HOPES Deliverable D6.3
Final recommendations

Reference	HOPES-DEL-WP6-RAND-recommendations
Issue Date	8/05/2013
Short Description	This version of the document describes the HOPES Final recommendations
Due Date	M30
Actual Submission Date	M32
Deliverable Leader	Christian Schoen / RanD
Contributors	HOPES consortium
Deliverable Status	FINAL
Dissemination Level	PUBLIC
Nature of the Deliverable	REPORT
Project Acronym and Title	HOPES – Help and social interaction for elderly On a multimedia platform with E-Social best practices
Contract no.	HOPES AAL-2009-2-031
Type	Ambient Assisted Living Joint Programme
Activity Code	AAL-2009-2: "ICT based solutions for Advancement of Social Interaction of Elderly People"
Start Date and Duration	01/09/2010 - 30 months
Number of Pages	5

Revision Table

Issue no.	Issue Date	Modifications
R0.1	5/05/2013	First issue to HOPES partners
R1.0	8/05/2013	Final version

Table of contents

Distribution List

This document is distributed to all the persons involved in HOPES project via the mailing list hopes-all@eurtd.com and also to CMU/AALA and local NCPs.

It is available on the HOPES internal collaborative web site, in the deliverables dedicated space.

Purpose of the document

Here are the main results and recommendations from a 30-month project in 4 European countries and 7 partners. The final result is that the starting idea was an excellent one and that all the work done confirmed the potential of such a service for ageing well at home because of ICTs.

1. Well-ageing

Every European would like to age well and most, if not all, at home. While longevity in good health is increasing in Europe (more years with less incapacities), the sensation of good health during those years is decreasing. So the purpose of HOPES as a service is to transform the shared information regarding this subject into certified solutions so every one may:

- Feel being part of a community which is the European ageing community,
- Be convinced of the benefit for sharing its personal experience with others,
- Use the certified solutions for himself and/or the elderly he/she is looking after,
- Reinforce its social relations for protected autonomy, better quality of life and delayed dependence.

2. Positioning

- HOPES as a service provides elderly and their caregivers (mostly informal) practical and certified solutions ("e-Social Best Practices, e-SBP"), starting by sharing the experiences from other elderly persons (Web 2.0), solutions to the significant age-related events (how to bypass and/or overcome these events?) that are cause or consequence of weakening and/or vulnerability. This service allows ageing well at short term and so, for medium - long term, protects elderly autonomy and independence. HOPES is therefore positioned between primary prevention and (pre) dependence.
- The HOPES main benefit is to bring added value to a mass of data (secular knowledge) acquired from targeting elderly and their caregivers, to create certified solutions: the e-SBP, before disseminating them to a larger population.

3. The target(s)

HOPES targets the elderly persons (beneficiary) who:

- Firstly are and want to remain autonomous and independent while facing first age-related events, so find useful to have access to solutions from others' experience living same events (identity, community, humanity, sharing, etc.) = pre-assistance phase (before any caregiver is taking charge of certain activities),
- Either want to keep control of their life and decisions while they need to call and/or have to accept for assistance and support (first from informal caregivers), and specifically from caregivers who have (still) limited experience. With such assistance, there is often a risk of going beyond the delegation of activities (to help the caregiver) and to reach substitution; hence loss of relationships through social activities and/or reduced physical activities: phase of prevention from (pre-) dependence,
- So the target population is fragile and/or vulnerable elderly persons affected by age-related events with human and/or environmental impacts.

4. The HOPES USP (unique selling proposition)

- After 30 months of work, focus groups, tests, shared expertises, etc, the HOPES USP: "Quality of life is contagious" confirmed its accuracy and adequacy. It summarized the 3 main benefits of HOPES: sharing experiences within a community having the same values and expectancies: well-ageing at home; searching to understand how to change behaviour as soon as the first signs of fragility and/or vulnerability appear; adopting specific behaviour and developing adequate environment, so ageing could be years of happiness, socialization and importance for the all society (fighting the image of an inactive and costly population),
- Neither insurers nor social - healthcare institutions are still very active in that domain; they should be more, but the real players will initially be households who bear the costs of early loss of autonomy or independence (dependence supported by the system such as the "APA" {Allocation Personnalisée d'Autonomie} in France, or by insurers expecting the real loss of autonomy); households bear both more health costs (less reimbursement) and costs related to dependence (with question regarding the long term),
- The "fragility care" should be global: social and sanitary, human and environmental, and target cognitive and physical problems, and should not be limited to the cognitive impairment, even if they focus the attention of all ("Alzheimer"),
- A great opportunity for HOPES is to exploit unmet needs and to transform such into solutions (services, products and/or support). So HOPES has to collect unmet needs, opinions and information from users, and after controlling their relevance, transform them into possible ways to improve well ageing by sharing those needs with industries able to transform them into services, products or supports. Data ("big or open data") on this key issue relate to the future of the European technology industry and are very sensitive to highlight, especially with the finance aspect and economical environment.

5. User-centered and Web 2.0 approach

While most ageing persons are not used to ICTs as younger generations, using ICT permanently, HOPES must integrate the trends and be designed to put the user at the centre of the service, as user but mostly as contents' producer; HOPES must create a dynamic, so every one becomes an active member of this virtual European community. This will help HOPES to propose accurate and many contents responding to the needs of all and every elderly in Europe. This strategy brings another benefit: cost for deployment; using word of mouth, viral strategy, communitying, etc. is cost-effective.

6. Quality and reliability of the contents

Many existing services and Web sites are proposing solutions to elderly and/or their carers; very few are using the Web 2.0 approach to create contents and share them into a dynamic community, but no existing service is certifying that content so every user can find reliable solutions emerging from a trusted community with all members ageing and facing the same age-related problems.

7. Governance (users' protection and valorisation)

While HOPES is focussing on social issues and not on health, confidentiality and personal-data protection are on top of HOPES concerns. Since the very beginning, HOPES with its partners and key experts developed a governance to tackle such issues. This was one of the reasons for HOPES not to promote the usual business model: a public and free service because paid by advertising, commercial links and sells of databases. Every analysis, focus groups or interviews HOPES made confirmed that almost 100% of users are convinced that the link between information and advertising is very tight so proposed information is questionable…

8. Language (Europe as a single market?)

Language is not only an understanding issue between members of a multi-countries community. Regarding ageing, social and health issues, every European country is managing that increasing issue with specific solutions. HOPES resolved that problem by adopting a user-centred approach. 99% of European elderly are facing the same problems wherever he/she lives; the HOPES domains, themes and 500+ events represent an excellent compilation of what every elderly and/or his carers may/will lived after retirement.

9. Multimedia service

Without waiting for the next generation, the one that is used to ICTs, HOPES has to integrate the existing digital divide and propose its service with full functionalities also for elderly afraid of ICTs. So is:

- The support: as tablets are developing, HOPES will be functioning on every support,
- The services: for ageing persons, social relations through videoed conferences present many benefits. So a service as Skype will be promoted and easily accessible (HOPES front page),
- The format: all tests made by HOPES consortium demonstrate the benefit of the e-Social Best Practices but also the difficulty for an ageing person to write an e-SBP. So the videos and specifically videos created by end-users should be promoted because of language, understanding, modernity, etc.

10. Offering HOPES Service

Few major aspects:

- The offer itself: from the promotion of the existing offer on a Web platform and resource centre which requires awareness, visibility, discrimination compared to existing services... to the dynamic by which users come (again) to enrich the content in quantity and quality (comments and ratings), dynamics of Web 2.0 and social networks are keys,
- The offer's content: from the format of e-SBP format (recipe-type) to human - computer interfaces and functionalities to make this offer "the" reference elderly and/or caregivers seeking a solution to their daily lives, so word of mouth, viral marketing, … will ease the deployment of HOPES service,
- To attract users and transform them into active and sustainable members, HOPES needs, before offering its certified solutions, to develop a system so visitors can: recognize, accept and rebuilt themselves as ageing persons with specific needs and issues. An excellent approach is to create and propose personas with sufficient but limited personalization (no stigmatisation). The establishment of 10 to 15 typical scenarios, for sufficiently large populations (target goals from more than 50% of elderly persons with fragility). 10-15 test cases, scenarios, drawn from patterns developed with data collected,
- If the people involved into HOPES production, elderly and/or caregivers, are sensitized with standard case corresponding to the usual situations, it will be legitimate to propose a chain of products and services adapted to these cases. Most of the work will be done,
- The stakes are high: reduce health costs and delay or diminish the risks of dependence; governments and public institutions can only be supporting such initiatives.