



EU_SHAPE
Interreg Europe

4TH INTER-REGIONAL LEARNING MEETING

November 24, 2021



European Union
European Regional
Development Fund

DOMAIN 4: HEALTH AND COMMUNITY SERVICES



European Union



D1. OLDER PEOPLE'S WORKING GROUP

Bizkaia
Basque country, Spain

A# SHORT SUMMARY OF THE PRACTICE

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.



A# OBJECTIVE OF THE GP

(1) Promote Active Ageing in the region using the "Bizkaia for All Ages" Strategy as a framework.



A # STAKEHOLDERS

(4,13)

- 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



A # PARTICIPANTS AND BENEFICIARIES

(10)

- 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.

(As 2019.)

A

RESULTS

(2,6,7,8) ·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

A

METHOD

(3)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.

A

RESOURCES

(12) 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).

(15) 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.

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.

A# ADDITIONAL INFORMATION

www.bizkaia.eus

[EUSKADI LAGUNKOIA - Inicio](#)

nagusiak.org

[SECOT Bizkaia \(secotbilbao.org\)](http://secotbilbao.org)

[Nagusilan | Voluntariado Social de Mayores](#)

[HARTU-EMANAK | Asociación para el aprendizaje permanente
y la participación social de las personas mayores
\(hartuemanak.org\)](#)

[Inicio - Bolunta](#)



European Union



D 2. Socio-sanitary collaboration in the elaboration of the Individual Care Programme with detection and prevention of physical and economic abuse.

Bizkaia Basque Country



SUMMARY OF PRACTICE

Protocol on Social and Health Collaboration for:

- ✓ To improve care for people who apply for dependency assessment through the coordinated and joint action of all professionals and agents involved and committed to joint interdisciplinary interventions, and specifically by means of the **incorporation of the Individual Care Programme (ICP/PIA) into comprehensive and integrated care.**
- ✓ It also integrates the **prevention** and, where appropriate, detection of the **risk of abuse of elderly people**, especially those in a situation of dependency, with difficulties in communication and/or access to social resources.

OBJECTIVE OF PRACTICE (I)

- a) **Consolidating and extending good practices** existing between social services and health care professionals in the health system, in the detection and care of community cases..
- b) **Integrate** the elaboration of the **PIA as another instrument for the comprehensive care of the person**, so that the resources and benefits foreseen form part of a general social and health care plan.
- c) **Develop a joint communication procedure** for the detection of cases that need to be dealt with by both the health and social systems.
- d) Early **detection** of situations of social **fragility** and promotion of continuity of **social and health care**.

OBJECTIVE OF THE PRACTICE(II)

e)Prevent situations of maltreatment (MMTT) by identifying the elderly population in vulnerable situations through the detection and monitoring of risk factors for physical and/or economic maltreatment..

f)Detecting indicators of physical and financial abuse and assessing the risk situation of the elderly person according to these indicators as Serious, Very Serious and Immediate Intervention.

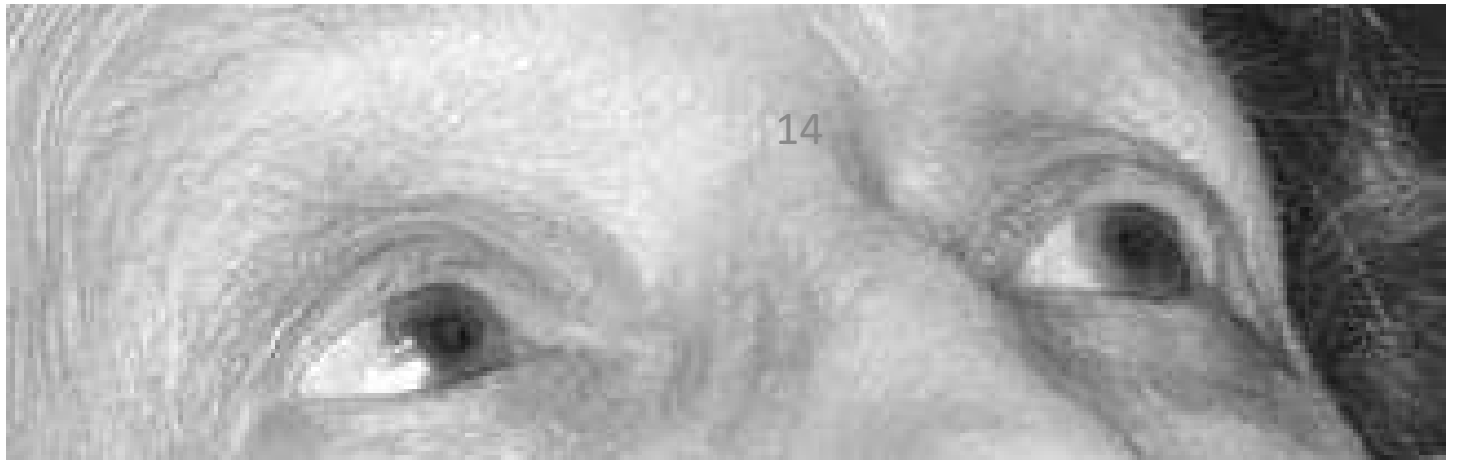
g)Consensus on tools and criteria by building a **common language**

13



OBJECTIVE OF THE PRACTICE(III)

- h) Ensure **continuity of care** through care pathways using coordinated actions in detected cases.
- i) Undertake **joint assessment** practices and prepare personalised case action plans among practitioners in these sectors..
- j) Develop procedures for a **coordinated approach** to cases requiring an **urgent response**.
- k) To provide **more comprehensive information** to dependent persons and their carers..



STAKEHOLDERS:

- DIPUTACIÓN PROVINCIAL DE BIZKAIA, Department of Social Action
Directorate for the Promotion of Personal Autonomy
- TERRITORIAL HEALTH DELEGATION OF BIZKAIA
- OSAKIDETZA. (Basque Health System)
 - Integrated Health Organisation (OSI) BILBAO BASURTO
 - OTHER OSIS of BIZKAIA.
- BILBAO TOWN COUNCIL Municipal Social Services
- OTHER BIZKAIA TOWN HALLS. Municipal Social Services.

PARTICIPANTS AND BENEFICIARIES

- Persons requesting the assessment of the situation of dependency
- Elderly people in whom a situation of risk is detected in the context of care in social, health and/or social-health services.



RESOURCES

The resources needed are the social service professionals themselves and the health systems that manage them on a daily basis..



METHODOLOGY(I)

PIA INTEGRAL

Working Group and Protocol Development (*GT as a meeting point for the coordination of the Assessment and Guidance Service with the services and benefits provided by the County Council itself, and also with the Municipal Social Services and Health Services, especially Primary Care*).

➤ Implementation :

- Formal presentation at the Social and Health Commissions.
- Joint dissemination plan in the field of health and social services to ensure that it reaches all professionals involved.that ensures that it reaches all the professionals involved.
- Inclusion in protocols for social and healthcare collaboration.

The implementation of the protocol is largely linked to the development of primary socio-health care. In this sense, protocols for social and health care collaboration are being signed by municipalities and/or associations of municipalities. It is within this collaborative framework that this protocol is included.

METHODOLOGY(II)

PROCEDURE FOR THE PREVENTION AND DETECTION OF ABUSE

Elaboration and drafting of a tool for the prevention and detection of situations of abuse (based on the analysis of the scientific evidence by a Consultant Team and the contrast with a Scientific Team made up of professionals from the social and health fields with experience in the care of the elderly and who carry out their work in the different contexts where the tool is to be applied).

- Piloting and validation
- Implementation

Establishment of a Coordinating Team at the level of the Historical Territory.

- Joint training of health and social services professionals
 - Progressive incorporation of the tool in different areas
-

RESULTS (I)

- 1.The procedure for the Assessment and Guidance of Dependency Situations includes a **proposal for services and benefits with a clear socio-health focus**, *so that when a situation of socio-health risk is detected that requires the participation of other agents, contact is established with these agents and a joint intervention plan is drawn up.*
 - 2.A more efficient case **communication procedure** has been put in place, *through the designation of contact persons and shared email addresses that make contact easier than by telephone and ensure much quicker responses.*
 - 3.**Dissemination sessions** on procedures are bringing professionals closer together, resulting in **better cooperation on shared cases.**
 - 4.**Validated tool for the prevention and detection of elder abuse**, suitable to be applied to people with high dependency and cognitive or communication problems, and easily incorporated into the daily work of social and health professionals.
-

RESULTS (II)

4. Implementation of a **Coordinating Team** with responsible persons and referents to promote the implementation of the procedure.
5. **Joint training** of social and health professionals from the 5 OSIS of Bizkaia and municipalities or associations of social services.
6. **Incorporation of a tool in the assessment of the situation of dependency.**
7. **Increased awareness** of professionals to detect possible situations of abuse that may otherwise go unnoticed.
8. **Rigour in shared information** (social-health field, public prosecutor's office, judiciary) as it is an objective assessment of the abuse situation with a validated tool.

OSIS	MUNICIPIOS	DIPUTACIÓN FORAL	OTROS
OSI BILBAO BASURTO	AYTO. BILBAO	VALORACION DEPENDENCIA	TELEASISTENCIA
OSI BARAKALDO SESTAO SAN ELOY	AYTO. BARAKALDO; AYTO SESTAO		EMERGENTZIAK
OSI BARRUALDE	MANCOMUNIDAD BUSTURIALDEA; MANCOMUNIDAD DE DURANGO; AYTO BERMEO; AYTO. BASAURI; AYTO GALDAKAO		
OSI URIBE	MANCOMUNIDAD URIBE KOSTA; MANCOMUNIDAD MUNGIALDE; AYTO LEIOA; AYTO GETXO		
OSI EZKERALDEA ENKARTERRI CRUCES	AYTO ABANTO; MANC. ENKARTERRI; AYTO MUSKIZ; AYTO PORTUGALETE; AYTO SANTURTZI		

A# ADDITIONAL INFORMATION

<https://www.euskadi.eus/documentacion/2019/procedimiento-de-prevencion-y-deteccion-de-malos-tratos-fisicos-y-economicos-a-personas-mayores-en-la-capv/web01-sede/es/>



European Union



E1.CREATION AND IMPLEMENTATION OF THE TASK FORCE ON SOCIAL SERVICES FOR OLDER PEOPLE (Task force 2) OF THE BIZKAIA COUNCIL OF OLDER PEOPLE (CPMB)

Bizkaia
Basque country, Spain

A# 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 Bizkaia Provincial Council** 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*.



A # OBJECTIVE OF THE GP

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

BENEFICIARIES

- **Older people** including **families** and
- **society in general.**

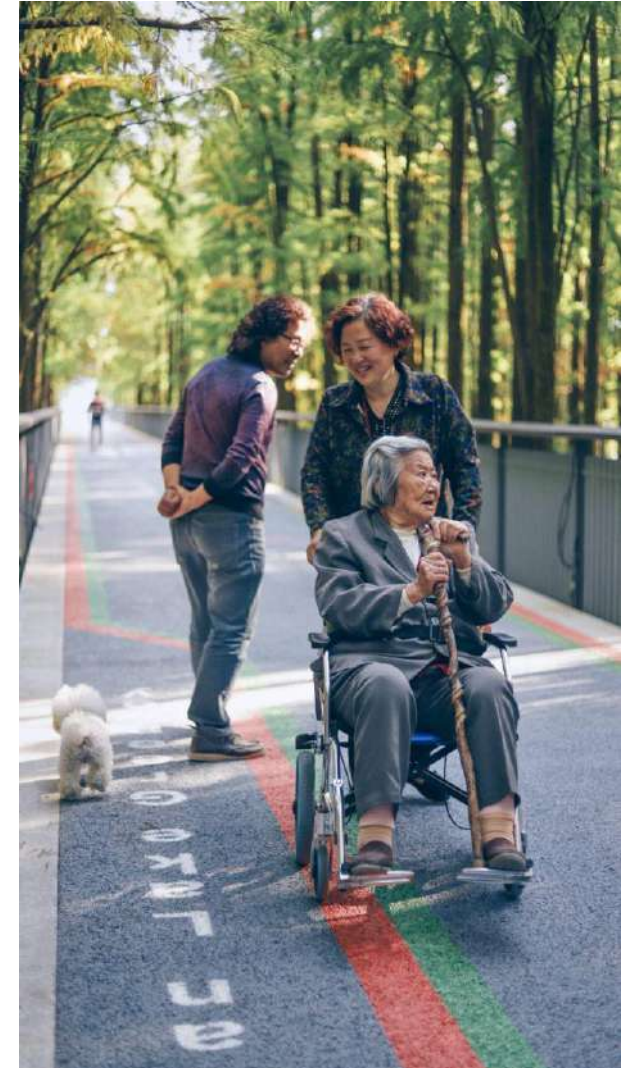
The **professionals of the sector** are also beneficiaries



A# RESULTS

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.



A # METHOD

(3)

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.

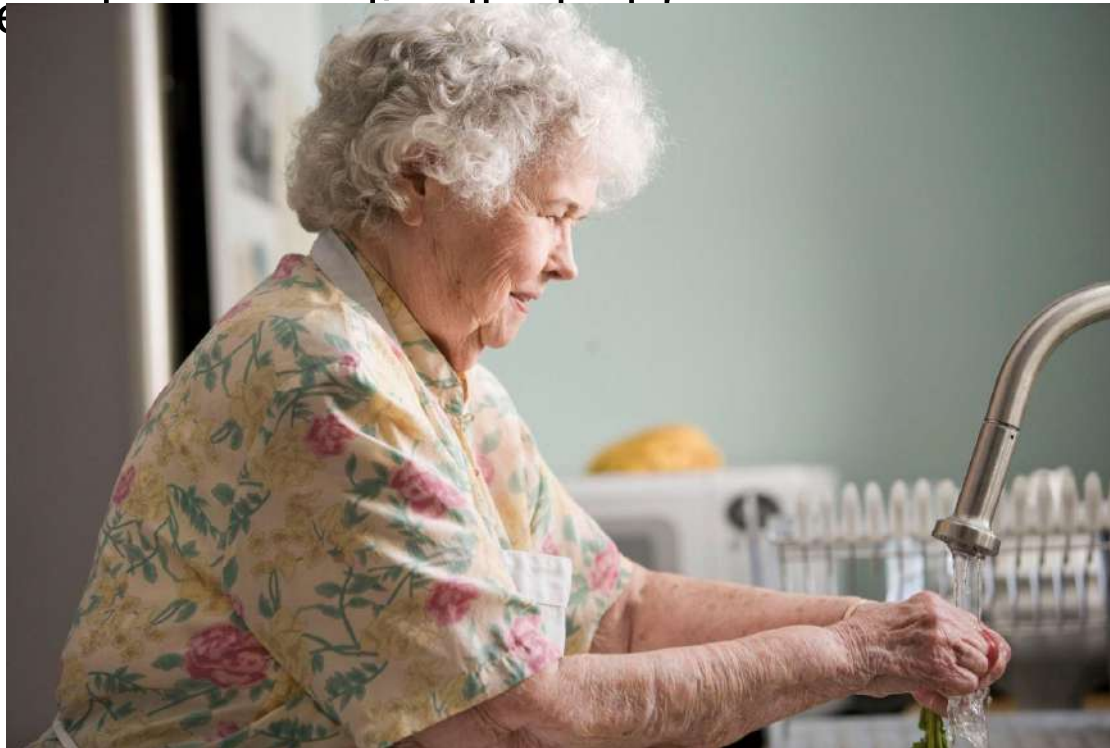
Biannual work plans were created and an assessment is to be performed at the end of each work plan.

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

A# RESOURCES

(12)

- 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 support team that assists the task force.



A# ADDITIONAL INFORMATION

www.bizkaia.eus



European Union



Serious Games to promote Health and wellbeing

Bizkaia

Basque country, Spain

A# 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.

A# OBJECTIVE OF THE GP

(1)

- a) To include technological solutions in the daily life of the elderly based on the needs of older adults and their caregivers.
- b) To promote and maintain the independent living at home as much as possible.
- c) To improve older adults' life through the use of information and communication technologies (ICT)

A# OBJECTIVE OF THE GP

(1)

d) To create a sense of security to the older adults and their caregivers.

e) To support people who need specific care in their daily living

f) To increase communication and social inclusion

A# OBJECTIVE OF THE GP

(1)

g) To encourage the social integration by reducing distances and by promoting a more active life.

h) To become more independent by helping to manage tasks, by supporting mental health and to detect and monitor wellbeing.

A# STAKEHOLDERS

(4,13)

- Bizkaia Regional Council
- Exthex GmbH (Austria)
- Cáritas Diocesana de Coimbra (Portugal)
- AIT Austrian Institute of Technology GmbH (Austria)
- University of Deusto (Spain)
- Ideable Solutions, SL (Spain)
- Medical University of Vienna (Austria)
- New Design University (Austria)
- Red Cross Styria (Austria)
- Stéftung Hëllef Doheem (Luxemburg)



A# PARTICIPANTS AND BENEFICIARIES

(10)

- Local Nursing Homes from the regions involved within three countries of the project: Vienna (Austria), Coimbra (Portugal) and Luxembourg.

-

A# RESULTS

(2,6,7,8)

1. Due to COVID-19, the sessions planned for the control group could not take place. Therefore, CDC created a book with cognitive activities and tips on how to keep an healthy and active lifestyle for the participants in the control group. The cognitive games included sudokus, word puzzle and many more. Regarding the tips on healthy and active ageing, it had many more. Regarding the tips on healthy and active ageing, it had a wide range of advice from healthy eating to easy physical exercises. This small book provided entertainment and cognitive stimulation during the lockdown imposed by the pandemic for participants.



A# RESULTS

(2,6,7,8)

2. Several webinar sessions:

- «The grassroot experience during COVID19 | Enablers and challenges». - [Link](#)
- Seminar at Cáritas Coimbra - [Link](#)

3. Experiences shared:

- A Video showing DAPAS being used in Portugal - [Link](#)
- “Residents of the Libenau” - [Link](#)
- Personal enrichment during Corona crisis - [Link](#)



A# METHOD

(3)

1. Designing the interfaces of the technological solutions, elderly are included 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.

A# RESOURCES

(12) The required resources are the very professionals of the social services and health systems that run them on a daily basis.

- Hardware resources: tablet and internet connection per person.
- Human resources: People in charge of installing the apps and show the elderly how it works.

A# ADDITIONAL INFORMATION

Further information, please refer to this website of the project: **Deploying AAL Packages at Scale** - DAPAS - [Link](#)



European Union



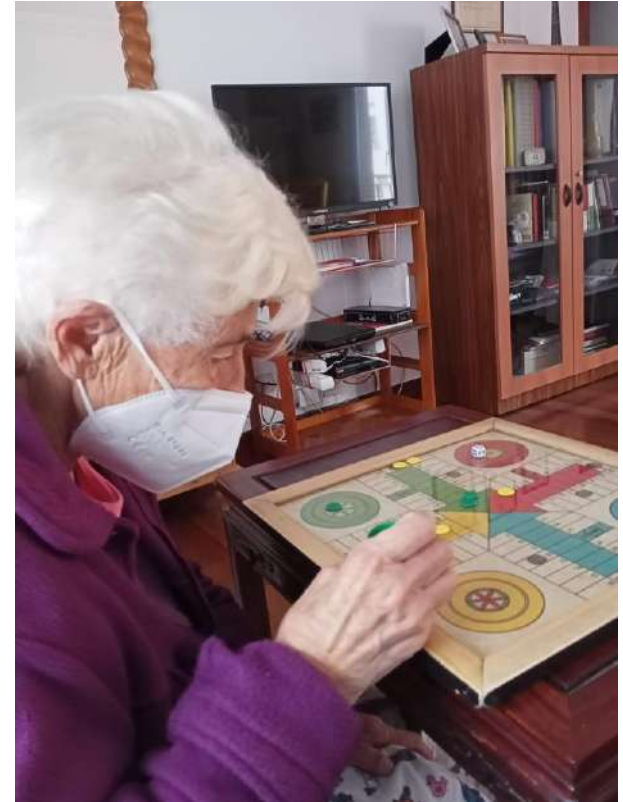
ALKAR ZAINTZEN

Bizkaia

Basque country, Spain

A# 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



A# OBJECTIVE OF THE GP

(1)

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.

A# STAKEHOLDERS

(4,13)

ORUE AUZOLANA FUNDAZIOA - organization in charge

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.



A# PARTICIPANTS AND BENEFICIARIES

(10)

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.

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

So far, the record of beneficiaries is 124 convivial units.

We have 3 partner institutions that are expanding their service portfolio with this project.

A# RESULTS

(2,6,7,8)

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.



A# RESULTS

(2,6,7,8)

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

A# METHOD

(3)

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.

Systemic ecological methodology is applied. Transversal axis focused on the life cycle and human development



A# RESOURCES

(12) 120,000 budget, and three full-time staff





European Union



Participative research-action project involving older adults in Vizcaya in the field of personal and community empowerment: WHO's Global Age-Friendly Cities Project

Bizkaia
Basque country, Spain

A# SHORT SUMMARY OF THE PRACTICE

The practice aims to promote social participation based on the Active Ageing paradigm proposed by the WHO.

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.



ZURE ERKIDEGOAN
"PERTSONA
NAGUSIEKIKO
HIRI ADISKIDETSUAK"
PROIEKTUA EZARTZEKO
ESKULIBURUA

MANUAL
PARA LA IMPLANTACIÓN
DEL PROYECTO
"CIUDADES AMIGABLES
CON LAS PERSONAS MAYORES"
EN TU COMUNIDAD

A# OBJECTIVE OF THE GP

(1)

The intervention 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.



A# OBJECTIVE OF THE GP

(1)

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).

A#STAKEHOLDERS

(4,13)

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.



A# RESULTS

(2,6,7,8)

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

-a **short guide** for implementing the WHO Age-Friendly Cities project in the community are examples of this.



ZURE ERKIDEGOAN
"PERTSONA
NAGUSIEKIKO
HIRI ADISKIDETSUAK"
PROIEKTUA EZARTZEKO
ESKULIBURUA

MANUAL
PARA LA IMPLANTACIÓN
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CON LAS PERSONAS MAYORES"
EN TU COMUNIDAD

A# RESULTS

(2,6,7,8)

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.

A# METHOD

(3)

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.

A# RESOURCES

(12)

The project was subsidised by the Provincial Council of Vizcaya, within the framework of the Bizkailab agreement, between 2013 and 2015 (€43,500). The Handbook and short Guide were subsidised in 2014 (€18,000).

A# ADDITIONAL INFORMATION

<http://www.bizkaia.eus/home2/archivos/DPTO3/Temas/Envejecimiento%20Activo/Dokumentuak/Manual%20Ciudades%20Amigables.pdf?hash=9b9439c53abd6568855d79122c8a28d7&idioma=CA>





European Union



„HOMETAB“

Slovenia
Caretronic d.o.o.

SHORT SUMMARY OF THE PRACTICE

- Tablet-like device very simple to use, reliable
- Addressing social and health issues: organizing and transferring data at professional e-health and e- social services.
- Allows professional care service documentation as well as managing alarms, food orders, access to tools like Skype, news or browsers and defined APPs.
- Home tab has three main devices:
 - Tablet (as a phone and multi-use device),
 - Bracelet
 - Wireless sensors
- The main beneficiary: older adults with medical conditions who are independently living at home.



Functionalities

- Emergency call can be routed to formal or informal caregivers
- Service calls (request for cleaning, food ordering)
- Smart-home management (switching on-off lights, heating, curtains ...)
- Reminders and appointments (birthdays, doctor appointments, medications ...)
- Video calls (with family, friends ..., playing (memory) games)
- Possible integration of other apps / platforms
- Fall detection, Wearing detection, Activity tracking, Positioning
- List of pending / requested task to perform at the user (elderly)
- Documentation of all services done at / to the user (health-care related and other – cleaning, delivery of food ...), history of tasks accomplished

OBJECTIVE OF THE GP

- To increase the elderly's quality of life, they can live autonomously and longer at their homes;
- To coordinate the activities of a daily life independently
- To improve mental and physical well-being
- To enhance social participation



RESULTS

- 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
- At the moment the HomeTab is already on the market



PARTICIPANTS AND BENEFICIARIES

- Participants (end-users) of good practices are especially people with functional diversity (older adults who are independently living at home).
- Participants (end-users) are also elderly with social disadvantage (it's helping them to enhance social participation)

STAKEHOLDERS

- Professional organizations offering home care services at home
 - Patronage service
 - Health centres
 - Relatives
- Other local social and health organizations

RESOURCES

- It is not estimated 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 the main one.
- This is a tablet-like device (tablet, bracelet, wireless sensors). The fundamentals for the development of this good practice are:
 - Years of experience in IT solutions for health-care facilities
 - Expertise in hardware and software development
 - Expertise in integration of different ICT solutions in health-care
 - Expertise in project management

ADDITIONAL INFORMATION

- 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.
- 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.

More info: <https://caretronic.com/telecare/> and <https://caretronic.com/>

VIDEO: <https://www.youtube.com/watch?v=mpHeZYbPEhg>



Smart HomeTab system for independent living

LET ELDERLY FEEL SECURE FOR A LONGER TIME

HomeTab is an advanced IP touch-screen carephone.

It has an **user interface, specially adapted** to the usage of the elderly and those with less technological skills. That is why it comes with big bright touch-buttons in different colors and is easy to understand.

The main functionality is a **button for emergency calls**, that can call a dedicated telephone number of formal or informal caregivers.

To feel secure and be more mobile one can also use a waterproof wireless wristband to activate an emergency call from any place.

Wireless wristband for the user enables

- emergency call
- fall detection
- GPS location
- mobile connection outside the home
- it can also be worn as a pendant



LET TECHNOLOGY BE A HELPER NOT AN OBSTACLE

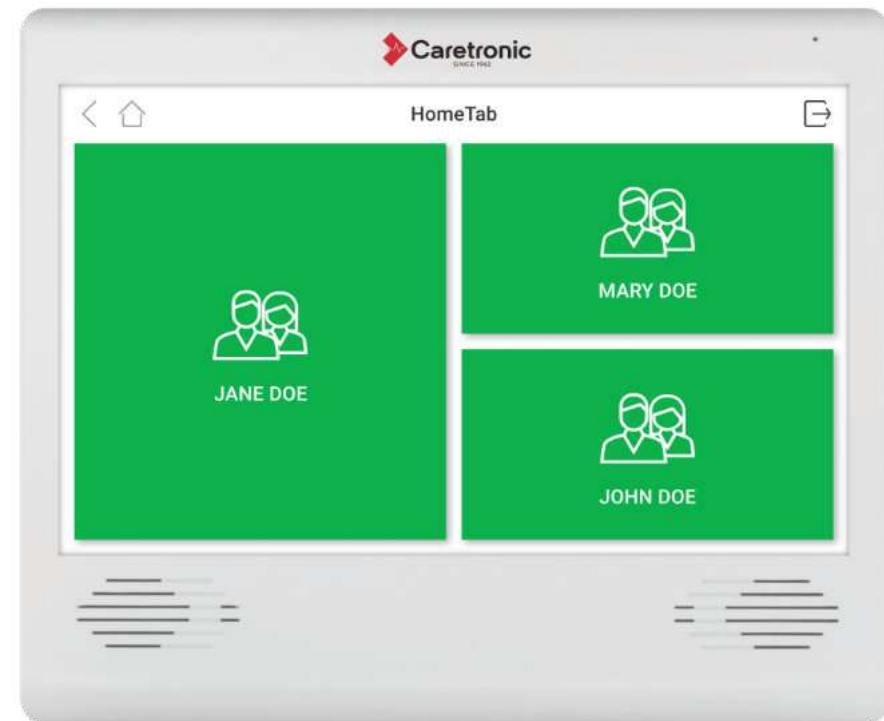
User interface, specially adapted for elderly

- big clear colorful buttons
- adjustable volume
- easy to use and manage



LET ELDERLY STAY CONNECTED WITH THEIR LOVED ONES

Predifined contacts that
user can easily call directly
from the carephone.



A call to the **selected contact** can be easily established through **different communication protocols** integrated in the HomeTab device.

LET ELDERLY FEEL MORE INDEPENDENT



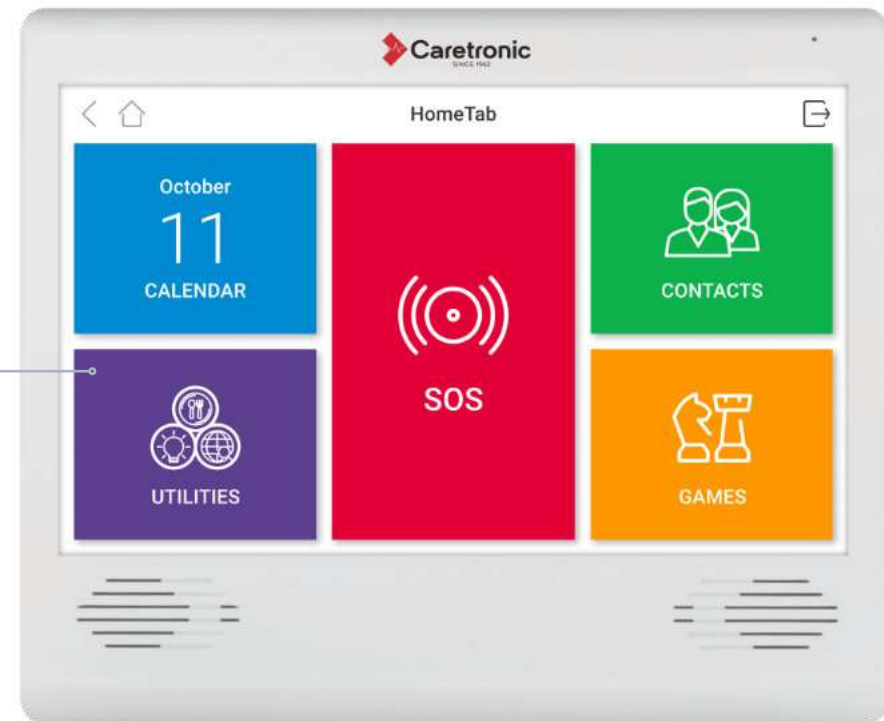
Food
ordering



Access to
the internet

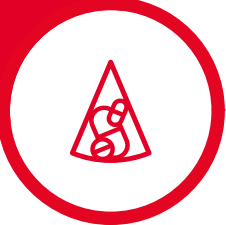


Smart home
control



HomeTab gives the user opportunity to stay **connected** with the **outside world** and to feel more independent. **Food ordering** can be done directly from the touch-screen device, as well as **smart home control** (lights, curtains, air conditioning ...). Access to **internet browsing** is available - all with an easy to use front interface of the device.

LET NO EVENT BE FORGOTTEN



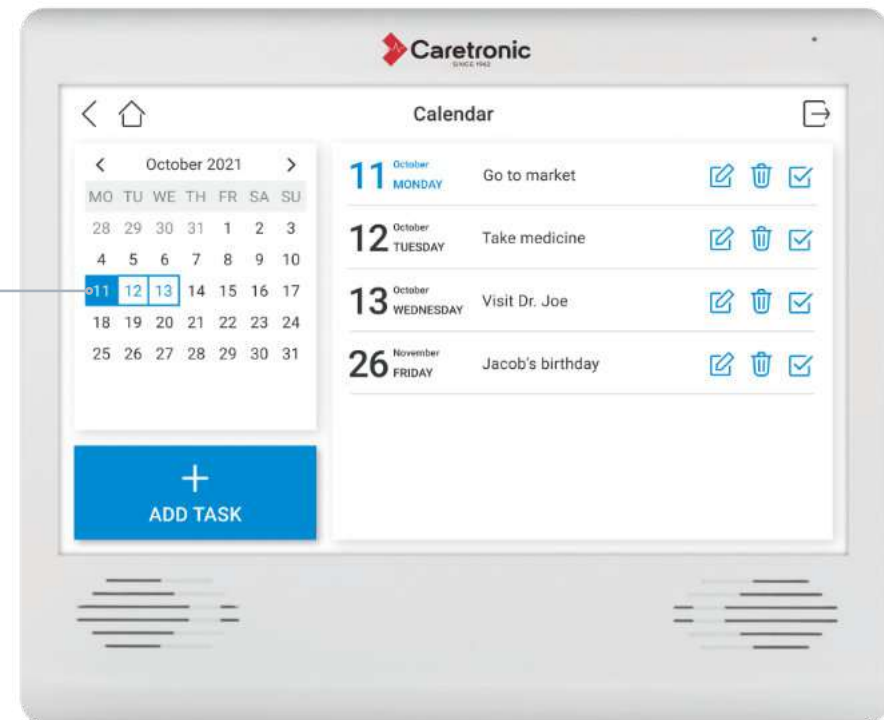
It reminds user to take medications at the right time



Gives a reminder about doctor appointment



Never forget about the upcoming birthday



HomeTab device enables **calendar** and **reminders** function. It is easy to insert an **event** into the calendar and set a reminder for it.

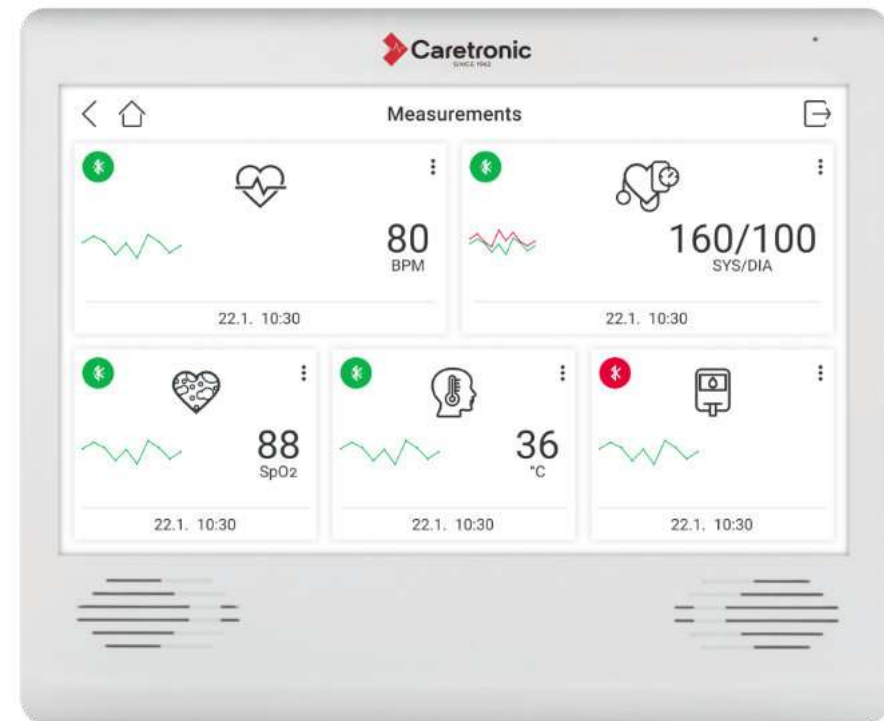
The reminder is then **shown as a pop-up message** on the screen.

**LET EVERYDAY BE
FUN AND
MOTIVATIONAL**

**Challenging games,
beneficial for
cognitive health to
improve the ability to
think clearly, learn
and remember, can
be played from the
main HomeTab
screen.**



LET ALL VITAL SIGNS BE UNDER CONTROL



Automatic wireless transmission of **vital signs measurements** to the HomeTab device enables continuous **monitoring** and gives **alert** to the caregivers when a value requires immediate attention.

Health monitoring will be **personalised** according to specific **targeted values** for each elderly.

**LET ELDERLY LIVE
INDEPENDENT FOR A
LONGER TIME**

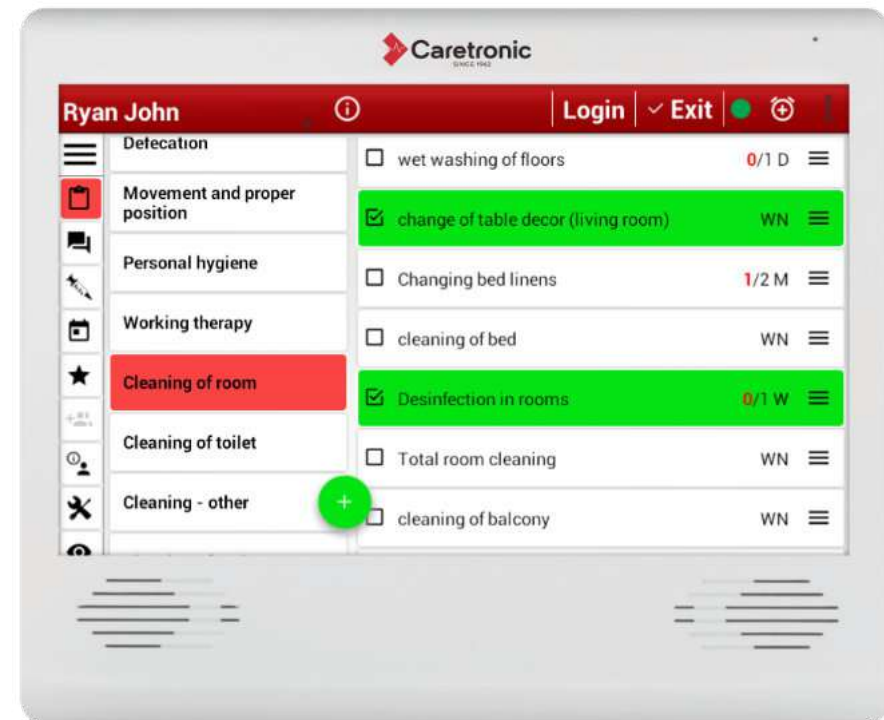


**Integration with
automatic pill dispenser:**

- **Never forget taking the right medication.**
- **Visual and audio alert for the user and caregiver.**



LET SERVICE
DOCUMENTATION
BE FAST, EASY AND
WELL ORGANISED



HomeTab enables **electronic documentation** of **all services** done at the home of the elderly (from health-care services to cleaning, housekeeping etc.). The services can also be **synchronised** with existing care documentation system if applicable. This leads to more effective care documentation and release of bureaucratic burden for professional caregivers.

LET BURDEN BE RELEASED FROM THE CAREGIVERS



Caregivers receive **instant alerts** when some event needs an action and can therefore live with ease of mind that their loved ones are in good condition and taken care of also **when living independent at home.**



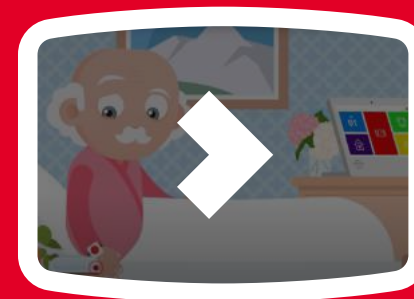
Caretronic d. o. o.

Štirnova 8,
SI-4000 Kranj
Slovenia

T +386 4 2350 350

E info@caretronic.com

www.caretronic.com



**CLICK HERE TO PLAY
OUR PRESENTATION VIDEO**



European Union



NetzWerk GesundAktiv



NetzWerk
GesundAktiv

Germany

Free and Hanseatic City of Hamburg

(Ministry of Labour, Health, Social, Family Affairs and Integration)

D6 SHORT SUMMARY OF THE PRACTICE

- The network supports elderly in remaining independent, self-determined and active living
- Offers from local regions are networked
- Technical support system: PAUL (Personal Assistant for Supported Living)
- Support opportunities in the fields of health, culture and neighborhood/local assistance



D6 OBJECTIVE OF THE GP

- It aims to provide best possible care and support
- Enable older people to live at home as long as possible
- Supports and helps maintain independence



D6 STAKEHOLDERS

The network is coordinated by:

- The Albertinen Hospital in Hamburg
- Health insurances



D6 PARTICIPANTS AND BENEFICIARIES

- Approx. 1000 participants
- The NWGA is aimed at older people (70+) with an increased risk of needing assistance and care in the foreseeable future
- People with a care degree from 1 to 3
- Condition: participants live in their own home

Ø 79,6 Jahre, 2/3 female, 40% > 3 Diagnoses, 30% with mobility impairments

D6 RESULTS

- Impending functional impairments were identified and counteracted by adequate measures
- Medical and health recommendations were implemented
- Discharge of general practitioners
- Relief for (caregiving) relatives
- high level of acceptance
- Build up and improve digital health Literacy
- **Patient-Reported Outcome:** 55% of the participants feel that they receive better medical care; in 26%, existing health problems were detected earlier; 27% have become more active; in 31%, their health has been positively influenced.

D6 METHOD (1)

- **Albertinen Hospital:** Coordinating unit/point (in person, phone, video chat)
 - Recording state of health (examination in hospital)
 - Analyse social environment (survey, interviews)
 - Elaboration of a support plan by experts from different fields (also given to the general practitioner)
- Participant receives the “PAUL” tablet or access to the “PAUL application” (web browser-based/app: no prior knowledge is required)
- PAUL: service portal, video chat, contact case manager in the coordinating office, bulletin board, exchange of experience
- The case manager is at disposal for any questions

D6 METHOD (2)

Example of an individual supporting plan:

- Clarification of the findings by a specialist
- Discussion with general practitioner regarding drug interactions
- Physiotherapy, other outpatient remedies
- Aids, e.g. rollator
- Medical rehabilitation
- Consultation
- Information on special sports offers (70+)
- Information on bicycle safety training, senior dance groups, etc.

D6 RESOURCES

- Project funding by the Innovation Fund (G-BA)
- The total amount of funding was 8.9 million euros
- The project is funded for over 4 years
- Extension by the insurances until 30. September 2021

D6 ADDITIONAL INFORMATION

NetzWerk GesundAktiv – Ihr verlässlicher Partner in Sachen Gesundheit und Pflege (netzwerk-gesundaktiv.de)



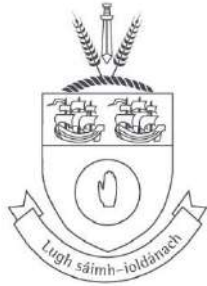


Ardee 2040

Turley

Ardee 2040

Client



Comhairle Contae Lú
Louth County Council

Project Team

Turley



dermot foley
landscape architects



HEGSONSON
Planning & Development Consultants



RSK

D DCON
SAFETY CONSULTANTS

Turley

Background Information



- Ardee is located on the banks of the River Dee and is approximately 20km from both Dundalk and Drogheda. It is also located at the intersection of the N2, N52 and N33
- Ardee is also an example of a walled town, many of which can be found across Ireland. Ardee's identity as a walled town is further enhanced by the surviving medieval buildings, as well as the street pattern and Ardee Castle.
- According to the 2016 Census, Ardee has a population of 4,928 people
- 61% of the population are aged 18-64, 25.4% are aged 0-17 and 13.6% are aged 65+

About the project

- Turley were appointed to prepare design proposals for the regeneration of Ardee, sufficient to both apply for planning permission and then to apply for funding under the Rural Regeneration and Development Fund to carry out the actual works.
- It is intended that this public realm works will stimulate the owners of buildings within Ardee to redevelop them so as to attract residents and businesses into the town.
- Overall objective of this project is to be a catalyst for positive regeneration of Ardee through the enhancement of the public realm and sport and recreation facilities.

Help shape the regeneration of Ardee

Have your say at www.ardee2040.ie



Ardee

Louth County Council has exciting plans to improve the streetscape and amenity of Ardee with a focus on four key opportunity sites: Main Street; Ash Walk; The Old Railway; and amenity lands to the east of the Town. This ambitious project will result in a holistic design proposal, setting a new benchmark for public realm and town centre infrastructure that will transform 21st century Ardee.

As part of this exciting project, we are keen to engage with you to understand your needs and aspirations in order to help shape the plans for the town. Please take our initial consultation survey by visiting www.ardee2040.ie.

@ Email: contact@ardee2040.ie

☎ Freephone hotline: 1800-010101

✉ Turley, 4 Pembroke Street Upper, Dublin D02 VN24

🖱 www.ardee2040.ie



Rialtas na hÉireann
Government of Ireland

Thionscailt Rannóg
Project Ireland
2040



Comhairle Contae Lu
Louth County Council

Ardee 2040 – Town Potential

Key Features

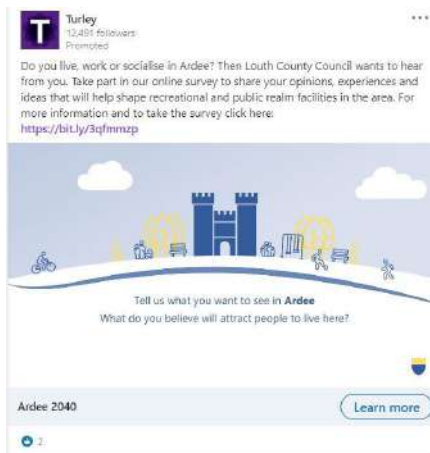
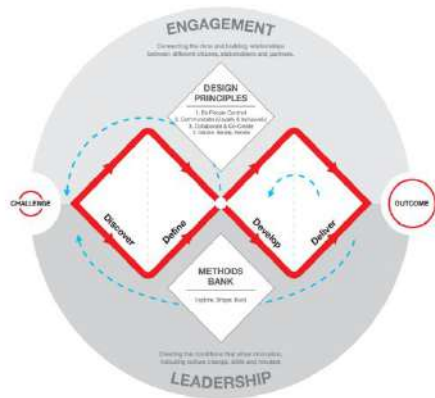
- Location: M1, access to Dublin and Belfast
- The people and community
- New housing developments
- Increased appetite for remote working
- Castle potential as a key feature
- Tourism potential
- River and wildlife / nature

The surrounding countryside is very scenic, making it a beautiful place to live

“The road network gives Ardee great connection to Dublin, Belfast and the North-West. Our location is ideal in the North East and as a result has a lot going for it.”

Ardee is a beautiful little town, with lovely amenities, shops and history if it was developed properly to attract tourism, visitors, workers and residential people to the town. The river is beautiful and with lovely wildlife on it

Engagement



534 or 1/4
Respondents

28,428
Online reach

4 stakeholder
meetings

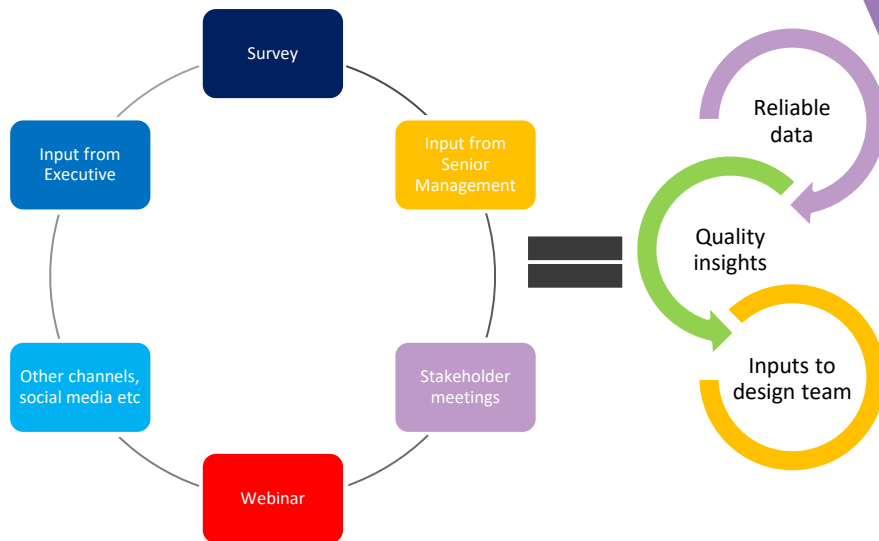
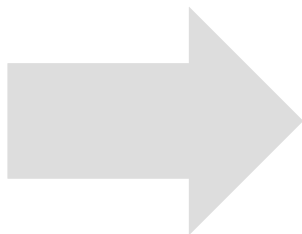
2 Senior
Management
Team Meetings

2 Chief
Executive
Meetings

Engagement

Digital and Remote Consultation:

- Project website/Council website
- Webinar
- Residents Letters
- Press release in local papers
- Email address
- Consultation free-phone line
- Social media ads
- Hardcopy posting



Resulted in ¼ members of the Ardee community participating in the stakeholder survey

Regeneration of Ardee engagement leads to enacting of potential

What does this engagement provide to the project

- Placemaking for the community
- Sense of project ownership
- Local insight and understanding with international expertise
- Emphasizing the importance of modal shift and behavioral change along with the concept of traffic evaporation
- Key to securing Rural Regeneration Development Funding
- Streamlines the planning application process



Ardee 2040

Next Steps

- Consultation and validation ahead of planning submission
- Planning application and work to secure consent
- Application for funding under Rural Regeneration Development Fund
- Secure funding for implementation

CROSS-THEMED PRACTICES



European Union



CREATION AND IMPLEMENTATION OF THE TASK FORCE ON SOCIAL SERVICES FOR OLDER PEOPLE (Task force 2) OF THE BIZKAIA COUNCIL OF OLDER PEOPLE (CPMB)

Bizkaia
Basque country, Spain

A# 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.



A# OBJECTIVE OF THE GP

(1)

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

A# PARTICIPANTS AND BENEFICIARIES

(10) Older people including families and society in general. The professionals of the sector are also beneficiaries

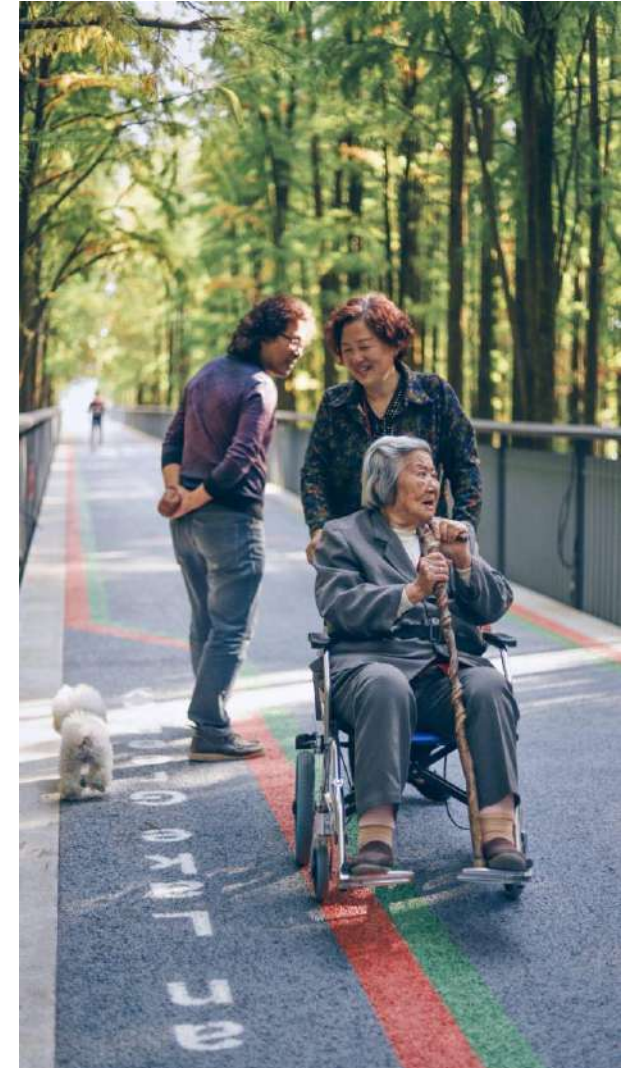


A# RESULTS

(2,6,7,8)

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.



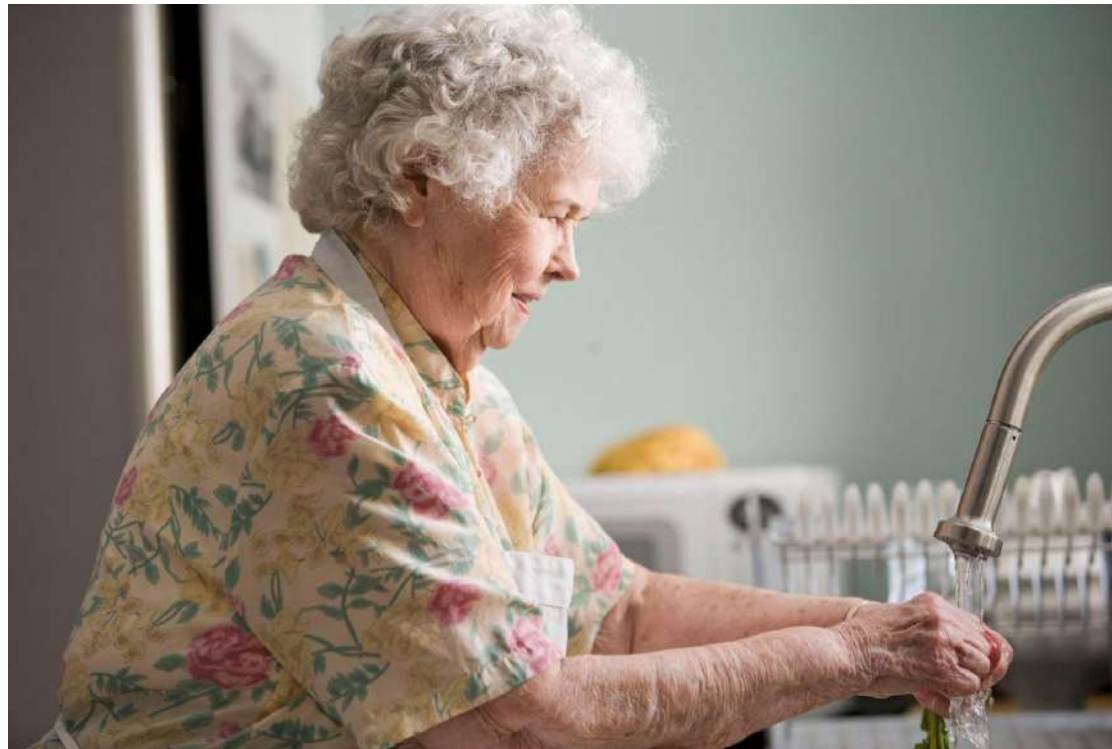
A# METHOD

(3)

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

A# RESOURCES

(12) 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..



A# ADDITIONAL INFORMATION

www.bizkaia.eus



European Union



**Participative research-action project
involving older adults in Vizcaya in the
field of personal and community
empowerment: WHO's Global Age-Friendly
Cities Project**

Bizkaia
Basque country, Spain

A# 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.



ZURE ERKIDEGOAN
"PERTSONA
NAGUSIEKIKO
HIRI ADISKIDETSUAK"
PROIEKTUA EZARTZEKO
ESKULIBURUA

MANUAL
PARA LA IMPLANTACIÓN
DEL PROYECTO
"CIUDADES AMIGABLES
CON LAS PERSONAS MAYORES"
EN TU COMUNIDAD

A# OBJECTIVE OF THE GP

(1)

The intervention 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



A# OBJECTIVE OF THE GP

(1)

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).

A# STAKEHOLDERS

(4,13)

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.



A# PARTICIPANTS AND BENEFICIARIES

(10)

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).



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DEL PROYECTO
"CIUDADES AMIGABLES
CON LAS PERSONAS MAYORES"
EN TU COMUNIDAD

A# RESULTS

(2,6,7,8)

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
- a **short guide** for implementing the WHO Age-Friendly Cities project in the community are examples of this.



ZURE ERKIDEGOAN
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A# RESULTS

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The drafting and publication of:

- a Handbook for implementing the Age-Friendly Cities project in the community, published in three languages, and
- a short guide for implementing the WHO Age-Friendly Cities project in the community are examples of this.

A# RESULTS

(2,6,7,8)

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.

A# METHOD

(3)

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.

A# RESOURCES

(12) 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.

A# ADDITIONAL INFORMATION

<http://www.bizkaia.eus/home2/archivos/DPTO3/Temas/Envejecimiento%20Activo/Dokumentuak/Manual%20Ciudades%20Amigables.pdf?hash=9b9439c53abd6568855d79122c8a28d7&idioma=CA>





European Union



AGQua

Active and healthy urban communities

Uhlenhorst and Rübenkamp



Free and Hanseatic City of Hamburg

D6 SHORT SUMMARY OF THE PRACTICE

- In the year 2030, every third male and every third female inhabitant of Hamburg will be older than 60 years
- This growing number of elderly inhabitants will change requirements in regard of social security systems, but also the demands for future housing and the conditions of the housing environments
- twelve apartments were equipped with AAL
- Development, testing and application of a local and social care system inclusive social components as well as technical assistance

D6 OBJECTIVE OF THE GP

- **The aim is to concentrate the various activities in a neighborhood, to link different stakeholders, and to provide information and education especially for people with low threshold access.**
- **to ensure that elderly can stay in their own flat and surroundings as long and as independently as possible**

LOCAL SERVICE PROVIDERS

community services, sports clubs,
health services, shopping facilities



VOLUNTARY COMMITMENT

activities, neighbourhood assistance,
contact opportunities



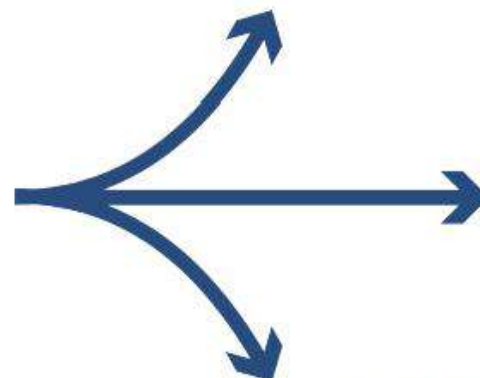
DIGITAL NEIGHBOURHOOD NETWORK



DIGITAL COMMUNITY SCREENS



COMMUNITY MANAGEMENT



D6 STAKEHOLDERS

Eight partners from science, housing economy, care sector as well as from information and electronic technology are working together in this project



D6 PARTICIPANTS

- The NWGA is aimed at older people
- Uhlenhorst: 16.000 inhabitants (approximately 23% consist of persons living alone who are 65 years and older)
- Rübenkamp: 8.000 inhabitants (the average age is about 60)

D6 RESULTS

- older people needs and wishes have been improved
- Extensive scientific surveys and analyses have provided important insights for health promotion
- Building a digital neighborhood network
- Digital support through the COVID-19 pandemic

D6 METHOD (1)



D6 METHOD (2)



COMMUNITY

Voluntary commitment and social activities



TECHNOLOGY

Residents use and offer activities via digital channels



E-HEALTH

Supporting advice based on vital data and recommendation of activities



INFRASTRUCTURE

Simple and barrier-free use of the activities in the district



D6 RESOURCES

- The project is funded by the European Regional Development Fund (ERDF) and the Ministry of Health and Consumer Protection of the Free and Hanseatic City of Hamburg
- The total amount of funding was 1,3 million euros
- The project is funded for over 4 years

D6 ADDITIONAL INFORMATION

[Startseite \(agqua.de\)](http://agqua.de)





European Union



Core collaborative components between projects Louth Economic and Community Plan

Louth County Council
Ireland

E6 SHORT SUMMARY OF THE PRACTICE

- The *LECP* is the strategic framework for all collaborative economic and community actions in Co Louth
- The LECP manages the overlap of national agendas at local level. Often these services are delivered by different autonomous independent stakeholders and if delivery of services is to be successful, the activities need to be carefully orchestrated, monitored and evaluated while maintaining good will among and between the different stakeholders including the volunteer sector.
- Through the plan the actions are assigned a timeline, lead organisation in charge of the objective, support agencies, a metric and status. All the teams members are identifiable to each other through the plan. The stakeholders permit subtle changes as the action is executed

E6 SHORT SUMMARY OF THE PRACTICE

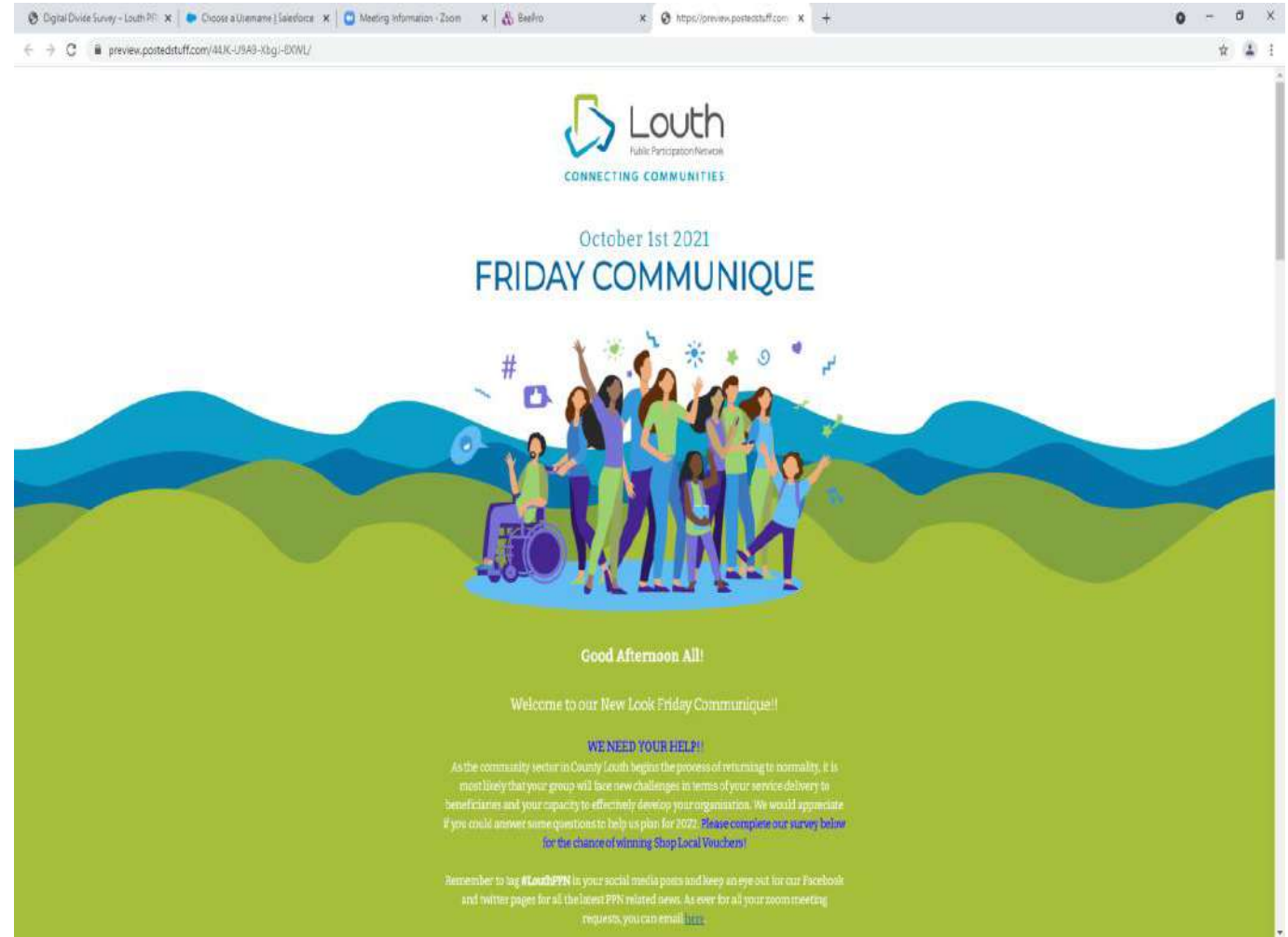
The “*Friday Communique*” acts as a proactive notice board. The weekly email alerts some 790 participants of key information on funding initiatives, consultations/public meetings, Community events, training and workshops and newsletters.

Through the Friday Communiqué the various policy administrators in County Louth are made aware of how their policy instruments have synergy with other instruments.

The Social and Community Officer within the region acts as a facilitator to coordinate all of these activities and to ensure the appropriateness of the actions to the stakeholders.

E6 OBJECTIVE OF THE GP

The aim of the LECP is to create a working strategic framework of core collaborations between the many and various stakeholders in County Louth. The Friday Communique is the communication tool which allows us to inform, consult and enable collaborations to implement the various actions in the plan.



E6 STAKEHOLDERS

(4,13)

- **Government**

- Louth County Council
- Health Service Executive
- Local Community Development Committee
- An Garda Siochana (Police Service)
- National Transport Authority
- Sports Ireland
- **Education**
- DKIT Netwell/Casala (Research Partners)
- Louth Meath Education and Training Board

- TU Dublin
- **NGOs**
- Sustainable Energy Communities
- Louth Volunteer Centre
- Irish Farmers Association
- Louth Leader Partnership
- National Disability Authority
- **Collaborative Alliances**
- Louth Age Friendly Alliance
- Tidy Towns Together
- North East Regional Homeless Forum
- Louth Public Participation Network
- Louth Older People's Forum
- And many more stakeholders

E6 PARTICIPANTS AND BENEFICIARIES

(9) This core collaborative framework address all groups across all of the actions and policies across all ages, genders, race and ability

(10) THERE IS NO EXPLICIT SUPPORT FOR USERS WITH SOCIAL DISADVANTAGES

(11) IT DOESN'T EXPLICITLY ADDRESSES GENDERS ISSUES

E6 RESULTS

HEALTH

In general 2 more focussed subplans were developed from the LECP—Louth Age Friendly County Plan & the Healthy Ireland for Louth Plan. From these the following results were achieved:

- Ongoing increased collaboration with HSE services marrying acute, residential, community health services and volunteer community services for the betterment of the older person.

SOCIAL

- An increased level of communications and engagement via technologies and social prescribing in particular .

ENVIRONMENTAL

Increased emphasis on appropriate UD or lifetime adaptability standard housing, increased supports for retrofitting older housing stock and funding sought for public realm (15 minute town) under the Rural Regeneration Development Fund.

EMPLOYMENT

- As the programme was delivered by employees of the Louth County Council no additional employment was needed

D11 METHOD

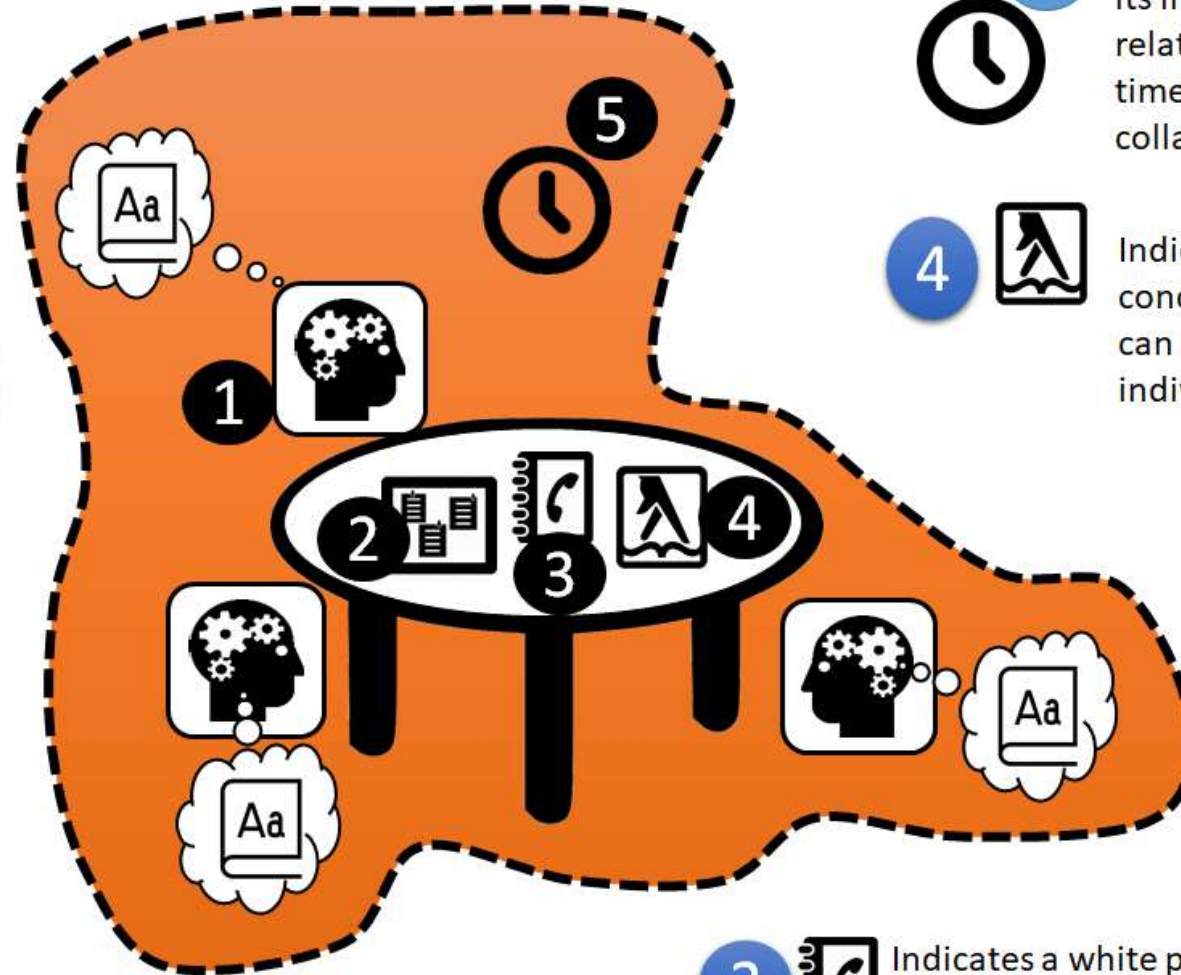
(3.) Collaboration



Refers to the stakeholder with their own expert and personal knowledge, inner cycle of execution and a domain specific library of terms.



Recognises shared information needed to aid in the collaboration (i.e. noticeboard/whiteboard),



Relates to time and its importance in relation to the timeliness of the collaborative process.



Indicates a yellow pages concept where services can be searched linking individuals that can help



Indicates a white pages to be able to contact any individual to ask for help

E6 RESOURCES

(12) This framework came into being in 2010 and is ongoing

(15) RESOURCES NEEDED.

- A qualified community development worker to support the animation and development of both public and private sector engagement
- Good local Government leadership
- A strong and flexible all encompassing local agenda (LECP)
- A developed and nurtured trust among and within community groups over riding any natural competitive dynamic
- The local authority skill in strategic planning and the use of that skill in linking EU objectives and national plans with local plans and delivery structures.

(16) SUPPORT INFRASTRUCTURE: The project is being led by Louth County Council in collaboration with other key stakeholders

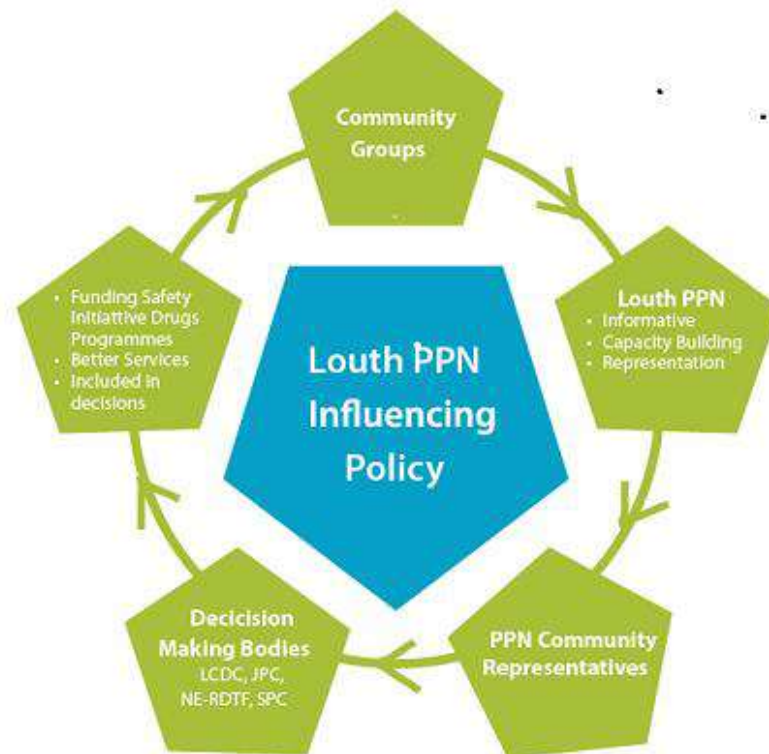
(19) The use of technology was not instrumental to this project

E6 ADDITIONAL INFORMATION

The Louth Local Economic and Community Plan 2016 – 2022 can be accessed at <https://www.louthcoco.ie/en/services/economic-development/plans-strategies/local-economic-community-plan-lecp/>

Information on the Louth PPN can be found at <https://louthppn.ie/>

Information on the Louth PPN can be found at





European Union



**Ageing[®]
Coimbra**

Cáritas Coimbra
Portugal
(NGO)

SHORT SUMMARY OF THE PRACTICE

Ageing@Coimbra is a consortium that aims to enhance the role of older people in society and implement good practices that foster their general well-being and active and healthy ageing.

As a European Reference site, the Ageing@Coimbra project should identify, implement and replicate projects and programs of innovative good practices in the field of Active and Healthy Ageing. The good practices identified in reference regions could be replicated in other regions of Europe, making room for social innovation and hence strengthening the competitiveness of the European innovation industry in the field of Geriatrics and care for older adults.

OBJECTIVE OF THE GP

Its main objective is to improve the lives of older citizens in the Central Region of Portugal through better social services and healthcare, as well as the creation of new innovative products and services and the development of new diagnostic and therapeutic tools.

The Ageing@Coimbra consortium seeks to be a facilitator of the genesis of innovative projects in the area of active and healthy ageing and intends to support young entrepreneurship in health services, thus strengthening the economy.

STAKEHOLDERS

Coordinated by the University of Coimbra (UC), Ageing@Coimbra was founded by members of the City Council of Coimbra, the Coimbra Hospital and University Centre (CHUC), the Central Regional Health Administration and the Pedro Nunes Institute.

In June 2019, by decision of the Ageing@Coimbra Founding Members, the Members *Comissão de Coordenação e Desenvolvimento Regional do Centro*, *Cáritas Diocesana de Coimbra* and *Escola Superior de Enfermagem de Coimbra* were integrated in the new Consortium Agreement of Ageing@Coimbra, forming a new figure of the consortium, the 8 Nuclear Members of the Ageing@Coimbra.

PARTICIPANTS AND BENEFICIARIES

The main beneficiaries of Ageing@Coimbra are all ageing people in Central Region of Portugal and their formal and informal carers. They are the target end-users of all of the initiatives that are to be implemented.

RESULTS

The most valuable benefits achieved by Ageing@Coimbra are relate to:

- The integrated way the stakeholders in the Region work together to plan their activities on Active and Healthy Ageing.
- A higher appreciation of the role of older adults in society.
- The use of good practices for Active and healthy ageing.
- 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 diagnostic and therapeutic tools.

METHOD

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:

Policy - In the Centro Region there is policy commitment towards innovation for active and healthy ageing (AHA) as a strategic priority.

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.

RESOURCES

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.

ADDITIONAL INFORMATION

<https://ageingcoimbra.pt/en>

<https://youtu.be/SE3RR-a4Rlc>



European Union



AGQua

Active and healthy urban communities

Uhlenhorst and Rübenkamp



Aktive und Gesunde Quartiere
Uhlenhorst und Rübenkamp

Germany

Free and Hanseatic City of Hamburg

D6 SHORT SUMMARY OF THE PRACTICE

- In the year 2030, every third male and every third female inhabitant of Hamburg will be older than 60 years
- This growing number of elderly inhabitants will change requirements in regard of social security systems, but also the demands for future housing and the conditions of the housing environments
- twelve apartments were equipped with AAL
- Development, testing and application of a local and social care system inclusive social components as well as technical assistance

D6 OBJECTIVE OF THE GP

- **The aim is to concentrate the various activities in a neighborhood, to link different stakeholders, and to provide information and education especially for people with low threshold access.**
- **to ensure that elderly can stay in their own flat and surroundings as long and as independently as possible**

LOCAL SERVICE PROVIDERS
community services, sports clubs,
health services, shopping facilities



VOLUNTARY COMMITMENT
activities, neighbourhood assistance,
contact opportunities



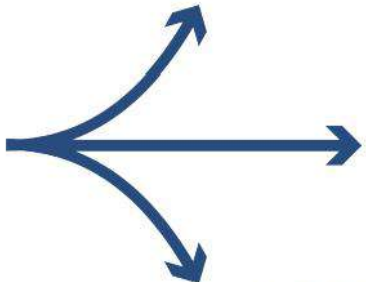
**DIGITAL
NEIGHBOURHOOD NETWORK**



**DIGITAL
COMMUNITY SCREENS**



**COMMUNITY
MANAGEMENT**



D6 STAKEHOLDERS

Eight partners from science, housing economy, care sector as well as from information and electronic technology are working together in this project



D6 PARTICIPANTS

- The NWGA is aimed at older people
- Uhlenhorst: 16.000 inhabitants (approximately 23% consist of persons living alone who are 65 years and older)
- Rübenkamp: 8.000 inhabitants (the average age is about 60)

D6 RESULTS

- older people needs and wishes have been improved
- Extensive scientific surveys and analyses have provided important insights for health promotion
- Building a digital neighborhood network
- Digital support through the COVID-19 pandemic

D6 METHOD (1)



D6 METHOD (2)



COMMUNITY

Voluntary commitment and social activities



TECHNOLOGY

Residents use and offer activities via digital channels



E-HEALTH

Supporting advice based on vital data and recommendation of activities



INFRASTRUCTURE

Simple and barrier-free use of the activities in the district



D6 RESOURCES

- The project is funded by the European Regional Development Fund (ERDF) and the Ministry of Health and Consumer Protection of the Free and Hanseatic City of Hamburg
- The total amount of funding was 1,3 million euros
- The project is funded for over 4 years

D6 ADDITIONAL INFORMATION

[Startseite \(agqua.de\)](http://agqua.de)





European Union

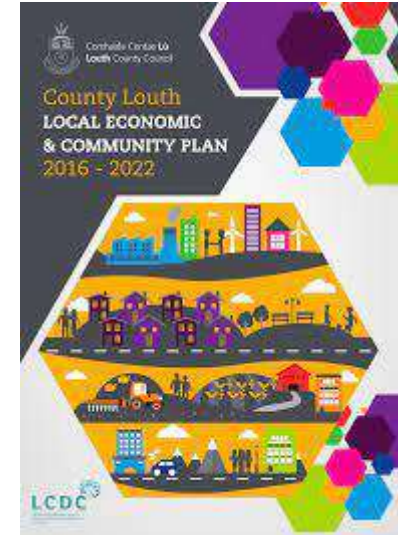


Core collaborative components between projects Louth Economic and Community Plan

Louth County Council
Ireland

SHORT SUMMARY OF THE PRACTICE

- The **LECP** is the strategic framework for all collaborative economic and community actions in Co Louth
- The LECP manages the overlap of national agendas at local level. Often these services are delivered by different autonomous independent stakeholders and if delivery of services is to be successful, the activities need to be carefully orchestrated, monitored and evaluated while maintaining good will among and between the different stakeholders including the volunteer sector.
- Through the plan the actions are assigned a timeline, lead organisation in charge of the objective, support agencies, a metric and status. All the teams members are identifiable to each other through the plan. The stakeholders permit subtle changes as the action is executed.



Local Community Development Committee

Economic Partners: Louth Economic Forum

Community & Social Agenda

Integrated Social & Economic Development Plan

Economic Agenda

Provider
User

Citizen
across life course

Consumer
Producer

Community Implementation

Plans/Programs/Actions

LCP plan
Louth leader / Rapid
Drugs Action Plan
Age-Friendly Strategy
Childrens Services
Tidy Towns, TIG plan
Disability plans

Shared Services

Capacity Building / Training
Quality Improvement

Shared Agenda

Age Friendly Agenda
Culture, Arts, Sports, Tourism

Voices

Louth People's Forum
Public Participation Network

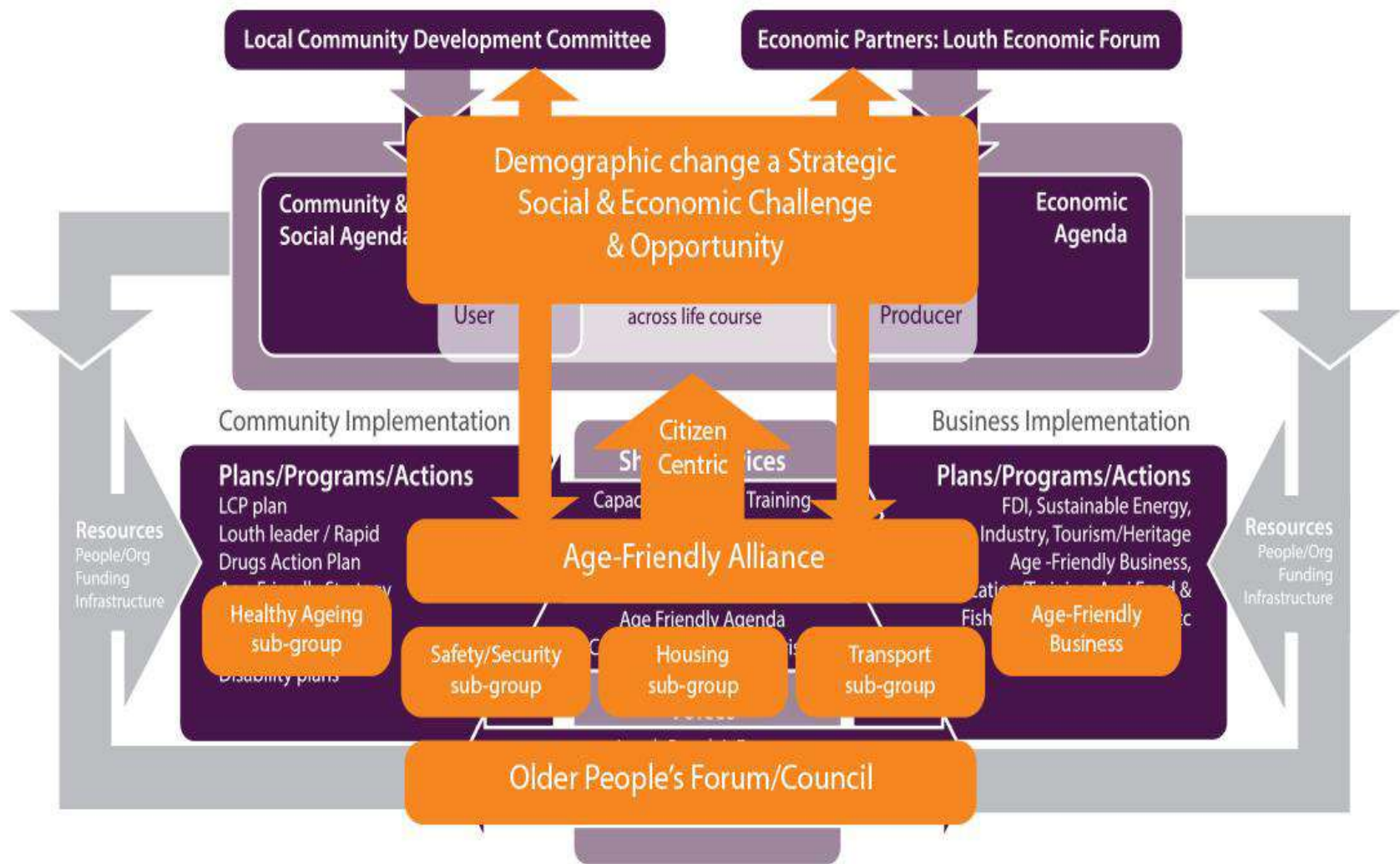
Business Implementation

Plans/Programs/Actions

FDI, Sustainable Energy,
Indig Industry, Tourism/Heritage
Age -Friendly Business,
Education/Training, Agri Food &
Fish, Broadband, Corridor etc

Resources
People/Org
Funding
Infrastructure

Resources
People/Org
Funding
Infrastructure

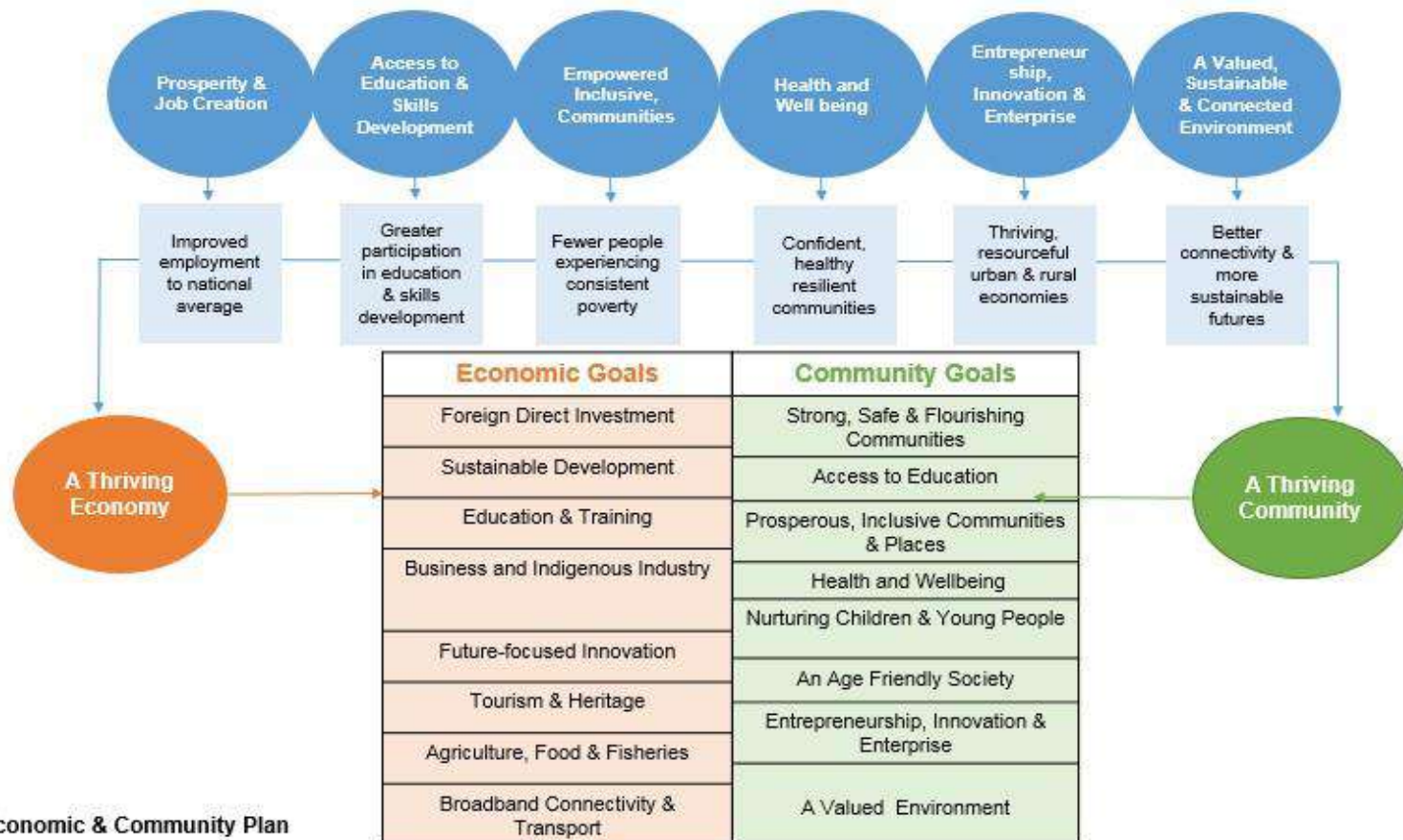




VISION Louth will be a prosperous, proud, safe, and inclusive county where people want to live, work, visit and invest, and where there is equal opportunity for all.

**LECP
Integrated
Priorities**

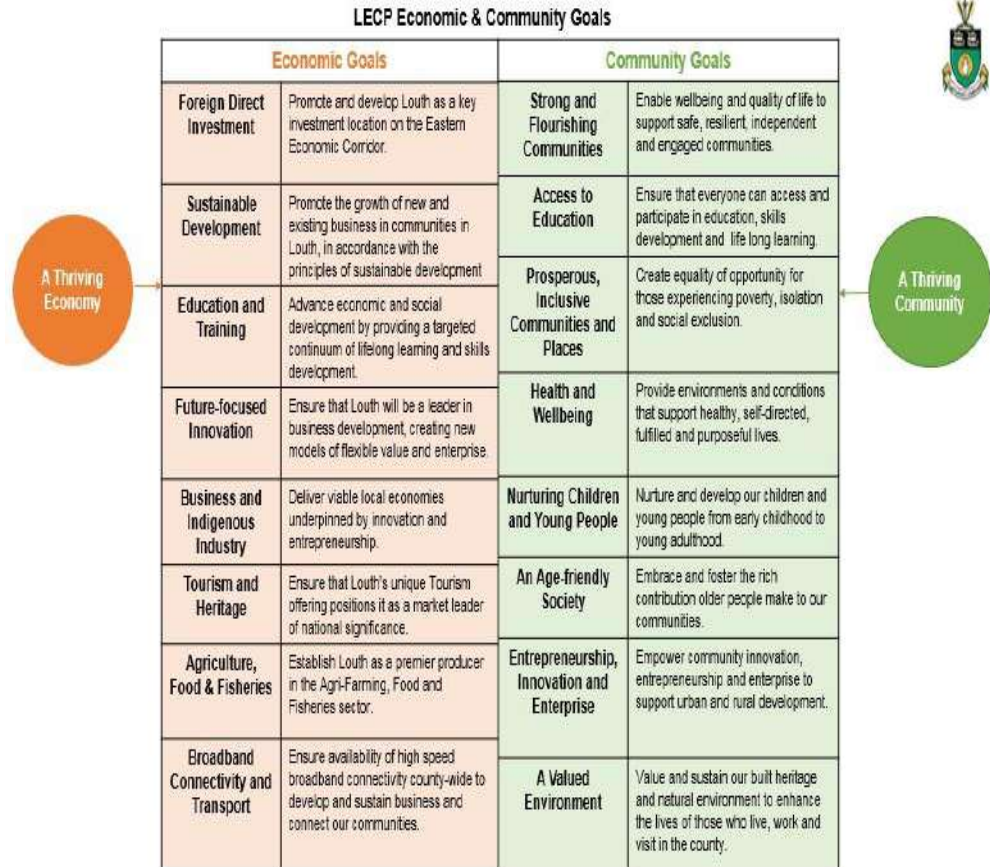
Outcomes



OBJECTIVE OF THE GP

The purpose of the LECP is: a series of high level goals, objectives and actions to promote and support the economic development and the community development of the relevant Council area, both by itself directly, and in partnership with other economic and community development stakeholders.

The aim of the LECP is to create a working strategic framework of core collaborations between the many and various stakeholders in County Louth.



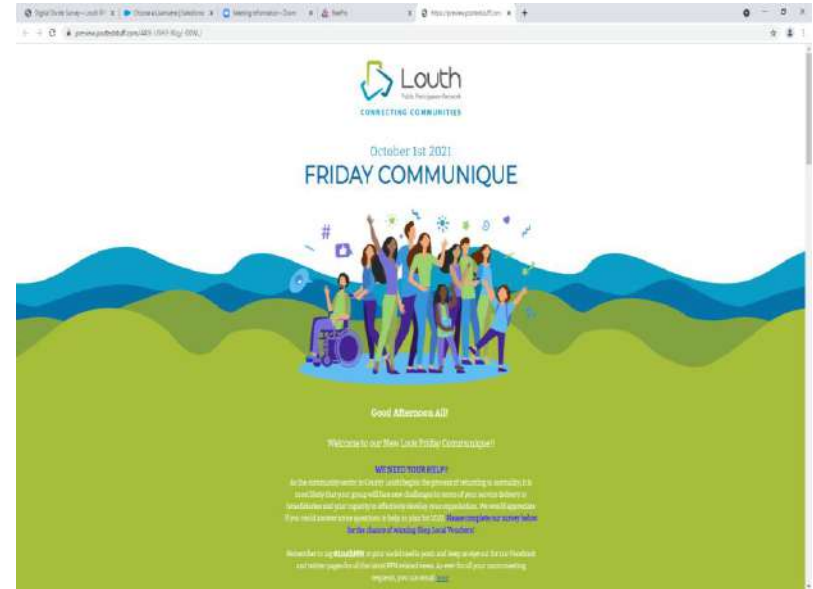
The Friday Communique

The Friday Communique is the communication tool which allows us to inform, consult and enable collaborations to implement the various actions in the plan.

The **“Friday Communique”** acts as a proactive notice board. The weekly email alerts some 790 participants of key information on funding initiatives, consultations/public meetings, Community events, training and workshops and newsletters.

Through the Friday Communiqué the various policy administrators in County Louth are made aware of how their policy instruments have synergy with other instruments.

The Social and Community Officer within the region acts as a facilitator to coordinate all of these activities and to ensure the appropriateness of the actions to the stakeholders.



STAKEHOLDERS

Government Stakeholders



NGO Stakeholders



Other Stakeholders



PARTICIPANTS AND BENEFICIARIES

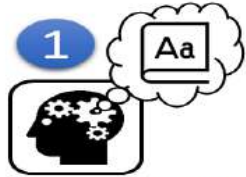
This core collaborative framework address all groups across all of the actions and policies across all ages, genders, race and ability

There is explicit support for users with social disadvantages under the Prosperous, inclusive communities and places goal which aims to create equality of opportunity for those experienceing poverty, isolation and social exclusion.

The LECP does not directly address gender issues but as an inclusive plan goals are addressed across all groups regardless of gender.

Method

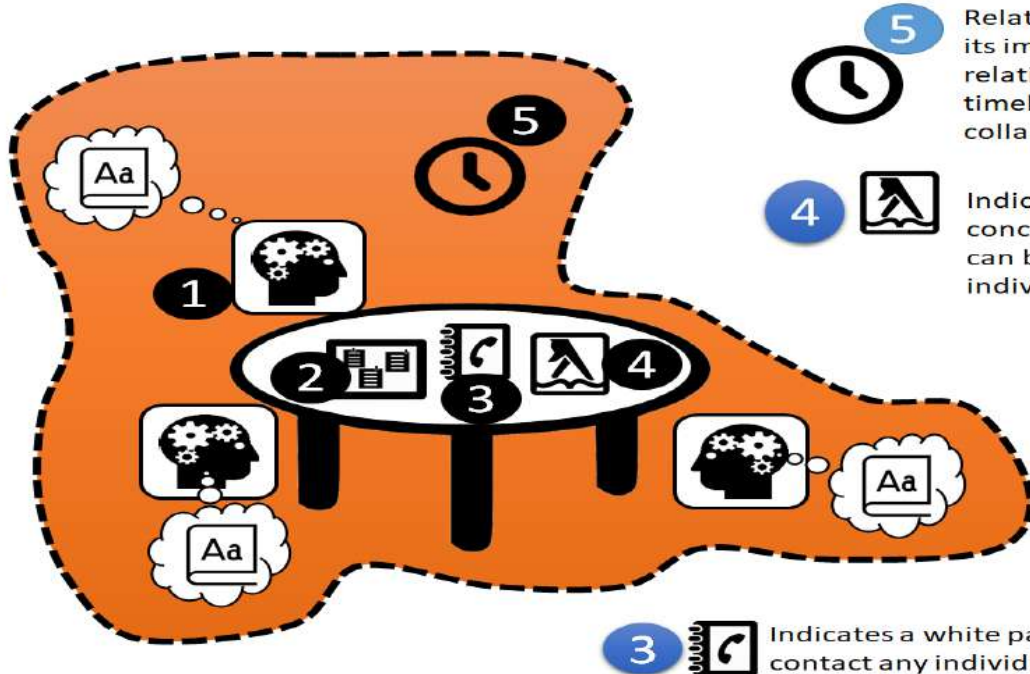
Collaboration



1 Refers to the stakeholder with their own expert and personal knowledge, inner cycle of execution and a domain specific library of terms.



2 Recognises shared information needed to aid in the collaboration (i.e. noticeboard/whiteboard),



5 Relates to time and its importance in relation to the timeliness of the collaborative process.



4 Indicates a yellow pages concept where services can be searched linking to individuals that can help



3 Indicates a white pages to be able to contact any individual to ask for help



This framework came into being in 2010 and is ongoing

RESOURCES NEEDED

- A qualified community development worker to support the animation and development of both public and private sector engagement
- Good local Government leadership
- A strong and flexible all encompassing local agenda (LECP)
- A developed and nurtured trust among and within community groups overriding any natural competitive dynamic
- The local authority skill in strategic planning and the use of that skill in linking EU objectives and national plans with local plans and delivery structures.

SUPPORT INFRASTRUCTURE: The project is being led by Louth County Council in collaboration with other key stakeholders

RESULTS

HEALTH

In general 2 more focused sub-plans were developed from the LECP—Louth Age Friendly County Plan & the Healthy Ireland for Louth Plan. From these the following results were achieved:

Ongoing increased collaboration with HSE services marrying acute, residential, community health services and volunteer community services for the betterment of the older person.

SOCIAL

An increased level of communications and engagement via technologies and social prescribing in particular.

ENVIRONMENTAL

Increased emphasis on appropriate UD or lifetime adaptability standard housing, increased supports for retrofitting older housing stock and funding sought for public realm (15 minute town) under the Rural Regeneration Development Fund.

EMPLOYMENT

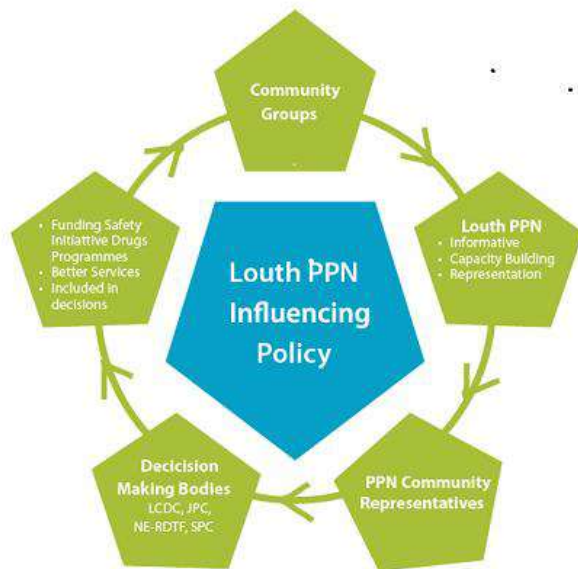
As the programme was delivered by employees of the Louth County Council no additional employment was needed



ADDITIONAL INFORMATION

The Louth Local Economic and Community Plan 2016 – 2022 can be accessed at <https://www.louthcoco.ie/en/services/economic-development/plans-strategies/local-economic-community-plan-lecp/>

Information on the Louth Public Participation Network can be found at <https://louthppn.ie/>





EU_SHAPE
Interreg Europe



European Union

Local Activity Centres for Senior Citizens in Aarhus Municipality



04.05.2021 Vi er Sammen om Aarhus (engelske undertekster).mp4 - Google Drev

Many ideas came up when local center Bjerggården's future was on the agenda last year. The focal point was how Bjerggården can be used by all citizens in the future, across generations. 106 people attended to discuss and brainstorm on how to rethink the activities that are at the center, and how to develop the center to suit several purposes.

"In Aarhus Municipality, we want to turn our local centers into civic centres, where everyone can meet. Funds have been set aside to rebuild the house so that it can become a gathering place for everyone. Bjerggården will be a kind of prototype for the local centers of the future," says Anne Skyum, volunteer consultant in Aarhus Municipality.



Lokalavisen Aarhus 03.10.19



European Union

Thank you!