

SUMMARY REPORT - 1ST DRAFT OF THE TOOLBOX

Summary Report

Version 2
01 2020





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1. Introduction

In the I-CARE-SMART project the thematic working group Senior Engagement was settled up to develop a toolbox for senior engagement. Therefore, the partners¹ first of all had to find out about the situation and the needs of the elderlies. The results from these regional analyses helps us to know what the elderlies need to engage as well as to get to know best practices.

For the regional analysis the partners organized two expert interviews, two focus group interviews with elderly people and one focus group with caregiving relatives and professionals working with elderly people in the region. In addition, all partners made a desk research to find out basic facts about life situation of elderly people in the countries concerned (Hungary, Poland, Slovakia, Czech Republic, Italy, Austria).

The following report is a summary report of the six regional analysis from Budapest, Lodzkie, Kosice, Prague, Liguria and Graz including the main findings about the needs of elderly people and identified best practices and a first draft of a toolbox for senior engagement.

18 focus group interviews with elderly people (81 participants)
7 focus groups with formal and informal people working with elderly people (56 participants)
12 individual expert interviews with organizations (13 participants)
= 149 interviewed people

For collecting qualitative data of situation of elderly people in the countries concerned, the method of focus group interview was used. Specific research questions of this activity are as follows:

- What are the needs of elderly people?
- What challenges are existing in order to participate in digitization?
- What is the user experience from elderly people in order to digitization?
- What are success factors to engage? What are barriers to engage?

The following report starts with a short overview of relevant statistical data about the life situation of elderly people in the EU and the partner countries concerned. The next chapter follows with an overview of the main regional finding about the needs and challenges for elderly people. Last but not least the identified Best Practices and tools are outlined and a first draft of the toolbox is presented.

¹ Municipality of Újbuda (Budapest, 11th district), Lodzkie Region, European Grouping of Territorial Cooperation Via Carpatia, Liguria Region, Social Services Prague 9, City of Graz and nowa



2. Context

The world is changing rapidly in technical matters, higher life expectancy, high birth rates reaching retirement age, the increasing dissolution of large families, the trend towards single households and increasing separation. This social change affects all areas of people lives. More and more people, even senior citizens discover digital medias for themselves. The access to the Internet and digital competence can make everyday life easier, and affects the way of participation. Often elderly people are overwhelmed with all the technical innovations and are not sure if and how they can and should get involved. Nowadays, a lot of information is mainly distributed on the Internet or can be found there very easily - if you know how. There are examples of how digitization enables new ways in the care sector, by enabling a self-determined life as long as possible.

2.1 Life expectancy, healthy life

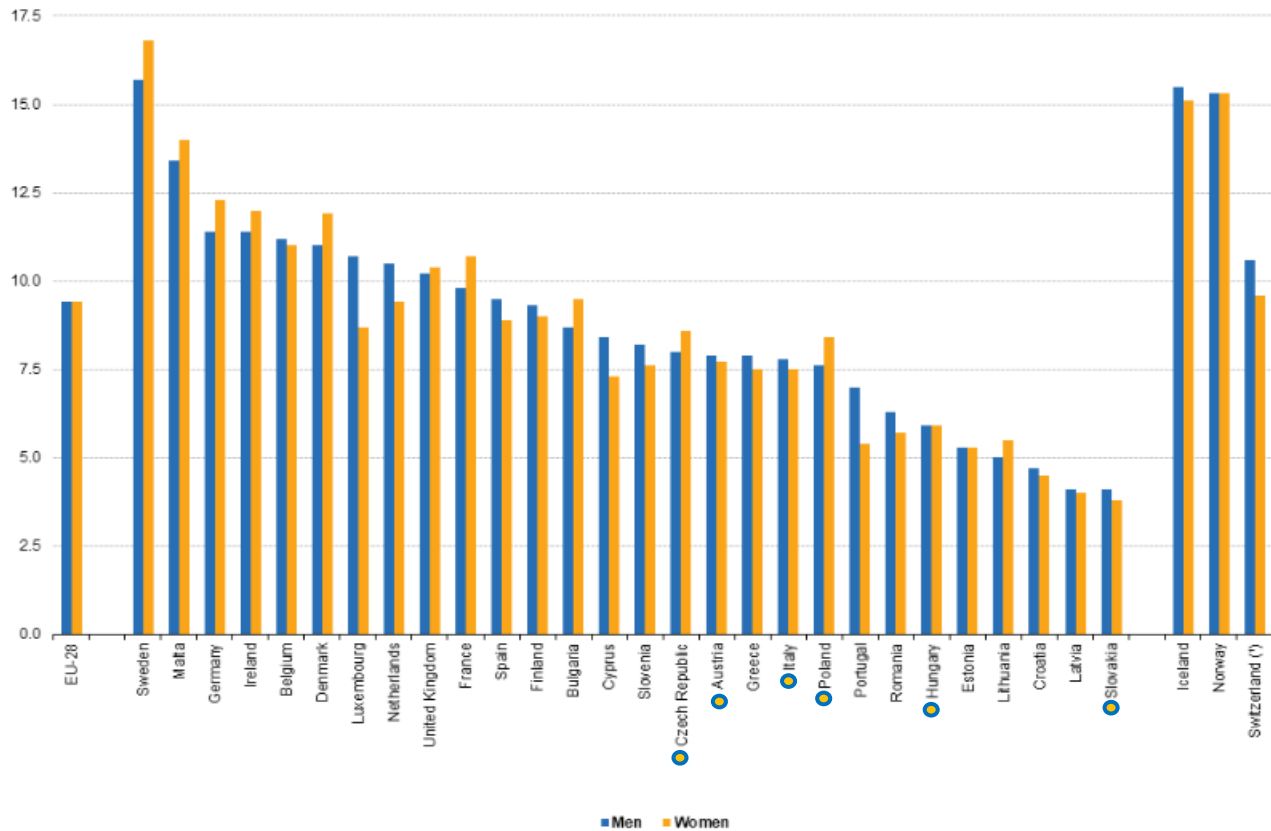
In early 2018 there were 101.1 million older people (aged 65 years or more) living in the 28 EU countries, which is almost one fifth (19.7 %) of the total population. During the next three decades, this figure is projected to rise up to 149.2 million inhabitants in 2050 (28.5 % of the total population). In some European regions e.g. in Region Liguria the share of elderly people is already higher (28,4%).² Life expectancy has risen systematically in all of the EU Member States in recent decades; note in 2015 there was a modest fall in EU-28 life expectancy to 80.6 years. Historically, the main reason for the increase in life expectancy was declining infant mortality rates, although once these were reduced to very low levels, the increases continued, largely as a result of declining mortality rates for older people, due for example to medical advances and medical care, as well as improved working and living conditions. Nevertheless, there are considerable differences in life expectancy both between and within Member States³

² <https://ec.europa.eu/eurostat/documents/3217494/10166544/KS-02-19%E2%80%911681-EN-N.pdf/c701972f-6b4e-b432-57d2-91898ca94893> Page 26

³ <https://ec.europa.eu/eurostat/statistics-explained/pdfscache/41901.pdf>



Figure 1: Healthy life years at age 65 years, by sex, 2015 (years), Source: Eurostat



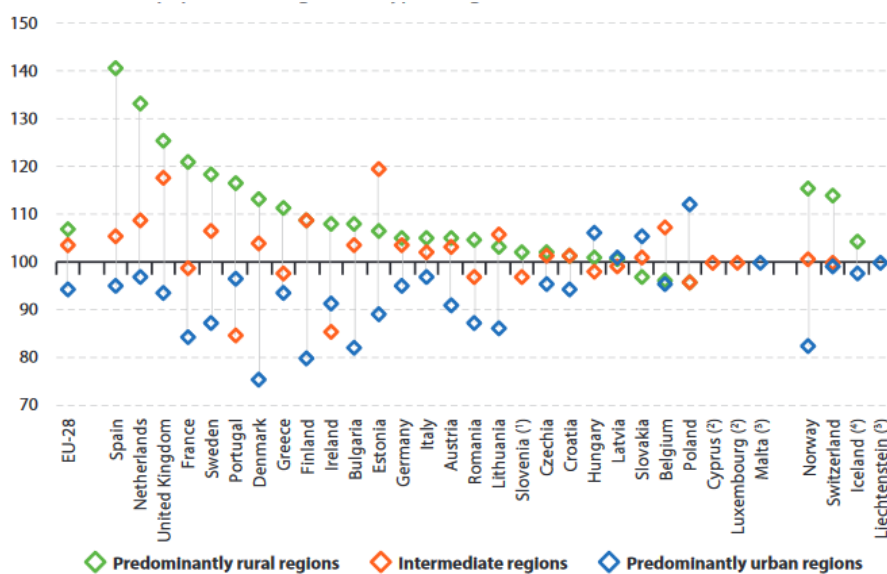
As it can be seen in Figure 1 the countries of the partners vary in the amount of the healthy years to be expected at the age of 65. The healthy years to be expected at the age of 65 are highest in the Czech Republic (around 8.5 for women and 8 for men) and lowest in Slovakia (around 4 for men and 3.8 for women). In general, the differences between the countries are higher than the difference between gender.



2.2 Living situation

In 2018, there were 101 million older people (aged 65 years or more) living in the EU-28. Of these, 42 % were living in predominantly urban regions and 38 % in intermediate regions, leaving 20 % in predominantly rural regions.⁴

Figure 2: People over 65, by urban-rural typology, 2018 (% share of total population living in each type of region=100). SOURCE: Eurostat



In Italy, Austria and Czechia elderly people are living predominantly in rural areas, in Hungary, Slovakia and Poland elderly people are living predominantly in urban areas.

Older women (aged 65 years or more) were much more likely to be living alone: in 2017, the share of older women living in households composed of a single person was 40.4 % across the EU-28, while the share for older men was 22.4 %. There is a higher proportion of the elderly population lived in rural regions, those who were in urban regions were more likely to be living alone.

The overwhelming majority of older people continue to live in private households (either alone, with their spouse or with other persons). Nevertheless, some older people move into institutional households, such as retirement or nursing homes; this may occur out of choice (for example, not wishing to live alone) or because it is no longer possible for older people to carry on living at home (for example, due to complex long-term care needs). The very old are more likely to be frail and therefore to need services such as those provided within institutional households. Contrary to the problem of over-crowding, which tends to affect younger people and those living in some of Europe's principal cities, older people are more likely to be living in under-occupied dwellings

⁴ <https://ec.europa.eu/eurostat/documents/3217494/10166544/KS-02-19%E2%80%911681-EN-N.pdf/c701972f-6b4e-b432-57d2-91898ca94893> Page 25

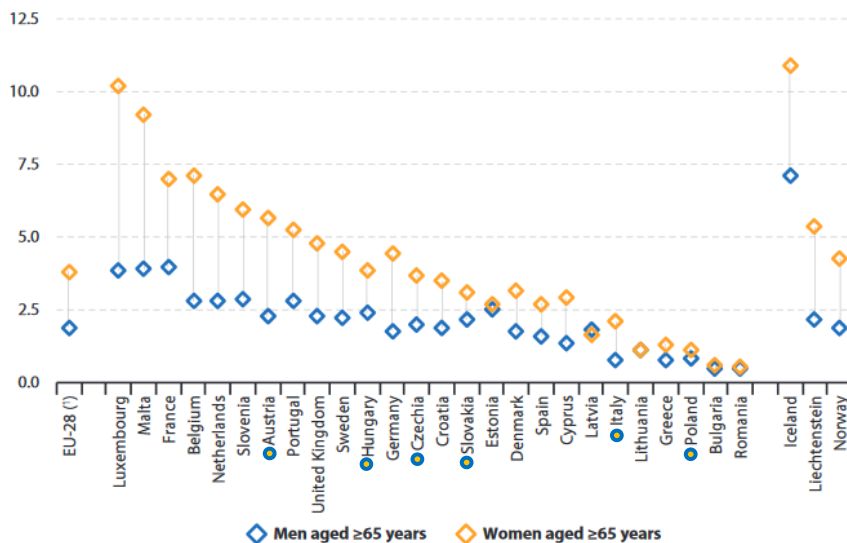


Figure 3: People aged over 65 living in an institutional household, by sex, 2011 (%share of older men/women). Source: Eurostat

It will need solutions, especially in rural areas, to offset the decline in family caring and new care solutions will be needed. In general, there is the creed to foster living in the own four walls before in-patient care.

2.3 Economic Status

During the coming years, there are likely to be considerable changes in the demographic profile of the EU's labour force survey (LFS). Activity rates among people aged 55-64 years increased during the last decade and their growth was unabated during the global financial and economic crisis in 2008 (despite a reduction in the number of younger persons employed during this period). In the future most commentators expect these patterns to continue, with a growing proportion of the elderly remaining in work for longer, in part due to increases in retirement or pension ages and restrictions on taking early retirement, as well as some people wanting to carry on working and others feeling forced to work for economic reasons⁵. Older people were less likely to face severe material deprivation⁶.

2.4 Use of Internet

A growing proportion of the elderly go online, either as younger generations who have used the internet move into the older age classes, or as people develop internet skills in their old age. The internet opens up a wealth of new opportunities and services for elderly people. In 2016, close to half of all elderly people aged 65-74 years used the internet at least once a week. Once the elderly are confident enough to use technology, they start using the internet actively. While 60 % of the elderly who used the internet at least once a week in 2006 this share had risen to 80 % by 2016⁷

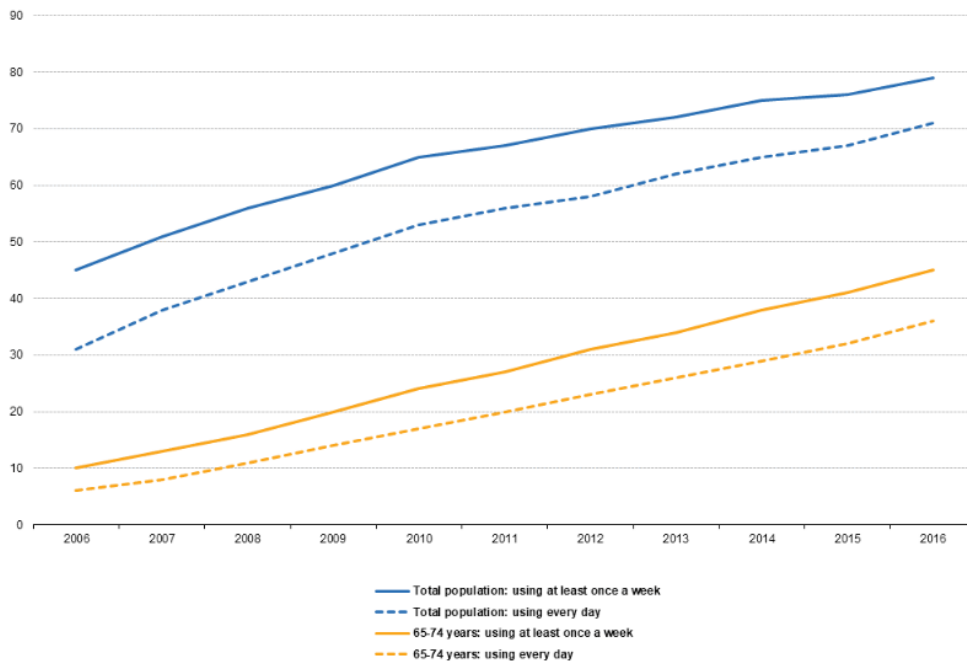
⁵ <https://ec.europa.eu/eurostat/statistics-explained/pdfscache/41901.pdf>

⁶ <https://ec.europa.eu/eurostat/documents/3217494/10166544/KS-02-19%E2%80%911681-EN-N.pdf/c701972f-6b4e-b432-57d2-91898ca94893> Page 39

⁷ <https://ec.europa.eu/eurostat/statistics-explained/pdfscache/41901.pdf>



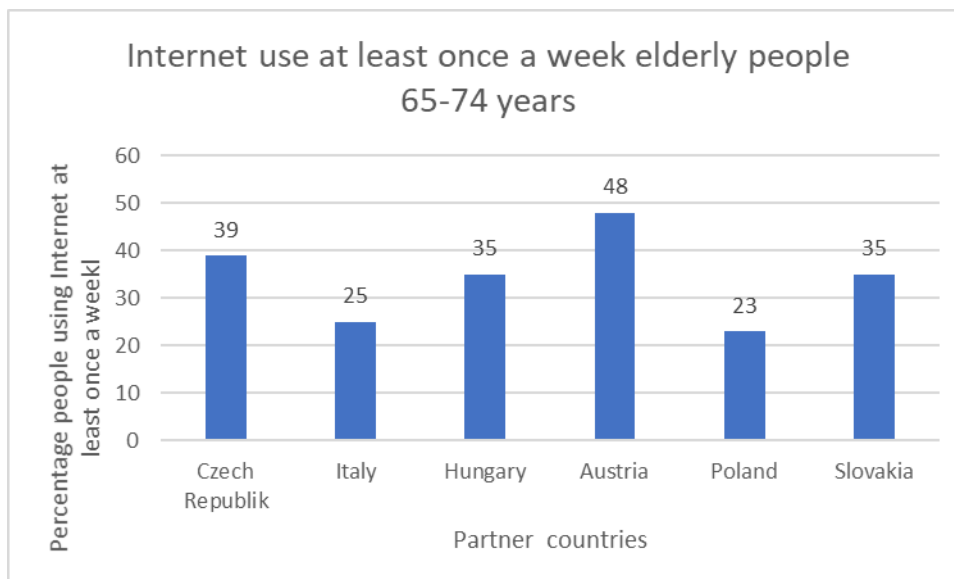
Figure 4: People over 65 in EU 27 using the internet at least once a week. Source: Eurostat



Note: 2006, EU-27.
 Source: Eurostat (online data code: isoc_cl_ifp_fu)

In terms of regular use of the internet, there is a relatively large digital divide between northern and western EU Member States (Luxembourg 88%) on one hand and southern and eastern EU Member States on the other (Bulgaria 12%). In the partners countries the internet use of elderly people at least once a week varies from 48% in Austria to 23% in Poland.⁸

Figure 5: Internet use at least once a week by people over 65. Data: Eurostat, figure own creation.



⁸ <https://ec.europa.eu/eurostat/statistics-explained/pdfscache/41901.pdf> S.22



Figure 6 shows that the type of online use in the countries discussed is very different. Although the share is highest in all countries for the use of the Internet for reading, in online banking, social media and online shopping the shares are very different.

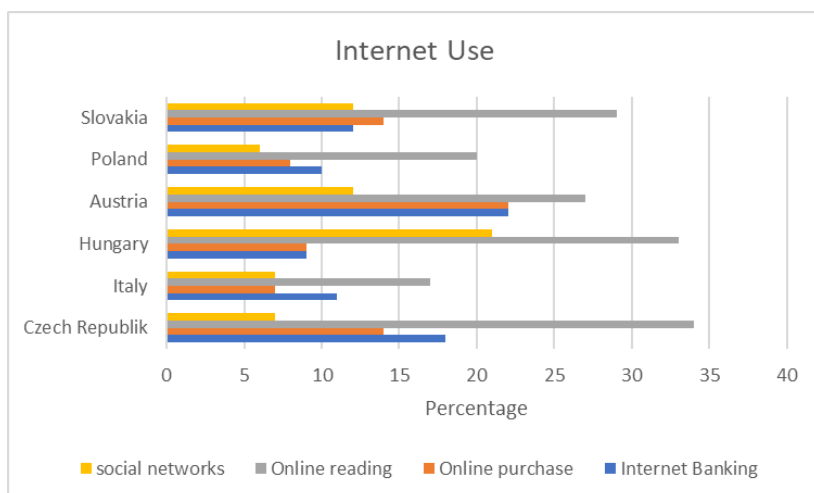


Figure 6: People over 65 using the internet by type of use, 2016(% share). Source: Eurostat. Figure: Own creation

3 Best Practices

In all interviews (24 focus group interviews, 12 expert interviews) the partners asked about Best Practices for senior engagement. The best practices shown below are not complete, because not all of them could be shown due to lack of space. The next chapter (4) then outline the Tools as specific methods that were used in the Best Practices.

The regional best practice examples from the 6 countries show that there are established approaches. For example, target group-specific training and intergenerational projects have been identified as best practice in all regions. The importance of a central information center for care can also be seen in the fact that there is a kind of care hub in most regions (Italy, Hungary, Czech, Austria).

3.1 Hungary Digitalisation for active aging program

From June 1, 2015 to August 31, 2017, Hungary implemented a Pilot Program on Elderly Infocommunication, the aim of which is to involve infocommunication tools in the social care of the elderly. The pilot took place in 3 settlements (in Szombathely, in the 5th district of Budapest and in Kisvárda) and provided information to the elderly over the age of 75, partly with the help of home helpers. The aim was to keep the elderly in their own homes, to relieve formal social care and the health care system, to facilitate the reconciliation of the caregiver's burden of care and work, and to strengthen communication between the generations.

The Model Program consisted of an innovative three-pillar infocommunication development package:

- Status and emergency bracelet (Measurement of objective and subjective health data, alarm function, blood pressure measurement available on request),
- Internet (Skype and other Internet capabilities; strengthening intergenerational connectivity),
- Smartphone (Additional device for transmitting blood pressure data; can also be used according to its function).



Analyzing the pilot's experience, it can be stated that the use of infocommunication tools reduces the loneliness of participants, increases their sense of security, and the continuous monitoring and monitoring of their health can clearly slow down the rate of health deterioration. The main result of the Model Program is that it has demonstrated that digital devices can have a direct and tangible positive impact on the lives of older people who are most exposed to safety and health risks.

3.2 Újbuda 60+ Program

The long-term goal of the Program is to allow more space for the elderly; their activity, self-organization and participation, giving them greater control over the program.

Another long-term goal of Újbuda Municipality is to not only ensure the operation of the program in its decree, but also to create a stable financial background for the operation of the program by participating in European Union and other tenders.

The Community Development Sub-Program is one of the most important "legs" of the program, as it is through this that the non-municipal dimension of "organized care" is realized. At the same time, this sub-program proves the fact that quality is not only a matter of money and that the organization of a partnership can be a major success.

The Program is not part of the social welfare system - it pursues its mission for the same purpose, but by other means, without regulatory support.

The elements of Újbuda 60+

- Community Development - the Human Word is Most Important - The Community Development sub-program is about building and supporting volunteer-led communities that support the development and quality of human relationships. Small communities replace and generate human relationships, help, educate, and work together on different local issues.
- Újbuda 60+ Discount Card - a symbol of the community of seniors Every citizen of 60 years of age who has a permanent address and is living in Newbuda has free access to the Newbuda 60+ Discount Card, which entitles them to discounts for centrally organized courses, events, and in the district stores labeled "Újbuda 60+ Elderly Friendly Business", generally for a discount of 5-20%.
- Communication - timely, accurate, age-friendly The district newspaper, website, 65 district bulletin boards, printed newsletters regularly report on events and programs. The Újbuda 60+ Program Center is open on weekdays for everyone, both in person and by phone. There is a so-called "volunteer" community among volunteer communities. Media workshop group of lay journalists, radio and TV newscasters, from seniors to seniors.
- Culture - Dozens of regular programs, from handicraft to instrumental music One of our most powerful initiatives is the Theater Travel Program, which allows hundreds of seniors to go to theaters at discounted rates. The Tarka Stage (a theater company for the elderly) is gaining recognition abroad, and the Senior Who Know or Senior Creative Camp initiative, which has produced high-quality works and exhibitions in many branches of the arts, is very successful.
- Újbuda Academy of Elderly Students - lectures and courses Introduction to the Internet and other ICT tools (eg mobile phones) and their use, English, German language courses, banking, first aid, OSCE (volunteering lectures organized by volunteers), the elderly teach each other (eg dermatology, quilting, chi kung, english, etc.) organized by the academy.
- Health & Exercise - Courses & Competitions Walking Clubs, Nordic Walking, Organized Cycling, Healing, Water Gym, Hiking, Ballroom Dance, Meridian Gymnastics, Yoga, Chess & Bridges, Crosswords - just a few examples of the complete palette.



- Crime Prevention Sub-Program - Increased Feeling Safety The Crime Prevention Model Program, developed jointly with the ORFK and BRFK, and the District Capitol and Public Inspectorate, includes all tools (eg, courses, crime prevention play, crime prevention tools, senior staff, etc.). victimization can be reduced or reduced. avoided.
- Elderly-friendly phone - a specially designed elderly-friendly device The municipality has provided a unique mobile phone for the elderly in the 60+ Program volunteers and also organizes its presentation to district citizens.
- Events - Every year World Senior Day, Volunteer Christmas, etc. In addition to events we host numerous local (district) and international events. we organize ourselves.

3.3 Co-Creation/ Esther-Network

A Best Practice in the European healthcare system for the implementation of integrated care with patient orientation can be found in the southern Swedish town of Jönköping County. More than 20 years ago, the so-called Esther Network was founded there, which systematically connects communities, hospitals, primary care facilities and also some private providers in the health and social sector for the benefit of patients. To identify real patient needs and derive tailor-made services, the founders of the Esther Network invented symbolic person to represent any person or person with complex needs, a so-called “Esther”.

System coaches, the so-called Esther coaches, form the core of the Esther network. These volunteers with a health professional background, working for the various interconnected care providers, promote the holistic development of the healthcare system, across organizational boundaries. Constantly they pose the question “What is best for Esther?” and align their actions with it and thus with vision. This allows them to change the health system step by step in detail.

The idea of the Esther Network is the fundamental attitude of putting patients and their needs at the center of all considerations and any (quality) improvements. The Esther network now includes not only regions in Sweden but countries from Great Britain to Singapore.

The Geriatric Health Care Centers of the City of Graz are planning on joining this network and working on the approach to see the patients itself more and more as the experts in their own health: *“That would be a great thing because people really have a say in how their stay in a hospital is designed.”*

3.4 Intergenerational and crossgenerational projects (f.e in Slovakia, Italy, Austria, Poland, Czech, Hungary)

In the future, it will also be important to use the resources and potential of older people and to enable them to participate, particularly in the time of the transition from work to retirement. In this context intergenerational projects (e.g. nursing home and kindergarten, multi - generation houses, housing projects for older people, students, young families and other groups) are great possibilities to use senior citizens with their life experience in intergenerational settings. A good example on how such intergenerational integration can work are initiatives like “Hlavicky”. In this project, older people are visiting kindergartens and schools regularly and are reading with children. Intergenerational cooperation could thus be one of the keys to long-life learning. Example of such project is “Hlavicky”, which brings children and seniors living in Banská Bystrica the opportunity to help each other. On the one hand seniors tutor children, pupils of elementary schools, and on the other hand children help seniors to master modern technologies.

In Łódź is the first city in Poland to create a model of the Multi-generational House. The idea of this innovative housing model in Poland is to create bonds between people, also outside the family. A similar programme has already proved its worth in several European countries, such as Germany, the Netherlands and Switzerland.



An important place in the Multi-generational House will be the Neighbourhood Club, i.e. a common space where residents will be able to meet, pursue their passions and interests, and share common ideas. In practice, it can be both sharing knowledge and skills: as well as recipes, residents can cook together, but also spend holidays or important events together.

The public space will be a place for meetings, playing cards, bingo or gymnastics. Seniors can teach DIY children, and young people can teach computer skills. The Neighbourhood Club program will also be addressed to a wide range of neighbours - all residents of the estate.

Also, in Prague multigenerational housing schemes which were established by municipality and identified as Best Practices.

3.5 Care Information Hub (& Digitalisation)

It is important to make sure that people have access to information about possibilities especially in the field of care. Therefore, it is highly recommended to install information hubs in regions, where all people have easy access to information. In Liguria and Styria such information hubs were installed.

An expansion on the topic of digitization would also be desirable in order to establish an official contact point for older people in order to receive quick and objective information about digitization in old age. For example, to find out about current AAL technologies or to find out who offers which ICT courses.

- **The Call center for active aging in Liguria**

From 15 July 2019, the regional call centre for active aging is active. The regional call centre is a service with service orientation, information and care for elderly people and their families. Through the regional call centre, it is possible:

- to obtain information of social interest (awareness campaigns such as, for example, advice on how to deal with heat waves, or other climatic emergencies such as meteorological alert bulletins),
- for orientation to social, health and welfare services and for the organization of one's free time and social life (socio-cultural events, community centres, and more)
- Get help in managing daily needs by activating small-scale help and support at home or in the institution.

The call center was promoted through the network of the social and health district and the associations of the different regional areas.

- **Care Information Hub Styria**

The "Care Information Hub" (Service centers for care) is a project of the county administration "Land Steiermark". This central point of contact should provide counselling and services for older people as well as their relatives who need support in organizing care. The aim is to clarify questions about care, to analyse the situation of those in need of care and thus to ensure the right care, to the right extent and at the right time. People in need of care and their relatives receive support in organizing the required care and support services. The county administration "Land Steiermark" therefore plan to anchor the model of the "Care Information Hub" as a central point of contact, as practiced already in the City of Graz, in all regions to offer decentralized and close-to-home support.

- **Informal Care Centre (ESF funded project at Institute of Social Services Prague 4)**

A multidisciplinary team provides complete consulting, educational and practical guidance to informal caregivers. Its services are directly connected to the institute's other caregiving activities - respite care center, daily care centre, out-patient care services. The multidisciplinary team provides guidance in financial, legal, social, psychological matters and provides training for the caregivers



3.6 Target group specific digital trainings

The current information society requires an active approach to aging through an education (long-life learning) in the field of ICT, intergenerational cooperation, enhanced motivation and services and products supporting inclusion of seniors. It is necessary to take into account that when acquiring competences in the sphere of modern technologies, a person of older age might have certain limitations (e.g. increased mental fatigue, decreased performance, decreased physical strength, slows down the speed and readiness of reactions, health problems occur more often etc.). But when a senior already has a digital literacy, he or she can continue to enjoy the full range of modern ICT opportunities without any limits.

More and more target group-specific offers for digitally inexperienced people are needed in order to familiarize them with relevant media such as mobile phones, tablets, PCs and important apps. In this regard, good experiences with cyber cafés, learning clubs, organizations or intergenerational projects (pupils train seniors, etc.) are pointed out. A factor for success in digital empowerment is to clarify the benefits to the elderly people. An interviewee from the focus groups explained that she is always coming to the training courses to be able to come along with digital products and services.

- **Senior Digital Academy Lodzkie Region**

The main objective of the project is to increase digital competences among people aged 55+, living in 6 districts of Lodzkie Region (Łódź, Łódzkie Wschodni, Zgierski, Poddębicki, Kutnowski, Piotrkowski), through the implementation of a series of training courses and free access to computers and the Internet.

In each of the districts, where the project will be implemented, a local consultation point will be established, where seniors will be able to use a computer with Internet access free of charge and develop their digital skills under the supervision of a consultant. The trainings will be divided into 6 thematic blocks adjusted to the training needs of seniors.

3.7 Respite Services for Caregiving Relatives using Simulation Training (e.g Albert Schweitzer Training Center in Graz)

A high percentage of older people who are in need of care, still live at home and are tended by their own families. This care dependency does not only burden the patients themselves, but also their caregiving relatives. The Albert Schweitzer Trainingscenter in Graz (Austria) was established in order to support informal caregivers by offering simulation-based nursing courses. From 11/2016 to 03/2018 a project team of about 12 people build up extensive structures for a simulation training center including five different training courses for informal caregivers on the topics dementia, body care, fall prevention, and back-friendly lifting and transfer techniques. The main goal is to improve caregiving competence, reduce stress, and promote mental well-being in a safe learning environment. The courses are either Manikin-based simulation trainings or Standardized Patient simulation trainings and take place in a show apartment. The participants benefit from the simulation training, since they can apply at home what they have learned during the courses.

Moreover the show apartment is also equipped with different active and assisted living technologies and smart home services. Technologies who can support older people and their relatives at home are shown in a real-life setting. Seniors and caregiving relatives can try out the technologies and get information on what suits them best for their situation at home.

3.8 Digital Therapy and Trainings

- Liguria



Memory Training, is a training course designed: (1) to improve the knowledge of older adults about their brain functioning, (2) to maintain and improve their attention span and memory, also reducing the risk of dementia, with a positive effect on quality of life. Participation in Memory Training courses is linked to an initial screening, carried out by competent operators of the social and health districts to assess the suitability of the members. Groups are then organized, maximum 20 people for each course, divided into 9 meetings in which the trainer (qualified and specialized staff) conducts the exercises to train cognitive functions, improve and maintain their neuropsychological performance, with benefits also for the self-esteem and the ability to socialize.

During 2017, 365 elderly people took part in all 20 regional training courses. The course is aimed at all those who wish to participate, with preferential access for people over 65. A specialist (psychologist, psychiatrist, neurologist or geriatrician) of the Local Health Authority plans an initial interview for a general assessment of the person. There is a registration fee of 20 euros.

- Graz

Digital services and games can also be used in training and health promotion. At the Geriatric Health Care Centers Graz (GGZ) digital training equipment allows the older people to train and practice not only during their planned training sessions but also in the evenings and on weekends. *"In our organization we are now focusing more on digitization in therapy. We are now launching the therapy 4.0, [...] where you can perform the exercises even more complementary."* Therefore, their self-responsibility is strengthened even more during their hospital stay. Furthermore, the GGZ plan to offer an App-solution with trainings in the future so the elderly people can train at home after discharge.

3.9 Showing Senior Talents "Przystanek" (Lodzkie)

"Przystanek 60+" is a project implemented by the Łódź Cultural Centre. The aim of the project is:

- presentation and promotion of the artistic achievements of the inhabitants of the Lodzkie Region aged 60+;
- confrontation and exchange of senior citizens' experiences;
- inspiring the search for new forms of artistic work;
- integration of senior citizens' circles;
- popularization of the organisation of events aimed at seniors in the Lodzkie Region;

Organised events:

- reviews of artistic creativity: musical,
- painting, handicraft, photography, literature, theatre, cabaret;
- artistic open-air workshops in 7 Landscape Parks of the Łódź Province
- urban open-air workshops: Piotrków Trybunalski, Wieluń, Tum, Łódź, Nieborów
- workshops: photography, painting, handicraft.

Between October 2016-April 2019 nearly 6500 participants.

3.10. "SenSen"(Sensational Seniors)

An informal platform bringing together senior clubs, individuals, NGOs, municipalities, private sector and others who share an interest in active live of seniors, its main philosophy being to approach the elderly as



people with talent able and willing to share their skills, knowledge and experience. It operates programmes like National Chronicle (in cooperation with Czech National Library) compiling stories of people's daily lives to create alternative "little" history, or Second Life for Children Books where volunteering elderly organize collections of second hand children books which are then donated to primary, secondary schools, public libraries NGOs working with children.

3.11 Activities and institutions enabling the elderly to decide and have a say in the shaping of their environment

The aim of the concept of community planning of social services is to bring together local authorities, individual citizens and users experts, NGOs, private as well as public social services providers. It is an open process of planning the local network of social services by asking about the real needs and searching for available resources so that the services are able to react to local conditions and fulfil individual needs. Within the concept of community planning senior working groups operate. Several regional authority bodies organize consulting organs composed of senior citizens.

3.12. Personal assistance

Personal assistance is one of the state registered care providing services (meaning that the providers can use the state subsidies for its operation), the users thus only have to pay very low amount of money. The service functions as a relieve service for the informal caregivers and consists in a professionally trained personal assistant visiting the users in their households and providing them with a wide range of services, from basic daily care tasks to companionship and social inclusion assistance.

4 Tools

- Digital trainings for seniors (Smartphone, Tablet, Computer, Online Banking etc.)
- Digital Training Games e.g. Dementia
- Training relatives
- Train the trainer trainings
- Workshops with young and old
- Senior Advisory Board
- Community Planning
- Citizen Advisory Councils, Resident councils, Roundtables (common breakfast) etc.
- Focus groups
- Advisory service ambulances
- Cooperation with relatives, families, social workers

5 Main regional findings

The following chapter begins with the ideas of older people about a good life and then describes current requirements and barriers for senior engagement. The 6 regional analyses have produced many common topics, some topics affect a region more or less. In this report, the aim is not to meet the demands of



scientific research, but to get an overview of the main topics and needs - so that we have a solid basis for the development of a toolbox that can be adapted in all regions.

○ Wishes and Needs for a good Life in old Age

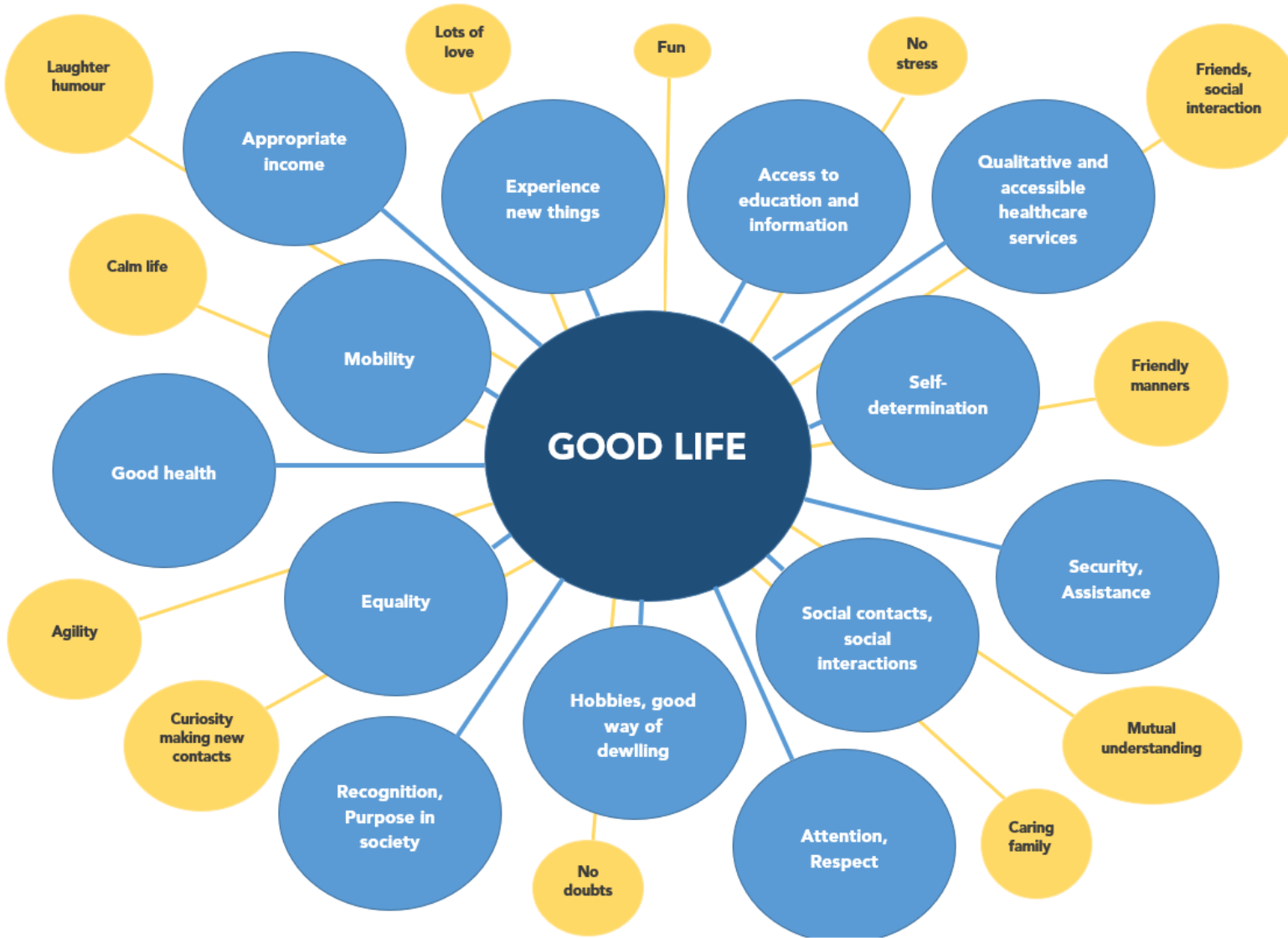
The key factors for a good life in old age are well-matched among the interviewees in all countries. Above all **good health condition, qualitative and accessible healthcare services, appropriate income, mobility, good way of dwelling, self-determination, security, social contacts and appreciation** are mentioned.

A good life in old age is associated with general needs like: *social interactions, a caring family and friends, access to education and information, respect and friendly manners, mutual understanding and listening, attention and considering their needs, agility, fun, laughter and humour, no debts, continuing curiosity in making new contacts, calm life, hobbies, assistance if needed, purpose in society and having appropriate tasks.*

Family bonding and support and independence are important factors for a good life. In general, social activities and interactions as well as places where social interactions are organized or take place are of great importance. For elderly people living in rural areas this means that they have access to transport. As for the living of a good and active life the sense of usefulness and finding a “new” role in the society is also an important aspect for people in the post-productive age. In this context it is important that older people have social tasks and goals and that they receive social recognition and get the feeling that they are needed and that their experiences counts. Having hobbies and to enjoy new experiences is essential for some to live a good life.

Self-determination has been mentioned as an important factor for well-being, regardless the need for support and assistance. This includes all areas of everyday life for people still living at home, without being tutored by relatives, and refers to deciding on their own which services are needed e.g. nursing homes or mobile care. According inpatient care, this means being able to decide the time of eating or the daily routine according to one's own preferences. For mobile service providers, this means that more consideration is given to the wishes of those affected and not primarily to the needs of the relatives.

According to interviewees, the existence of family and/or institutional support in case of need is an important framework for a self-determined life as well. In this case, security is very important and means, *“that someone is there when there is need for help.”* **Emergency call systems** also have an important function. **Affordable care** at home including a **support for caregiving relatives** is required to ensure a good life even with a certain need of care.





a. Requirements and Barriers

On the one hand the interviewees were asked what they wish from politics, society and companies to ensure a higher quality of life. On the other hand, they shared some experiences, where specific requirement can be derived. In the following we listed the most important requirements and barriers that were discussed in the interviews.

As for the barriers preventing the elderly from more active participation in the life of the society, especially the issue of accessibility in connection with information, healthcare, mobility, social activities, education, digitalization were mentioned.

Healthcare services have been one of the main topics on which experts, older adults, caring relatives, caregivers and staff focused their attention and identified barriers that obstacle the participation of older adults to society and affect their quality of life.

i. Health system/ Same high-standard for all people and no 3 class system

An important political task is also to maintain a high-quality health system for all people especially in rural areas and for people with lower income.

“Affordable health in old age. It depends, there are things that cost money and that you should really be able to afford, that should all afford, not just certain classes.”

ii. Accessibility

A non-appropriate transport infrastructure in rural areas, a transport infrastructure that is not based on the need of elderly people, not paved sidewalks, high sidewalk edges, far too few "well-maintained" resting areas in public space were pointed out by interviewees. There is also a barrier in technical language usage with new terms:

At company level, barriers can be identified in the transformation to digitized processes and services in banks, shops, travel agencies, ticket machines, automated department store etc. Besides the insecurities with dealing with machines the too small and illegible writings or instructions can be seen as barriers. In general, product descriptions and instructions for usage are often printed in "fine print" and an easier readability and a more understandable (simple) language would be appreciated.

Although the "silver generation" forms a relevant consumer group, it is not treated as such in regard that you may be do not get a loan. Frequently, there are already difficulties with (small) loans for a denture, a new washing machine, a TV, etc.

Above all, respondents want politicians to address issues of hurdles and discrimination, to make them more aware and to push solutions. These included largely accessible in public spaces and an urge for greater integration of the generations, such as the use of kindergarten and schools in assisted living, retirement home, residential projects with mixed target groups (single parents Women, senior citizens, students, young families etc.).



iii. Urban-rural divide

Older adults, mainly those from rural areas, reported having problems in using ICT, technologies and that ask for support of younger people. In these areas, another barrier in using internet and digital technologies is the connection to the network. Despite some improvements in the last years, there are some internal areas that are still out of the connection. This is a strong limit for their participation and access to services. Paradoxically exactly these areas are those ones that have more mobility issues and could mostly take advantage of remote communication technologies. The lack of access to technologies and to mobility could be also a barrier for the participation to social activities considered as fundamental by health experts to promote active and healthy aging. These gaps in digital knowledge and infrastructure could be also an obstacle to the implementation of new digital services in the healthcare sector.

iv. Awareness

The interviews with the elderly lacking experience with new technologies revealed that many of the elderly though identifying lack of contact with the world and lack of communication in general as one of the main concerns of their lives, are not aware of the possible benefits the use of technologies can bring about. They have no information about what is the offer in the field of new technologies and what they can expect of the products offered. Together with fear of failure in learning new things this can lead to the feeling of resignation towards the new technologies. In this respect a positive example of their peers and involvement of family members can be the right way to follow.

Another public task is to accelerate the timely confrontation with aging, break up taboos and increase the information on mobile support options and inpatient care offerings for those affected and relatives. Again, and again, impulses should be set and suggestions made so that older people can think about it, "how and where do they want to live once", and not being "surprised" and have to make big decisions in a very short time. Above all, this affects relatives, who are often overburdened and helpless, "where is there what, what criteria are crucial for support"

i. Insufficient adaption of the products and the need of Senior friendly designs

Insufficient adaptation of the technologies which do not reflect neither physical nor cognitive disabilities of the target group. Deteriorating fine motor skills, sight problems, too complex structure of the new technologies make the products difficult for the elderly to operate. Especially the problem of "hyperfunctionality" was mentioned. The elderly are used to use one thing for one purpose, accumulation of many functions is confusing and often leads to resignation.

The respondents demand senior-friendly design of devices (operation, font size, pen as an aid to the phone, tablet, screen size) and a reduction in complexity. It also encourages the early involvement of older people in the development of devices and instruments, but in most cases, this cost-intensive participation is rarely lived, "the elderly are simply given something".

ii. Unsafe environment

From the elderly's reserved feelings towards online shopping and towards performing financial transactions online it is visible that the internet is not perceived as a safe environment. According to the respondents there are two areas of distrust - the technologies are perceived as intruding their privacy and the environment of the internet is perceived as uncontrolled and vulnerable to either manipulation or criminal



abuse. The respondents using the internet for the search of information expressed their concern regarding the credibility of the information searched. It is evident that the elderly are to an extent aware of the unreliability of many of the data found, on the other hand it was visible in the debates that the target group is very vulnerable to disinformation and that some of “fake news” are deeply enrooted in them.

iii. Appreciation, social recognition

As it was also mentioned in the aspects of a good life some participants mentioned that they wish more social recognition and an appreciation of their experiences and their contribution to society.

iv. Coordinating Service in local communities

An often-mentioned contribution to create conditions for a high quality of life in old age concerns the continuous providers, initiates new offers, tries to close gaps and provides the target group with regular information and encourages them to participate. One of their tasks would also be to show the older people what they still can do by themselves and activate their hidden potentials (such as reading mentors, neighborly help, escort services, etc.) and support self-organized activities as well as maintain community.

So far municipalities rely too much on initiatives of associations, parishes and volunteers. But volunteer services are limited and not everything could be imposed on volunteers.

v. Sustainability

The interviewees criticized companies for building product with a very low life expectancy and demand the politics foster sustainability. Moreover, second hand initiatives (second hand technology flea market) can be a good solution that elderly people can buy cheaper technology to try it out.

vi. Digital Trainings/ Digital Service spots

One of the most important success factors for the digital inclusion of the elderly is seen in the use of appropriate didactic methods, especially individual IT courses, which would reduce the fear of failure and provide targeted and individualized tech support. Integration of family members in the process of digital inclusion was emphasized. From the debates of the more technically fitted focus groups members followed that the new technologies as such are not the main problem, the main problem is complicated access to the information about the technologies and unavailability of adequate learning options.

All of the respondents agreed that they would appreciate a service of tech support targeted on elderly clients that they could address in case of need. In the residential facility that would ideally be a kind of technical contact person. Also the concept of free of charge technical helpline was mentioned. The volunteering students might also serve as digital competence tutors.

There is a demand on offers that reduce the fear of contact with mobile devices, e.g. young people show the handling of mobile phones, beginner courses with few people and more time for fast personal assistance, interest-inspiring ideas or training for technological offers in places, therapy 4.0 with Ergotherapeutic exercises for the home, life-related games or exercises for dementia prevention. It would also be important to provide digital service spots for those who have problems with digital forms, as well as to avoid discrimination, the interviewees told that it is okay for them to use digital services, but they don't want to be forced to it with providing no other or even worse solutions.



vii. Face to face communication

Due to the digital changes the way of communication has changed, the interviewees claimed that the face to face communication is on a low level nowadays.

Elderly people often prefer personal contact. Many people use phones, support e-mail, social media, but still personal contact is preferred by them. It is connected with the need for proximity - meeting another person, life experience. It is important because older people mostly do not check their e-mails every day.

viii. Participation in the public care management

In the immediate care and nursing area from the different regions the direct involvement of those affected has so far been omitted. When developing various quality guidelines (for day care centers, home care), strategy papers and development plans, the expertise of providers, caregivers and relatives were incorporated. In some of the underlying studies, focus groups with stakeholders or working groups with self-help groups were also used methodically. But involving elderly people actively in the process is missing so far.



6 First draft of the Toolbox

Living Lab

Awareness Raising, Community Events

Usability Workshops with Seniors and Providers (e.g new products, public administration online service)

Thematic round tables (topics that concern active ageing)

Showroom, (Musterwohnung) (AAL products)

Senior Advisory board

Second Hand Technology (e.g flea market for second hand smartphones)

Training & Knowledge

ICT Training Elderly people

ICT Train the Trainer

ICT Intergenerational Training Elderlies

Training for caregiving relatives



8 Conclusion

The digital competence among the senior population increases and the technologies as such are not the main problem in the field of digital inclusion, it is rather the way how the elderly come into contact with them and the lack of available technical support that would help them with technology. The research revealed that because personal contact is the most important communication channel used by the elderly, the process of getting to know new technologies should be based on face-to-face contact and intergenerational cooperation might be a good solution how to bring innovations closer to senior citizens. Although it is not possible to make generalized statements about the generation 60+ as a target group.

Also, the frequent connection of people 60+ and care or support needs leads to a picture that does not correspond to reality -especially the "young old ones" or the so-called "silver panthers" who are often highly active people, often with a high purchasing power that has long been perceived by the economy. Senior citizens, with their experiences and potentials form an important resource for society e.g. for volunteer work in many associations. Overall, 60+ are a very diverse group, from people with good health to those with need for care, from digitally competent people to those who have never dealt with computing.

To meet these diverse requirements of the target group we summarized a lot of different Best Practices and Tools and developed a toolbox with diverse modules for training and awareness events that can be methods for efficient senior engagement. We developed a toolbox that can be mainly divided in awareness and community events and in training and knowledge. For the first topic area we developed several modules for raising awareness and fostering the participation from senior in social and political developments. In the second topic area we developed modules for the seniors and for people working with or caring elderly people.