AHBs
CES:-> http://www.localemploymentservices.ie/job-seekers/community-employment-schemes/#
CoC:-> https://www.dundalk.ie/
DES:-> https://www.education.ie/en/
DkIT:-> https://www.dkit.ie/
DSP:-> http://www.welfare.ie/en/Pages/home.aspx
GAA:-> https://www.gaa.ie
GIW:-> https://www.getirelandwalking.ie
HSE:-> https://www.hse.ie
ICA:-> https://www.ica.ie/
IFA:-> https://www.ifa.ie
JPC:-> www.justice.ie
LAEGIS:-> https://www.lmetb.ie/adult-education/adult-guidance-service/louth-adult-guidance-service/
LCC:-> louthcoco.ie
LCDC:-> https://www.gov.ie/en/policy-information/f4022e-local-community-development-committees-lcdcs/
LEF:-> https://www.louthcoco.ie/en/services/economic-development/louth_economic_forum/
LEO:-> https://www.localenterprise.ie/
LLP:-> https://louthleaderpartnership.ie/
LMETB:-> https://www.lmetb.ie
LOPF:-> http://louthppn.ie/business/louth-older-peoples-forum/
LSP:-> https://louthlsp.com
LVC:-> https://www.volunteerlouth.ie
NDA:-> http://nda.ie/
NEDATF:-> http://www.dnetaskforce.ie/
NEFHEA:-> https://www.dkit.ie/north-east-further-higher-education-alliance-nefhea
NERFH:-> https://www.louthcoco.ie/en/services/housing/are-you-at-risk-of-losing-your-home-/homelessness/
NRSA:-> https://www.rsa.ie/
NTA:-> https://www.nationaltransport.ie/
PPN:-> https://www.gov.ie/en/policy-information/b59ee9-community-network-groups/

PRTB:-> https://www.rtb.ie/
SEAI:-> https://www.seai.ie/
SEC's:-> https://www.seai.ie/community-energy/sustainable-energy-communities/community-network/
SI :-> https://www.sportireland.ie/
SOSAD:-> https://www.sosadireland.ie/
TTT:-> https://www.tidytowns.ie/
TUDUB:-> https://tudublin.ie