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SIRENE

SOCIAL INNOVATION RESPONSIVE ENVIRONMENTS NETWORK

D 1.5 Good Practices Blueprint

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Integration of social innovation actors in innovation ecosystems

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EXECUTIVE SUMMARY

The SIRENE's Good Practices Blueprint is an instrument that seeks to provide an **instructional model for the implementation of new experiences, projects and initiatives of Smart and Healthy Age-Friendly Environments (SHAFE)** by looking at the results and lessons that can be learned from a cohort of good practices developed in the field. Together with the cloud-based data repository that is built within the SIRENE project, this Good Practices Blueprint intends to support the development of the proof of concept of a user-oriented, clear, and accessible European social innovation framework for responsive, smart Age-Friendly living Environments.

The SIRENE consortium identified **six main domains** that were deemed as the essential characteristics that a Smart and Healthy Age-Friendly Environment initiative should present, and looked for good practices that were particularly worthy of notice within these six domains and had previously been validated by renowned and recognized institutional databases.

The domains identified are:

- Policy and Funding;
- Social Innovation, Health and Social Sciences;
- Community Intervention and Care;
- ICT for Independent Living;
- Information Technology;
- Urban Transformation, Housing, Architecture and Design.

For each of the six domains and through the analysis of the respective good practices, this document distinguished the **key features that highlight the excellence of SHAFE initiatives and are recurrent elements that guarantee the quality of their impact**. These key features are then weighted and compared with the aim of selecting the most transversal features that really constitute the track that companies, organizations and institutions need to follow when aspiring to create a successful and effective inclusive society.

Despite some challenges in extracting details and evidence about potentially relevant initiatives, the SIRENE Good Practices Blueprint succeeded in devising an effective layout of the ideal characteristics that need to be present in any future attempt to create a lasting impact. By looking at real, concrete previous experiences and the contexts in which they have been developed, this document stands on solid empirical ground to guide the realisation of future Smart Healthy Age-Friendly Environments.

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SYMBOLS, ABBREVIATIONS AND ACRONYMS

AAL	Active and Assisted Living
AFE	Age-Friendly Environments
AFEdemy	Academy on Age-Friendly Environments in Europe
AFI	Age-Friendly Ireland
AUPE	Ambiente Urbano e Participação para um Envelhecimento saudável
CEUD	Centre for Excellence in Universal Design
CCMA	City and County Managers Association
CGAs	Comprehensive Geriatric Assessments
D	Deliverable
DG Sante	General Direction for EU food safety and health policy

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DHPLG	Department of Housing, Planning and Local Government
DoH	Department of Health
EAEA	European Association for the Education of Adults
EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
EU	European Union
EWSI	European Website on Integration
FAO	Food and Agriculture Organization
Geac	Asociatia Grupul de Educatie si Actiune pentru Cetatenie
GIS	Geographical Information System
GP	General Practitioner
GP Blueprint	Good Practices Blueprint
HASIC	Healthy Ageing Supported by Internet and Community
HSE	Health Service Executive
ICT	Information and Communication Technologies
ICT PSP	Information and Communication Technologies Policy Support Programme
ISIS	Institut für Soziale Infrastruktur
IT	Information Technologies
MARIO	Managing active and healthy ageing with use of caring service robots
MMSE	Mini-Mental State Evaluation
SHAFE	Smart Healthy Age-Friendly Environments
SI	Social Innovation
SIRENE	Social Innovation Responsive Environments Network
SME	Small and Medium Enterprises
T	Task
UDCCAS	Union départementale des centres communaux d'action sociale
UK	United Kingdom
VR	Virtual Reality
WP	Work Package

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1 INTRODUCTION

1.1 Background and aims

The SIRENE project aims to support the growth of social innovation ecosystems delivering eco-friendly and sustainable community-based services for SHAFE (Smart Healthy Age-Friendly Environments) implementation in Europe, by providing a workable framework for investment and the broad adoption of high-quality smart living solutions, combining the housing sector and ICT infrastructure.

The Good Practices Blueprint (GP Blueprint) is one of the components of the Social Innovation (SI) Framework for responsive, inclusive, smart, age-friendly environments together with the Manual for innovation actors on SI methods and concepts, the Capacity-building framework for social entrepreneurs, the Hands-on toolkit for networking and learning exchange initiatives and the Sustainability strategy.

Developed within Task 1.5 under *WP1 Building the Social Innovation Framework*, the Blueprint aims to sustain the development of the proof of concept of a user-oriented, clear, and accessible European SI framework on SHAFE for benchmarking purposes and with a view to future twinning. To this end, **it reports and describes a set of examined and validated good practices on responsive, inclusive, smart, age-friendly living environments** which have been identified and chosen after careful research in reliable databases.

The good practices are **grouped under six main domains** - Policy and Funding, Social Innovation, Health and Social Sciences, Community Intervention and Care, ICT for independent living, Information technology, Urban transformation, Housing, Architecture and Design - taking inspiration from the eight domains of the WHO Age-friendly environments approach [1] and identified as key to comprehensively address the expertise and areas of intervention that are relevant to the field of SHAFE.

The decision to adopt the division by domains was taken by the consortium at the early stage of the project with the intention of **defining the areas, knowledge and the expertise that should be considered to adequately, extensively and comprehensively represent the comprehensive field of SHAFE and to drive innovation in it**. The same approach has been therefore followed to guide the research of the good practices to provide benchmarking examples for each of them.

1.2 Structure of the deliverable

In section two, the contours of **what constitutes a good practice** are defined, together with the main characteristics that distinguish it. These characteristics are used as criteria for conducting the research of the good practices, that are carried out by consulting **trustworthy search channels and repositories** selected because of their thematic continuity with the SHAFE framework, which are presented in section three. In section four, **good practices are described**, broken down by the six thematic domains presented above. In this section, a maximum of four practices are shortlisted for each, and the figures that appear to be central to defining good practice in that context are isolated, followed by the **identification of key features in each domain**. Finally, in section five, a **transversal analysis of the six domains** is presented in order

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to highlight the ones that appear as key features of good practice in the field of SHAFE. The final section is devoted to the conclusion.

1.3 Synergies with other tasks and deliverables

The Blueprint is part of the Social Innovation Framework (D1.3) and is related in particular to the Cloud-based data repository (D1.2) which contains a comprehensive summary and analysis, encompassing the gaps, literature, practice content, and associated feedback and will maintain current connections to experts, collaborators, and stakeholders actively engaged in co-creating the framework. Furthermore, the Blueprint is connected to four other components of the SIRENE'S Social Innovation Framework – 1. the Manual for innovation actors on Social Innovation methods and concepts to promote responsive, inclusive, eco-friendly environments, 2. the Capacity-building framework for social entrepreneurs, which is focused on funding opportunities and securing investment, 3. the Hands-on toolkit of networking and learning exchange initiatives, and finally, 4. the Sustainability strategy that includes examples of SHAFE business models and practical ideas for investments in Social Innovation. The Social Innovation Framework aims at increasing the awareness of innovation actors on social innovation concepts, methods and skills to leverage them, supporting entrepreneurs in relation to potential business opportunities, funding and investment around SHAFE, and creating alliances and synergies between stakeholders and ecosystems.

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2 WHAT IS A GOOD PRACTICE?

2.1 Defining a good practice

Before delving into the analysis of the identified good practices that have been taken into consideration for this blueprint, it is necessary to illustrate what is meant by "good practice".

It is beforehand important to clarify what is the difference between "good" and "best" practice. A **"best practice"** is defined by the **Oxford Dictionary** [2] as:

"*a way of doing something that is seen as a very good example of how it should be done and can be copied by other companies or organizations*".

Similarly, the **Cambridge Dictionary** [3] defines a "best practice" as:

"*a working method or set of working methods that is officially accepted as being the best to use in a particular business or industry, usually described formally and in detail*".

Nevertheless, some view the juxtaposition between "good" and "best" practices as inherently incorrect and prefer to speak only of "good practices" since using the word "best" may imply that there is no further ground for improvement and that there can only be one "best" practice, and therefore one most impactful and outstanding result, not a series of them.

Aside from the previous definitions of "best practice", which can easily be considered to cover a wider meaning, **there is no one universally recognised definition of "good practice"** that can be identified as a model to adhere to. For this blueprint, a few definitions have been selected and weighted looking at how European and international institutions have described the matter. Although there is no definition provided by institutions and authorities that directly focus on the topic of Smart Healthy Age-Friendly Environments, there are other eminent supranational bodies that have proposed adequate and comprehensive descriptions.

As an example, the **European Website on Integration** (EWSI) [4] of the European Commission states:

"*'Good practices' can be defined in multiple ways. However, a thread common to most definitions implies strategies, approaches and/or activities that have been shown through research and evaluation to be effective, efficient, sustainable and/or transferable, and to reliably lead to a desired result."*

Similarly, the **Food and Agriculture Organisation of the United Nations** (FAO) [5] provides an effective, clear and rounded definition that can easily be applied to every sector – not just the ones that constitute its main focus – and can therefore function as a cornerstone for the general understanding of what a "good practice" is:

"*A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it*."

As can be inferred from the definitions reported above, **the main goal of "good practices" is to provide a sufficiently solid basis for the implementation and replication of certain initiatives that are deemed to be successful and to have produced a positive impact**. The production of new Smart and Healthy Age-Friendly Environments initiatives, or the replication of existing ones,

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should present certain features that are explicitly mentioned by the World Health Organisation (WHO). By definition, SHAFE should be free from physical and social barriers and supported by policies, services and infrastructure that promote health and allow people to maintain their full mental physical capacity throughout their entire life or for as long as possible.

The individualisation of "good practices" with what concerns SHAFE allow interested parties to conceive and implement projects and initiatives that meet the basic needs of older adults in terms of mobility, sociality, autonomy, inclusion and empowerment.

2.2 Main characteristics

The present blueprint hosts a selection of good practices on SHAFE following the definition provided by the FAO, as described in the previous section. The selection of the practices has, therefore, adhered to the specific criteria identified by FAO, which, despite the sector-based nature of such organisation, can be considered transversal to many other fields (Ibidem). Below is a list of the criteria used to gather good practices and to assess their overall solidity in terms of relevant documentation available. According to FAO, a good practice should be:

- **Effective and successful**. This means that the practice should succeed in achieving the predefined goals, by bringing along a positive impact on the beneficiaries and the area it initially wanted to address.
- **Innovative**, by introducing innovation in the way it deals with an issue, offering new solutions or improving those that already exist.
- **Impactful**, by measuring its positive and negative impact on the society where it is implemented.
- **Environmentally, economically, and socially sustainable**. It needs to embrace sustainability, a term that in the words of the United Nations Brundtland Commission refers to "[meet] the needs of the present without compromising the ability of future generations to meet their own needs" [6]. An approach that is respectful of sustainability should be therefore found not only concerning the use of natural resources, but also for the long-term preservation through economic means of the impact achieved, and to the development of communities that are liveable and enjoyable by present and future generations [7].
- **Gender sensitive**. The impact of a good practice should be measured also in consideration of the gender variable, with the aim of understanding if the practice has brought about any improvement in this sense.
- **Technically feasible**. This criterion refers to a practice's feasibility and attempts to measure the ease of understanding its structure and implementing it.
- **Inherently participatory**. The practice should embrace a participatory approach in the way it engages not only partners or direct enablers but also stakeholders and beneficiaries. Through extended participation, a stronger collaboration and sense of ownership are built among the actors involved.
- **Replicable and adaptable**. To expand the impact of a localised good practice, this latter should be easily replicable and adaptable in other contexts as well, upon the necessary adaptations.
- **Effective in reducing disaster/crisis risks**. Finally, a good practice should help build resilience in the communities, spaces, and fields it addresses.

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For the purposes of this blueprint, some of these criteria (gender sensitivity, technical feasibility, and disaster/crisis risk reduction) have been regarded as optional, given the shortage or complete lack of available information around them in almost all of the practices collected. Yet, the lack of information in response to these criteria should be also seen as a result itself, meaning that perhaps future practices (i.e., projects, policies, and, in general, initiatives) should consider filling these voids, especially in terms of gender sensitivity.

To identify the good practices described in Chapter 4, a shorter version of FAO's good practices template has been used [8]. Thus, the information gathered is varied, going from very general aspects, that allow to elaborate a first profile of the practice, to more specific details. The criteria presented before partly coincide with the aspects in Table 1, while others seem missing. Yet, they are not missing, they have been considered transversal to all the other specific aspects; this is for instance the case of "effectiveness and success", "gender-sensitiveness", "technical feasibility", and "inherent participation".

General aspects	Specific aspects
Name	Impact
Type	Innovation
Geographical area	Lessons learnt
Language of the available documentation	Sustainability
Date	Replicability and/or up-scaling
Objective	
Responsible organisation(s)	
Stakeholders and partners	
Short summary	
Contact details	
Related website(s)	
Related resources	

Table 1 Aspects included in the good practices' template used for their identification.

With respect to the documentation retrieved, the aspects that resulted in being the most challenging to investigate were "lessons learnt", "sustainability" and "replicability and/or up-scaling". Many of the practices examined do not indeed offer thorough analyses on their evaluation, impact measurement, and future sustainability, which means that these are elements for which there should be a stronger effort by the organisations responsible for the practices to extract evidence. Without such effort, the potential of good practices might be

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significantly curbed, especially as far as their replicability is concerned, and decision-making processes could end up being less effective than they could be if they were informed by sound evidence. Despite this, in most cases it was overall possible to infer information on these aspects from the materials gathered, even if such information cannot be considered complete.

It should be noted that in the description of the good practices identified, the following aspects among those presented have not been addressed directly in the table: Objective, Responsible organization(s), Stakeholders and partners, Short summary, Impact, Innovation, Lessons learnt, Sustainability, Replicability and/or up-scaling. These aspects have been treated separately in the text to allow for a broader and in-depth analysis and to provide more precise and detailed information. Therefore, the type of information and the order presented in the table have been respected. However, cells designed to contain this information were eliminated and only those enabling the collection of general information related to the good practices analysed were retained.

Features	Description
Name	
Type	
Geographical area	
Language of the available documentation	
Date	
Contact details	
Website	
Related resources	

Table 2 Aspects included in the template used to report the general information on the good practice analysed

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3 ASSESSMENT

3.1 Consolidated search channels

The search for good practices was set up to ensure a high degree of quality. Indeed, it was largely based on a careful investigation and subsequent selection of examples found in the trustworthy repositories predisposed by DG Sante, EIP on AHA and Homes4Life.

DG Sante [9] is the General Direction of the European Commission responsible for EU food safety and health policy and for monitoring the implementation of food safety laws with the task of protecting and improving public health and ensuring food sustainability and safety. EIP on AHA [10] is the European Innovation Partnership on Active and Healthy Ageing which aims to increase the health and quality of life of older adults, support the sustainability and efficiency of health and social care systems and strengthen the competitiveness of European industry and expansion into new markets. Finally, Homes4Life [11], was born out of a partnership between organisations with multidisciplinary expertise on ageing and built environments, which led to the systematisation of a certification scheme to recognise and certify smart and integrated living environments for ageing well.

The three entities have a transnational character and hold a recognised authoritative position concerning the older population's well-being, although from specific fields and through different expertise. Where EIP on AHA and Homes4Life are verticalized on ageing, DG Sante has an extended approach to health that comprehends axes oriented to the multiple issues related to the intersection of health and ageing.

Given these characteristics, the search for practices to be included in this Blueprint started from those selected by their experts and stored in the respective repositories. The repositories created by these organisations have different structures. DG Sante provides an interactive online tool equipped with filters which allow filtering of the content based on criteria such as year, type, origin of practice and theme [12]. On the contrary, in the case of EIP on AHA and Homes4Life, repositories consist of a static collection in the form of summary documents.

Regardless of the structure of each tool, the research was geared towards seeking out good practices on the six domains identified as key to comprehensively address (and in this specific case to probe) the field of SHAFE: Policy and Funding, Social Innovation, Health and Social Sciences, Community Intervention and Care, ICT for independent living, Information technology, Urban transformation, Housing, Architecture and Design. As explained in detail in section 2.2 Main characteristics will be further addressed in the following section 3.2. Other Channels, preference was then reserved to those presenting the expected characteristics.

3.2 Other channels

To broaden the research and give visibility to further good practices, attention was turned to other repositories and search channels in addition to those mentioned above. Moreover, other channels were consulted if the practices identified not adequately adhered to the SHAFE topics or when the information reported was deemed not extensive or updated enough.

The channels and repositories used were identified based on their reliability, to guarantee a standard comparable to that of the principal research channels (DG Sante, EIP on AHA and

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Homes4Life). Specifically, recourse was made to the WHO Global Database of Age-friendly Practices [13] aiming at isolating practices relating to the European context and belonging to the category of those labelled as having been evaluated by the organisation. The second alternative channel consulted was the repository of the European Social Network [14]. This channel was chosen in the light of the organisation's mission and values, oriented towards improving services dedicated to the population, taking care to put the person at the centre and with an eye to innovation, quality, and accessibility.

In selecting good practices, priority was given the those that demonstrated to be better documented and thus able to provide a more complete and more accurate picture of the theoretical and methodological framework and the actions undertaken. An attempt was also made to pick recent practices. Indeed, innovation is proceeding very rapidly in many areas, especially when it comes to technology, so practices that are not recently implemented risk becoming obsolete. Furthermore, effort was devoted to selecting practices based on approaches with an innovative scope or containing interesting elements that distinguish them from similar ones. Finally, preference was reserved for those practices that showed a good degree of solidity about the elements of sustainability, replicability, and scalability. This choice was made in the conviction that a practice can be defined as good when it demonstrates continuity over time or at least, shows potential for sustainability. Indeed, sustainability denotes having created favourable conditions both for the organisations and/or institutions that invested in it and for the target groups who benefited from it, making its continuation desirable. When speaking of benefits, a wide range of dimensions are intended, such as the optimisation of economic and human resources, but also improvements of a social, health and cultural nature. The same applies to replicability and scalability. The possibility to replicate a practice (of course paying attention to making contextual adaptations where necessary) and to expand its scope, often directly relies on the positive results achieved and on the economic, social, cultural, and political convenience connected to its implementation.

However, as noted in the section illustrating the main characteristics that qualify a good practice, it is important to reiterate that it has often been challenging to find formal analyses of impact, replicability, sustainability, and scalability prepared by responsible organizations. Therefore, to fill this gap, albeit only partially, preference was given to practices that offered a sufficiently detailed overview which allowed to infer such information, although indirectly.

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4 LIST OF GOOD PRACTICES

4.1 Policy and funding

4.1.1 Housing Options for Our Ageing Population

Features	Description
Name	Housing Options for Our Ageing Population
Type	Policy
Geographical area	The policy addresses the entire national territory of Ireland.
Language of the available documentation	English
Date	The policy statement was launched in February 2019 and found implementation in the years from 2019 to 2022.
Contact details	Dept. of Housing, Local Government and Heritage: qcsofficer@housing.gov.ie; +353 (0)1 888 2000
Website	https://www.gov.ie/en/publication/ea33c1-housing-options-for-our-ageing-population-policy-statement/
Related resources	Policy Statement First Report of the Implementation Group Second Report of the Implementation Group Final Report of the Implementation Group

Table 3 General information on Housing Options for Our Ageing Population

In February 2019, the then Department of Housing, Planning and Local Government (DHPLG) together with the Department of Health (DoH) in Ireland launched the policy statement "Housing Options for Our Ageing Population".

As affirmed in the policy document, the main purposes driving it were to "encourage and facilitate timely planning by older people, and to rebalance the care model away from inappropriate residential and/or acute care, to supporting older people to remain living independently in their own homes and communities for longer, as opposed to fast tracking into long term stay or acute settings" [15].

The launch and implementation of the policy statement have benefitted from a strongly collaborative work among diverse actors. **There was mutual cooperation between two key government agencies, the DHPLG and the DoH,** that benefitted from continuous cross-party support despite the change of government in 2020. Such departments were further supported by a Steering Group, comprising, among others, the Health Service Executive (HSE), the City and County Managers Association (CCMA) / Age-Friendly Ireland (AFI), the Housing Agency, and the Centre for Excellence in Universal Design (CEUD).

Many stakeholders were engaged, including additional national governmental agencies (Climate Action & Environment and the Sustainable Energy Authority of Ireland), local authorities, private

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developers, industrial actors, and older adults. Their **engagement occurred through participative co-design sessions during the development phase**.

While building on a broad policy framework and solid national research projects informing it, **the statement developed a list of 40 priority actions to be implemented**. Such actions aimed to respond to the ageing phenomenon and the connected consequences on the sustainability of the care model and older adults' independent living in Ireland.

In the initial development phase, policy-makers from the DHPLG and the DoH decided to establish an *ad hoc* Steering Group to develop policy options and identify key challenges and opportunities. Among these latter, there was the ageing phenomenon, the interest of many older people in moving to rightsized accommodations, the lack of appropriate housing stock and the presence of many brownfield sites to be possibly exploited for age-friendly housing development. Based on the aspects that emerged, it was possible to categorise policy actions into seven main areas, namely Housing Options, Consistent Data, Collaboration, Delivering Choice, Support, Comfort and Security, and Maintain Momentum.

After the launch of the statement, **the multistakeholder approach was maintained throughout the implementation phase**, thanks to the establishment of an Implementation Group, representing all the actors involved in the Steering Group and led by an independent chairperson. The group was made up of four different subgroups, each monitoring the implementation of a specific set of policy actions. It issued three reports on implementation, emphasising the progress achieved and the remaining open action points per each policy action, allowing for a transparent monitoring process. **The precise division of work and the action-oriented approach were key to completing the implementation phase smoothly**.

Among the most promising policy actions was **the development of a Geographical Information System (GIS) Decision Making Support Tool**, which was still being developed at the end of the policy period. It responded to the need to have an evidence-based tool to support decision-making in the housing sector and its related services for older people. The GIS will contribute **to mapping the configuration of existing housing, brownfields, existing land use and ownership, etc. by integrating locally and nationally retrieved data and updating them**.

Besides this tool, a significant achievement of the policy was the **increase in the funding allocated for Housing Adaptation Grants for older people and people with a disability**. The funds allocated in 2020 rose indeed by 8% compared to 2019, reaching 71.25 million euros, and they kept increasing by 3.5% in 2021. A Voluntary Grant Scheme was also launched to support 151 existing and new community-based initiatives.

Finally, other fields of action concerned training, awareness raising, and older adults' empowerment on Age Friendly Environments (AFE) assessment. As a matter of fact, a total of 1.400 stakeholder practitioners were trained on the recommendations and guidelines around AFE. Furthermore, the Older People's Council contributed to co-designing **the "Age Friendly Homes Rating Checklist", an assessment tool to help individuals assess their current home or the one in which they are considering moving**.

To sum up, part of the success of the policy statement lies in the adoption of a multistakeholder approach and in the co-design of policy actions. Besides this, the constant monitoring of the implementation and the designation of an independent chairperson leading the Implementation Group have contributed to safeguarding transparency throughout the whole process. An encouraging increase in public spending for housing adaptations was successfully achieved and

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significant efforts were made to bring forward the development of the GIS Decision Making Support Tool. Some of the actions remained open at the end of the policy period, but the Irish government has been since then committed to preparing a new policy statement to tackle such open points.

4.1.2 Place-Making with Older Adults: Towards Age-Friendly Cities and Communities

Features	Description
Name	Place-Making with Older Adults: Towards Age-Friendly Cities and Communities
Type	Project
Geographical area	The project was implemented in the UK, in the cities of Manchester, Edinburgh, and Glasgow, involving three specific neighbourhoods in each of them. It is part of a broader project (PLACE-AGE) involving cities located in India and Brazil as well.
Language of the available documentation	English
Date	From 2016 to 2019.
Contact details	Dr. Ryan Woolrych, *Principal Investigator in the UK* r.d.woolrych@hw.ac.uk
Website	https://wp.ufpel.edu.br/placeageproject/en/
Related resources	Book – Place-Making with Older Adults: Towards Age-Friendly Cities and Communities Geographic Information System (GIS) Mapping

Table 4 General information on Place-Making with Older Adults: Towards Age-Friendly Cities and Communities

"Place-Making with Older Adults" was the UK-based PLACE-AGE research subproject. Its main goal was "to explore how older adults experience ageing across diverse urban, social and cultural contexts and identified implications for the delivery of Age-friendly Cities and Communities" [16]. In other words, **the project focused on investigating the sense of place among older adults, to increase their security and participation in their communities of belonging**. By "sense of place" the researchers referred to "the physical, social and community resources needed to enable older adults to feel valued in their community, to facilitate a sense of belonging, to enable a sense of identity […] and to develop a sense of place attachment […]" [17].

Several UK-based universities collaborated on the implementation of the project, such as Heriot-Watt University, the University of Edinburgh, the University of Dundee, Keele University, and the Manchester Metropolitan University. The consortium identified residents, service providers, policy-makers and practitioners as the main beneficiaries of their research project.

This project stands out for filling in a gap in research concerning the lack of studies, and therefore evidence, on the diverse ways in which older people experience space in their communities and cities. To do so, older people have been significantly involved, giving them the chance to interact with other stakeholders. **The co-design investigated three research**

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questions on the sense of place, the services and other features needed to promote healthy cities and active ageing in diverse urban environments, and how communities can be designed to better integrate older adults' needs across different urban and cultural contexts.

To co-design with older people, **several participative methods were used**, such as surveys, walking interviews, photo diaries, community mapping workshops, and knowledge cafés. At the end of various research phases, these methods allowed **to elaborate policy recommendations and guidelines at neighbourhood, urban and national levels**.

The whole process benefitted from the evidence retrieved from the multistakeholder co-design sessions, which helped design the policy recommendations on more solid grounds. **Diverse transversal urban, social, and cultural variables were considered** in each of the project cities and neighbourhoods, like gender, age cohorts, ethnicity, and levels of deprivation. These latter had been indeed mostly ignored in previous studies.

On a conclusive note, the project intended to stress the need to adopt a holistic approach to Age-friendly Cities and Communities that considers diverse levels of intervention driven by the need to create meaningful environments. The older adults involved were enthusiastic about the project and wished they could be more engaged in the planning of age-friendly cities and communities. Overall, this is just one of the three subprojects delivered under the umbrella of PLACE-AGE project, involving the UK, Brazil, and India. Given its multilevel, cross-cultural, and intersectional approach, there seem to be great opportunities for it to be replicated in other contexts.

4.1.3 Age Friendly Home Adaptation/Equity Residential Rehabilitation Grant Permit Program

Features	Description
Name	Age Friendly Home Adaptation/Equity Residential Rehabilitation Grant Permit Program
Type	Funding
Geographical area	The practice has been successfully implemented in the town of Sausalito, Marin County, California.
Language of the available documentation	English
Date	The design and implementation of the good practice started in 2018.
Contact details	Sybil Boutillier, Age Friendly Sausalito Chair agefriendlysausalito@gmail.com
Website	-
Related resources	Age Friendly Home Adaptation Building Permit - WHO

Table 5 General information on Age Friendly Home Adaptation

The Age Friendly Grant Permit Program implemented in the city of Sausalito (California, USA) since 2018 was awarded the Innovation@Home contest promoted by the WHO, a contest aimed at giving visibility to international age-friendly practices. The main purpose to which this grant programme intended to respond was to **enable homeowners and renters to make their homes**

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more accessible, more energy-efficient and safer with no-cost or reduced fee building permits, which, before the launch of the programme, were recognised as being too expensive.

The practice was developed and implemented by Age Friendly Sausalito, a civil society initiative engaged in increasing accessibility and inclusion in the city, in collaboration with the Age Friendly Task Force, acting as an advisory board to the City of Sausalito, and the City's Community Development Department. To design the programme, an older people's association, social and health care providers, volunteers, and the City Finance Director were also involved. The funding programme, which is still in force, addresses residents aged 60 or older, younger adults with a disability, and low-income Sausalito homeowners.

The need for the permit policy change emerged during a community assembly. Some older adults expressed their concerns about ageing in a hill city such as Sausalito. To respond to this need, the Age Friendly Task Force assumed the role of coordinator for the co-design of the programme, which saw the collaboration of an architect, a fire chief, an independent living advocate, a building inspector, and the City Finance Director. Their initial involvement was intended to understand how to offset the economic loss deriving from the reduction or deletion of building permit fees according to the City's accounting system.

In practice, the Grant Permit Program allows citizens aged 60 or older, young adults with a disability and low-income residents to benefit from a no-cost or reduced fee building permit up to 10,000$. The application of the programme can be requested upon proof of eligibility of the applicant and of the type of adaptation as well. The programme remains active up until funds are depleted and is reopened whenever new funds are specifically allocated by the City Council. It has been already reconfirmed once since its launch.

In terms of impact, the enabling authorities haven't brought forward formal evaluation procedures thus far. Still, residents and the City's staff dedicated to the implementation of the programme have both given positive feedback. The grant programme also had resonance in the broader Marin County, which comprises the City of Sausalito. Other cities in this County were advised by the City of Sausalito and Age Friendly Sausalito on the programme. At an even higher level, California Governor Jerry Brown made an example of the innovation adopted in Sausalito and invited other cities and counties throughout the State to replicate it.

As in the practices described previously, **this innovative grant programme was developed through consultation with the local population and thanks to the collaboration among key stakeholders and professionals**. It can be indeed regarded as a bottom-up attempt to redefine a funding instrument, which in the end won recognition at different levels, not just locally.

One of the key success factors of the practice was the solid estimate of costs and the precise design of the measure. It was possible to corroborate the programme's viability by identifying a precise list of eligible improvements and by accurately calculating the public spending needed. To do so, the City of Sausalito received advice from Marin County, given that this latter had already activated a similar grant programme addressing people with disabilities.

While the programme appears to be innovative in the way it was established and its recognition at multiple levels is a promising sign of long-term sustainability, **its activation is strongly dependent on the budget that the City makes available for it each time funds are depleted**. Even though, so far, no official evaluation procedure regarding Sausalito grant programme has been brought forward, it can be argued that the **efficiency and smoothness of public administration's decision-making processes play a key role in ensuring the programme's**

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continuity. Yet, there can be contexts in which the excessive red tape and intricate executive processes are major obstacles, which, in the case of a grant programme like the one in Sausalito, can be the main cause of delays and discontinuity, hampering its successful replication.

4.1.4 Juguetes Urbanos

Features	Description
Name	Juguetes Urbanos
Type	Funding
Geographical area	Mexico City
Language of the available documentation	English and Spanish
Date	2018
Contact details	Laboratorio para la Ciudad Ciudad de México CP 06090 Tel. +52 55 51314724
Website	https://centrohistorico.cdmx.gob.mx/storage/app/media/uploaded-files/Anexo%20convocartoria%20Juguetes%20Urbanos.pdf
Related resources	https://issuu.com/maciaestudio/docs/apju__dig_single https://maciaestudio.com/Juguetes-urbanos

Juguetes Urbanos ("Urban Toys") was introduced as a **strategy to reactivate and improve underused urban spaces through temporary urban interventions leveraging the power of playing and on its benefits for society**. Urban toys were defined as any object physically present in a public space that generates interactions between said object and people and among people themselves. Such toys would have to be designed by thinking out of the box, going beyond the conventional idea of games to embrace new forms to experiment it.

The initiative was launched by *Laboratorio para la Ciudad* and *Autoridad del Centro Histórico* ("Laboratory for the City" and "Historic Downtown Authority"). In 2013, *Laboratorio para la Ciudad* was established as an experimental and creative area of the City's administration aimed at addressing some key challenges in the city through creative and innovative participation models and solutions. Among its priority research and action areas there was *Ciudad Lúdica* ("Playful City"), for which the multidisciplinary group of professionals making up the Lab worked to enhance the role of children and childhood in place-making. On the other hand, *Autoridad del Centro Histórico* is a public body supporting the City's governor and is responsible for specific tasks under the following areas: urban development, housing, environment, civil works and public services, and social development.

To benefit from this intervention in the first place, **the open call for proposals addressed urbanists, architects, designers, and overall citizens** to propose ideas for creative and innovative *Juguetes Urbanos* ("Urban Toys") responding to the requirements set by the responsible authorities. The proposal selected in each area of intervention was awarded 50.000 pesos, in addition to a max. 100.000 pesos grant for the construction and installation of the toys.

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In the second place, **the implementation of the winning proposals benefitted other target groups, especially children, families, and local communities in general**.

***Juguetes Urbanos* is an example of how innovative models of citizens' participation can lead to repurposing underused spaces in a city, enhancing inclusive urban development and transformation while leading an inclusive process of place-making**. As a matter of fact, it has tried to enhance citizens' reappropriation of urban spaces, in a context where creativity, inclusion, safety and imagination acted as pillars to constantly improve such spaces. To this end, the call for proposals asked professionals and citizens to propose ideas for urban toys.

In the preliminary phases of the preparation of the call for proposals, *Laboratorio para la Ciudad* selected specific pilot areas in Mexico City based on the following criteria: presence of a high children's population density (blocks with more than 200 children), specific location within the historic centre perimeter, and presence of social and physical limitations to the use of space for playing and leisure. The mapping of the recommended public spaces for the piloting of the proposals included an analysis of the reasons for their underutilisation by citizens. In most cases, it emerged that there were recurring social and security issues preventing people from living in such spaces, like minor crimes, and people suffering from alcoholism, prostitution, and drug dealing. Children's habits and observations were also investigated, to understand what could be improved and where, with the final goal to co-create with them the specific requirements to which the proposed urban toys should have responded.

In this way, a matrix was developed to identify possible types of toys (physical, symbolic, with tools, socio-dramatic, and with rules) together with the abilities they would develop (problem-solving, critical thinking and communication, teamwork, flexibility, etc.) and the type of development supported (physical, social, emotional, and cognitive). A total of 86 proposals were submitted. Among these, one proposal was selected per each one of the three pre-identified public spaces. The implementation and evaluation period lasted 3 months. During this period, the proposed urban games were installed, and local community actors were engaged to lead the cycle of events and laboratories included in the cultural agenda of each pilot action.

Overall, it was possible to reach a total number of 121 participants, through various types of activities, such as interactive workshops and cultural activation laboratories. **The evaluation phase demonstrated how the urban toys succeeded in increasing the presence of children in the spaces of intervention, people's interactions, the time of stay in and use of the spaces considered, the variety of the activities offered and the positive perception of public spaces**. After the end of the implementation phase, the communities engaged expressed the desire to keep two of the three urban toys implemented, since they were considered particularly successful. To do so, the procedures for the adoption and recognition of the installations as urban furniture are underway.

Through the consultation and engagement of children in the co-creation of requirements for the call for proposals, *Laboratorio para la Ciudad* managed to undertake and promote an innovative perspective towards urban development and place-making. Children appeared to be often marginalised in the planning and transformation of urban spaces, even when such spaces would be dedicated to them, to their free time and leisure. The researchers of *Laboratorio para la Ciudad* focused on de-constructing the concept of toy, which seems to be overall strongly shaped by adults and by beliefs on what children should do and how to experiment with new forms of toys that are more adherent to how children translate this concept in their reality. By

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repurposing underused public spaces to the benefit of children, *Juguetes Urbanos* could in the end improve the use of such spaces for the whole community, not just children.

The initiative aroused interest at the national and international level. The positive results obtained and the overall interest in engaging children in place-making are important starting points for the future replication of *Juguetes Urbanos.* Future replicators should take into consideration some key aspects. **It is essential to adapt the initiative to the local needs and specificities; to involve target groups well before the concrete implementation of the proposals to build ties with them and keep them engaged throughout the whole process; and to ensure the presence of sufficient staff members per area (at least 3) for the smooth implementation of the activities.**

4.1.5 Identification of key features

For this Blueprint, *policy* and *funding* have been identified as a single domain since they are naturally strongly intertwined. Yet, if, on the one side, funding measures almost always refer to a policy framework within which a certain number of resources has been allocated, on the other side, policies do not always comprise an allocation of funds, in some cases they just aim at giving an orientation or making a commitment. This was the case for many of the policy practices that were retrieved during the documentation phase. Most of them coincided with European cities joining the WHO Global Network for Age-friendly Cities and Communities. To find actual innovative practices, it was therefore necessary to adopt a broader perspective and examine international practices as well.

In relation to the practices identified, some recurring transversal approaches have emerged. "Housing Options for Our Ageing Population", "Place-Making with Older Adults", and *Juguetes Urbanos* emphasise the importance of adopting a holistic approach which takes a broader perspective on SHAFE, considering all policy domains connected to SHAFE and bringing them to collaborate on the topic. Besides this, taking a broader perspective means bearing in mind intersectional variables as well, such as gender, age, ethnicity, etc., which have been mostly ignored thus far.

A further innovative aspect is tied to **the adoption of a multilevel and multistakeholder approach, which is key to opening and nurturing a dialogue among different stakeholders at different levels**. This responds to the need to reinforce the sense of community and collaboration and to integrate the various policy levels to make policies more efficient and aligned to the actual needs of a precise geographical area and community. All the practices identified have been developed through co-design sessions with stakeholders or, at least, through frequent consultations with them.

These approaches contribute to the impact of the policy and funding measures described in the sections above. Yet, in this regard, **there seems to be a general lack of formal evaluation procedures, which should be instead promoted and increased to foster transparency and to help develop evidence-based policies.** "Housing Options for Our Ageing Population" and *Juguetes Urbanos* stand out as the practices that have been monitored the most among the others selected, thanks to the periodical publication of reports on the implementation of the former and the research-oriented approach of the latter.

Altogether, **the sustainability and replicability of the practices in the policy and funding domain seem to be strongly connected to the possibility of cross-culturally validating them and to the need to gather evidence from their implementation**. Other factors that may hinder

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their replication appear to be the differences in country-, region- or city-specific decision-making processes, the variable amount of red tape, and the commitment to continuously involve stakeholders and nurture a constructive dialogue among them.

4.2 Social innovation, health and social sciences

4.2.1 Groningen Active Aging Strategy “Sociaal Vitaal”

Features	Description
Name	Groningen Active Ageing Strategy "Sociaal Vitaal"
Theme	Social Innovation, health and social sciences
Type	Curriculum
Geographical Area	The Netherlands
Language of the available documentation	Dutch
Date	From 2007
Contact details	m.g.h.de.greef@rug.nl
Website	www.galm.nl https://www.galm.nl/producten/programmas/sociaal-vitaal/
Related resources	- -

Table 6 General information on Groningen Active Ageing Strategy "Sociaal Vitaal"

Groningen Active Ageing Strategy “Sociaal Vitaal” had as its main objective to sustain active and healthy ageing addressing sedentary frail and lonely older citizens living in disadvantaged city areas and neighbourhoods.

The programme was managed by the association Stichting GALM, which focuses on physical activity for the 55+ population and has been implemented in partnership with three municipalities and local sports centres. The programme foresaw a close cooperation with trained older adult volunteers with a good knowledge of the neighbourhood in which they lived acting as support in identifying and contacting the frail older people dwelling there.

Sociaal Vitaal aimed to promote physical activity among frail older adults with low economic status living in deprived areas moving from the assumption that the intersection of a precarious economic situation and the ageing process can have negative effects on the individuals’ psycho-physical health and general wellbeing. The involvement of older people in a targeted physical training programme was thus intended as a valuable strategy with the twofold intent of improving health and wellbeing and promoting education and awareness on health-related topics. The programme also desired to insist on the social dimension as a fundamental component of wellbeing by sustaining community building and the interaction between participants and between participants and volunteers starting from older adults’ living environment. The area in which to intervene was identified in each municipality moving from a prior assessment based on the demographic picture. Before the start of the action, **a working team consisting of sports and welfare experts and representatives of the municipality was**

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formed. Stichting GALM played the role of the coordinator. Within this framework, **older volunteers**, who represented the operative connection with the territory, **were trained to manage the engagement phase**, **which took place through a door-to-door approach**. The intervention adopted a multidimensional perspective to act on three different determinants of health, namely health literacy, lifestyle factors and social skills via a community approach.

The programme had an initial pilot phase in three municipalities, which enabled an evaluation of its effects. In particular, it was highlighted that participation in the project was effective in enhancing physical fitness, which was measured via validated and standardized performance-based tests. Increased self-efficacy and improved relationships and social networks based on proximity were also evidenced through the self-evaluation made by participants and that of the trainers. Furthermore, the initiative led to a decrease in depressive states among the beneficiaries as well as an increase in positive thinking. Finally, it made it possible to identify people previously unknown to the local health and social services (*hard-to-reach*) and create the basis for community-based support.

Particularly significant in the initiative was the attention devoted to relevant dimensions such as individual empowerment and agency aimed at the development of capabilities and self-determination. Equitability also occupied an important space, since the activity was planned to intervene on a socially and physically marginalised and disadvantaged segment of the population, which has rarely access to knowledge and opportunities to improve its health literacy, its physical well-being through sports activities and cultivate a wide network in its living environment. Finally, the decision to **adopt a peer and community-based approach** appeared very relevant, leveraging peer support and the community dimension to create a positive and inclusive living and social environment.

The Dutch government issued a policy called “Sport and Physical Activity Close to Home”, intending to facilitate the adoption of a healthy lifestyle by people through the provision of sports facilities close to their home and living environment. More specifically, this policy included the “Sport Impuls” funding programme, designed to support such type of initiative and intervention. Sociaal Vitaal was therefore designed to be financially sustainable over time due to its consistency with these national health and wellness policies and funding programmes. Furthermore, Sociaal Vitaal has been structured as a three-year cycle: during the first year it is financed and led by the municipality that has chosen to implement it; the second and third years are considered a transition phase during which stakeholder autonomy is progressively encouraged to ensure future sustainability, understood as the creation of a constructive synergy between the organisations, which can autonomously look for funding under the above-mentioned programme. The programme has been adopted by several municipalities beyond the three pilot municipalities. In addition, numerous regional sports associations have taken inspiration and chosen to develop similar physical activity programmes.

4.2.2 All Age Hub

Features	Description
Name	All Age Hub
Type	Project
Geographical area	Sweden

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Language of the available documentation	Swedish
Date	2021-2023
Contact details	policy@esn-eu.se
Website	http://www.allagehub.se/
Related resources	Final reports and publications: https://allagehub.se/allagehub-arkiv/

Table 7 General information on All Age Hub

All Age Hub is an initiative implemented between 2020 and 2023 to create assistive technologies based on the actual needs and wishes of users, building on a collaborative approach. The project was spearheaded by the Municipal Association of the Gothenburg Region and comprised a partnership of thirteen municipalities from the region (Ale, Alingsås, Gothenburg, Härryda, Kungälv, Kungsbacka, Lerum, Lilla Edet, Mölndal, Partille, Stenungsund, Tjörn and Öckerö), universities, companies, and civil society and third sector organisations.

Each municipality taking part in the initiative launched a working table dedicated to the co-design and testing of technologies to favour the accessibility and liveability of the living environment and ensure wellbeing. The ultimate intention was to support and extend people's autonomy and safety in their homes regardless of their age and functional variations.

The project piloted several **assistive technologies** in the various municipalities, which nevertheless followed the same development protocol based on two key phases and divided into five steps. A preparation phase consisting of: 1. Choice of the testing environment; 2. Identification and formulation of needs; 3. Association of the emerging need with the solution. The following testing phase was divided into two stages: 4. Planning and execution of the test; 5. Evaluation.

The assistive technology solutions have been tested in different living environments such as private homes, retirement homes, nursing homes and as a support to home care services. They have also been proven to respond to diverse purposes, ranging from mobility support, brain training and reminders, to solutions to aid sleep and relaxation.

The relevant aspect of the project was the collaborative, co-design inspired approach, which laid the foundations for fruitful interaction between different social actors such as citizens, institutions, universities, civil society and the technology industry. Equally important was the decision to **put at the centre the individuals with their psycho-physical characteristics and specificities.** Both elements go in the direction of realising an effective integration of technology into everyday living environments and life habits. This is a key factor in guaranteeing its successful use and compliance, which in turn are necessary prerequisites in the intention to promote autonomy and foster wellbeing. They also make it possible to contain the costs and resources of public administration and care services for the management of citizens' health.

The project was financed by the innovation agency Vinnova, the Region of Västra Götaland, the Regional Development Council and co-financed by the 13 municipalities involved (Ale, Alingsås, Gothenburg, Härryda, Kungälv, Kungsbacka, Lerum, Lilla Edet, Mölndal, Partille, Stenungsund, Tjörn and Öckerö, Vinnova). The involvement of such a large number of municipalities has made it possible to reach a broad and differentiated base of users and test numerous solutions in

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different living contexts and contingencies. It has also laid the foundations for positive local synergies that can be continued.

4.2.3 Person-Centred Telecare Service

Features	Description
Name	Person-Centred Telecare Service
Type	Initiative
Geographical area	Madrid, Spain
Language of the available documentation	Spanish
Date	Ongoing
Contact details	-
Website	Sede Electronica Ayuntamiento de Madrid
Related resources	https://www.youtube.com/watch?v=1t8cLWbJKmA

Table 8 General information Person-Centred Telecare Service

Person-Centred Telecare Service was aimed at improving older adults' health and wellbeing by acting on the critical issues of social isolation and the need for care and support, levering the opportunities deriving from the adoption of technology in the home environment. Provided by the Municipality of Madrid, it represented the evolution of a telephone assistance and support service active for more than 20 years.

In considering the present and future progressive increase in the older population, the service stemmed from the conviction that it is more than ever necessary to promote a shift from a reactive model, limited to intervening in emergency situations, to a predictive and proactive one. Such a model consents to anticipate the emergency and prevent as much as possible health decline by empowering the individual starting from their living environment and making the most of the social bonds. Moving from this, **Person-Centred Telecare provides support customised on personal needs and preferences, to minimise dependency, enhance agency and autonomy and this way prevent unnecessary and unwanted institutionalisation**.

Distinctive of the service is the fact that, although offering broad support to the person, it emphasized the importance of **considering socialisation as a key component of wellbeing, in this case preventing the home from becoming a place of isolation and loneliness**. Multidisciplinary studies have shown how social isolation has significant negative impacts on psycho-physical health, favouring the installation and aggravation of pathologies and chronic diseases (especially those related to sedentariness, unbalanced diet, harmful habits as smoking and alcohol abuse), and laying the foundations for and worsening of depression and mental disorders. **Making use of technology, the service provides solutions geared towards facilitating contact with professionals, family members, volunteers as well as peer and like-minded groups to counteract and mitigate such interrelated criticalities**.

The service was primarily directed at the 65+, with a special eye to the 80+ person, but it was available also for people with disabilities and in situations of dependency from the age of 18. Person-Centred Telecare moved from a tailored assessment by which the person and the provider identify together the most appropriate technological solutions based on their characteristics and needs. Thanks to the flexible and personalised approach at the base of the service, technologies can be adapted as the individual's situation evolves to continue meeting their changing needs and preferences.

Because of the great attention deserved to socialisation, the service foresaw solutions oriented at stimulating communication and networking. However, the technological ecosystem also

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included home cameras, gas and smoke detectors, movement, and presence sensors, and telemonitoring of vital signs for the prevention and identification of risk situations. Both in relation to sociality and to monitoring and support, the service envisaged the joint action of a multi-stakeholders' network composed of family members, volunteers, and social and health professionals. Moreover, a control room administered by the municipality operated 24/7 thanks to a terminal installed in the home which allows communication with a Call Centre. The terminal is complemented by a remote-control unit in the form of a pendant, a bracelet, or a watch. In cases in which on-site assistance is deemed necessary, the support staff is sent to the house to take care of the emergency, if needed in coordination with other social and health services. A monthly fee is charged for the service, which is free of charge for people over 90 and those with an income inferior to € 614.29 per month.

Person-Centred Telecare is an innovative service not so much because it relies on particularly new technologies, but because **it proposes a model of support that encourages a shift in the paradigm of care and assistance from a reactive one to a proactive and preventive one**. Within this paradigm, technology-delivered home care is oriented towards capitalising on individuals' resources, focusing on their agency and increased empowerment. The accent on sociality as a core component finds its place here, as it becomes simultaneously a means of empowerment, support and a catalyst for psycho-physical well-being. Also, particularly relevant is the synergy at the base of the model, where a control room run by the municipality is intertwined with informal resources to build a widespread and robust network. Such an approach makes it possible to develop assistance practices that combine large-scale monitoring, useful to the public administration for tracking the average status of the older adults' population segment (thus potentially cushioning the impact on services in terms of human and economic resources), with a micro and personalised monitoring, capable of detecting and preventing degeneration and risk where a prominent role is played by the collaboration between professionals and the informal social network. The interrelation between these two levels enables a better quality of life for the person, fostering his or her autonomy, and amortising the costs associated with standardised interventions that are often ineffective and unnecessary institutionalisation.

The Person-Centred Telecare has 20 years of implementation behind it in its original version based on telephone assistance. The recent version, which integrates new technologies and new forms of support, was evaluated by cross-checking qualitative and quantitative figures. Unfortunately, no detailed information is available in connection with this evaluation. However, precisely because it is based on long-standing experience, which has undoubtedly enabled an adequate assessment of both resources and evolving user needs, there is a high chance that it will be successful and have a good degree of sustainability. To date, the service is still ongoing.

4.2.4 Identification of key features

The practices presented were chosen because, while they all act on the health dimension, they approach the subject from different angles: Sociaal Vitaal focuses on the importance of exercise as a key factor in enhancing wellbeing; All Age Hub addresses the theme by focusing on technology as a support for health; finally, Person-Centred Telecare Service highlights the importance of sustaining socialisation as a core component of individual health and wellbeing.

Therefore, even though each of them highlights a different aspect of health, they present common elements that can be considered transversal. **They all emphasise the dimension of citizen empowerment**: in All Age Hub it consists of the technological support for autonomy in the home environment; in Sociaal Vitaal it coincides with the improvement of fitness and social skills; in Person-Centred Telecare Service, it is related to the possibility of maintaining social relations.

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Another shared characteristic is **the relevance given to the community**. Albeit differently, both Sociaal Vitaal and Person-Centred Telecare Service reserve great attention to the presence and the connection of the individual in and with their living environment and community. Older adults are therefore conceived as active actors instead of patient and/or passive users of a service. A similar aspect is also found in All Age Hub, where the citizen plays a key role in the co-design of the technological solution to function as an enabler of their autonomy and self-determination.

An additional common element is **the attention reserved to vulnerable persons**, who are more exposed to the risk of isolation and/or the worsening of their health condition. In Sociaal Vitaal the action primarily targets the older people whose frailty depends on living in deprived areas, having a low income and a sedentary lifestyle. In Person-Centred Telecare Service, on the other hand, the subjects of the initiative are older adults and people with disabilities or in a situation of dependency at risk of social. In All Age Hub, the focus is on those whose autonomy is threatened by a disability or other characteristics that make their health precarious.

Cross-cutting element is **the presence of the public administration, whether it is part of the partnership or not**. Indeed, the municipal administration has a role as a promoter of the initiative or as a key stakeholder in conveying its action. This continuity reminds us that a practice has a greater chance of proving effective where the institutional party acts to facilitate its implementation.

Finally, another common feature of all three practices is **the multi-stakeholder and multi-level collaboration.** The multistakeholder approach is at first a functional element for the concretisation of the planned actions, as they all require different expertise, skills, and knowledge. Moreover, the intersection between the points of view, competencies and roles played by the various social actors appears fundamental to ensuring the accessibility to what is proposed, be it a service of physical training, cultural activities or an ICT solution for health and independent living. They also appear to be strategic preconditions for the success of the initiative, and for its future sustainability. A shared design and/or implementation allows the identification of benefits for the parties involved, enhances competencies, and creates or strengthens functional synergies. It also facilitates the creation of a sense of ownership of what is undertaken, which is a key factor for its continuity over time.

These elements lead to the conclusion that a good practice on the subject of health should include a focus on the segment of marginalised or vulnerable populations who risk being more exposed to the surge and worsening of pathologies due to a plurality of actors, including low economic power, poor health literacy, and less access to services. Equally relevant seems the attention reserved to the active role of the individual, who must be provided with tools and resources to increase their ability to take care of themself and thus increase their agency (obviously avoiding this becoming a burden to the individual). The presence of multiple and differentiated stakeholders, and the central role of public institutions/administrations becomes relevant in conveying and facilitating these possibilities, another crucial element when it comes to the health sphere.

4.3 Community intervention and assistance

4.3.1 Radars Project: knowing and recognizing loneliness

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Features	Description
Name	RADARS PROJECT: KNOWING AND RECOGNIZING LONELINESS
Type	Initiative
Geographical area	Barcelona (Spain)
Language of the available documentation	Catalan
Date	Ongoing
Contact details	radarsgentgran@bcn.cat
Website	https://ajuntament.barcelona.cat/serveissocials/ca/canal/projecte-daccio-comunitaria-radars
Related resources	- -

Table 8 General information on Radars Project: Knowing and Recognizing Loneliness

"Radars Project: knowing and recognizing loneliness" was an initiative promoted by the municipality of Barcelona to counteract older people's isolation. It was developed by the social services of the municipality with the support of volunteers and several local organizations and stakeholders.

The project was implemented in numerous neighbourhoods of the city and aimed at launching community support interventions involving volunteers, local businesses such as pharmacies, bakeries, small supermarkets and third-sector organisations in close cooperation with social service professionals. The main intent of Radar was to create **a sensitive and respectful network of relationships based on proximity to address the unwanted loneliness of older people** by keeping them connected to collective life, sustaining reciprocal support and, by so doing, preventing situations of abandonment and risk.

The basis of this network was formed by the "radars", volunteer citizens of all ages, shopkeepers, professionals from the local health-care centres and other figures of the neighbourhood who, through their sensitive and respectful eye, were attentive to the daily dynamics of the older people in their living environment. If they detected any important change, they would contact social services, responsible for making an assessment of the situation and deciding whether or not to intervene and how. The radar initiative also offered additional forms of support, such as regular phone calls intended to monitor the person's situation, collect requests or needs of various kinds, but also alleviate the feeling of loneliness. In addition, regular meetings to build relationships of trust and reciprocity between volunteers and the older people and between the older people themselves were held. These meetings were also intended to give older people reference points in the neighbourhood and increase the opportunity to develop positive connections with them. Finally, numerous initiatives used to be organised to foster socialisation, support, and reciprocity.

The initiative was relevant as it **leveraged the direct involvement of citizens and organisations living and acting in a specific neighbourhood** and their deep knowledge of the territory, the older adults living in it and their daily habits and dynamics. Capillary action on the ground, based on informal relationships, can facilitate reaching people that it would be hard, or sometimes

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even impossible, for services to identify and assist. Noteworthy is also the fact that the initiative is still ongoing and has been scaled-up to multiple neighbourhoods in the city.

Radars proves that creating synergies between actors of a living environment can play a major role in making it inclusive and age-friendly. In addition to this, it sheds light on **the importance of involving the vulnerable population that tends to remain marginalised**. This is fundamental for making a living environment truly inclusive and age-friendly for all. In this regard, it is worth mentioning that the leaflets and other printed/online materials designed to disseminate information about the initiative were produced in several languages, including English, Arabic and Urdu. This clearly demonstrated the intention to be as inclusive as possible, **also approaching the segment of the migrant population which is often particularly exposed to the negative effects of marginalisation and social exclusion**, especially when it comes to older adults.

4.3.2 Dreamlike neighbourhood

Features	Description
Name	Dreamlike neighbourhood
Type	Project
Geographical area	Europe (The Netherlands; Belgium; Slovenia, Czech Republic; Austria)
Language of the available documentation	English
Date	2021-2023
Contact details	rappauer@queraum.org dobner@queraum.org
Website	https://www.dreamlike-neighbourhood.eu/
Related resources	Factsheet, Resource Kit, Handbook: https://www.dreamlike-neighbourhood.eu/online-resource-kit/

Table 9 General information on Dreamlike neighbourhood

The Dreamlike neighbourhood project aimed to improve the well-being and reduce the isolation of older people in their neighbourhood. It was carried out between 2021 and 2023 by an international consortium led by the association Queraum in cooperation with Age Platform Europe, AFEdemy, Letokruh and the Slovenian Third Age University.

To achieve its objective, the project experimented with an approach based on **the creation of neighbourhood groups**. In addition to fostering socialisation and social bonding, the groups aimed at **laying the foundations for mutual peer support, shaping spaces in which to cultivate and share skills and talents, and ultimately shedding light on the contribution older people can continue bringing to society**. The final intention was to make the neighbourhood a place where older people can have visibility, express their agency and age well. It based on the assumption that ageing in place certainly includes ageing at home, but also keep alive the connections with the broader living environment, where relationships and community play a primary role and where the figure of the older person should be recognised and valued.

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Target groups of the activities were older people wishing to actively participate in community life, older adults' associations, cultural and recreational local organisations but also public administration, at first municipality's social services. The project was piloted in four sites of the partner countries. Here a wide variety of activities aimed at exchange and sharing were implemented: thematic discussions, storytelling activities, cooking laboratories, walks through the city's historical sites, discussions on the concept of age-friendliness and numerous other initiatives based on the local specificities and the interests of the people and organisations involved. The activities were supported by facilitators, whose characteristics were different depending on the local context and the stakeholders engaged in the action.

An interesting element characterising Dreamlike neighbourhood was that **it put at the centre the exchange, collaboration, and reciprocal support among peers**. Equally meaningful was the relevance given to talents, dreams, and personal experiences. These aspects make clear the desire to sustain a paradigm shift, under which older people are no longer intended exclusively as passive users in need of support, but active subjects whose capabilities can be made available to the collective. Placing centrality on these aspects means promoting a representation of the older person as someone who can be empowered but, most of all, who can contribute to empowering their peers and the entire community making it more age-friendly and inclusive. This last element is even more incisive insofar as older adults' actions are deeply embedded in a specific territory, that of the neighbourhood, which constitutes their living environment and that of those participating in their group. Indeed, a close and continuative connection with the surroundings, especially via a group action, could facilitate the obtainment of a concrete impact in improving its age-friendliness.

The activities proposed by the project showed a good level of sustainability for two main reasons: on the one hand, **the creation and management of the groups, especially in the initial phase, leveraged organisations that were already present and active in the area**. This means capitalising on existing resources and counting on a good base both for initial support and future continuity; on the other hand, the project aimed at the **enhancement of the groups' autonomy**, which is a key point in the intention to sustain the initiatives over time. Moreover, the project led to the creation of a Toolkit containing useful instruments, indications, and suggestions for creating and managing neighbourhood groups. This Toolkit can represent valuable support when considering the replicability of the practice: not only it has been tested, adjusted, and finally validated in different social and cultural contexts, but it has also been adopted by diverse stakeholder organisations and target groups of older adults depending on the pilot site. This represents a plus point given its adoption by other realities.

4.3.3 Digital neighbourhood

Features	Description
Name	Digital neighbourhood
Type	Initiative
Geographical area	Hannover, Germany
Language of the available documentation	German
Date	From 2014

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Contact details	digitalisierung@hannover-stadt.de
Website	https://www.seniorenberatung-hannover.de/info/digitalisierung https://www.seniorenberatung-hannover.de/info/digitalisierung/digitale-nachbarschaft https://nebenan.de/about
Related resources	--

Table 10 General information on Digital neighbourhood

"Digital neighbourhood" was an initiative promoted from 2017 within the broader programme "What a community can do to support the digital participation of seniors" aimed at empowering senior citizens in the use of digital technologies. The programme was launched in 2014 by the Seniors Department of the Municipality of Hannover, Germany, and is still ongoing.

More specifically, "What a community can do to support the digital participation of seniors" aimed to facilitate older citizens in acquiring the necessary skills to make the most of digital technology, based on the assumption that it can offer valuable opportunities related to care, increase of social participation, improvement of the quality of life, and support provision.

Within this framework, Digital Neighbourhood intended to launch a **community network** in every neighbourhood of the city to facilitate the **creation of positive relationships, and forms of mutual support and sustain social participation**, reserving a special eye to older adults. For this purpose, the platform Nebenan.de, produced by the company Good Hood GmbH, was adopted. Nebenan.de is equipped with multiple functions to foster socialisation, solidarity and information sharing both of an administrative and informal nature. The platform was to serve as a connector between older adults and other citizens and between older adults and territorial key stakeholders, both institutional and third sector organizations. The final desire was to take advantage of the opportunities provided by the technological dimension (i.e., speed up communication, reach a larger number of people, support citizens with mobility impairments) to facilitate encounters and sharing that occurs outside the platform, playing as a catalyst. To encourage and enable an effective adoption by senior citizens, volunteer operators and computer technicians guided them in familiarising themselves with the platform's functionalities and providing them with the basic skills to benefit from it.

The practice is innovative as it **makes use of the digital environment as a vehicle to reinforce belonging to a specific neighbourhood by bringing together the multiple social actors living and acting in it**. The digital community is thus mirrored in a tangible community based on physical and relational proximity. Furthermore, it is interesting to note that **the platform plays simultaneously as a facilitator of the relationship and as a venue for disseminating information on existing services**. In fact, besides struggling to maintain social ties in their living environment and continue playing an active role in the community, older adults often find difficulties in reaching information about existing opportunities.

Finally, thanks to the Digital Neighbourhood, older persons were able to acquire digital skills expendable in other contexts as well. Thus, an increase in empowerment also occurred concerning the digital literacy of senior citizens.

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The Digital Neighbourhood initiative is still active today. In the city of Hannover, the platform counts 40,000 participants, 7% of whom are senior citizens over 65. It has therefore proven sustainability over time. Moreover, after one year of pilot testing in Hannover, the platform and the social model promoted by the Digital Neighbourhood initiative have been adopted by many German municipalities, including big municipalities and rural areas.

4.3.4 Identification of key features

The practices presented address the issue of community intervention through different approaches. In the case of the Radars project, it takes the form of structuring a network of social actors responsible for monitoring the daily dynamics of older people in the area. In the case of Dreamlike Neighbourhood, on the other hand, it passes through the creation of peer interest and exchange groups. Finally, in the Digital Neighbourhood initiative, community intervention levers the digital environment as a catalyst for in-person encounters, support, and bonding.

Despite the different approaches, there are nevertheless strong similarities between the three initiatives. At first, **territorial proximity** appears as a strategic transversal element of community intervention and assistance, which hinges on a specific territorial location. In the case of the Radars project, the neighbourhood dimension is indispensable because it allows for conscious and constant monitoring of the older population. In fact, it is more likely that those who live in the area on an ongoing basis know who the residents are and their dynamics. In the case of Dreamlike Neighbourhood, proximity makes it possible to create groups, facilitates encounters and therefore has higher possibilities to act concretely on the living environment to make it more welcoming and inclusive for the older population and community at large. In Digital Neighbourhood, the community living in a specific geographical area is placed at the centre of the action.

Additionally, the **neighbourhood's social fabric** is a crucial feature in all of them. Citizens, institutions, and organisations living and acting in the area are intended as key nodes of the supporting network and essential players in the community intervention. Proximity is therefore also meant in relational terms, according to a vision in which spatiality and relationality are intended in a *continuum*.

Based on this, it is immediately evident how the **involvement of multiple stakeholders** with different social positions, roles, skills, and competencies represents a fundamental common point. Indeed, the community is not made up of a single entity but has a plural and composite nature. The participation of multiple actors as citizens, public institutions, organisations, and formal and informal networks is therefore crucial to designing interventions that can adequately respond to the needs and wishes of older people by building on skills, knowledge and domains of action that are complementary and mutually reinforcing.

Finally, extensive **knowledge of the territory** represents another transversal feature to all practices, as it respectively makes it possible to identify the hard-to-reach, to better monitor daily habits and dynamics, and to approach opportunities and territorial services or forms of support that are otherwise difficult to access. It is thus instrumental in improving the wellbeing of the older person, becoming a vehicle for protection, relationships, assistance, and opportunities for participation, which are essential ingredients for ensuring a good quality of life.

In conclusion, a good practice in the field of community intervention and assistance seems to require establishing continuity between territorial proximity and relationships capable of

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pooling the resources of a plurality of key territorial actors holding a deep knowledge of the area, its specificities, and the dynamics of its older residents. These appear as the essential pillars for ensuring the holistic wellbeing of the individual, which comes through both receiving support and being able to play an active and purposeful role as a member of the community.

4.4 ICT for independent living

4.4.1 DomAssist

Features	Description
Name	DomAssist
Type	Project
Geographical area	The project has been implemented in France, in the Regions of Aquitaine and Gironde.
Language of the available documentation	French
Date	The project was completed in 2015.
Contact details	Loïc Caroux, Postdoctoral Research Fellow Loic.caroux@inria.fr +33 (0)5 24 57 40 84
Website	ActiveAge - Report on Best Practices - DomAssist (p. 32) DomAssist500
Related resources	Une assistance numérique pour les personnes âgées : le projet DomAssist

Table 11 General information on DomAssist

The project DomAssist has been implemented in France, under the leadership of the Réseau public départemental des aides à domicile, dependent from the Union départementale des centres communaux d'action sociale (UDCCAS) de Gironde and the Conseil Regional d'Aquitaine. These two entities worked in strong collaboration with other public organisations at the regional and national level.

Its main goal was to provide an innovative Active and Assisted Living (AAL) technology to **enable independent living among older adults presenting loss of autonomy**. As a result, this technology mostly addressed two categories of beneficiaries, older adults and caregivers, with the purpose to enable the former to keep living independently in their homes, and to alleviate the pressure on the latter.

The project was born out of the conviction that **gerontechnologies should be seen as key components of the silver economy and should be designed to empower their users in their daily life**. In this framework, DomAssist was developed following various sequential steps. First, there was an assessment of existing needs among the target population, which saw 525 independent living older adults involved. Besides older adults, caregivers were also involved in

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contributing to defining the fields in which DomAssist should have operated, namely daily activities, security, and social participation. This allowed us to define the strategy to follow. Second, the technical applications were developed and underwent ergonomic validation. Third, the solution was tested in practice and the results from the implementation phase were finally evaluated.

In practice, DomAssist is a technology based on the integrated use of two tablets, one fixed in the house, and another mobile, meaning that users can bring it along wherever they want. The one that is placed in the house serves as a central remote control. It is connected to wireless sensors and actuators, and diverse software services (calendar, internet browser), therefore when it decodes deviations from users' normal activities it will give an alert. The use of the mobile tablet is instead dedicated to recreational and social activities.

The practical implementation of DomAssist was carried out on a group of 48 older adults, among whom 24 actually received and used DomAssist, whereas the remaining half served as a "control group". To make the evaluation process precise and solid, participants were chosen based on specific criteria: their age (more than 80 years old), Mini-Mental State Evaluation (MMSE) [18] rating, location (urban, semi-urban, rural), and level of autonomy. The evaluation focused on investigating the benefits of DomAssist in terms of well-being, health, and autonomy, by monitoring the progress achieved every month and a half.

Among the evaluation results**, it emerged that older adults showed great acceptability of the technology and its easy functionalities**, with 93.3% of them giving positive feedback on DomAssist. It was noticed that **4-5 months are needed to achieve lasting results in terms of user autonomy**, because such a period is crucial for the user to become acquainted with critical notifications sent by the system, those that require them to perform an activity, as opposed to non-critical notifications. This practice has therefore produced a significantly positive impact, even among older adults with cognitive decline or average physical abilities.

Combined with its successful impact, the responsible organisations have demonstrated the **added value inherent to the combination of different scientific and professional multidisciplinary skills in the development of the AAL solution**. Researchers and professionals in the domains of digital sciences, health, ergonomics, and technology transfer, have been engaged in developing and delivering an AAL solution that can be tailored to the needs of older adults, to enable their independent living.

The positive signals gathered in the assessment phase served as the basis for the replication of the project on a larger scale. Researchers and project partners indeed decided to embark on a spin-off project DomAssist 500 to test DomAssist on a wider audience and define the needs to make it usable for many more users. In this second project, the target group amounted to 1,000 older adults, of which 500 actually received and tested the solution, while the remaining 500 served as a "control group". If in the first project, the focus was mainly on acceptability and usability, the second project was concentrated on the scalability and transferability of the AAL solution, meaning that it was more oriented to provide a comprehensive market analysis for its uptake.

4.4.2 ICT4Silver

Features	Description

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Name	ICT4Silver (Digital technologies to address silver economy needs)
Type	Project
Geographical area	Regions of Aquitaine-Limousin-Poitou/Charentes (FR), Euskadi (ES) and Norte/Centro (PT).
Language of the available documentation	Spanish, French, English
Date	The project was carried out from July 2016 to December 2018
Contact details	Béatrice Durruty, Project Coordinator b.durruty@adi-na.fr
Website	Keep.eu ICT4Silver
Related resources	Report Main social and technological challenges of Silver Economy

Table 12 General information on ICT4Silver

ICT4Silver was funded under the Programme 2014 - 2020 INTERREG VB South West Europe, and was led by the Agence de Développement et d'Innovation Aquitaine Limousin Poitou-Charents in partnership with other organisations from France, Portugal, and Spain. Regional development agencies, universities and senior research centres, SMEs, innovation-related public entities, regional governance entities, etc. have been identified as the main stakeholders and beneficiaries of the project.

The project intended to serve as an accelerator for the uptake of existing AAL solutions for independent living and, thus, study their uptake in silver economy-related markets. In the first phase, project partners performed a needs analysis of the target population, namely older adults, based on the various branches of the silver economy (housing, transportation, autonomy, etc.). Afterwards, a selection procedure was launched to identify an adequate number of SMEs and their already-developed solutions responding to the needs that emerged from the consultation phase. Therefore, the results of such consultation have been shared with SMEs, and finally, 15 SMEs were selected to implement their own pilot activity. During the pilot phase, SMEs were requested to adopt the "Living Lab" methodology, that is testing their solutions directly with end-users.

In terms of impact, **ICT4Silver has succeeded in creating better conditions for the implementation of ICT solutions in the silver economy, by raising awareness among policymakers, companies, and end-users**. Furthermore, the project was an important opportunity for the SMEs involved to demonstrate the efficacy of their solutions through the living lab approach, which helped emphasise their strengths and weaknesses. Finally, the project contributed to establishing and reinforcing transnational links among actors in the ICT domain.

ICT4Silver has been recognised as a good practice by Homes4Life project, considering its innovative approach and impact [19]. Yet, **diverse lessons emerged** from the project implementation. First, **it was found that silver economy markets are still underdeveloped**, and SMEs operating in it have not unlocked their potential yet. **Some difficulties arose during the pilot phase in connection with the transnational testing of the solutions selected**. Moreover,

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the involvement of SMEs itself proved challenging, in part because there was no budget dedicated to support them in the pilot and evaluation phases.

Although the adoption of a living lab approach was regarded as a major innovative aspect of the project, its effectiveness was undermined by the **absence of a thorough preliminary study on the maturity level of the solutions adopted**. As a matter of fact, during the pilot phase, some of the solutions failed to produce positive outcomes or to effectively respond to end-users needs. One further complexity inherent to the living lab approach was found in the **lack of standardised procedures** for its implementation in different contexts and by diverse actors. In conclusion, the **lack of common ageing** policies throughout the EU was identified as a major obstacle when it comes to influencing decision-makers and building a more favourable context in which silver economy markets can thrive.

4.4.3 PEPPER

Features	Description
Name	PEPPER
Type	Humanoid Robot
Geographical area	The humanoid robot has been developed in Japan by SoftBank Robotics but has been sold all over the world.
Language of the available documentation	English
Date	The robot concept was first introduced in 2014 in Japan, while worldwide purchases were launched in 2015.
Contact details	To discover more about PEPPER and get in touch with SoftBank Robotics, fill in the following form: https://us.softbankrobotics.com/pepper-info-robotlab?hsCtaTracking=16bd522b-f12c-402b-a2d6-a397a75f907a%7C10cd3958-d7fb-4036-9cd9-d68b0fec1fc4.
Website	https://us.softbankrobotics.com/pepper
Related resources	https://d3.harvard.edu/platform-rctom/submission/softbank-robotics-worlds-first-consumer-humanoid-robot-pepper/ https://www.researchgate.net/publication/338749798_Older_adults%27_experiences_with_Pepper_humanoid_robot https://www.technologyreview.com/2023/01/09/1065135/japan-automating-eldercare-robots/

Table 13 General information on PEPPER

PEPPER was designed and developed by SoftBank Robotics, a subsidiary company of the SoftBank Group based in Japan. SoftBank Group is a financial corporation currently offering multiple services in many areas, such as communication, marketing, finance, and semiconductors. SoftBank Robotics was established in 2014 having as core business PEPPER [20].

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The main goal that SoftBank Robotics pursued in the design and development of PEPPER was to **create a robot for people, that could connect with them, give assistance, and share knowledge in multiple contexts**, from retail, banking, education, hospitality to healthcare.

As regards its beneficiaries, PEPPER was designed to be functional in many different contexts and for diverse purposes. Therefore, among its core beneficiaries, there are retail and hospitality businesses, that want to improve customer experience and optimise the performance of their workforce by using PEPPER as an interface with customers in shops and hospitality facilities to promote the brand, provide support, give suggestions, guide visitors, etc. but also, banks and financial institutions, where PEPPER might support customers with answering common questions, provide knowledge on specific products and services while helping to reduce queues. Finally, healthcare facilities, like hospitals and nursing homes, use PEPPER to gather data and give support to professionals as well as to assist and animate patients.

PEPPER represents a successful example of a collaborative robot ("cobot") which succeeded in addressing the need to develop robots that could be more easily accepted by end-users. To this end, its developers focused on delivering a humanoid robot that could truly connect with people, building on an intuitive management system, which allows PEPPER to tailor its interventions to the person it is interacting with. This is also facilitated by the fact that PEPPER continuously gathers input and feedback from its interactions through facial recognition and has been developed to react not only verbally but also with relatable eye expressions and through body language; features that enrich its conversations and help build trustful connections. Overall, PEPPER is a gender-neutral 1.2-metre-high robot with a child-like voice, that is integrated with a facial recognition system, capable of facial expressions itself [21]. Interactions with it are also mediated through a tablet which is embedded in the front side of the robot.

PEPPER stands out among other robots for being designed to be accepted among people, by offering humanoid interactions through which interlocutors can relate and decrease their perception of loneliness. **It has been tested in many different contexts throughout the world, for diverse types of services in different domains, from education, and hospitality, to business and healthcare**. What appears to be particularly interesting for the scope of this Blueprint is the potential of PEPPER to be a valuable and helpful intermediator in supporting people, but more specifically vulnerable people, to benefit from knowledge transfer, support, and social-like interactions. For instance, the robot was tested with older adults in different countries to verify its acceptability among end-users, benefits, and risks. **Many studies and articles confirm the efficacy of the robot when used for socialising purposes** with this target group since it stimulates older adults to talk, be active and feel less lonely [22]. **In nursing homes**, PEPPER can play a relevant role both for professionals and residents. **It can perform some simple tasks to alleviate the pressure on formal caregivers, who are often understaffed and overburdened**; but it can also help older adults socialise, be more active, recall memories, walk safely, etc. This is particularly true with older adults suffering from dementia since the robot can be programmed by inserting features and inputs of the past of the people it is going to interact with so that it can build its conversation around a baseline knowledge of the person which is constantly updated thanks to the feedback gathered during the actual conversations. This allows to create immediate connections with interlocutors and makes older adults at ease to talk.

Although the deployment of PEPPER in the healthcare domain should be beneficial for professionals as well, one study has highlighted how it tends to generate more work for them rather than reducing it [23]. This is explained by diverse factors. First, **if used for leading**

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recreational activities, the robot should be programmed with new content, activities, etc. to avoid repeating the same ones, leading to boredom. Second, **PEPPER alone might not be able to drag all older adults into performing the activities it proposes**, so a professional might be needed to encourage older people and motivate them. Third, **the setting, activation and movement of the robot require a professional taking care of it**, and this might result in entailing additional work which reduces caregivers' time for real social interactions with older adults. Nevertheless, developers have been making incredible steps forward in delivering robots that can be better accepted by their end-users, and there is still much research and work ahead to improve and tailor them to the context in which they will be deployed.

PEPPER has been purchased all over the world since its launch, thanks to its relatively lower price and the expectations it generated since the presentation of its concept in 2014. As far as the healthcare domain is concerned, purchases have been made by large facilities, like hospitals or nursing homes, that can pay off the necessary expenses for it. Since its launch, SoftBank focused on how to attract buyers, retain them, and stimulate competition [24]. This was done through attractive pricing obtained by keeping the purchase cost low (only 1.650$) and requiring a mandatory 36-month subscription and maintenance fee which increased the final comprehensive cost to 10.000$. SoftBank also created a Robot Creator Community, a certification for PEPPER creators and many other initiatives through which it keeps its users' ecosystem active and stimulates competition. The prospects for the sustainability of PEPPER are good, but as far as its environmental impact is concerned, it can be argued that any robotics solution makes use of raw materials that cannot be easily reused with the same efficacy and efficiency, so greater attention should be devoted to this aspect as well in terms of research [25].

4.4.4 Identification of key features

The practices selected under the domain ICT for independent living show some common aspects and approaches in delivering solutions for older adults, while they have also highlighted different outcomes and challenges.

In the initial development phase, the **importance of consulting the target group population** has been emphasised to assess their real needs and, therefore, design or implement the solutions proposed according to them. As learnt from ICT4Silver, in the case of projects that are not intended to deliver a new solution designed from scratch, but an existing one to validate it and promote its uptake, it is even more crucial to evaluate its consistency with the needs of the end-users.

As far as the technical development of the solution is concerned, **combining different experiences, and adopting an overall multidisciplinary perspective appear to be the real game-changers when it comes to maximising technologies' efficacy and acceptability**. This is especially the case when the mission is to tackle complex challenges involving different actors and disciplines. During the pilot phase, the evaluation is essential to gather evidence that supports the further uptake of the technology tested or identifies the weaknesses to correct, whenever possible. Based on such evidence, a thorough deployment strategy should be elaborated to outline the possible role of the project solution in the market and its uptake, as PEPPER developers did. In addition, it appears essential to design and develop solutions that are acceptable to end-users, especially when it comes to their social interactions.

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The monitoring and assessment phases are indeed **key to ensuring the future sustainability and replicability of the projects and the solutions they promote**. Besides, gathering evidence from pilot phases can definitely help influence decision-makers and investors in this domain, by making them aware of its untapped potential. As a matter of fact, there is the overall impression that **much more can be done to expand the silver economy**, in all its branches, and to create the conditions for the EU members to gain competitive advantages, above all in response to the worrisome ageing phenomenon in the old continent. The improvements and updates that can be made thanks to a thorough evaluation of the impact and lessons learned from the implementation of specific solutions can help design business plans that ensure the scale-up of these latter while proving that such solutions respond to the actual needs of their end-users.

4.5 Information technology

4.5.1 SmartCare

Features	Description
Name	SmartCare
Type	Project (ICT Policy Support Programme (ICT PSP))
Geographical area	EU (Austria, Croatian, Denmark, Estonia, Finland, Germany, Greece, Italy, Netherlands, Portugal, Serbia, Spain, UK)
Language of the available documentation	English
Date	2013 – 2016
Contact details	pilotsmartcare@empirica.com +49 228 98530 0
Related website(s)	https://pilotsmartcare.eu/norm/home/
Related resources	--

Table 14 General information on SmartCare

SmartCare was an ICT PSP funded project that aimed to **establish an open ICT platform for integrated care delivery to older European citizens**. The 23 European regions involved through the engagement of local stakeholders defined a set of features useful to work around issues of data-sharing, coordination, and communication. These integrated health and social care services have been tested in 10 regions to identify the challenges that older people face in the attempt to live independently. After having been evaluated and summarised into common guidelines, the SmartCare services offered through the IT platform **provide support to the delivery of care, integrated with self-care, telecare and telemonitoring platforms**. The platform therefore facilitates cooperative care delivery and empowers older adults to implement effective self-management of their own health and wellbeing.

The users of SmartCare have therefore been able to benefit from services configurated and enabled by technology that were coordinated by an array of different providers adhering to the general deployment standard of the project. The impact generated by the SmartCare platform

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is hence the result of both formal and informal care provision, delivered directly as well as via telecare and telehealth services.

What is innovative in SmartCare is its **ability to overcome health and social care silos when it comes to the delivery of services**. The project in fact managed to **define a multifunctional and integrated digital infrastructure that was able to produce a comprehensive programme of services**. This whole architecture was moreover sustained by a solid evaluation that analysed the cost-benefit balance and therefore provided evidence that functioned as solid ground for the implementation of further service mainstreaming in the pilot regions.

The project presents potential for replicability and scalability, along with inherent sustainability, demonstrated by the **provision of guidelines for implementation that consider different aspects that are needed for the uptake and deployment of the methodology.** These include instructions on data gathering, how to consult with stakeholders, how to conduct efficient IT procurement, setting up a functional operational protocol and how to review systems and processes. At the same time, the guidelines provide information on establishing an effective training course directed to staff and informal carers, how to introduce the service to users and patients, and lastly it defines how to carry out monitoring and evaluation activities. These guidelines are instrumental to guarantee that SmartCare is not only properly implemented but that it is also a robust service involving all relevant stakeholders throughout all phases of its deployment.

The testing of SmartCare in the pilot regions proved useful to instruct interested parties in providing sustainable mainstream care operations. As the platform is initially neutral to the pre-existing conditions of a care system, it needs to be finetuned into the local settings of where it is being deployed. This in turn allows the stakeholders to clearly identify any criticalities in the provision of care services, in the definition of roles and responsibilities, and therefore facilitates intervention in the areas that need further improvement.

4.5.2 HASIC

Features	Description
Name	HASIC - Healthy Ageing Supported by Internet and Community
Type	Project (EU Health Programme)
Geographical area	EU (Estonia, Finland, Germany, Hungary, Netherlands, Norway, Spain)
Language of the available documentation	English
Date	2014 - 2016
Contact details	Katariina Felixson katariina.felixson@turkuamk.fi +358 40 355 0538
Related website(s)	https://hasicproject.westenhoefer.de/de/index.html
Related resources	--

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Table 15 General information on HASIC

The project HASIC (Healthy Ageing Supported by Internet and Community) has been developed with the support of the Health Programme of the European Union with the objective of promoting healthy lifestyles among the senior population. Alongside recommendations on how to live healthy lives at the individual level, HASIC promoted the **development of cooperation between regional providers of care services to achieve a wholesome impact of policies directed towards communal services for the elderly**. What is interesting about this practice is that **it used Information Technology tools to stimulate an understanding of healthy and independent living that completes the effects induced on the individuals by the sole physical environment**. In line with the principles of the Smart and Healthy Age-Friendly Environments, HASIC played on the importance of the Social Environment and of Municipal Services that intertwine with the Physical Environment features.

HASIC has taken several procedural steps to overcome the mere individual dimension and to focus on the community aspects of the intervention. The project was in fact built on qualitative research aiming to collect information from the final beneficiaries and to increase cooperation between service providers, hence stimulating network development, and it was based on peer-review and mentoring activities directed towards people aged 65+. The findings of this procedure were finally elaborated into the production of a digital platform that would be tested by the beneficiaries in activities of self-assessment and self-monitoring with regards to the implementation of healthy life-styles practices.

The innovation of HASIC relies on the fact that **the project managed to address many social and health aspects that have an impact on building or conducting a healthy lifestyle** by bringing together Information Technology with the social and health sectors to interrupt the creation of vicious cycles of health decay and social isolation. By stimulating the engagement of older adults in the research methodologies employed, such as focus groups, and by encouraging their mentorships within peer groups, the project managed to stimulate the bridging of technological gaps that often plague this group of beneficiaries: the creation of a website aiming to promote the uptake of healthy lifestyles was exploited thanks to features that facilitate human interactions, such as forums and chatrooms, and therefore managed to reduce the phenomena of social exclusion and isolation.

As a result, the project proved to be highly successful. Most service providers involved in the project were highly satisfied with the degree of service development directed towards seniors that they were able to deploy within their networks of regional actors. In addition to this**, a vast majority of participants (75%) found the educational programme** vehiculated through the online platform **to be useful and functional since it gave them solid evidence-based elements to reduce health risks and felt empowered by the peer mentoring activities** that stimulated them to adopt healthier lifestyles.

As the project has been conducted simultaneously in 7 countries, it proves that there is space for its replication in new deployment sites and for its adaptation to contexts and environments of different scale. One of the outcomes of HASIC has been the demonstration that promoting healthy styles of life can have a positive impact also on the reduction of healthcare costs, both for individuals and for the general national or local health system. This in turn allows for delivering more cost-effective health services to older people and thus renders the whole management of community health more sustainable.

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The implementation of HASIC, finally, was able to highlight that the **abundance of health services that** are offered in every European country **are often not well integrated or coordinated** among themselves. Not only this may be due to a lack of skilled professionals that are able to motivate and stimulate older people in adopting healthier ways of living, but **there is an apparent lack of up-to-date services centred on prevention**. For this reason, the HASIC project, with its illustrative online platform and its engagement of older adults, can be considered an effective practice of inclusion that produces a direct positive impact on Age-Friendly communities.

4.5.3 SmartWork

Features	Description
Name	SmartWork
Type	Project (Horizon2020)
Geographical area	EU (Denmark, France, Greece, Ireland, Netherlands, Portugal, Sweden, United Kingdom)
Language of the available documentation	English
Date	2019 - 2022
Contact details	Charalampos Vassiliou BYTE cvassiliou@byte.gr
Related website(s)	https://www.smartworkproject.eu/
Related resources	--

Table 16 General information on SmartWork

Age-Friendly Environments are sometimes wrongly identified merely with the domestic dimension of people's lives, but their definition encompasses so much more than just homes. SmartWork is interesting precisely because it applies the principles of SHAFEs beyond the house and on the work environment. Funded by the Horizon 2020 scheme in the years between 2019 and 2022, SmartWork put the focus on the challenges that workers and employers face in their office or work environment along their ageing process. To do so, the project established an Information Technology framework aiming to deploy a set of tools to support active and healthy ageing in the workplace.

Since the European population is now living longer lives than their predecessors, the working age has also slightly increased along the years. SmartWork aimed to **create an AI system centred on the workers to increase the sustainability of the workload by measuring and monitoring the state of older adults' working conditions through a suite of smart services**. This system was co-created and evaluated by the end-users who were actively involved in designing its features, paying special attention to issues of ethics, privacy, and security.

By adopting technology-driven solutions, SmartWork was able to enhance the working conditions of its beneficiaries by setting **a new paradigm that implemented the monitoring of bio-signals and parameters of users through the instalment of sensible devices and the design**

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of AI algorithms that analyse the collected data with regards to health and work management aspects. The project was also able to foresee a variety of accessibility features and the integration of third-party tools that would improve the provision of quality work management while, at the same time, allow for the personalisation and customisation of the digital work environment.

As stated above, **SmartWork** is innovative because it **shines a light on the work environment as a place where to implement SHAFE principles**. The workplace can have a strong impact on workers' lives and health, particularly when they are growing older and are more prone to develop eventual health conditions for which they need care. Older people may also find it more difficult to adapt to changing working conditions (such as new technologies or the adoption of new work processes) and might need more training or better accessibility features.

Although there is the need for deep and comprehensive knowledge of the system for the end-users to fully exploit its properties and features, the project demonstrated that each individual technology embedded into SmartWork functions properly and can therefore be replicated. Since the beneficiaries' participation and their acceptance of the technology is key for its success, it is important to encourage strong engagement of the end-users at all stages of the project when implementing it, possibly increasing the extent of their participation. This open process would not only lower the barriers towards the uptake of ICT solutions, but it would increase the users' understanding and therefore trust of the interventions.

4.5.4 Identification of key features

Intuitively, the first and most important feature that projects and interventions in this area present is, needless to say, the central role that digital technology play in the implementation of AFEs solutions. The **IT tools and platforms represent the environment around which the social infrastructure and health services revolve to achieve a lasting impact on the beneficiaries and stakeholders involved**. Often, such digital tools may be obscure to older adults who might not have a lot of practical experience dealing with new technologies. To facilitate the uptake of these solutions it is therefore recommendable to **foresee investment in the training of the users**: this will allow them to have a full understanding of the instruments that are presented to them, and therefore to take full advantage of the benefits available and will also increase the possibility to achieve better results and hence to validate the project as a whole.

Another aspect that emerges from the nature of digital technology solutions is that these projects and interventions are more inclined to face the diverse issues embodied within the definition of what being an SHAFE means, and that is to say that they **do not focus merely, or mostly, on the physical environment but** that they **tackle other areas too**, such as the provision of care services of social and economic conditions.

The projects assessed in this review of good practices highlight the **need for deep and comprehensive engagement of older adults and stakeholders in every step of the process** to make sure that the solutions envisaged are tailored to their needs and can therefore guarantee to respond to the challenges posed in the attempt to achieve the implementation of effective AFEs. The phases where direct participation is encouraged range from the initial design of solutions down to the self-assessment and self-monitoring of results, to produce a thorough evaluation of the whole process and the scale of its success. For this reason, the solutions must be tested in at least a few pilot sites that can allow comparison between different samples of

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the population, displaying both similar features as well as specific characteristics of various geographical, social, and economic contexts.

One other common key feature that the analysed IT good practices present is the extent to which they all embed, within their respective platform, the provision of existing services and solutions that are offered by external partners and stakeholders. This is an important aspect as it shows the acknowledgement that often a part of the care services needed by the population are already provided at the local, regional, or national level, but they may be more effective if and when they are coordinated by a comprehensive platform that helps to respond to the people's needs more efficiently. This presupposes a certain degree of data-sharing between all the parts involved and a general coordination of all the functionalities towards the achievement of a common goal. **It is paramount that every stakeholder that participates in the process is willing to share effort, data, and resources collaboratively**.

Lastly, the projects highlighted in this review stress the **need for the draft of clear guidelines that can facilitate the replication and uptake of these solutions in other contexts**, keeping in mind that at times they must be tweaked according to specific conditions.

4.6 Urban transformation, construction, architecture, and design

4.6.1 Ennis Age Friendly Town

Features	Description
Name	Ennis Age Friendly Town
Type	Policy
Geographical area	Ireland
Language of the available documentation	English
Date	2021
Contact details	Clare Older People's Council clareolderpeoplescouncil@gmail.com +353 065 6846240 Karen Fennessy agefriendlyclare@clarecoco.ie
Related website(s)	https://www.clarecoco.ie/services/community/age-friendly-programme/ennis-age-friendly-town/
Related resources	--

Table 17 General information on Ennis Age Friendly Town

The Ennis Age Friendly Town can be described as a set of guidelines that instructs the municipality and other local stakeholders on how to make the town of Ennis (county Clare, Ireland) more accessible for older residents. At the same time **it involves these older residents in actively shaping the physical environment of their own hometown and the policies directed**

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towards them. As a general objective, this policy aims to make Ennis a great place for older people to live in. It was developed in consultation with a series of local stakeholders to devise a set of actions to be carried out within an implementation plan. Older residents were also involved at different stages of the process: as an example, they participated in several walkability audits, in partnership with the Older Persons Council and wheelchair users or people with other forms of mobility issues or disability.

The innovative feature of this practice is that it seeks **to determine a comprehensive municipal strategy aiming to fit all aspects of the public realm in the Age-Friendly Environment principles by employing a collaborative approach** that involves citizens and stakeholders, therefore not implementing top-down policies without previous consultation. As a result**, Universal Design principles** [26] are now central to all new projects in Ennis. Local stakeholders and users are involved in the design and evaluation of such projects and policies, and they are regularly consulted when new initiatives emerge or are in phase of planning. This indicates that any new realisation and improvement in the public realm is fit for future challenges and adaptations by making the public space entirely accessible and inviting to people of all abilities, for example by including ample offering of seating solutions.

Even though the Ennis Age Friendly Town strategy was only presented in late 2021, it has received solely positive feedback and reviews, and a constant process of evaluation and monitoring of indicators is under way. Phase 2 and 3 of the strategy are already in the pipeline with the intention to involve other areas of town planning, converting public surfaces to full accessibility, thanks to funding from the Government's Urban Regeneration Fund. The strategy is deemed sustainable and replicable due to its open-access nature and is being implemented in other towns of county Clare. The outcomes from the first assessment reports are already influencing applications for active travel funding aiming to increase accessibility of public spaces in the area and there are plans to replicate the initiative in other neighbouring towns.

Overall, this practice presents valuable information for town panners and decision-makers, both incumbent and forthcoming, as it displays what works best for the citizens alongside their desires and the challenges they face. Similarly, it proves to be a very useful experience and process for the citizens themselves, as they understand the work and reasoning that lay behind town planning and the implementation of urban development projects. This collaborative process highlights each stakeholder's point of view, from planners to people with mobility issues, increasing the general consciousness of everyone's needs.

4.6.2 La Maison Dahlia

Features	Description
Name	La Maison Dahlia
Type	Service
Geographical area	France
Language of the available documentation	French
Date	From 2016
Contact details	Olivier Bouly

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	olivier.bouly@lehavre.fr
Related website(s)	https://www.lehavre.fr/pratique/adaptation-du-logement
Related resources	--

Table 18 General information on La Maison Dahlia

La Maison Dahlia is an innovative practice created by the municipality of Le Havre (France) that functions as a demonstration and prevention centre, directed to older people, their families, and formal and informal caregivers. It aims to test practically the solutions that can be implemented in one's home to tackle the challenges that come with ageing. This **orientation centre** has been developed in a formerly dilapidated house that the municipality renovated, designed, and equipped with simple solutions to instruct the beneficiaries on how to reduce the risks of everyday accidents and to keep their homes safe and comfortable. Besides having the possibility of visiting the space of Maison Dahlia, which serves as a showroom, older people, families, and caregivers also can take **virtual tours** (via a website or through Virtual Reality technology) and can benefit from the service of receiving in their own home social assistance and visits from an occupational therapist that can produce an **assessment of their living space**.

Thanks to a series of questionnaires, it was possible to determine that the initiative generated very positive feedback; the users considered that it satisfies the needs of all the target beneficiaries by **inducing older people to make important decisions regarding the fitting of their homes**, whether for prevention or to tackle existing health issues, and by instructing health professionals by **instilling an effective gerontological culture through the study of best practices**. Due to the success of La Maison Dahlia, the dedicated staff is now working on increasing the number of available virtual visits thanks to VR headsets and through the website. At the same time, the project was able to attract an increasing number of partners wishing to enhance the range of equipment and other kinds of technical aid made available within the premises of Maison Dahlia.

The most innovative feature of this practice is that it is **one of the first municipally-managed instances of a showroom for Age-Friendly Environment solutions vehiculated through digital technologies** (such as the Virtual Reality tours) **and thanks to services of mentorship** directed to older adults, their families and their caregivers. These services, all free of charge and therefore entirely accessible to anyone, allow the beneficiaries to understand how they can improve their living spaces by providing practical examples. Of course, an initiative such as La Maison Dahlia requires a strong political commitment and the will to dedicate robust funding to kickstart and then maintain the functionality of the practice. Some of the services can nevertheless be foreseen to be offered for a small fee to make the practice more economically sustainable.

The experience of Maison Dahlia demonstrates that there is appetite for age-friendly solutions to be implemented in one's own house. Although people prefer to visit the space physically, virtual tours are also widely used and therefore technology can be of great help to promote the implementation of age-friendly principles. The presence of complementary services only increases the appeal and the impact of this experience. The Municipality of Le Havre states that it would have liked to involve senior citizens earlier in the planning of Maison Dahlia, while initially it only invited to participate other stakeholders such as institutions and private companies. Nevertheless, it is easy to see that, once these considerations have been considered,

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the practice can easily be replicated in different contexts, and even increased in scale, if the appropriate political commitment is invested in the project.

4.6.3 VePe65+

Features	Description
Name	VePe65+ - instrument for the observation of pedestrian conditions in the urban public space
Type	Research
Geographical area	Portugal
Language of the available documentation	Portuguese
Date	2015
Contact details	Instituto de Ciências Sociais da Universidade de Lisboa Mariana Ferreira de Almeida mariana.almeida@ics.ul.pt
Related website(s)	https://www.ics.ulisboa.pt/flipping/wp2015_3/files/assets/common/downloads/ICS%20Working%20Papers%20N.pdf
Related resources	--

Table 19 General information on VePe65+

VePe65+ is a walkability assessment tool targeting the older population that was designed through research of the Institute for Social Sciences of the University of Lisbon (Portugal). It consists of a **"senior walkability" checklist** for urban environmental audits that illustrates the kind of results that can be provided and fosters a discussion regarding the possible additional improvement steps that can be taken in making the public urban environment more accessible to older adults. VePe65+ registers mainly objective, directly observable characteristics, fitting in with other community audit tools that can give a comprehensive evaluation of the urban space.

The practice managed to assess, through the first pilot trial, the accessibility of 7 sample territories in the towns of Lisbon and Odivelas (Portugal) looking at a set of indicators such as the physical walkability of streets, squares, parks and passages; the level of noise in public spaces; the degree of slopes and the presence of stairs or other kind of obstacles that may impede the roaming of older adults and therefore have an impact on their safety; the frequency of pedestrian passage that, together with the quality of public space, indicates its attractiveness for citizens; the presence of urban green and the level of pollution.

The innovation element of VePe65+ can be identified in the extent with which **it can involve older residents in the practice of assessing the physical urban space** and in how it is complementary to other research methodologies, such as SeGaPe65+ (within the project "AUPE – Ambiente Urbano e Participação para um Envelhecimento saudável") that in turn investigates the perceived, and therefore subjective, accessibility of public space by the senior population.

VePe65+ can be described as a sustainable research practice since it is not too costly to implement (only a few researchers are needed to conduct the activity and the senior population

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itself can be activated as volunteers). **It allows cities to plan for a better urban environment that is accessible and inclusive while engaging both the local residents as well as the city's technicians and town planners**. It is therefore easily replicable in other urban contexts, although not necessarily as easily scalable: the methodology is thought of as a modular approach for small urban units, but these can of course be cumulated to cover wider urban portions.

Overall, this methodology proved to be apt for implementation since it produces an objective appraisal of the accessibility of the urban public space by taking into consideration a variety of physical and environmental indicators. This objective evaluation can be enhanced and completed when coupled with other research methodologies or pre-existing sets of data that can provide a fuller picture useful for decision-makers and town planners to understand what kind of cities people want to live in and how to build these spaces.

4.6.4 The NANA Project

Features	Description
Name	The NANA Project
Type	Study
Geographical area	Europe
Language of the available documentation	English
Date	2015
Contact details	NSW Architects Registration Board Guy Luscombe - Byera Hadley Travelling Scholarships mail@architects.nsw.gov.au
Related website(s)	https://www.architects.nsw.gov.au/download/BHTS/2015-BHTS-NANA-Project-FINAL-lo-res.pdf
Related resources	--

Table 20 General information on The NANA Project

The NANA Project is a design study developed by the architect Guy Luscombe for the New South Wales Architects Registration Board. It seeks to explore the possibility of **better architectural design of care facilities and residential environments** dedicated to older adults to **improve their quality of life** by pursuing a higher degree of happiness, equal opportunities and the establishment of a "new normality", different from the usual places of care and from the everyday life that dwells within them.

The study intentionally focused on a variety of residential solutions that correspond to the ample range of infrastructural facilities and services that respond to the need for appropriate care through adequate living spaces for the older population. Among the varied number of buildings and housing solutions taken into consideration, the study included multigenerational housing and senior cohousing, as well as other innovative environments specific for treating people with dementia or other forms of mental decline. By focusing on exemplary models of accessibility, the NANA Project **intended to provide suggestions, resources, and guidelines for architects to ideate and design new and better housing solutions for the ageing society**.

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The study carried out through The NANA Project intended to set some guidelines for design policies by examining a few best practices identified in 6 European countries (Denmark, Germany, the Netherlands, Portugal, Spain and Switzerland). The 13 residential developments assessed in the study were analysed with the objective of setting a new framework based on three pillars: Happiness, Normality and Equality. This analysis was grounded on the appraisal of 8 key features aiming to inform architects and designers towards the production of new forms of residential spaces and places: 1) *Windows to the world*, that is to say the provision of abundant natural light inside residential developments and access to views to the outside world; 2) *Space Grace*, intended as the disposition of space centred on openness and adaptability to encourage free and easy circulation; 3) *The Great Outdoors*, meant as the quality of both private and shared outdoor spaces (balconies, gardens, patios etc.); 4) *Small is Beautiful*, seen as the intention to favour intimacy, cosiness and the "deinstitutionalisation" of spaces to make people feel more at home; 5) *Freedom of Choice*, that is to say giving people the possibility to choose how they want their residential places to be shaped and decorated; 6) *Belonging*, or in other words the encouragement and facilitation of building a sense of community; 7) *Integration*, intended as the openness of care facilities and other residential developments to mixing with functionalities located within the wider community; and 8) *Something to Do*, that is to say the allowance and provision of different activities that can be pursued and deployed by the residents in order to feel more satisfied as human being and to remain active.

This innovative conceptual structure of the study is inherently sustainable and replicable, as well as scalable since it proposes a vision for design that does not imply additional costs for developers. It embeds an understanding of physical spaces that need to be more compliant with environmental sustainability while producing spaces that are more pleasant for the older population. The NANA Project identifies **7 conclusive recommendations for architects, designers, and technicians to conceive and produce Age-Friendly living Environments**:

1. Architects and society should start viewing old **age as the norm** and not as "a problem".
2. Designing for the aged should be more **based on the needs** of people, embracing inclusiveness and equal opportunity, and less compliance-driven.
3. **Architects should play a more central role** in connecting the design of places and the wellbeing of people with cognitive decline.
4. **Multigenerational and community-centred housing** should be encouraged, especially in central urban locations connected to amenities, facilities and public transport.
5. Architects should adopt concept and planning stages based on a **holistic approach**.
6. Architects (and students of design and architecture) should not merely comply with standards and regulations but truly **understand the needs of people at all stages of life**.
7. The architecture, planning and design professions should encourage **more research and support** in design innovation for the ageing population.

4.6.5 Identification of key features

The good practices identified for the analysis of this Blueprint for the topic of "Urban transformation, construction, architecture and design" highlight a few transversal features that define what any future SHAFE initiative in this field should foresee. The most evident of these features is the **appraisal of existing spaces** by researchers, technicians or even by the older population themselves with the objective of gaining a comprehensive and practical view of how the current state of the art of urban spaces and residential facilities responds to the needs of the ageing population. Similarly, the evaluation of the current physical spaces can immediately

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be positioned in comparison with what these spaces could be and become, and through this assessment it is possible to conceive and design the improvements that older residents desire and need.

This approach stresses the **importance of devising projects and policies that are based on research**, as preliminary and extensive as possible, to make informed decisions that can robustly resist criticism and be challenged with the continuous collection of new data that monitors the output of results. At the same time, research can be built on even stronger grounds when carried out through an empirical approach that can function as an indicator and testbed of innovative ideas or the replication of conceptual and practical stimuli in new and diverging contexts.

The value of the results that emerge from these initiatives is enhanced and promoted through the **constituency of guidelines and training programmes**. Guidelines are instrumental to the adoption and replication of innovative solutions by decision-makers, architects, designers, and technicians who wish to transfer interesting ideas or successful practices into their local context, although they need to consider that the specificities of their local environments need to be considered when applying patterns of functionalities that had been conceived for different places. The older population can instead benefit from training programmes that can help them understand the point of view and the work of town planners and technicians, thus acquiring knowledge regarding the statutory challenges that they face; training can also help older people to assess their own homes and to decide what big or small interventions they can apply in their houses to age in place, staying independent for as long as possible and enjoying a good quality of life.

The **engagement and involvement of local older adults** is one other key feature that emerges from the good practices taken into analysis. By involving the senior population in a process of direct participation the architects, decision-makers and technician can benefit from receiving first-hand opinions and indications regarding needs and desires that can be of invaluable weight in the design of new residential facilities and improvements of public urban spaces. By sharing ownership and accountability of the design process, a strong dynamic of informed democratisation is enacted by all relevant stakeholders sealing the foundations on which new projects and policies for Age-Friendly Environments can be built.

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5 KEY FEATURES FOR GOOD PRACTICES IN SHAFE

After going through the most recurrent features that each topic presents based on the good practices' analysis, it is now possible to identify which, among them, constitute the main pillars of the actual Blueprint: by developing a transversal assessment of the six domains taken into consideration, a few key features appear to represent the defining elements of what any new SHAFE initiative should be built on. These transversal key features are the following:

1. Knowledge of the context
2. Multistakeholder and multidisciplinary approach
3. Empowerment
4. Integration and interoperability with existing services and resources
5. Impact

5.1 Knowledge of the context

Across the six main domains, the selected good practices highlighted the solidity and consistency of projects and policies that are based on previous research and on data gathered while assessing the specificities of the local context in which they insist, in consideration of social, economic and health characteristics. Unlike top-down initiatives or initiatives that are born out of instrumental objectives (as could be a project that is created to test a product, and not the other way around), **a deep knowledge of the territory on which the experience will be carried out guarantees that a vast cohort of characteristics and dynamics are considered in the design phase of the policy or project, and the following implementation and evaluation phases**. The theoretical basis provides elements to **make better and informed decisions** that consider intersectional variables such as gender, age and ethnicity, increasing the possibility of developing solutions that insist on accessibility, acceptability, efficacy and the inclusion of vulnerable or marginalised groups of people with their needs and interests taken into consideration. By building on research and possibly applying an empirical approach, new policies and projects in the field of Social Innovation on SHAFE will also initiate a process of collaboration and appraisal of any relevant stakeholder that could collaborate in the initiative and provide relevant data that can become useful for understanding what needs to be done and how. **Mapping the local context, with the identification of stakeholders, places, dynamics and services, means to account for the "building blocks" that will play pivotal roles in the deployment of the future initiatives** and hints already to the possible areas of action and improvement.

5.2 Multistakeholder and multidisciplinary approach

One other feature that appears to be a factor for success is embodied by the multistakeholder and multidisciplinary approach that has been deployed by most of the good practices analysed in this study. By applying a holistic take to the various phases of project and policy development, the actors that oversaw the delivery of these SHAFE initiatives were able to guarantee that the issues they wanted to address were tackled effectively from a plethora of points of view representative of a vast variety of disciplines and competences. This multistakeholder and multidisciplinary approach is all the most effective when enacted from the research and design

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phase and then maintained all through the implementation and evaluation phase, since **it ensures that every aspect that needs to be considered is conceived, managed and validated by sector-specific stakeholders and technicians who can really understand the issues at stake**. **A good degree of coordination and open transmission of data is therefore necessary** between all the parties involved, to devise a harmonised management of the whole project development or policy implementation, especially when these envisage the inclusion of other or existing products and services within the new proposed solution. At the same time, **the multistakeholder and multidisciplinary approach** deployed in the aforementioned good practices **guarantees also that the target of beneficiaries is inclusive of minority groups, and marginalised and vulnerable communities** that may sometimes be overlooked. By counting on a reinforced team of multidisciplinary actors that are representative of varied disciplines and groups of people, the management of new SHAFE initiatives can therefore apply cross-cultural validation of the actions and results, hence assessing and garnering data on whether a practice can easily be replicated in different social, economic, and territorial contexts.

5.3 Empowerment

Another element of success that is apparent from the analysis of the good practices is the **focus on citizens' participation and empowerment** that has been put forth by the enactors of such policies and projects. The emphasis that is placed on empowering individuals is telling of the crucial importance that citizens' involvement must achieve effective results, particularly in terms of the uptake of the proposed solutions. Aside from expecting their full participation as an indicator of the project's or policy's efficacy and success, **engaging the citizens from the earlier design phases of the initiative ensures that this will be effectively responding to their needs and desires and as tailored around them as possible**. Similarly, **the beneficiaries can play a role in self-assessing and self-monitoring functionalities, effects and outcomes**, instead of just being passive users, and therefore provide first-hand feedback on what works and what can be improved in the SHAFE solutions that are being developed. **This dynamic of inclusion and empowerment helps to give value to voices in the communities that are often left unheard, and at the same time can encourage the birth of bottom-up initiatives** that can be accessory to the main initiative that is being developed, or they can function independently but in connection to it. Besides bridging the gap between citizens and institutions and the supply of services, the involvement of citizens aims at including and involving what can be identified as the key actors of a community, i.e., citizenship, public institutions, formal and informal resources of the territory, such as organisations, associations, the third sector. In this context, spatial and relational proximity also appear to be relevant characteristics. In fact, the link with the local territory understood both in the infrastructural sense and as the social fabric, is fundamental for building a community anchored to people's daily lives.

5.4 Integration and interoperability with existing services and resources

Many of the good practices analysed in this study were particularly worthy of notice because of their intention to include, within their functionalities, the possibility of working in coordination with existing offers of services, technological solutions and other kinds of resources that could be pooled by the various stakeholders involved. For this to work, **it is necessary to envisage the effective integration between these services and dynamics, and therefore this interoperability**

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needs to be planned ahead, not only in the design phase but earlier on during the actions of research and appraisal of the local context with its specific characteristics. This work allows for identifying every possible improvement that can be sought and, thanks to the holistic view of the whole landscape of possibilities, to deploy elaborated strategies that can consider all the intersectional variables that will then be at the core of the subsequent analysis of indicators and results. The amount of coordination and the effort to share data for the effective integration of interoperable solutions is therefore instrumental to guarantee that the final product, policy or project, is accessible to their respective end users, increasing their degree of acceptability and efficacy. **By building on multiple resources, services and products, it is to be expected that the evaluation phase can produce solid evidence on what concerns the impact of the new proposed SHAFE initiatives**: in fact, the multiplication of actors involved ensures that there are more interested parties and more occasions for the detailed assessment of the outcomes. For this reason, **it is beneficiary to consider the structured testing of the desired solution in one or multiple pilot sites** that can, at this point, provide a large quantity of evidence to support the results and the conclusions that can be drawn from them.

5.5 Impact

Lastly, the measurement of impact – even, and especially after the final implementation of the actions – is to be considered an important feature for future SHAFE initiatives, based on the assessment of the selected good practices. Although it has proven difficult to find detailed and weighted information regarding the assessment of impact for all projects, policies and other initiatives that have been examined for this study, it has been possible to report or infer what has been the reach and the outcomes of these activities. Nonetheless, it is precisely for this reason that measuring the impact becomes so important for future SHAFE initiatives: too often, particularly in the realm of EU-funded projects, the amount of effort expended and information available once the funding has stopped becomes too scarce or even non-existent. It is therefore hard to indicate, based on mere intentions not substantiated by evidence, whether a practice is replicable or even sustainable. This kind of information, then, is not only invaluable but also essential to properly assess and qualify any SHAFE initiative that has been, is being or will be developed. **By measuring the impact of policies and projects the very same stakeholders that are implementing them will be able to adjust any other future intervention based on the results, and hence eventually increase their accessibility and efficacy** thanks to the indicators that could emerge from the phase of pilot-testing and wider subsequent deployment. **The impact will also tell whether the beneficiaries of the actions have actually improved their conditions if they benefit from the new functionalities and whether they feel empowered by the effects of the new solutions.** Public authorities and other stakeholders will be able to deploy new strategies that are comprehensive of both practical actions and of a data-informed vision that has already been validated and accounts for social inclusion of all fragile individuals and marginalised groups in the community. The information and solid data that emerge from a thorough impact assessment must, finally, be synthesised and communicated through the drafting of guidelines that exemplify the key contents of the initiatives and are therefore instrumentally useful for other interested parties to replicate the same experience, or to learn from it and adjust the implementation of a similar solution within their local context.

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6 CONCLUSIONS

The present Good Practices Blueprint has been developed as part of a framework – the SIRENE's Social Innovation Framework – to guide organisations that are interested in bringing forward innovative projects and initiatives concerning Smart and Healthy Age-Friendly Environments. The **rationale** of the document was providing not only a collection of good practices in this field, but also, and more importantly, an in-depth analysis of the identified practices to highlight both the key features for success and the lessons to be taken home from them.

As far as the **structure of the document** is concerned, in the second section the basic notions around the background and aims of the Blueprint, the definition of good practice, and its main characteristics have been provided so as to give a general overview to the reader on the methodological aspects, especially on the criteria that have been used to select the good practices described. Connected to this, the third section explored the channels used to retrieve these latter, describing those that had been already identified while drafting the SIRENE project proposal and the additional ones that were used to further extend the search.

The fourth and fifth sections were instead devoted to present the selected good practices. In the fourth section, the practices have been categorised according to six domains: policy and funding; social innovation, health and social sciences; community intervention and assistance; ICT for independent living; Information Technology; and urban transformation, construction, architecture and design. For each domain, three good practices have been presented and described. After the analytical description of each good practice, a subsection on the domain-related key features has been included, with the purpose to highlight the main successful aspects. Finally, section five took another step forward in the analysis, by exploring the recurring key features among the six domains with the aim to throw light on the transversal key elements that emerged from the previous section.

As a matter of fact, **the good practices shared several recurring key features** which have been synthesized in five general aspects:

1. The first aspect concerns **the importance of knowledge of the context**, that is, for example, the use of existing research papers and databases, whenever possible, and the knowledge around the territory itself where to implement a practice. This is a fundamental element to ensure a robust design and development phase, and to support and inform evidence-based decision-making processes.
2. As a second aspect, **the adoption of a multistakeholder and multidisciplinary approach** has stood out in almost all the good practices selected. It is seen as a guarantee of inclusion especially of minor or vulnerable groups of the population. Ideally, such method should be maintained from the very beginning of the research phase to the uptake. Also, as a result of the growing role of intersectional variables in research, the multistakeholder approach helps consider these latter, paving the way for broader and more comprehensive validation processes.
3. Third, **participants' engagement** in the various phases of a practice plays a key role in delivering solutions that are closer to their actual needs, making them also more acceptable in view of the final uptake. This translates into empowerment of the citizens, stakeholders, and participants in general, which can also reinforce community-building.
4. Fourth, **integration and interoperability of the solutions** are deemed relevant to support the efficiency and effectiveness of the solutions delivered. Yet, this needs to be combined

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with a greater sharing of data and, therefore, with greater efforts to collect evidence and measure impact.

5. This leads to the fifth and final, but not less important, aspect which is **impact**. One of the major gaps that was encountered during the research phase was the shortage or absence of formal impact studies that can provide evidence of the positive and/or negative changes that a practice produced. Without such measurements, selecting "good" practices is much more challenging and there is the risk that any selection could be incomplete or misled by the lack of sufficient evidence. Hence, more efforts should be made to ensure that impact measurements are brought forward even after the formal end of the implementation period of a practice, and that the related data are accurately collected and shared, with the aim to support more efficient and effective initiatives in the future.

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