AMBIENT

ASSISTED LIVING

JOINT

PROGRAMME

(CALL 5, 2012)

BREATHE

Platform for self-assessment and efficient management for informal caregivers

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0.3	2013-08-06	I	Content added to sections 2 and 3.4
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1.0	2013-09-13	R	Reviewed and released

* Milestones names include abbreviations/terms as follows:

- **Draft (D)**: describes planned contents and main structure of the different sections. Document is between 0% - 50% completed.

- **Intermediate (I)**: document is approximately between 50% - 100% completed. It is the previous step before it could be released.

- **Released (R)**: document is 100% completed, reviewed and authorized for release by the partner responsible of the deliverable or the WP leader.

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Executive summary

The current document not only describes the strategic plan followed by BREATHE Consortium to disseminate any achieved success but also provides rich information about the process followed by the involved partners for creating all the required material employed in those dissemination issues. Basic dissemination material include, but are not limited to logotypes, a website, a brochure and to ensure our presence on the most popular social networks existing nowadays.

1   About this document

1.1   Structure of this document

This document has been structured in three main sections and some related sub-sections as follows:

- Section 1 (this) provides relevant information about the own document and its structure.

- Section 2 contains relevant information about the strategic dissemination plan followed by the Consortium in order to achieve those pursued goals that were written in the general Document of Work (DoW).

- Section 3 shows all the dissemination material (logotype, website, brochure and presence on the social networks) that have been created from scratch in order to fulfil the aforementioned strategic plan and to justify all the decisions that have been taken.

- Section 4 lists all main references (if proceed) that have been employed in the elaboration of this document.

- Section 5 is being taken by the Appendix on which extra information related to some parts of the document has been stored.

2 Dissemination plan

Timely and effective dissemination of results is an essential part of a research project. This ensures that the gained knowledge or exploitable foreground can benefit the whole society, and that any duplication of research and development activities is avoided[1].

A dissemination plan has to define:

- The message (**what**): it will vary along with the life-time of the project. At the beginning the focus will be on making other stakeholders aware of the objectives, the timeline and the consortium of the project. As milestones are achieved, the focus of the message will be in the dissemination of partial (milestones) and final results. The message needs to be adapted to the audience.

- The audience (**to whom**): these are the stakeholders who can be internal or outside the project. As BREATHE is an inter-disciplinary Project, the audience is composed of: the researchers in the project, other researchers and projects with similar interests, primary users (family and informal caregivers), secondary users (older persons), formal caregivers, public authorities, and industry.

- The purpose (**why**): it can differ and evolve along with the project: raising awareness about the project, informing the stakeholders, engaging the end-users and promoting the results and outputs of the project.

- The method (**how**): a variety of mechanisms for dissemination exist: reports, website, profiles and groups in social networks, newsletters, press releases, brochures, leaflets, conference presentations, workshops, demonstrations, journal articles, case studies, etc.

- The timing (**when**): the moment when a dissemination activity is released is very important, as the audience could be reduced or the message could have a limited impact.

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[1] European Commission: Quick Dissemination Guidelines for FP7 Projects – Components Unit, http://cordis.europa.eu/fp7/ict/components/documents/communication-and-dissemination-guidelines-a4.pdf (last access: 2013-08-06)

What	Why	To whom	How	When	Who
Project objectives and goals	To start talking with the most important stakeholders in order to identify and explore new market opportunities taking into account the cultural differences as well as the business challenges	All involved stakeholders including but not limited to public/private service providers, assisted persons, informal/formal caregivers, end-users organizations, insurance companies and public health entities	To create an appropriate corporate branding bunch of information which includes a logotype (both vector and graphics format), a website, a brochure and an available profile in the most common social-media networks (Twitter, Facebook, LinkedIn, Youtube and SlideShare)	M1 – M30	ERREMME will be the partner in charge to design and create the corporate branding material. KU will play the role of the community manager. TSB will be responsible to design the required mock-up as prior step before the final version of the website will be ready, create the brochure and update the website with the appropriate content and translate it to Spanish language too
Project commonalities	To start creating an active network of interested contacts and a valuable image of the project as a whole which can be used when the exploitation phase arrives in order to be ready for a desirable commercialization of the most remarkable outcomes	Local and regional authorities and high level people in those research programmes aligned with the main topics covered by BREAHTE like the Ambient Assisted Living Joint Programme	Taking advantage of all the dissemination material have been elaborated for disseminating the project objectives and goals and ensuring that our project is part of global initiatives like the last version of the AAL catalogue of projects or filling forms in third-party websites	M1 – M30	TSB, as project coordinator, will be the partner in charge for identifying (firstly) the most interested entities/people and (then) contacting with them in proper form and time

What	Why	To whom	How	When	Who
Research topics/inquisitiveness	To start creating an active network of scientists in general and people with high technical skills which can be used for exchanging knowledge, sharing experiences and (maybe) setting up new consortiums in future research calls	Scientists, university professors, PhD personnel, engineers, social workers and healthcare professionals who are self-employed or working for someone else as well as research groups and R&D departments of technical companies	Attending (or leading) workshops and conferences focused in those main topics pursued by BREATHE project whose attendants are normally people with high technical skills	M1 – M30	All partners without exception are in charge of this task according their own criteria and particular interest. Any partner is free for choosing the most relevant events but this has to be compulsorily aligned with the topics covered by BREATHE, so before attending the consortium (or the project coordinator at least) has to be informed

What	Why	To whom	How	When	Who
On-going tasks and project progress	To ensure the project is being efficiently executed as was described in the document of work and in line with the guidelines from the AAL Joint Programme and the local National Contact Points	Project partners, external reviewers, national contact points (if proceed) and personnel who is part of the funding/research programmes who could be interested to stay tuned about the progress of the project	Firstly, elaborating and releasing reports and whitepapers regularly and according the dissemination plan available in the document of work. The dissemination level of both documents can be public or restricted (private). Public documents will be uploaded to the BREATHE website (under publications/deliverables tab) in order to enable its direct download for any interested visitor. Restricted documentation will be accessible to all the partners without exceptions through our private project management platform (Redmine[2]). Furthermore, there is a news section and a forum into our project management platform which enables us to be updated regarding the status of any pending/released task	M1 – M30	As can be seen in the Appendix A (expected deliverable list) all partners without exception are in charge for leading at least one deliverable covering a specific topic during the whole period of work. TSB as project coordinator was the partner in charge to balance the charge between all involved partners at the initial stage of the project. Although any partner is free and has privileges enough for writing news into the Redmine platform, TSB, as Redmine administrator, is the partner in charge for ensuring that all involved people have been accordingly updated when a new post with latest news has been released

[2] Redmine is a free and open source, web-based project management and bug tracking tool which includes a calendar, a Gantt chart, issue tracking and support for various version control systems. Redmine can be download for free from http://www.redmine.org (last access: 2013-10-13)

What	Why	To whom	How	When	Who
Main achievements and milestones (scientific results)	To disseminate important conclusions or results as part of the job that should be done at any work package	Mainly for a specialised (other researchers, scientists, AAL project coordinators, heads of research groups, main editors of technical journals and scientific committees of technical conferences/meetings) and non-specialised (population in general) audience	Specialised audience will be informed taking advantage of the natural communication way employed by researchers/scientists (technical papers, contributing or setting up workshops, conferences presentations and journals articles). Any published material will be stored at the BREATHE website (under publications/papers tab) too. Non specialised audience will be informed through mass media which will be noticed about BREATHE conclusions by press releases	At the end of the work package or at the end of the project (to be determined)	Although any partner is free for working in scientific publications or technical papers according their own interests, before releasing any result to the public domain a query has to be done to the consortium in order to avoid misunderstandings and conflicts. TSB as project coordinator will lead the discussion if proceed. Anyway, that kind of dissemination activities are especially indicated for the RTD partners (KU and TCD).

What	Why	To whom	How	When	Who
Dealing/collaborating with other R&D projects	To share knowledge, experiences, resources (if proceed) and avoid reinventing the wheel once and again	Project coordinators of others AAL projects with the focus on those research initiatives pursued by BREATHE. By now, seven research projects from the different AAL calls existing nowadays has been identified: iCarer (Call 5), WeTakeCare (Call 6), Care4Balance (Call 5), Relaxed Care (Call 5), TOPIC (Call 5), understAID (Call 5) and Salig++ (Call 5)	Project coordinators and relevant people will be directly contacted by email. Face-to-face meetings/networking are likely to be done due to the high number of conferences covering one of the topics addressed by BREATHE project (AAL, caregiving, vision, human-behaviour, human-interaction, sensors, etc). Furthermore, workshops which will be organised as part of specialised events as the Ambient Assisted Living Forum it´s a great opportunity to establish that kind of relationships. For that reason BREATHE consortium plans to organize several workshops (Appendix B) in order to show the partial/final results and establish the proper collaborations for the exploitation of future results	M1 – M30	KU as work package 5 leader (exploitation, IPR and dissemination) will be the partner in charge to create the aforementioned mailing lists and start/coordinate the mailing exchange process. KU will report to the rest of the consortium any kind of feedback/interaction

What	Why	To whom	How	When	Who
Third-parties dissemination activities	To take advantage of well-known/well-established information channels or professional groups of relevant people, information about BREATHE progress will be included as part of the dissemination activities of other organisations or entities (external).	Community managers, communication managers or administrators in charge to maintain and feed with relevant information specialised groups of people (researchers, end-users, informal caregivers, healthcare professionals, etc) into the most common social networks (like LinkedIn, AAL Forum website, forums, etc)	Although there are a lot of different ways of collaboration with external entities, one of the most common nowadays is through newsletters. A newsletter is a regularly publication which is distributed by email between subscribers. A short description about BREATHE goals and objectives was distributed in the latest AAL Joint Programme newsletter[3] (August 2013, Issue 10) published. The number of readers this publications has nowadays (1,700 subscribers), give us an idea about the relevance of that kind of collaborations	M1 – M30	Both KU as work package 5 leader (focused on dissemination issues) and TSB as project coordinator are the partners in charge to find out and achieve that kind of alliances and promote the BREATHE project as a brand name. Furthermore, a latest news section into the BREATHE website (under latest new tab) has been enabled, so any achievement in this sense has to be posted here

Figure 1 - Dissemination plan strategy

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[3] http://us4.campaign-archive1.com/?u=28d2a5f6b5852bf80ad43d9c6&id=1fc7547906 (last access: 2013-10-13)

3 Dissemination material

This section shows all the dissemination material that have been created from scratch in order to fulfil the aforementioned strategic plan. When we have different options to choose, the process followed by the Consortium has been always the same: a polling request has been set up by either one of the partners involved in Work Package 5 (Exploitation, IPR and dissemination) or the Project Coordinator through some well-known website tools like Doodle or Google Form application. Once closed the poll, the most voted option would be the eligible candidate among the rest of the alternatives. Afterwards, a short period is opened again to directly ask all partners for comments or suggestions related with the chosen option (at this stage and to be as much operational as possible only minor changes are allowed). After then, the new version of the dissemination material is circulated as a released candidate and shared with all partners for further use.

3.1 Logotype

The logotype is the image which represents our project brand as well as identifies and fosters our immediate stakeholders' recognition in the world. For that reason, choosing the appropriate logo´s colour, shape and size is a critical decision because of it will represent BREATHE project´s name for future years.

3.1.1 Logo design process

Designing a good logo is not a simple task due to it requires a clear idea about the concept and main values of the brand that should be highlighted at first. To sum up: the more appropriate logo we choose, the more likely we are to improve the understanding of the aims of our project by our desired target users-group at a glance.

The initial list of **keywords** we chose as starting point in our creative design process were: **care, support, informal caregivers, elderly, social and long-term care**. The following table shows the draft version of several candidates (first round) which were elaborated trying to enhance different features of the project:

ID	Proposal	Enhanced feature
1		Care, heart, connected, the most institutional
2		Iconic, monitoring, easy

3		3D, reliable, monitoring
4		3d with attitude, remote monitoring, both institutional and innovative
5		Digital lettering, eye, embrace, air whirl, care
6		B-shaped air stream (breathe), red cross is for medical, definitely innovative
7		This is the kind of a stamp, a quality mark, a seal, mixes vintage design with a contemporary layout

Table 1 - 1st round of eligible logo candidates

After the polling process, **the option with a better acceptance was the proposal number 6** (as can be shown in Figure 2 voting for more than one option was allowed in this case).

Figure 2 - Preferred logo after polling process

Logo #1	Logo #2	Logo #3	Logo #4	Logo #5	Logo #6	Logo #7
✓					✓	
✓						✓
				✓	✓	
		✓		✓		
	✓					
					✓	✓
✓				✓	✓	
✓				✓	✓	
✓					✓	
✓					✓	
✓					✓	
Logo #1	**Logo #2**	**Logo #3**	**Logo #4**	**Logo #5**	**Logo #6**	**Logo #7**
7	1	1	0	4	8	2

Figure 3 – Logotype polling process with all votes

Regarding the meaning of the design logo, the selected colour of the capital "T" letter was painted in red in order to emphasize with the "medical" (red cross) side of the BREATHE project, where the "breathe" concept was represented by the windy B. Nevertheless, since in most of EU countries it is quite common to use a blue cross as well as a red cross for representing something related to medical and in order to avoid future problems related with intellectual property rights, it makes sense to change the colour of the "T" letter. The following image shows the final version of the logo after taking into account all proposed changes. This file is available in JPG, PNG and AI (vector) formats as well as in high and low resolution. The sources are available for all partners in the Consortium too.
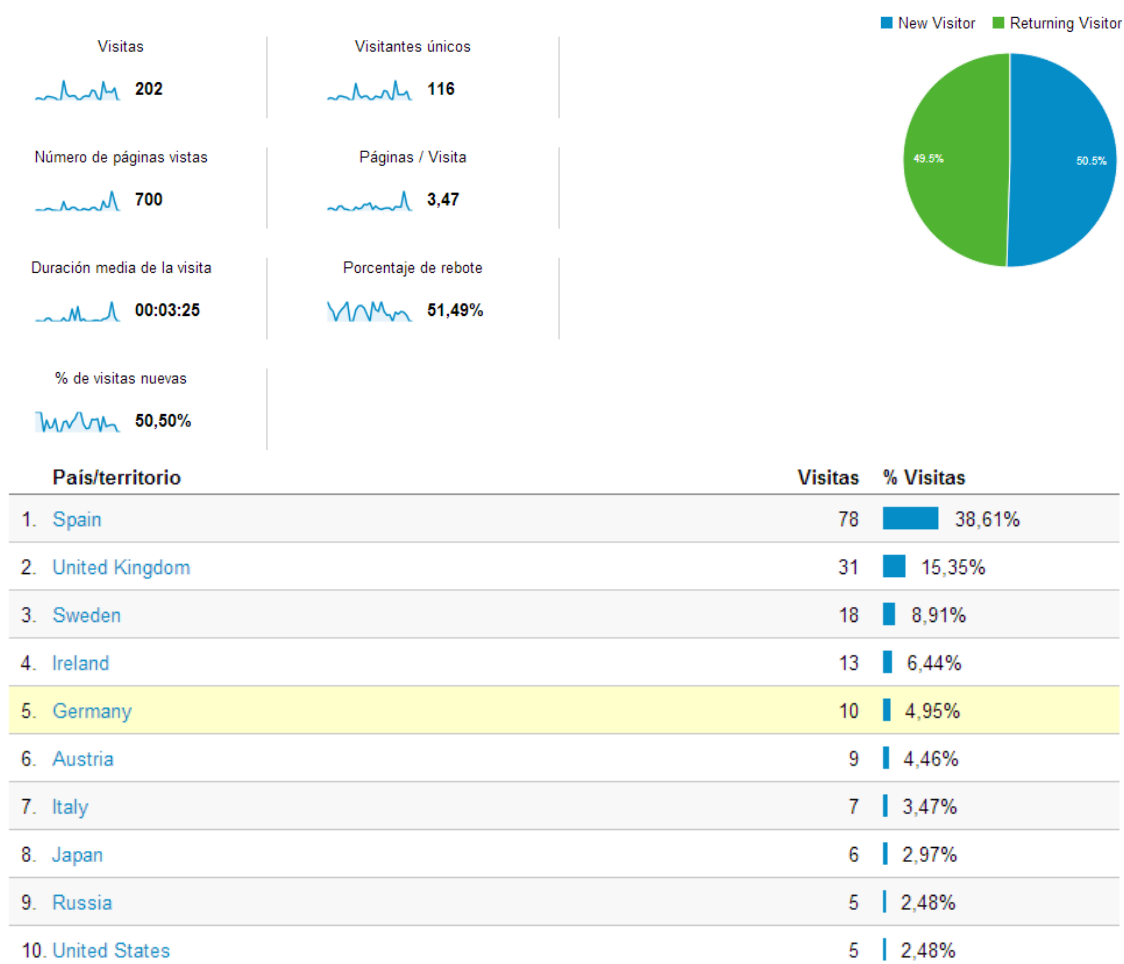

Figure 4 - Final version of the BREATHE logotype

3.2 Website

To set up a website which shows relevant information about the project commonalities and latest news as well as provides a place where all released publications can be easily accessed for any interested stakeholder, is a mandatory requirement for those funded projects under the Ambient Assisted Living Joint Programme (AAL JP). In any case, it´s not conceived to start working in a new ICT (Information and communications technology) project without building its website first nowadays.

The objective is to reach a number of visitors similar or higher to other AAL projects. For instance, the UniversAAL project receives an average of 600 visits per month[4]. At the beginning of the project the number of visits will be reduced but it will be increased as other dissemination activities take place (events, social networks, etc.) So, one of the objectives of the community manager will be to ensure that the attention of stakeholders is continuously attracted with other dissemination activities.

Between the 2nd of August, when the website was published, and the 15th of September the site has received 200 visits. The statistics are:

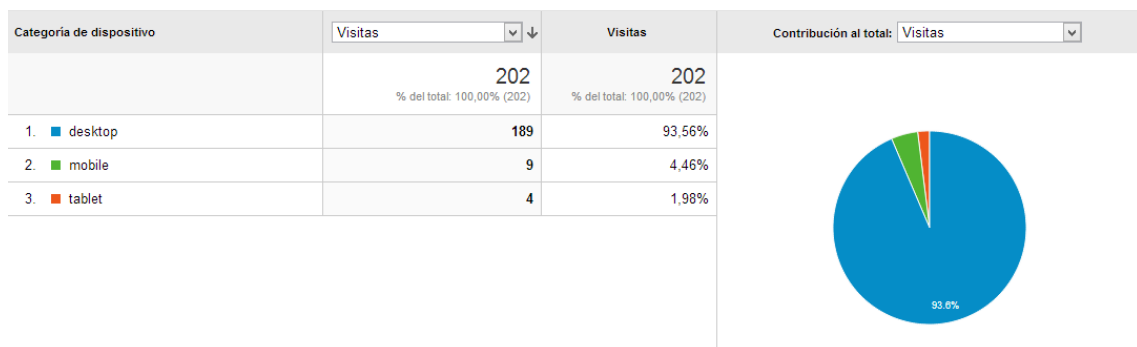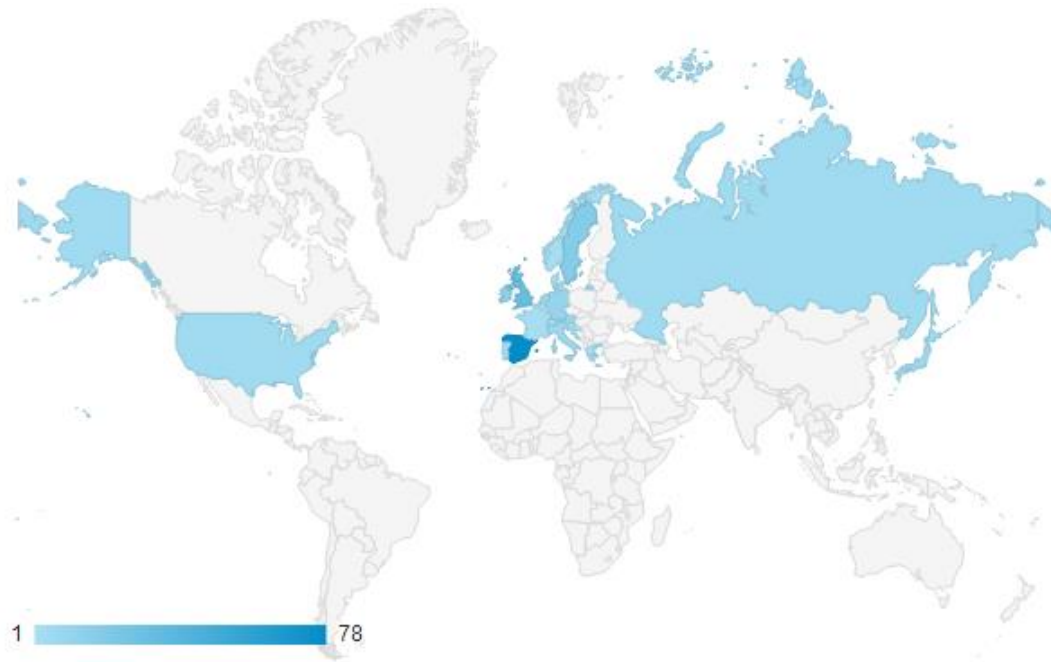| Categoría de dispositivo	Visitas	Visitas	Contribución al total: Visitas
	202 % del total: 100,00% (202)	202 % del total: 100,00% (202)	
1. desktop	189	93,56%	
2. mobile	9	4,46%	
3. tablet	4	1,98%	

Figure 5 - BREATHE website statistics

3.2.1   Website design process

The first required step was to choose an appropriate URL (Uniform Resource Locator) (also known as web address or domain) which unambiguously identifies our website from the rest of HTML (HyperText Markup Language) sites that could be reached on the whole World Wide Web. Since a new request polling process was done between all partners, the most voted candidate was **breathe-project.eu**.

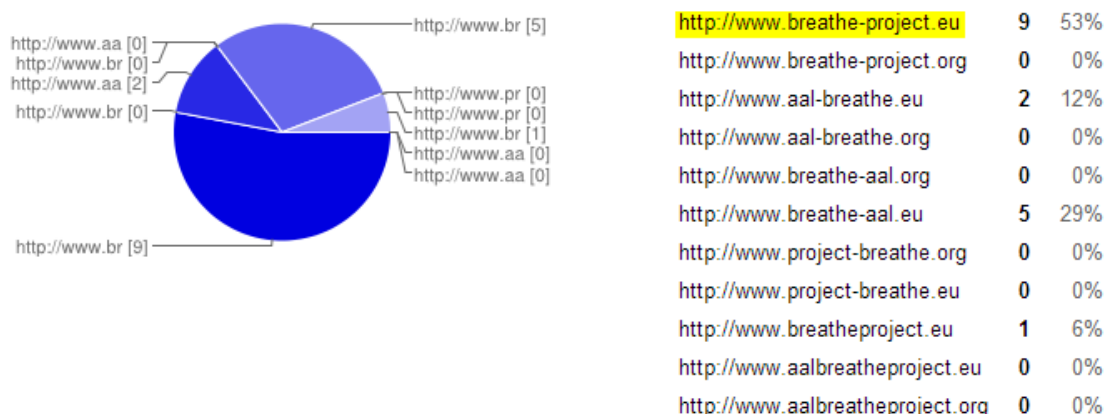**Among all these available options, which is the most appropriate name for the BREATHE URL?**

http://www.breathe-project.eu	9	53%
http://www.breathe-project.org	0	0%
http://www.aal-breathe.eu	2	12%
http://www.aal-breathe.org	0	0%
http://www.breathe-aal.org	0	0%
http://www.breathe-aal.eu	5	29%
http://www.project-breathe.org	0	0%
http://www.project-breathe.eu	0	0%
http://www.breatheproject.eu	1	6%
http://www.aalbreatheproject.eu	0	0%
http://www.aalbreatheproject.org	0	0%

Figure 6 - Domain polling process with all votes

In the meanwhile the final version of the site will be ready, we had decided to upload a provisional one which shows a "Contact us" area (a swift way to contact with the project coordinator) and either the names and the links to the main websites of those funding entities which are supporting BREATHE research.
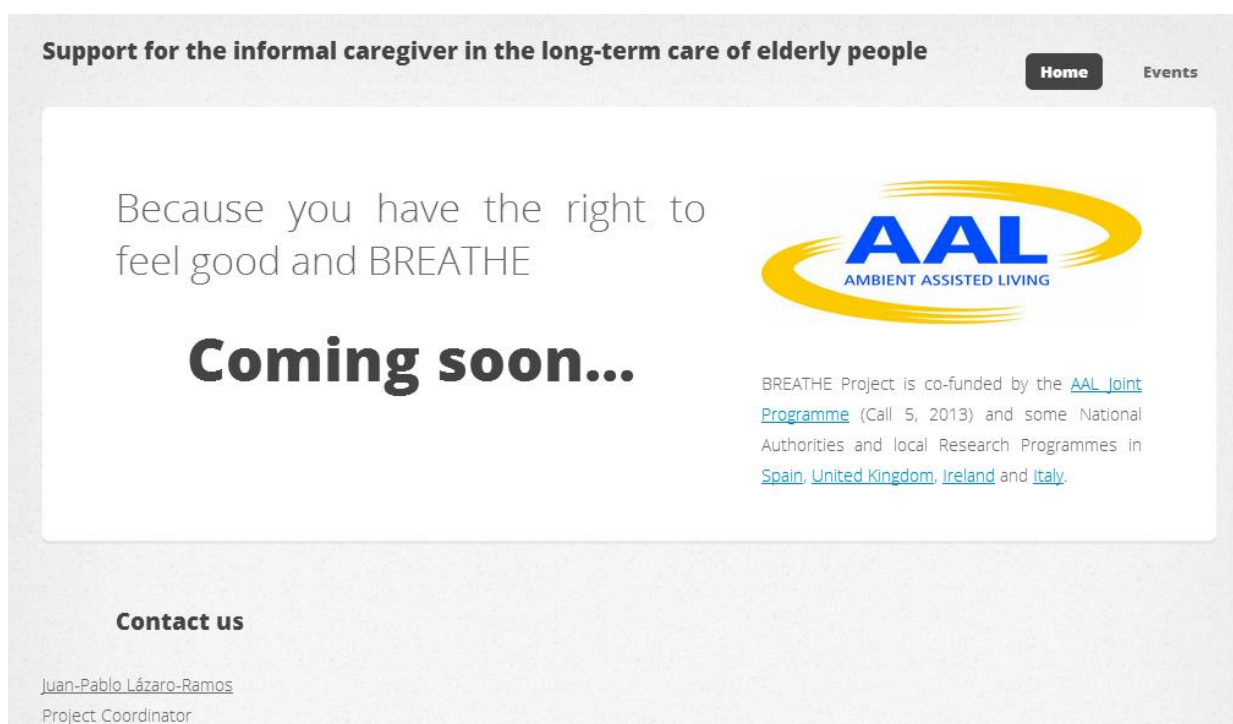
Figure 7 - Provisional website with "Contact area" and funding entities links

Next image shows the well-organized development process we follow in order to address the creation of the website. As can be imagined, a **web development process** is a detailed documented outline of the steps needed to be taken from start to finish until the site could be reachable on the World Wide Web. In our own case, the high level sections of the whole process have been divided into smaller tasks that can be easily tracked in a road map:
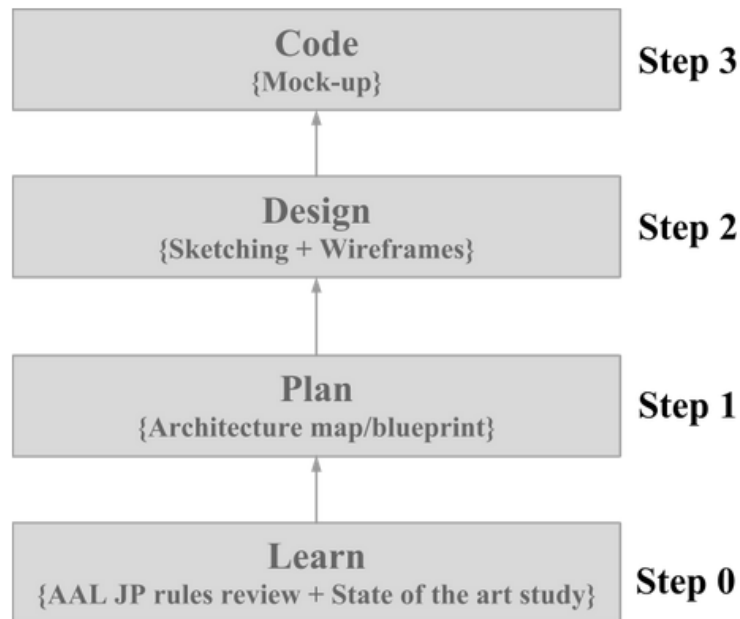
Figure 8 - Web development process followed (bottom-up evolution)

- **Step 0. To learn**: the learning stage is the starting point of the development process. The idea behind this stage is either to study the rules of the Programme which is funding our research job in order to discover those mandatory things that should be taken into account prior the development stage starts and to do a rigorous state of the art of all the research projects were funded in the last AAL call.

    o Detailed review of the AAL Joint Programme official documentation available for download from its Documents & Resources area (at least the resources for projects coordinators).

      Regarding the **desirable sections and the minimum** content that should be shown, there are two different levels depending on we are free to follow them or not:

      Optional (we are free to follow them or not)

    - Main page with news about the project in a rollout.
    - About the project section: to list project objectives and expected outcomes. It should mention who funds the project apart from partners themselves.
    - Project results section: to list here the public deliverables as well as any other interesting news about reached milestones. Someone entering this part should know where we are. We can also provide links to videos and so on (if proceed).
    - Papers section: a sector where we simply list the papers that have been published by any involved partner. We have to decide later if they are stored in the same server where the website is hosted or not.

- Consortium section: the list of partners and their profiles.
- Contact page: a reference to the contact details of the project coordinator.

Mandatory (we must necessarily follow them)

- Logos and links of the funding entities always visible.
- We need to have a link to Google Analytics to know about who is visiting our page and to measure the real impact of the dissemination strategic plan too. We need to define a goal ("we would like to have 1,000 visits a year") so that the dissemination policy is coherent with that.
- Social networks links but only if one person plays the role of a community manager. Otherwise, the project will seem is not alive (bad image). Supported social networks will be (at least): Twitter, Facebook, Linkedin and GooglePlus.

o Revision of those projects which had received funding in the past call under the same Programme than us. The main idea is to prepare a state of the art in order to catch ideas and to get an initial list of requirements.

Before starting the development stage, we did a good analysis of all those research projects were funded in the latest call of the AAL Joint Programme in order to get some ideas from third parties. Table 2 tries to summarize the most important conclusions from the aforementioned **state of the art**.

Project website	We like	We don´t like
http://www.alice-project.eu/	- Roll-out in the main (home) page with information about latest events and news. - Distribution of sections: home, partners, project (abstract, technologies and work-plan), publications, news, events and contact. - Logos and names about the Project funding entities are shown in all pages (right column): "ALICE project is co-funded by the AAL Joint Programme (REF. AAL-2011-4-099) and the following National Authorities and R&D programs in France, Slovenia, Spain and United Kingdom". - Latest events and news are shown in all pages (left column). - Social: twitter and facebook page. - Domain name (URL). - Private access.	- Social: very activity (out-of-date). - Some web sections without content.
http://assam.nmshost.de/	- Distribution of sections: Home, Consortium, News, Project, Publications and Contact. - Two sub-sections inside the Publications tab: Conferences and Press.	- Based on a wordpress template. - Domain name (URL). - Logos and names of the funding entities are only visible in the appropriate web page (under Project tab). - Not available a contact form under the Contact tab. - Website only composed by plain text and simple images. - Content out-of-date.

http://aal-assistant.eu/	• Domain name (URL). • Logos and names of the funding entities are always visible (they´re placed at the top banner as a static image). • More information about the description of the project (description of the WPs too). • All the text is available in different languages. • Press note available for download in different languages (PDF format). • Each WP description has a link to contact with the WP coordinator. • Social: twitter, facebook and Linkedin. • Latest news, events and reports available in all pages (right column). • Information about the AAL Joint Programme. • Distribution of sections and sub-sections: Home, Overview (description, output, AAL Programme), Project Partners (list of partners), Latest info (news and events), Media Centre (Linkedin, press releases and newsletter), Reports (terms, privacy, accessibility and site map), Contact us, Links and Partners only. • All material has been translated to different languages. • Private access. • Form in the contact us section.	• Poor use of social networks (low activity). • Content out-of-date. • PDF files with interested information are hosted in external servers (the most of them are unreachable nowadays).
http://www.e-stockings.eu/	• Private access (powered by Wordpress).	• A Project logo does not exist. • Logos and names of funding entities are not visible. • Only plain text (very simple design). • Background info section has no contents. • At the bottom of the main page there´s a text clause with the following content: "Standards compliant XHTML and CSS". A website tool validator shows that the source code of the website has some errors so it´s not true that is standard compliant.
http://admin-vm5.iwi.unisg.ch/dossy/	• Press section with published articles. • About us section shows a high level description of the Consortium. • The Project sections is composed by three sub-sections: project overview, expected results and impact and project funding.	• The website seems like a blog, not a scientific project description page.

http://emosion-project.eu/	• Social: twitter and facebook page. • Domain name (URL). • Website sections: home, e-motion scenario, consortium, news, publications, contact and survey.	• Twitter and facebook links does not work. • News and publications sections have not contents. • The survey section does not work (it seems that the survey has been closed by the site administrator).
http://www.salzburgresearch.at/en/projekt/confidence_en/	• List of key words as research topics.	• Domain name (URL). • A lot of disorganized information in plain text. • Very difficult to read. • Very poor site. • The website is not specific for the research project.
http://www.comon.lu/	• Domain name (URL). • It´s a nice place. • It seems a brand product not a research project. • There are three dynamic figures in the main page explaining in very concise way information about the problem, the solution and the benefits pursued by the Project. Any of them has his own web page with additional information for further reading. • A lot of information well-structured in different sections and sub-sections: Home (introduction, the project, objectives and vision and competition), Governance (Consortium, board, advisory board and potential partnership), Problem and solution (problem background, the solution, target audience and the benefits), work packages, our current concept, impression gallery and contact. • Channel open (form) for providing further information to potential partners or future clients. • Image galleries showing the activities done.	
http://myguardian-project.eu/	• Domain name (URL). • It´s a nice place. • All the content of the site can be translated to different languages: English, Spanish, French and Dutch. • All logos and funding names are well visible at the bottom of all the pages (the reference number of the project is visible too). • Sections: home, myguardian service, consortium, news & publications, private area and contact. • Partners inside the consortium tab are divided by nationalities (the flag of the country).	• The content inside each section is poor.

http://mobilesage.eu/	- Logo project ☺ - All the content is available in different languages. - Logos and funding names always visible. - Sections: home, project overview (AAL Joint Programme, expected results and project technologies), benefits (benefits and sample scenarios), consortium, news and events, contact, public documents (deliverables and publications) and calendar. - The consortium tab has a brief description of the role of each partner in the project. - Contact form to receive more information about the progress of the project. - Software (binary file, not source) available for downloading. - Public deliverables in PDF format available for downloading. - A lot of papers have been published in conferences and workshops. They provide a link to download a copy of the job.	- It seems like an amateur blog. - Architectures and component images are too small and pixelated. - News section is out-of-date. - Calendar with expected events.
http://www.mobecs.eu/	Sections: home, about, partners, news, imprint and intern.	- Very poor content. - Easy template. - The information is mixed in Dutch and English.
http://www.ihomelab.ch/index.php?id=20		- Website does not exist for the project. This URL is part of the Research group section. - Information it´s only available in Dutch. - Very poor content.
http://www.gameupproject.eu/	Sections: home, what is, partners and contacts.	- Very poor content. - Bad design.

Table 2 - AAL projects websites (from Call 4) state of the art

- **<u>Step 1. To plan</u>**: the planning stage is one of the most important parts of the development process because what´s decided and mapped here sets the global conditions for the entire project.

    o An **<u>architecture map/blueprint</u>** guides end-users or developers who are lost in the global structure of the site and need to find a piece of information quickly. Rather than simply listing required pages, we have preferred to include further data like links and a plain structure to understand the chosen hierarchy of organization.
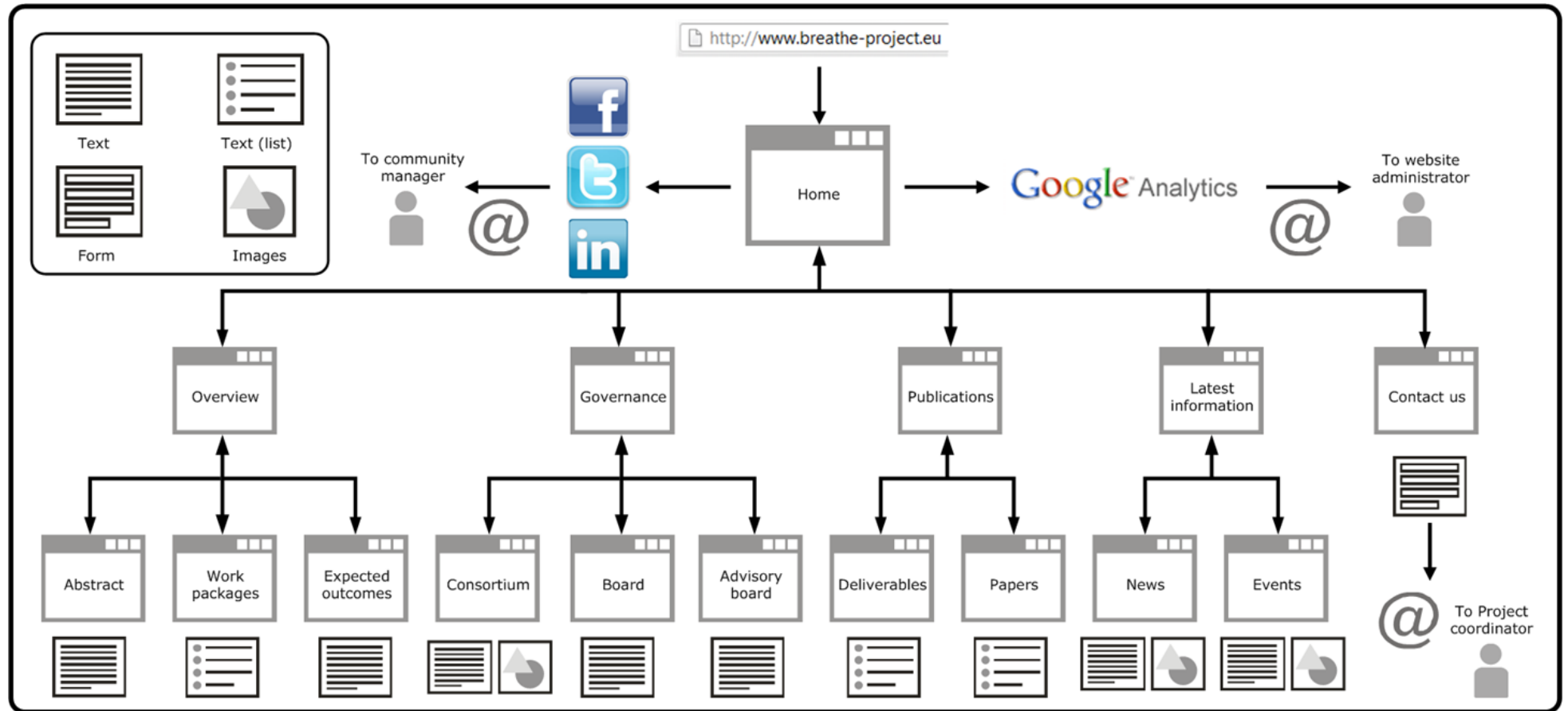
Figure 9 - Architecture map/blueprint

- **<u>Step 2: To design</u>**: the design stage typically involves moving the information outlined in the planning stage further into reality. The expected outcomes from this stage are a well-documented and well-structured representation of the site and, more importantly, a visual representation of it. Upon completion of the design phase, the website should more or less have taken shape, but for the absence of advanced features.

  o After discovering what our site wants to achieve and who is our target group of end-users it´s time to start planning out the full site structure through the **<u>sketching</u>** process. The main idea of this stage is to show those most important aspects of the interaction between our site and the expected visitor.
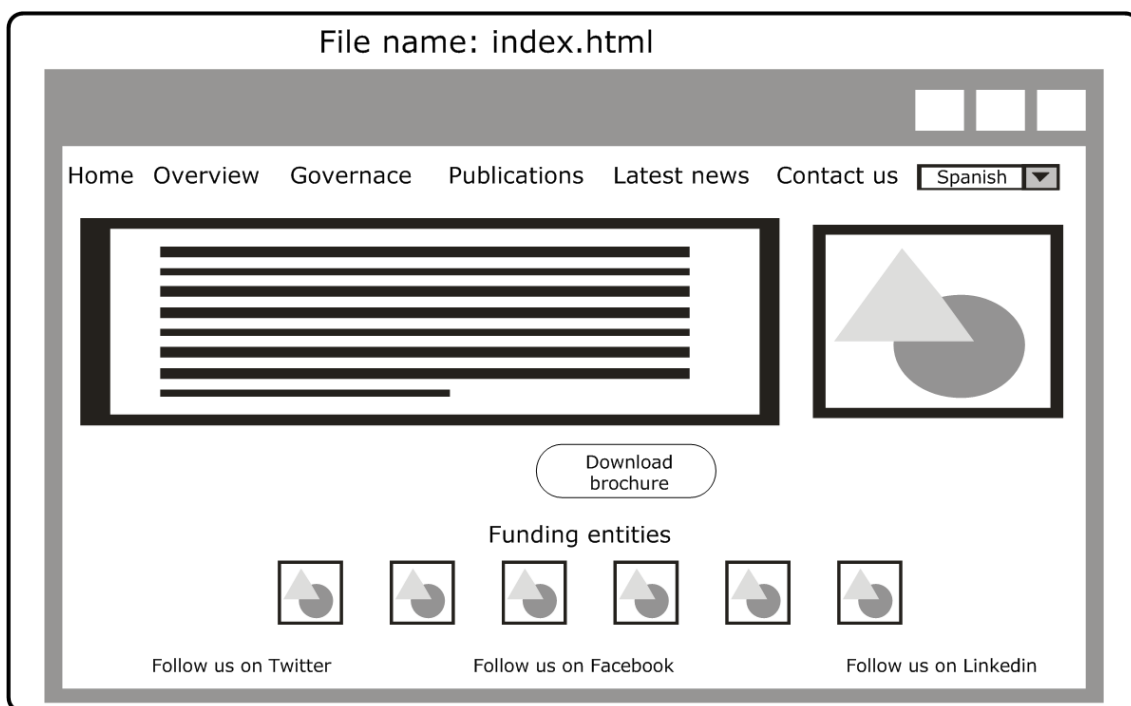
Figure 10 - Sketching process in detail (index.html)
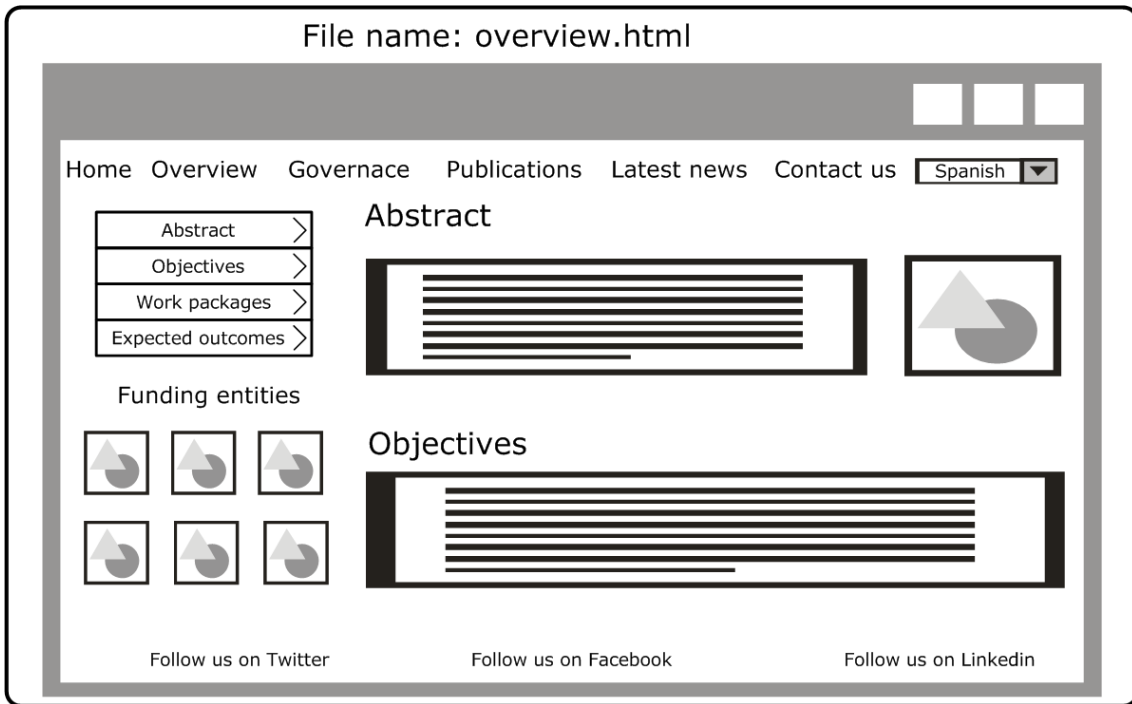
Figure 11 - Sketching process in detail (overview.html)
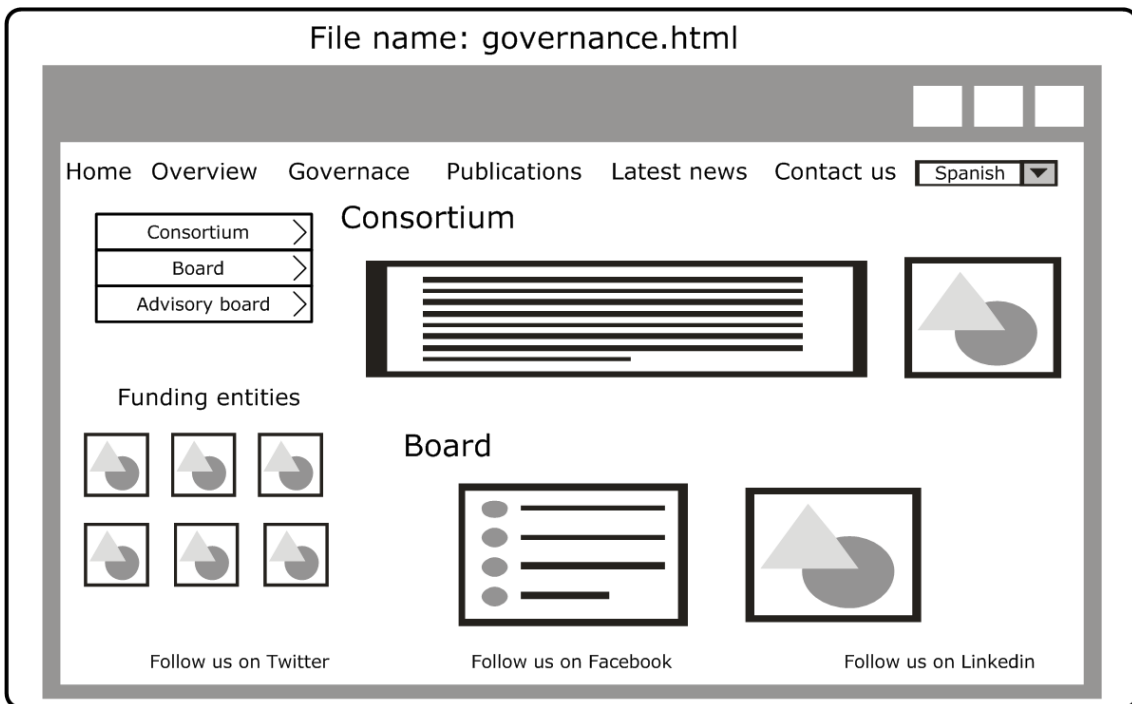
Figure 12 - Sketching process in detail (governance.html)
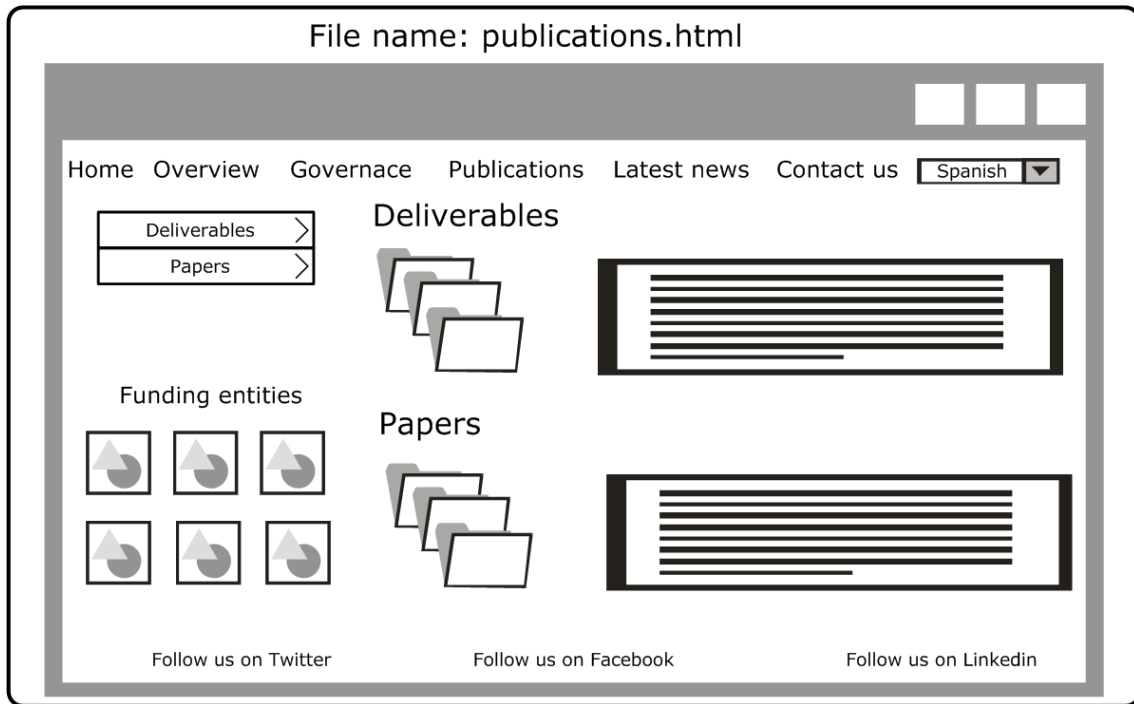
Figure 13 - Sketching process in detail (publications.html)
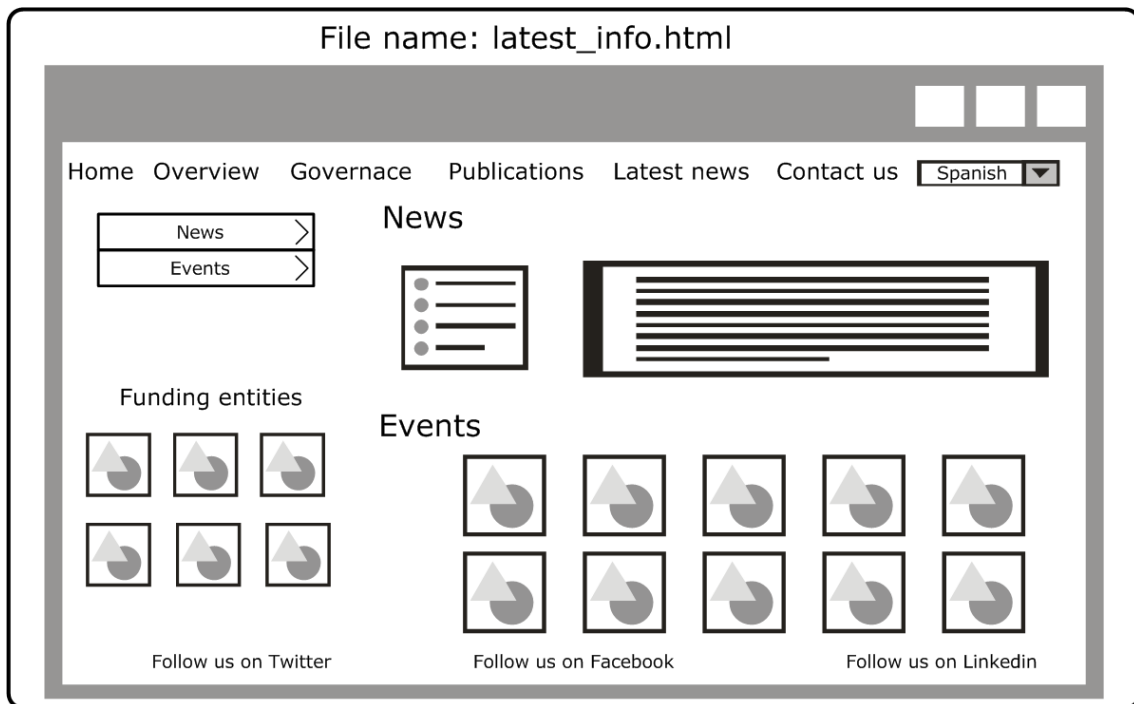
Figure 14 - Sketching process in detail (latest_info.html)
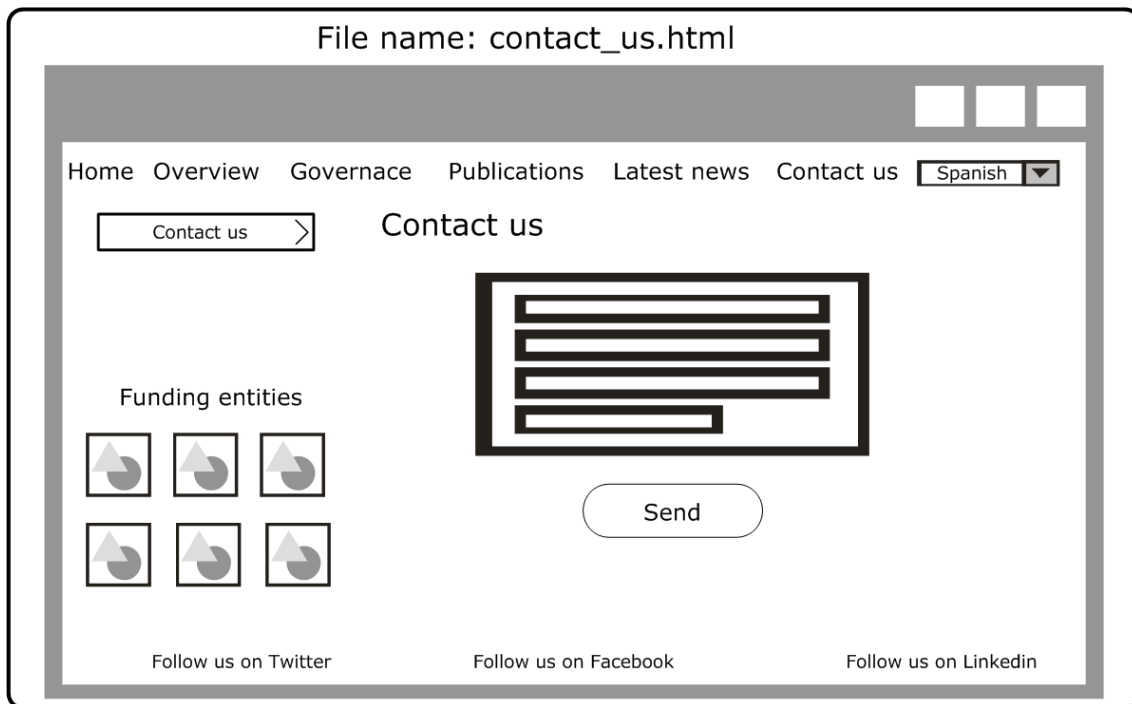
Figure 15 - Sketching process in detail (contact_us.html)

o After ending the sketching process, the **<u>wireframe</u>** stage comes. Website wireframes is a step beyond just adding a draft version of the content any part of the desired site should content. With the use of wireframes we can focus on the layout without the distraction of other high level design procedures (like colours, shapes or sizes). At the end of this stage we were able to know how the site was structured, how the navigation flow was like as well as a first version of the content each part should contain.
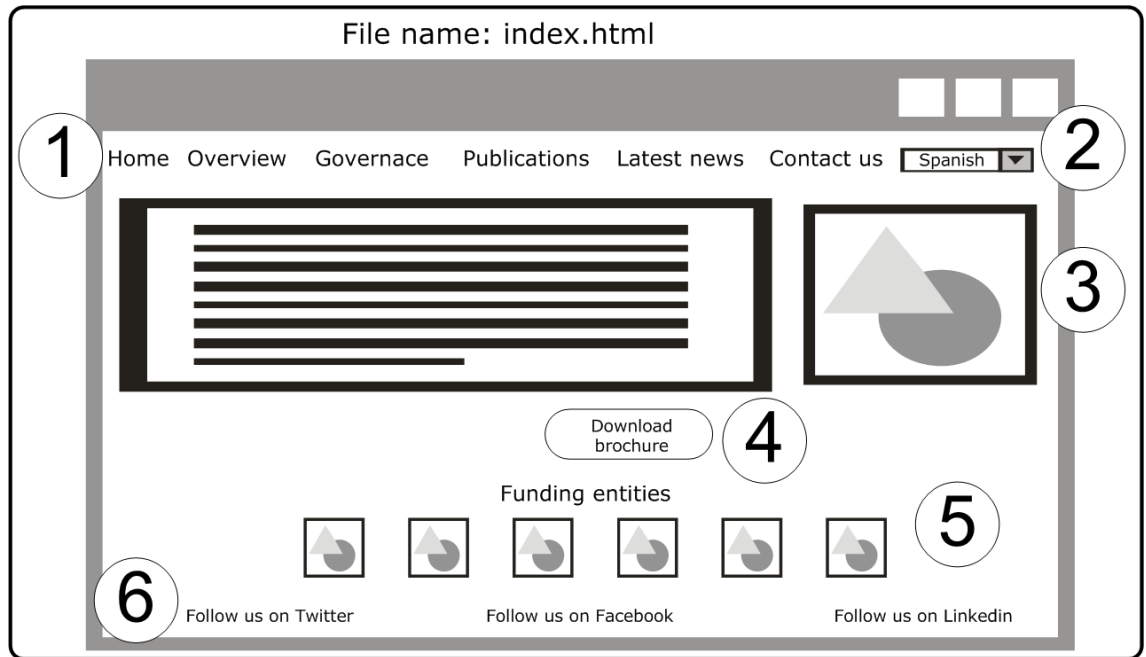
Figure 16 - Wireframe process in detail (index.html)

ID	Content/comments
1	Static bar with fixed content. Each word contains a link to another page.
2	All the content is available in the official languages of the Consortium: English (default), Spanish and Italian. It´s a drop down component.
3	Main body of the page. Center area:
4	Link for download the Project brochure in PDF format.
5	BREATHE project is co-funded by the AAL Joint Programme (REF. AAL-5-045) and the following National Authorities and R&D programs in Spain, United Kingdom, Ireland and Italy. <u>Funding entities</u> AAL Joint Programme, Ministerio de Industria, Turismo y Energía (MINETUR), Technology Strategy Board, Enterprise Ireland and Ministerio dell´Istruzione dell´Università e della Ricerca (MIUR). Each image is a link to the main site of the funding entity too. <u>Links</u> • AAL JP: http://www.aal-europe.eu/

	• MINETUR: http://www.minetur.gob.es/es-ES/Paginas/index.aspx • Technology Strategy Board: https://www.innovateuk.org/ • Enterprise Ireland: http://www.enterprise-ireland.com/en/ • MIUR: http://www.istruzione.it/ Logos
6	Links to our social network profiles: Twitter, Facebook and Linkedin.

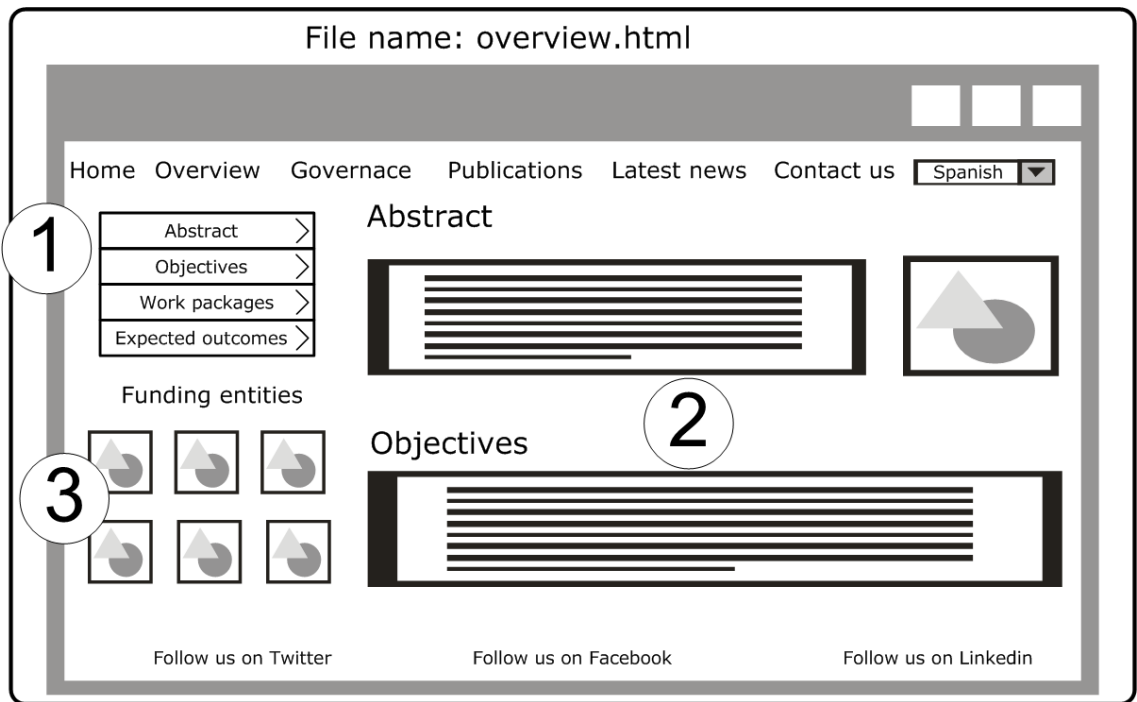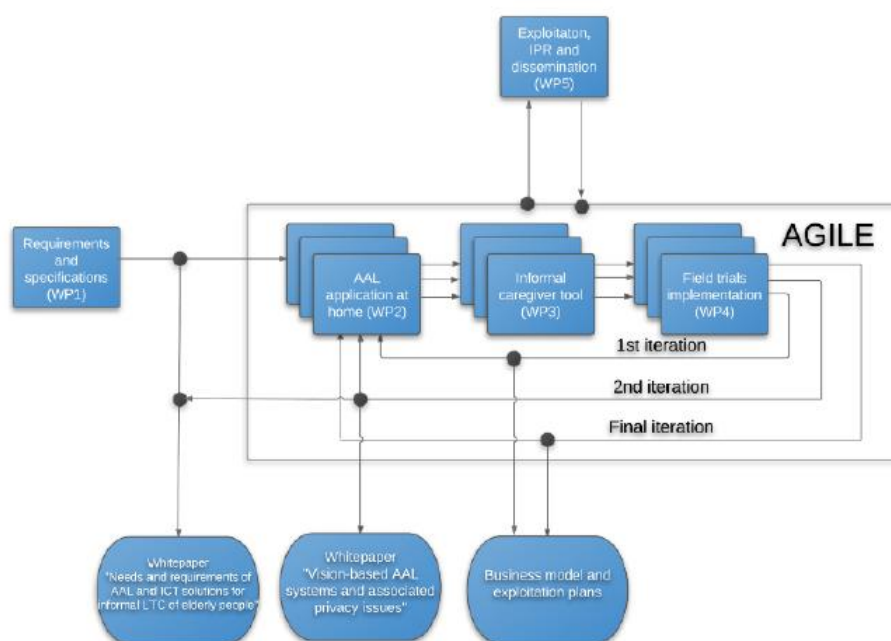Table 3 - Wireframe process in detail (draft content for index.html)

Figure 17 - Wireframe process in detail (overview.html)

ID	Content/comments
1	Left column. It´s a static component composed by several buttons. It´s always in the same position on the screen. The vertical scroll does not affect the left column.
2	Main body of the page. It´s structured in the different sub-sections of this section. In this case: abstract, objectives, work packages and expected outcomes. Abstract There are a number of problems that informal caregivers nowadays have to face: lack of experience and formal education in care, limited societal support, lack of specific tools to manage the whole care cycle, problems with coordinating care and other employment for carers (mostly women), stress and depression. The problem is highly topical and pertinent since family carers provide 80 % of long term care to dependent older people in Europe, and family care breakdown leads to expensive and hospitalization and/or institutionalization. BREATHE will provide an ICT-based solution for the caregiver and the elderly in order to mitigate these problems and impact at three levels: personal, by increasing quality of life and care; local and regional, by providing a tool usable by different stakeholders to effectively manage the reality of the informal care, and by opening opportunities of new business models and employment; and European, by reducing health system costs as a consequence of effective management of informal care. The individual solution is based on a strong server side system that maintains updated models of both caregiver and assisted person (AP) and offer strategic support for the informal caregivers during long term care (years). Keywords: informal caregivers, long-term care, indoor video-based monitoring system, ethics, privacy and carer syndrome. Objectives BREATHE Project aims to provide a rich platform for improve dynamically the quality of life of informal caregivers at all levels. In order to achieve a plausible scenario in which family caregivers can find services and resources to an adequately support of domiciliary care, it is necessary the involvement of them in the applications creation, development and evaluation processes, as well as in policies and intervention strategies and establishing priorities. This system is fed by three information sources: (1) AAL system at home that collects information about daily life activities, (2) structured information that both caregiver and assisted person complete (e.g. questionnaires), and (3) non-structured information such as a dairy, notes and posts in social networks. The main interaction channel is a web application adapted to the limited ICT skills of informal caregivers and with special emphasis in making it appealing and friendly as well as being unobtrusive and not inhibiting their daily activities. The secondary interaction mean is a smart phone application that allows the informal caregiver to have a ubiquitous access to BREATHE functionality. The last interaction channel is the AAL system at home. BREATHE assumes that informal caregivers need to have "eyes" at the home of the elderly or assisted

person who needs care. Though vision is the most basic cognitive process used for recognising a person, an event, or an action; fusion of video data and information acquired by other sensors can facilitate scene analysis. Appropriate measures will be taken to preserve dignity and maintain privacy and confidentiality. Outputs of the system will be: status reports that informal caregivers can share with doctors at the health system because the platform will support the usual assessment tools (e.g. Zarit, Barthel, etc); smart progressive learning support that provides guidance when needed avoiding overloading with unusable information; connection to social networks; support for self-assessment about depression and stress levels; personalized advice for both the caregiver and the assisted person depending on their status; different configurations according to local cultural issues and social relationships; support for the participation of social care professional working behind the scene.

Work packages

BREATHE Project is composed by 6 different work packages (WPs). WP1 is used to collect user requirements and define the technological specifications of the platform. WP2 and WP3 are in charge of the development of previous designs. WP4 is responsible for testing and validating the solutions with end users in field trials in three countries. WP5 is about exploitation and dissemination issues and WP6 about project management.

Number	Name	Duration	Leader	Objectives
WP1	Requirements and specifications	M1-M6	BIME	(1) Collection of requirements from the different end users involved in the value chain, (2) identification of the technical specifications of each individual subsystem and overall integrated solution and (3) identification of legal and ethical constraints.
WP2	AAL application at home	M6-M30	KU	Implementation of the whole AAL system running at elderly people's house which most relevant technology is the video-based monitoring system. This AAL application acts as the client side of the main component of the BREATHE platform running at server side. Special attention must be paid to ethical issues because the success and acceptance of the overall solution is dependent on it.
WP3	Informal caregiver tool	M6-M30	TSB	Development of those ICT tools available to informal caregivers community that will bring significant opportunities in several dimensions of their life conditions, namely: for receiving information and training, for easing communication among healthcare professionals, for improving their

	WP4	Field trials implementation	M9-M30	CYB	working conditions and for enabling social integration with other informal caregivers or other cared person´s relatives.
					Validate the usefulness of the BREATHE project, their different components, and the services and measures offered in the various use scenarios from two perspectives, technical and user focused.
	WP5	Exploitation, IPR and dissemination	M1-M30	KU	(1) Identification and selection of most appropriate business and intervention models and creation of a plan to realize BREATHE exploitation in the public and private markets, (2) to explore with potential customers in partners' countries cultural differences, commonalities and exploitation opportunities, (3) management of knowledge and IPR and (4) to actively disseminate the generated knowledge: website, web2.0 tools, scientific papers, whitepapers and workshops.
	WP6	Project management	M1-M30	TSB	(1) To check the overall project management, ensuring an efficient execution of the project with effective management of performance and costs in line with guidelines from AAL Joint Programme and NFA/NCP, (2) to coordinate the work among WPs, (3) to manage legal, contractual, and financial issues of the project as a whole, (4) to set up and maintain project management boards, (5) to manage project risks and success parameters and (6) to oversee IPR as well as Ethical issues management.

Expected outcomes

The result will be a comprehensive working prototype that will be used as a mature demonstrator to target customers (i.e. public care sector, private service providers of care and associations of informal caregivers) whose main strengths will be:

- All informal caregivers needs (communication, professional and amateur support, training, social integration and guidance) are considered in it.
- Focus is on informal caregivers.
- Provision of support for the long-term care of elderly people.
- Training that will progressively adapt its content to the current status of both the carer and the assisted person.
- Stress control of the informal caregiver and psychological support.
- The informal caregiver and the assisted person can live together or apart. Both settings are supported.
- The assisted person can be continuously supported even if the informal caregiver is out.
- Computational load and complex processes are not carried out using the assisted person's own PC.
- Validated with real end user (test pilots) at three different countries (Spain, Ireland and United Kingdom).

The work done in this Project will contribute to the creation of two Whitepaper in:
- "The needs and requirements of AAL and ICT solutions for informal long-term care of elderly people" in order to identify those challenges that should be addressed in both a socio-economic as well as scientific-technological domains.
- "AAL systems and associated privacy issues" describing how ethical issues can be applied in order to have a successful vision and sensors-based supporting systems for elderly people.

3	The same content than number 5 in the above figure. Located in the left column.

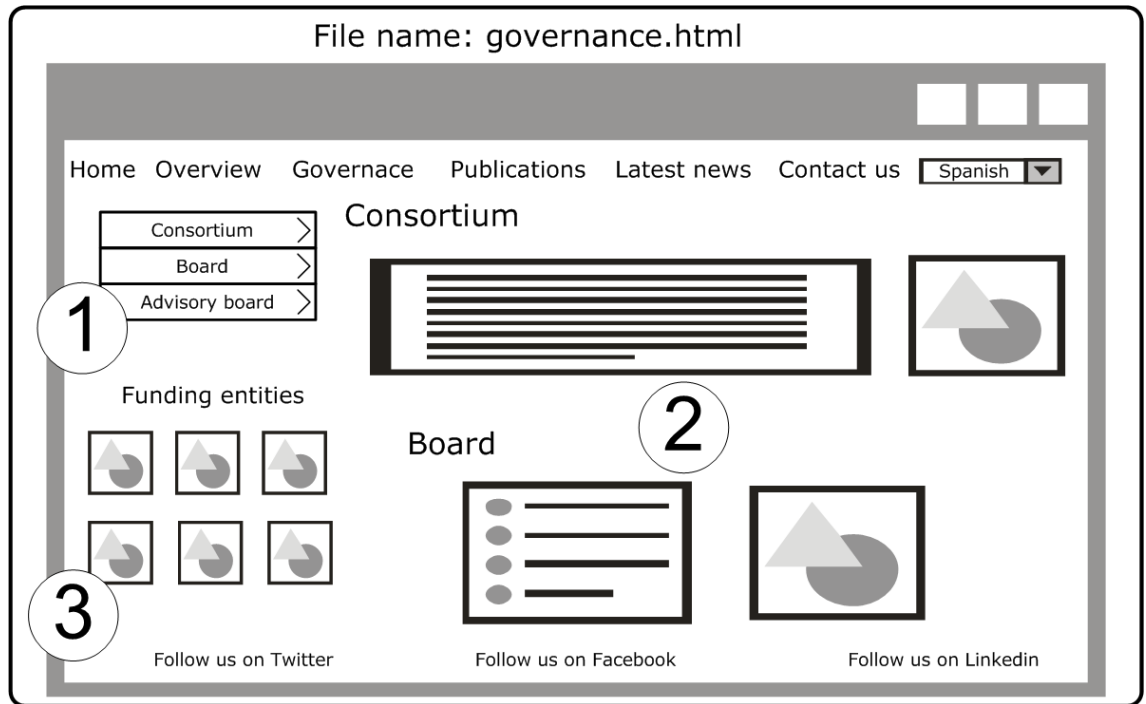Table 4 - Wireframe process in detail (draft content for overview.html)

Figure 18 - Wireframe process in detail (governance.html)

ID	Content/comments
1	The same structure than number 1 in the above figure. Located in the left column.
2	Main body of the page. It´s structured in the different sub-sections of this section. In this case: consortium, board and advisory board. Consortium **Soluciones Tecnológicas para la Salud y el Bienestar, S.A.** Founded in February 2008 as a spin-off of the ITACA Institute of the Polytechnic University in Valencia. With over ten years of research experience for the healthcare sector, TSB is able to evaluate effectively and take advantage of the business potential which arises from the most relevant R&D results in this field, introducing into the market innovative solutions and products. TSB uses the latest technologies to develop tailor-made solutions that improve health care services and quality of life. Our tailor-made solutions incorporate concepts and functions such as: mobility, home care unit applications, personal health applications, health portals, health contents, interactive and web 2.0 development tools and embedded systems. Our facilities also have in-built infrastructures for developing and test new hardware and software solutions and systems. Our CIAmI Living Lab allows us to try out and validate new ideas and systems, with special focus on Ambient Intelligence (AmI) and Ambient Assisted Living (AAL) scenarios. • Short-name: TSB • Website: http://www.tsbtecnologias.es • Type: SME

- Role in the Project: Project manager. Definition and development of the informal caregiver tool (BREATHE core). To lead and coordinate the validation and testing field trial in Spain with real end users. WP3 and WP6 leader.

The Digital Imaging Research Centre (DIRC) at Kingston University

The largest UK research centre specialising in intelligent monitoring of public spaces and visual surveillance. Over the last decade, DIRC members have been involved in a large number of UK, European and US funded projects in the field of image and video understanding. These include: caring4U – A study on people activity in private spaces: towards a multisensor network that meets privacy requirements (PIEF-GA-2010-274649); PROACTIVE – PRedictive reasOning and multi-source fusion empowering AntiCipation of attacks and Terrorist actions In Urban EnVironmEnts (FP7-SEC-2011-285320); Image Processing Techniques as a Means of Improving Personal Security in Public Transport (GR/M29436/02); Traffic Simulation and Optimisation on an Intelligent Video Surveillance Network (GR/N17706/01); Intelligent Multi-Camera Surveillance and Monitoring (GR/M58030); Recovering Evidence from Video (GR/S98443/01); Monitoring and Understanding People in Public Spaces (EP/C533410); ADVISOR – Annotated Digital Video for Surveillance and Optimised Retrieval (IST-1999-11287); PRISMATICA – Proactive Integrated Systems for Security Management by Technological Institutional and Communication (GRD1–2000–10601); and CARETAKER – Content Analysis and Retrieval Technologies to Apply Knowledge Extraction to massive Recording (IST-4-027231).

- Short-name: KU
- Website: http://www.kingston.ac.uk
- Type: RTD
- Role in the Project: Identification of human behaviour through video analysis and sensor-based systems. WP2 and WP5 leader.

Iniciativa Social Integral

Company that offers different services related with the assistance and care of people. A technical team composed by Psychologist, Social Worker and Sociologist coordinate the company areas: "SAD-HCA" (Servicio de Ayuda a Domicilio - Home Care Assistance) that recruits caregivers to our end-users. "Training Programme", specially oriented to non-family caregivers, women, elder people, etc. "Coaching Personal Service", and "Human Resources" oriented to recruit caregivers for disabled and elder people. Since 2009 we are giving service to more than 100 families and working close with many social services from city councils in Valencia area and its province. At the same time we are providing workshops and training courses for caregivers to local councils, with more than 500 participants across the time. We hired more than 200 caregivers in the last 3 years and linked them with end-users and families. Our services are being more and more demanded by the local councils we are in touch with, giving us the possibility to have a better feedback from our daily work.

- Short-name: ISI
- Website: http://www.isibenestar.com
- Type: SME
- Role in the Project: Select and identify target groups. Zeal for the interest of end-users in Spanish test pilot and validation of user´s requirements.

Trinity College Dublin

Founded in 1592 and today has 16,747 students and 2,500 staff. Trinity College Dublin is recognised internationally as Ireland's premier university and is ranked in 67th position in the top 100 World universities by the QS World University Rankings 2012. In 2009/10, TCD secured €75m in research income and there are over 95,470 alumni. Skills/Expertise: Health Psychology, Behavioural Change, User Centric design, Health Psychology, Action Research Design.

- Short-name: TCD
- Website: http://www.tcd.ie/cphi
- Type: RTD
- Role in the Project: User requirements, trial design and analysis of trial results. Supporting the trial set-up and operation in Ireland. Market and business case analysis.

ERREMME

Client-centric, interactive marketing & advertising agency, counting a selection of multi-skilled (and awarded) art/copy and strategy professionals. We're based in Milano, Italy, and work for clients across the whole Country and abroad. While beginning as a direct marketing agency, from 2007 on, we strongly switched to web, mobile/smartphone/tablet apps (both iOS and Android), social network marketing, unconventional marketing and video making. From the smartphone apps' specific perspective, we use to design and develop both consumer-targeted and business-targeted apps, covering a wide range of communication needs, from entertainment to edutainment, from branded games to utility tools for international membership programs or financial apps or sales force dedicated, integrated iPad apps. Our main clients operate in the banking (Unicredit), financial (Santander Consumer Bank), insurance (Zurich Connect). We also work for an international bio/green Company and an international NGO, and had been for 3 years the unique interactive marketing agency for Sky Italia (sat TV network).

- Short-name: ERREMME
- Website: http://www.erremmeweb.it
- Type: SME
- Role in the Project: Design, development and testing of the smartphone application.

Bath Institute of Medical Engineering

Engineering design and development organisation working to improve the quality of life for people with disabilities and healthcare problems. BIME is a team of 14 professional design engineers, Clinical Scientists, an

Occupational Therapist, engineering technicians and support staff; who work closely with disabled people, carers, healthcare professionals, and other end-users. BIME is recognised as a centre of excellence within the assistive technology field and have a national reputation for its user led design work and the development of products to support older people and those with dementia. We specialise in finding solutions from the perspective of the person with a problem. Real world problems do not fall in neat categories, and our engineers, designer and therapist are familiar with working simultaneously across disciplinary and organisational boundaries. User collaboration and evaluation is firmly embedded in all our projects. BIME uses formal and informal quantitative and qualitative methods to assess the effectiveness and acceptability of technology. WP1 leader.

- Short-name: BIME
- Website: http://www.bath.ac.uk/bime
- Type: SME
- Role in the Project: Specification, implementation and integration of the application of the application of the elderly person at home and the mobile application for the daily support of the informal caregiver. Support at United Kingdom trail and exploitation and dissemination tasks.

Cybermoor Services LTD

Social enterprise located in Alston, in the North Pennines. The remoteness of the community lead to the establishment of Cybermoor in 2002, providing broadband and PCs to improve access to services and overcome isolation. In 2007, Cybermoor established the Alston Healthcare project, which focused on developing telehealth and telemedicine services for the local community. We have delivered the successful implementation of a COPD / heart failure telehealth project for 40 patients and video links between hospitals to provide remote assessment of patients. We work closely with Cumbria NHS Partnership Trust and Cumbria County Council Social Services. We have; a network of 360 people connected to broadband; links with NGOs across Cumbria such as Age UK; links with the local healthcare community (both clinicians and managers). We work with other NGOs to recruit test users for projects and have also carried out usability testing in the past. The team have been involved in 6th Framework and E-TEN projects supported by the European Commission and this has provided a good understanding of partnership working.

- Short-name: CYB
- Website: http://www.cybermoor.org
- Type: SME
- Role in the Project: Involved in the recruitment of the informal caregivers as well as the establishment of local frameworks (social services and NHS), user testing and the market opportunities in United Kingdom. WP4 leader.

Tunstall Emergency Response Ltd

Established in 1994, Emergency Response Ltd is Ireland's largest dedicated social monitoring alarm centre. They provide telecare solutions that support independent living to 33,000 customers throughout Ireland, the majority of whom are older people. In 2001 they were acquired by the Tunstall Group who has operations in 30 countries. They currently employ 45 staff in their monitoring centre and an additional 20 subcontractors around the country. They comply with ISO 9001:2000 and their radio receivers conform to EN300 220-3 Class 1 - which means they are approved for the protection of human life, under the EU RTTE Directive 95/5/EC.

- Short-name: TER

- Website: http://www.emergencyresponse.ie
- Type: SME
- Role in the Project: Ireland pilot site testing with sensors to discover human behaviour and activities.

Board

We adopt a management structure and a set of procedures that we have successfully worked with before in several EU projects as well as in successful AAL-JP projects of previous calls:
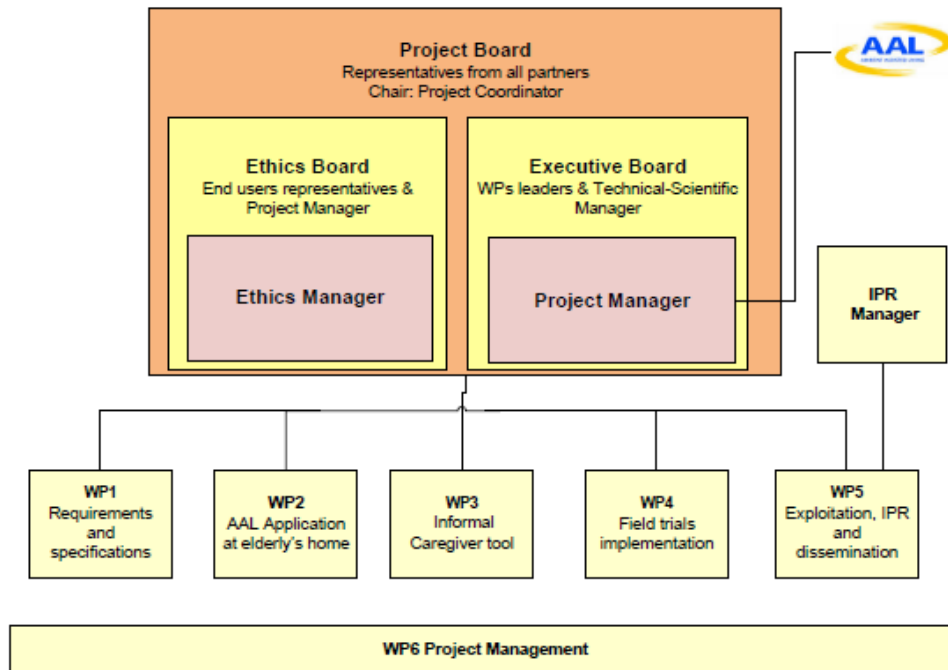
WP leader

- Composition: one person from partner.
- Responsibilities: coordinate and report on progress of detailed work and responsible for the timely delivery of all the results from their WP.
  - WP1 leader: BIME – Dr. Dorothy Monekosso
  - WP2 leader: KU – Prof. Paolo Remagnino
  - WP3 leader: TSB – Juan Pablo Lázaro-Ramos
  - WP4 leader: CYB – Daniel Heery
  - WP5 leader: TSB – Juan Pablo Lázaro-Ramos

Executive board

- Composition: WP leaders, project manager and technical manager.
  - Project manager: Juan-Pablo Lázaro-Ramos
  - Technical manager: Dr. Paolo Remagnino.
- Responsibilities: to make strategic decisions concerning project co-ordination, direction, overall management, and planning.

Project board

- Composition: one representative per partner.
- Responsibilities: strategic decisions on major changes and resolution of any major conflicts.

Ethics board

- Composition: end user representatives and project manager.
  - Ethics manager: Juan-Mario Lecumberri.
  Responsibilities: to make sure ethical issues are being taken into account when dealing with end users activities and participate in providing advices and provide solutions before problems appear.

3	The same content than number 3 in the above figure. Located in the left column.

Table 5 - Wireframe process in detail (draft content for governance.html)
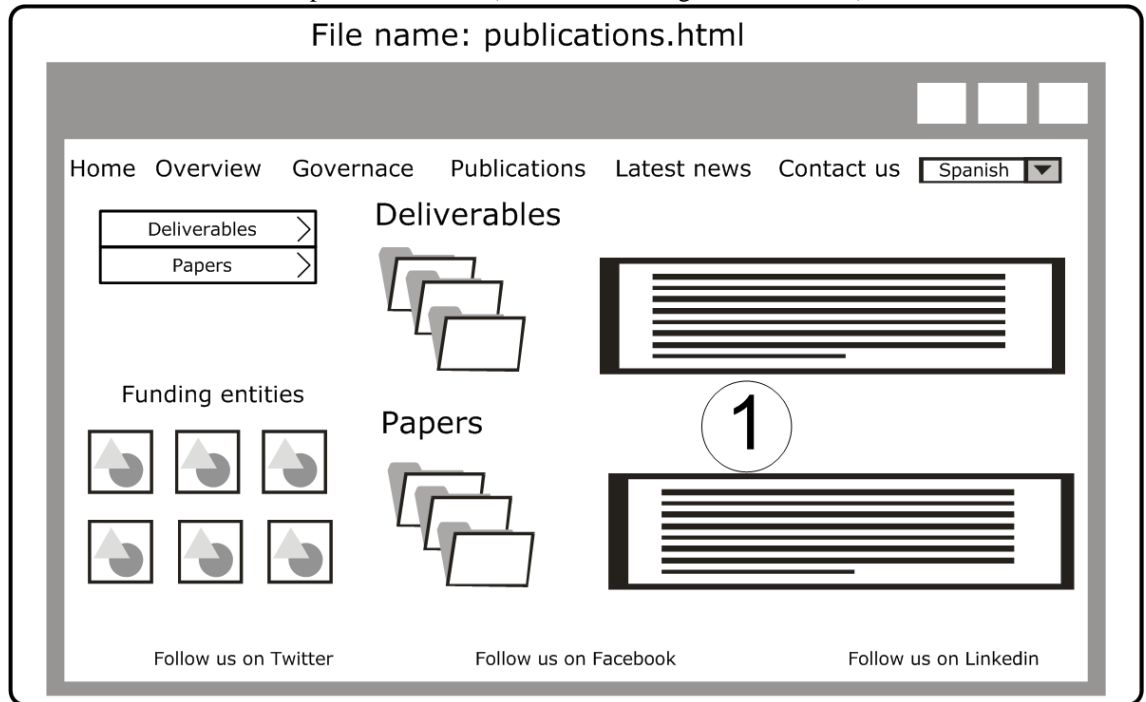
Figure 19 - Wireframe process in detail (publications.html)

ID	Content/comments
1	The same structure than above. The body of the page will be divided between two sections: deliverables and papers. Deliverables All public deliverables done in the Project will be linked in PDF format from this section. All the documents should be classified following the same structure than WPs. Papers Technical articles published by some partners as consequence of the execution of the Project will be uploaded to this section. The final version of the deliverable should be available in PDF format for free downlaod without restriction access.

Table 6 - Wireframe process in detail (draft content for publications.html)
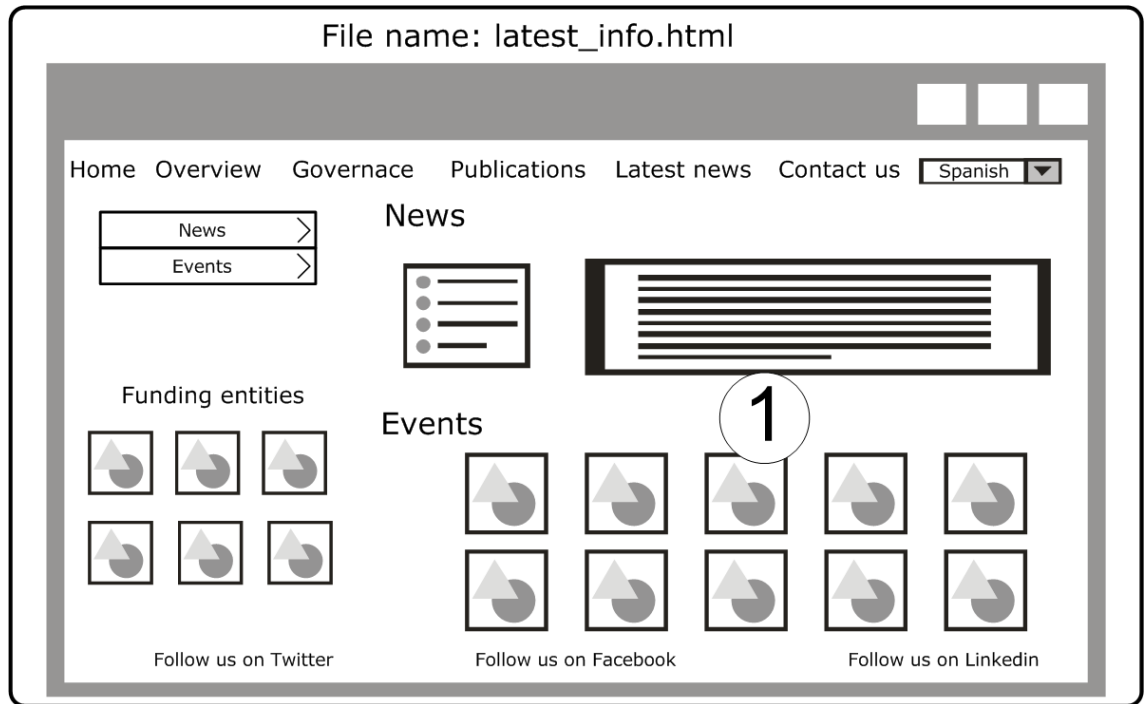
Figure 20 - Wireframe process in detail (latest_info.html)

ID	Content/comments
1	The same structure than above. The body of the page will be divided between two sections: news and events. To be able to upload images is a must. News Latest news related to the progress of the Project: new version of some public deliverable available for download, gathering requirements and needs from real end users, test pilots, conferences, etc. Events Idem than the above but with events: kick-off, etc.

Table 7 - Wireframe process in detail (draft content for latest_info.html)
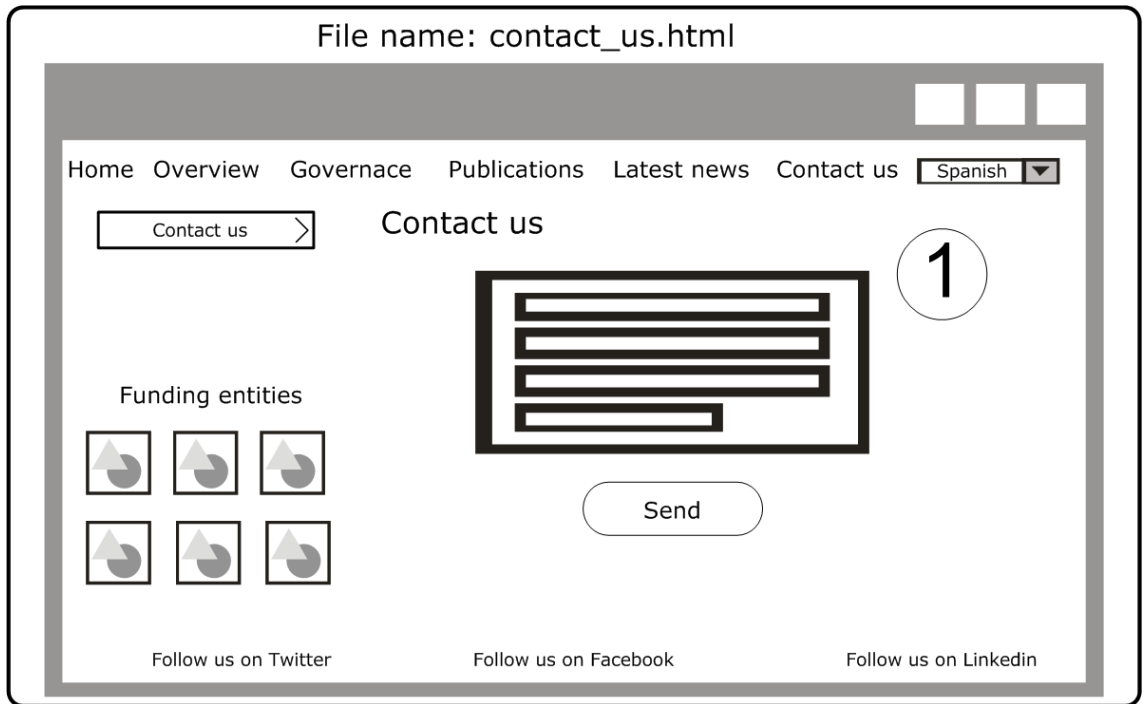
Figure 21 - Wireframe process in detail (contact_us.html)

ID	Content/comments
1	The same structure than above. The body of the page will be composed by a form and a button to submit the fill in content.

Form

All fields are required (mandatory). We could add a captcha to avoid bots and spammers. A check-box to receive a copy of the message could be a good feature.

NOTE: This information should be received for the project coordinator, the technical manager or one of the WP leaders. |

Table 8 - Wireframe process in detail (draft content for contact_us.html)

- **Step 3: To code**: the development process involves the bulk of all the programming work, as well as loading the final version of the content and keeping the code well-organized and commented in order to ensure their future maintenance. This stage includes doing tests, verify links and its whole functionality before the site could be accessed.

  o At this moment we were able to produce two different **mock-ups** which were well-adapted to our own design requirements. A mock-up is a full-size model or representation used for demonstration and evaluation mainly. It´s indeed a prototype yet but it provides at least part of the final functionality and enables testing the design from different points of view.

  The next short list of items provides all the **technical requirements** that were taken into account in order to develop the site:

  - Based on worldwide standards W3C. HTML5, CSS3 (Cascading Style Sheets) and JavaScript could be a good chance. Any framework (JQuery, etc) could be used too in order to make easiest the job.
  - Easy to navigate, user friendly and SEO (Search Engine Optimization) optimized.
  - Responsive design. Taking into account the huge quantity of mobile devices and tablets that are available nowadays could be a good point to develop the site for adapting their content according the size of the screen which is trying to load it.
  - All the content will be static: text and images.
  - Should all partners involved in the project be available to submit or modify the content of the site? No. There will be a responsible to prepare the content and another one (could be the same, to be decided) who finally submit the content. Actually, it´s only expected that sections "publications", "events" and "news" will be able to change/add content with the pass of the time. The rest (is quite probable) will remain static.
  - We need to be able to upload/store some documents (PDFs) in our site. The idea is to upload some deliverables or papers published as consequence of the job done in BREATHE and to provide a link to enable any interested persons its download.
  - Should the site provide an "intranet section" just for partners after log in? No, I think it´s not necessary.

<u>Creative proposal: first choice</u>
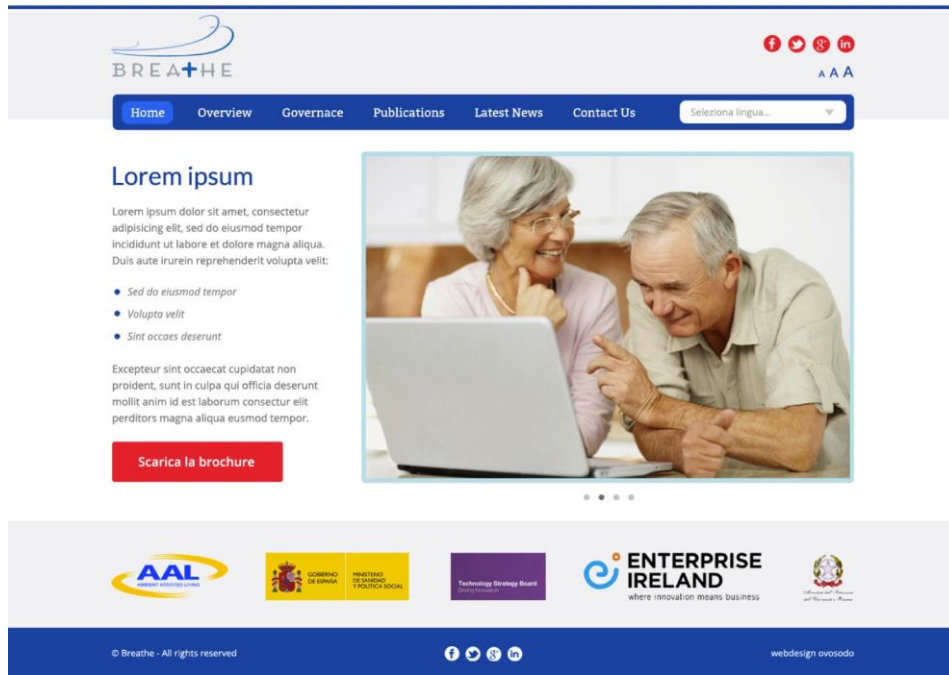
Figure 22 - Mock-up in detail (1st choice: sample 1)
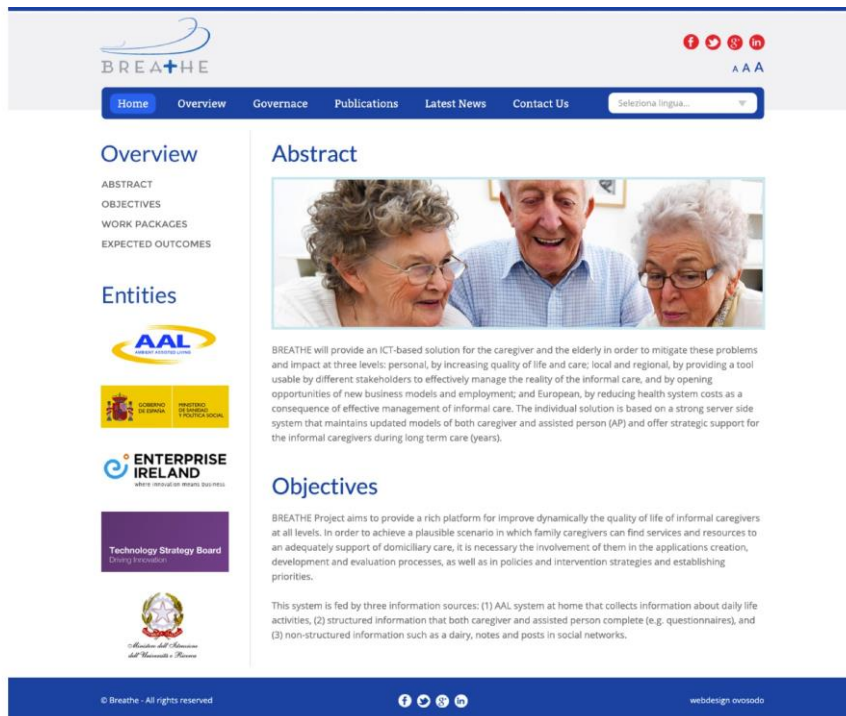
Figure 23 - Mock-up in detail (1st choice: sample 2)
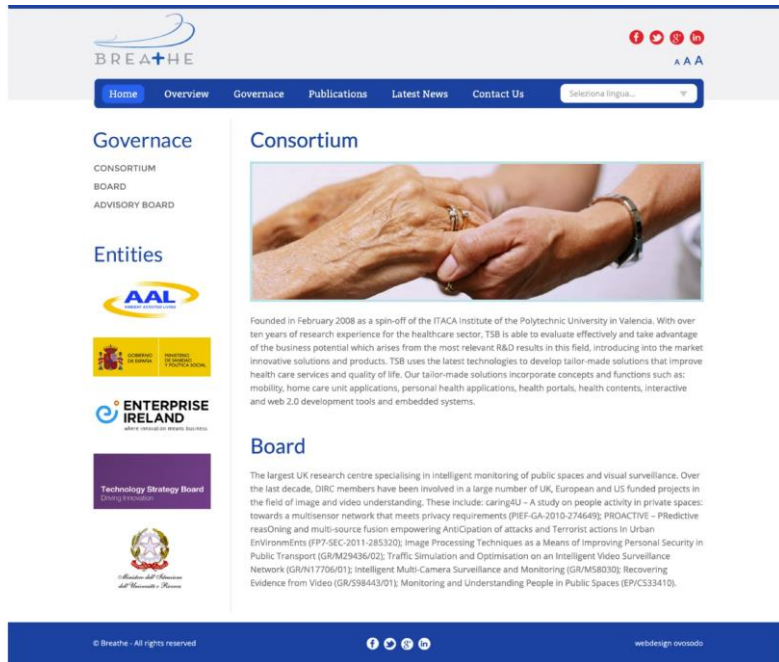
Figure 24 - Mock-up in detail (1st choice: sample 3)

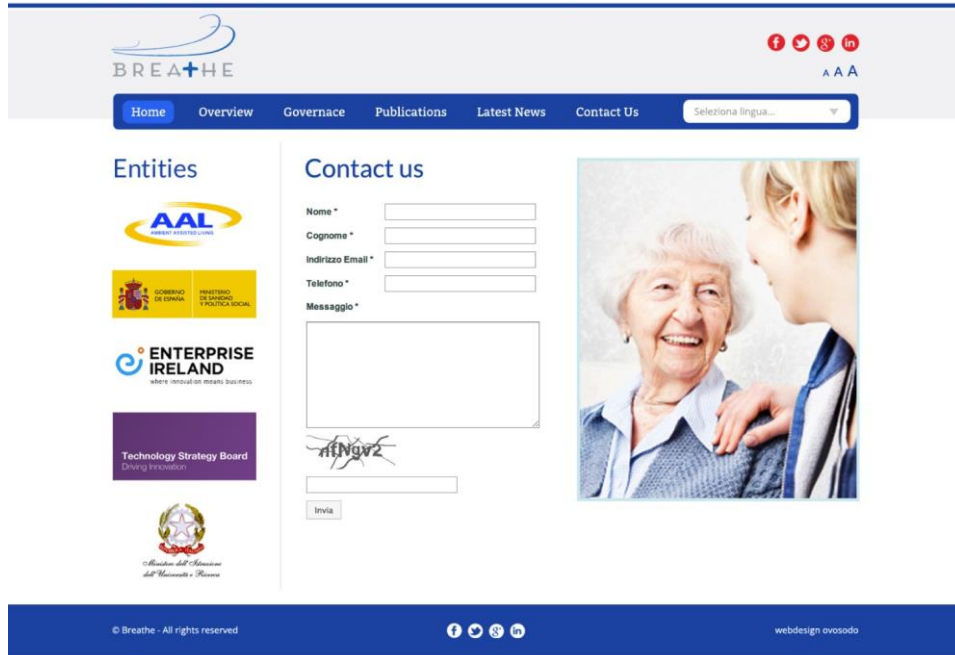Figure 25 - Mock-up in detail (1st choice: sample 4)

Figure 26 - Mock-up in detail (1st choice: sample 5)
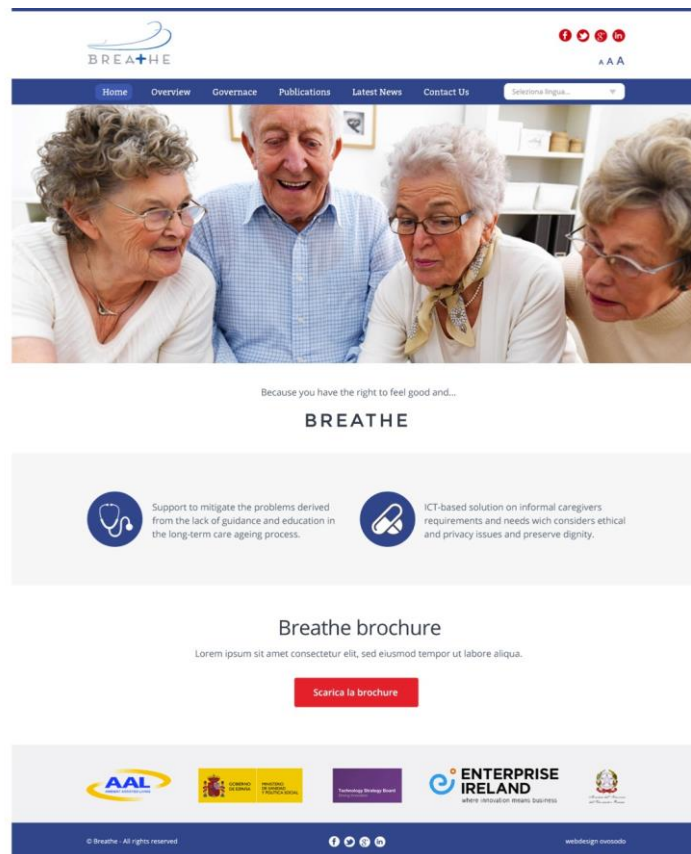
Creative proposal: second choice

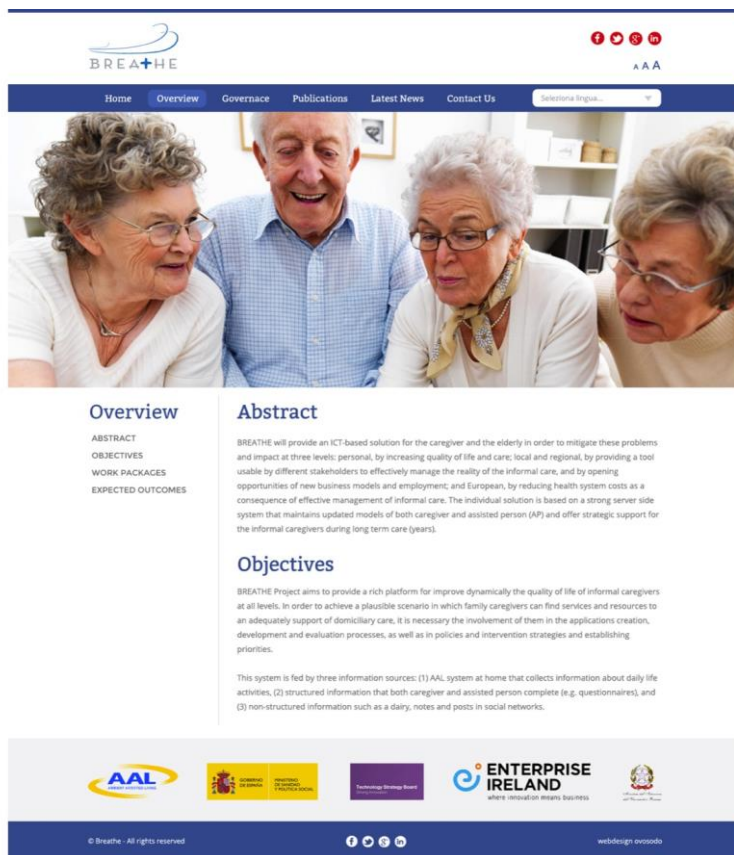Figure 27 - Mock-up in detail (2nd choice: sample 1)
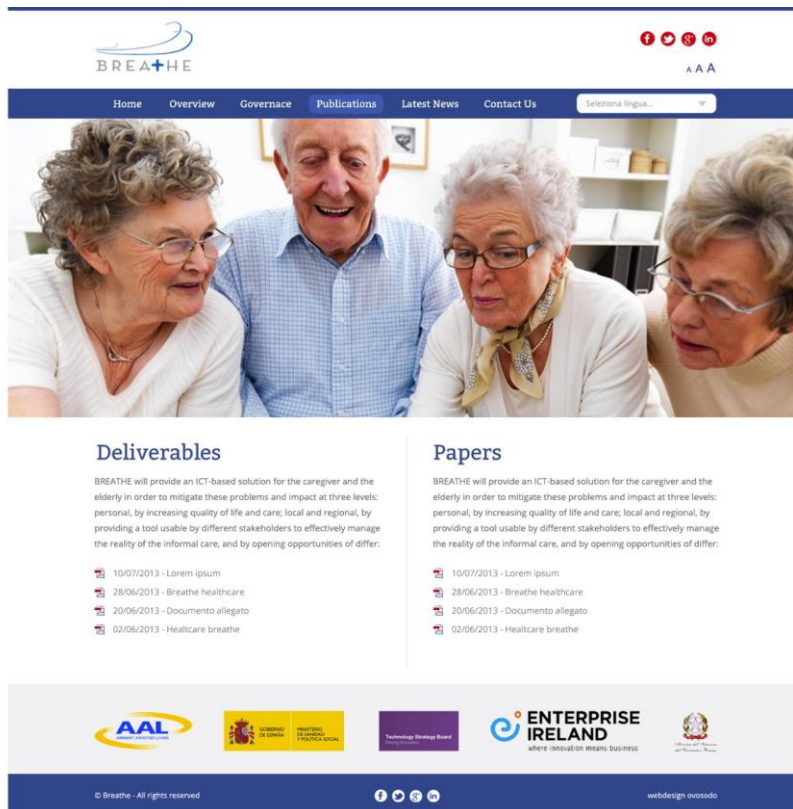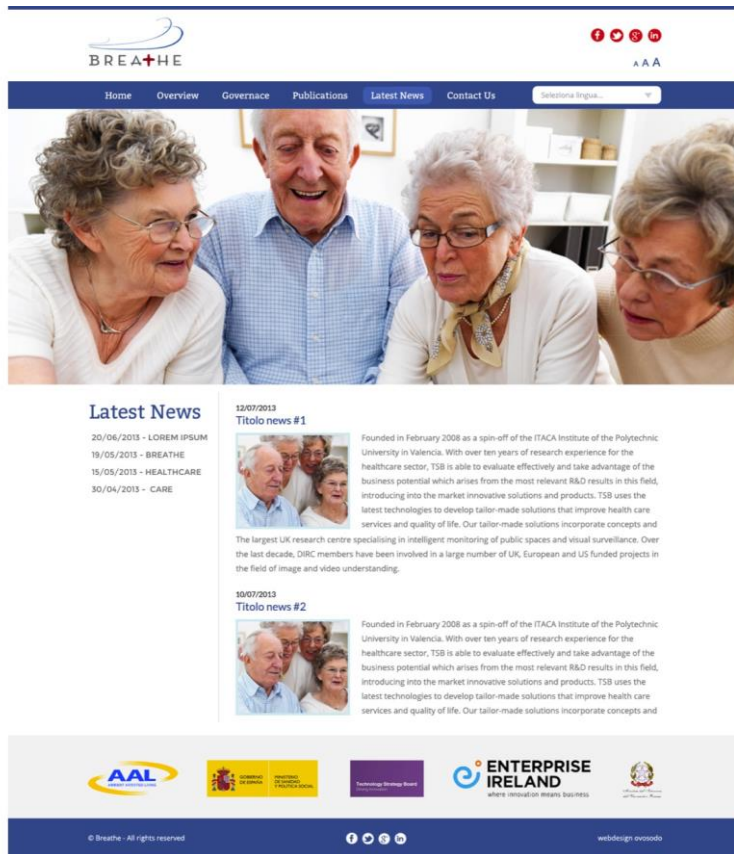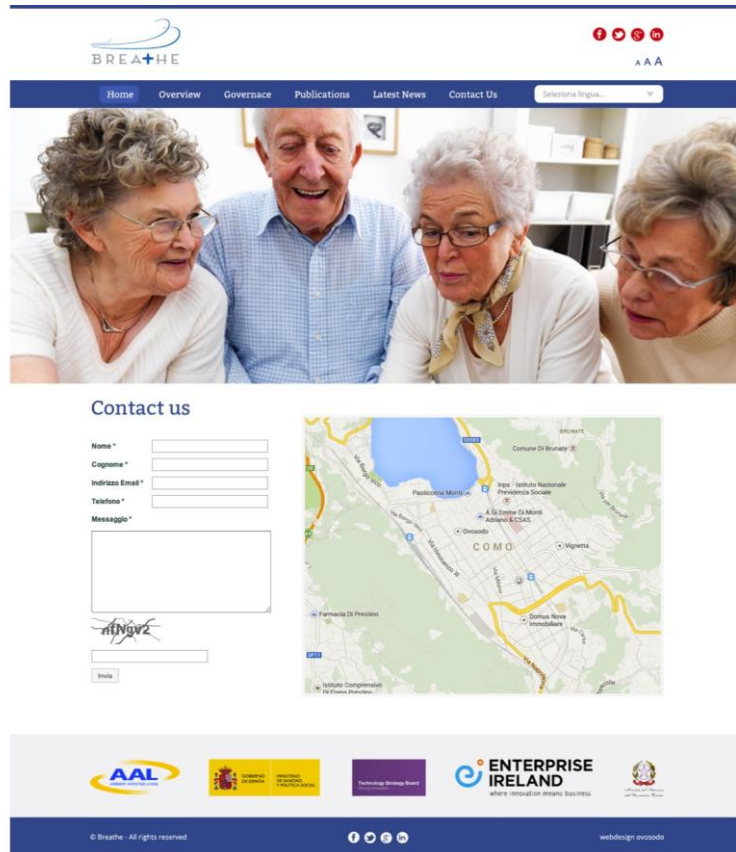
Figure 28 - Mock-up in detail (2nd choice: sample 2)

Figure 29 - Mock-up in detail (2nd choice: sample 3)

Figure 30 - Mock-up in detail (2nd choice: sample 4)

Figure 31 - Mock-up in detail (2nd choice: sample 5)

After the polling process, **the option with a better acceptance was the proposal number 1** (as can be shown in Figure 20 voting for more than one option was not allowed in this case).

Figure 32 - Mock-up polling process

Following images show the final version of the BREATHE website which was released at the end of July 2013. After launching the site, the maintenance stage had started.
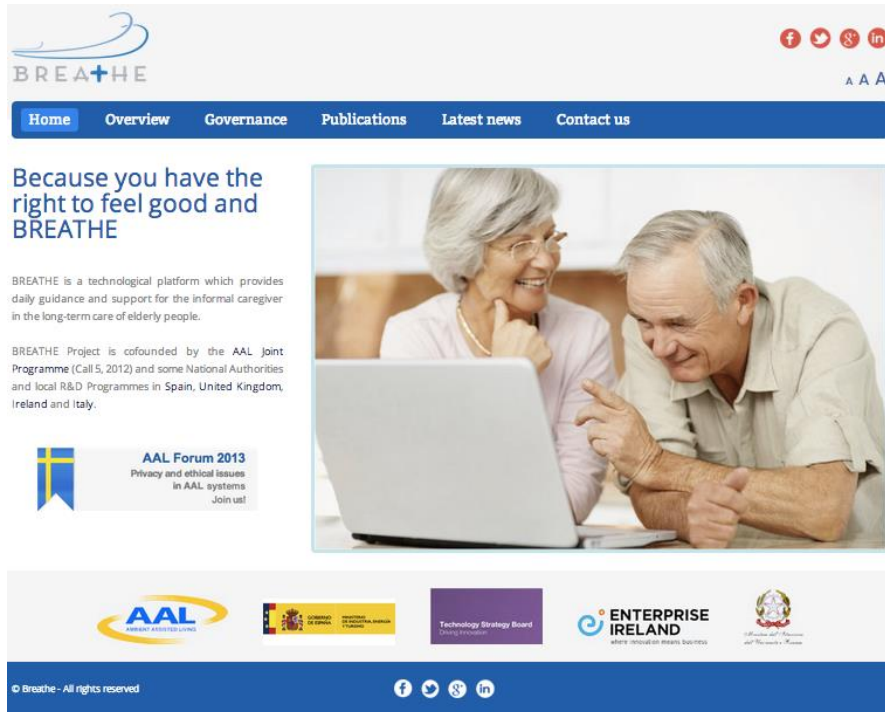
Figure 33 - BREATHE website (home page)
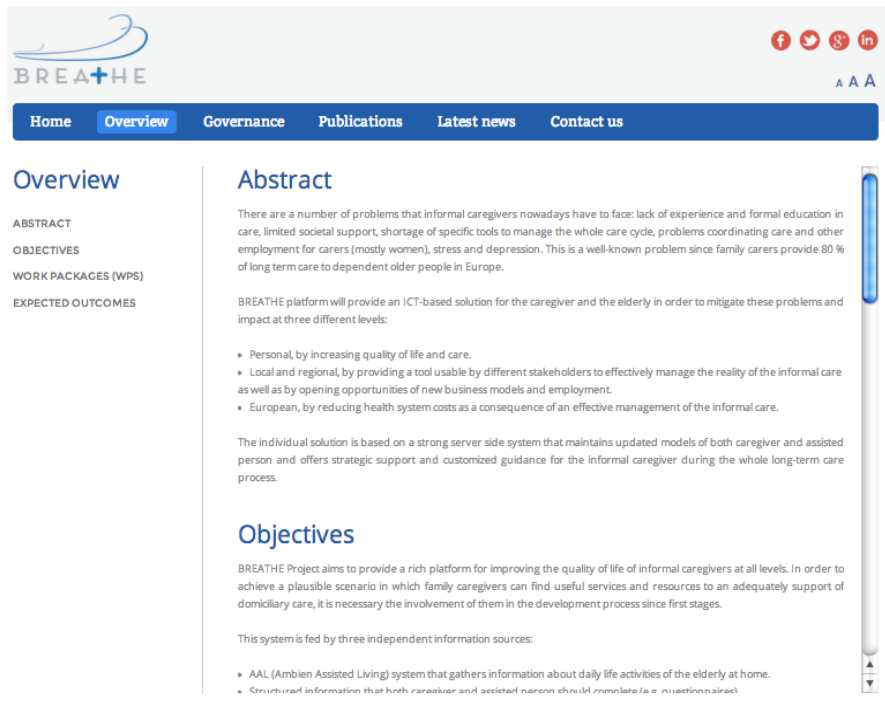
Figure 34 - BREATHE website (overview page)
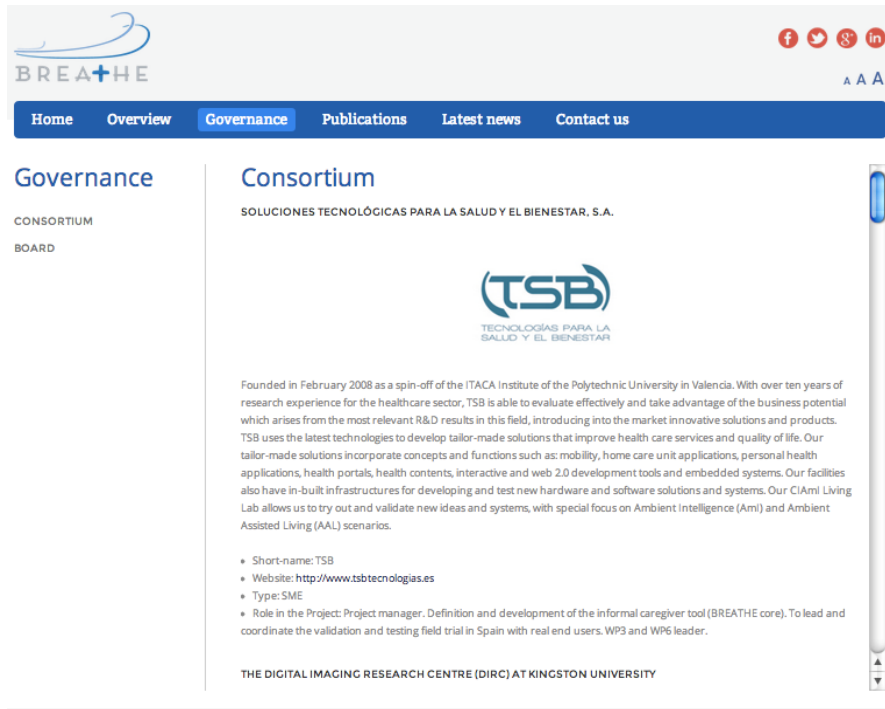
Figure 35 - BREATHE website (governance page)
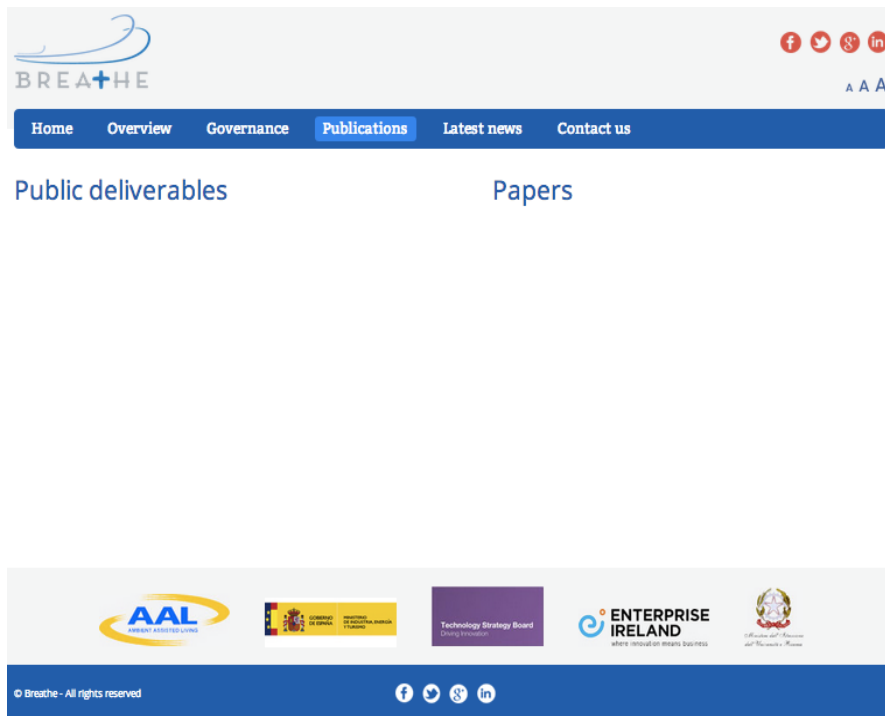
Figure 36 - BREATHE website (publications page)
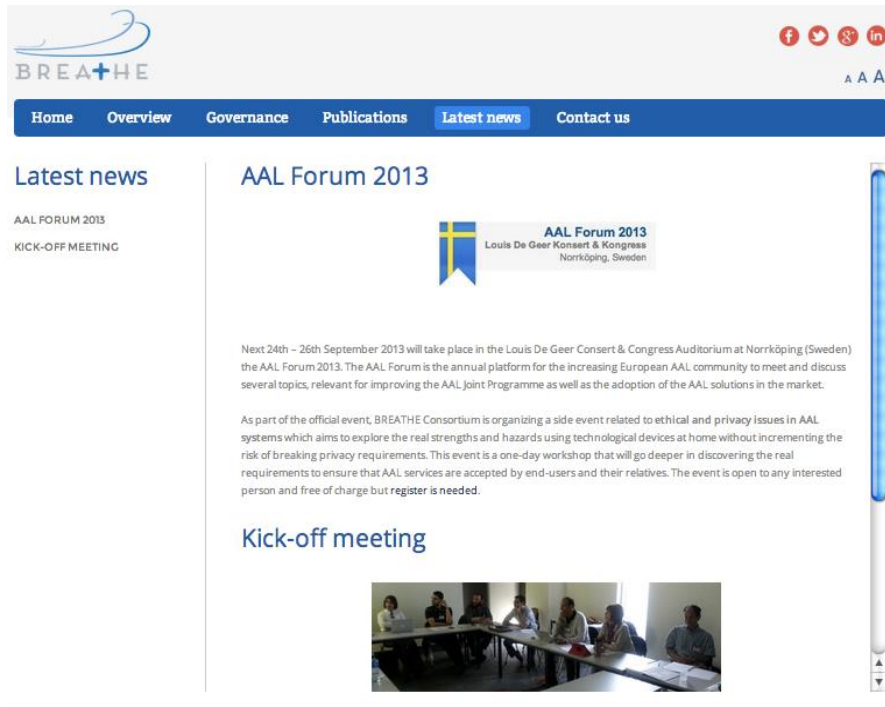
Figure 37 - BREATHE website (latest news page)
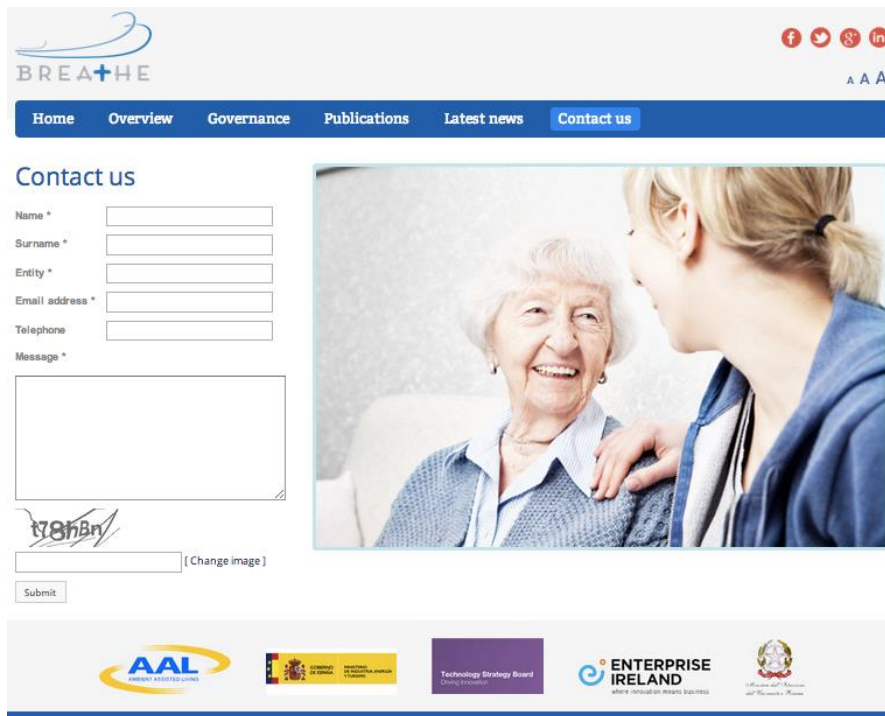
Figure 38 - BREATHE website (contact us page)

3.3   Brochure

A brochure has been also designed in order to be delivered in specialised events. For instance, the AAL Forum, organised workshops, related conferences and fairs. Other targets of the brochure will be social services, and associations of caregivers in places near to events were BREATHE will have other dissemination activities, mainly events. This will allow to increase the visibility of the project in those areas. A banner in the website front page will also allow to download it (both in English and Spanish languages).
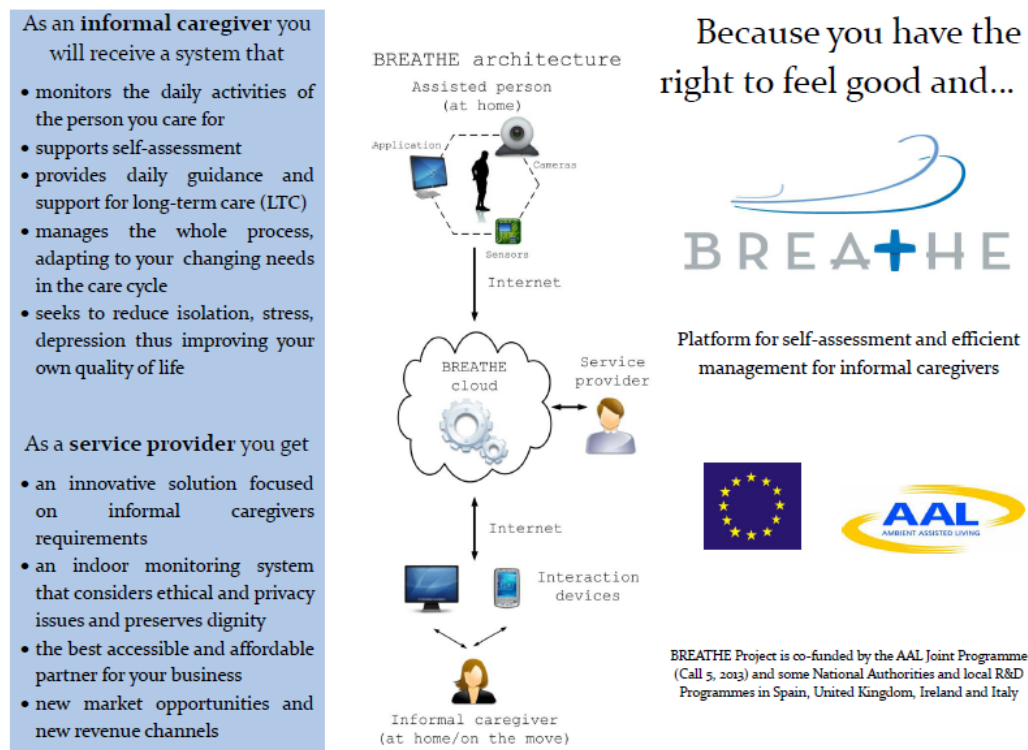
Figure 39 - Brochure English version (front page)

"There are only four kinds of people in the world, those who have been caregivers, those who currently are caregivers, those who will be caregivers and those who need caregivers"
—Rosalynn Carter (Former USA First Lady)

Commonalities

Current context of care (2013)

- Family careers provide 80% of long term care to dependent older people in Europe.
- Assisted persons in EU27 prefer be cared for at home by a relative.
- In USA, 21% of population is considered to be unpaid caregivers.
- Presently public support to long term care is extremely limited.

Informal caregivers profile

- Woman (76 %).
- Age around 55.
- 46 hours/week dedication.
- 60 month (5 years).
- Less than half are employed.
- Limited computer skills.

Caregiver syndrome

- Social isolation.
- Psychological distress.
- Anxiety.
- Depression.
- Loss of self-esteem.
- Guilty feelings.
- Fear of becoming a patient.

What does BREATHE offer

Provision of support for the LTC

Continuous guidance and daily advice to informal caregivers on how to face difficult situations.

Data availability always-on

Ubiquitous access to assisted person´s information even if the informal caregiver is outside home.

Adaptive training

Appropriate learning packages depending on the requirements and needs of the assisted person and informal caregiver.

Stress control

Psychological support in order to verify that the informal caregiver is not entering into the caregiver syndrome.

Public Health System compliant

Possibility of sharing information between the formal (GP, specialist, nurse, etc) and informal caregivers (standardized scales are supported).

Social network support

Integrated with the most popular social networks in order to prevent isolation, share experiences and provide a simple mechanism for keeping in touch with other relatives or friends.

BREATHE works like

Caregiver´s brain

Server side system to help make decisions for the assisted person and informal caregiver models.

Caregiver´s eyes

Video-based recognition system to monitor events and actions of the assisted person in a way that preserves their privacy and dignity.

Caregiver´s hands

Web application enhances the caregiving.

Mobile Caregiver´s

Smartphone application to allow the access by the informal caregiver when outside home.

Contact us

Juan-Pablo Lázaro-Ramos
Project Coordinator
+34 96 182 71 77
jplazaro@tsbtecnologias.es

Visit us on the Web:
http://www.breathe-project.eu

Figure 40 - Brochure English version (back page)

3.4 Social networks availability

In order to ensure our presence in the most popular social networks existing nowadays BREATHE as a project had been register to the most common ones, including but not limited to:

- Twitter: social networking and microblogging service that enables its users to send and read text-based messages of up to 140 characters, known as "tweets".
- Facebook: social networking service which enables registered users to create a personal profile, add other users as a friends, exchange messages and receive automatic notifications.
- LinkedIn: social networking website for people in professional occupations.
- Google+: social networking and automatic identity service owned and operated by Google.
- YouTube: video-sharing website on which users can upload, view, share and comment videos.

As can be read in the strategic section, one partner will play the role of a **Community Manager** to encourage the dissemination of those achieved results and look after the branding of the BREATHE project. This partner will be the person in charge to ensure that all goals and aims are fulfilled and to propose and execute contingency plans if not.

A survey of the presence of other AAL projects shows that their visibility in social networks is quite reduced. Only the UniversAAL project shows numbers that the BREATHE consortium see as an objective.

Project	Call	Facebook (friends)	Twitter (followers)	Linkedin (members)
ALICE	3	3	3	-
ASSISTANT	3	-	22	-
NAVMEM	3	4	-	-
AAL-ALFA	4	8	53	-
GOLDUI	4	7	4	-
WAYFIS	4	12	-	-
UNIVERSAAL	FP7	63	131	130

Figure 41 - Social networks support other AAL projects

The current numbers of the BREATHE profiles one month after creating them are:

- Facebook: 15 friends.

- Twitter: 5 followers.

- LinkedIn: 28 members.

Therefore, we expect to reach numbers similar or higher to those of the UniversAAL project, and clearly over most of the previous AAL projects. Next, some images about BREATHE profiles are shown:
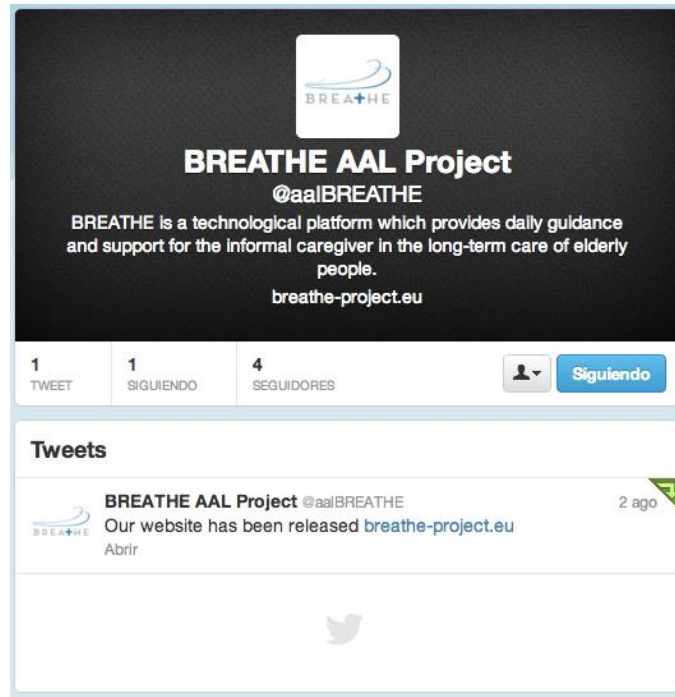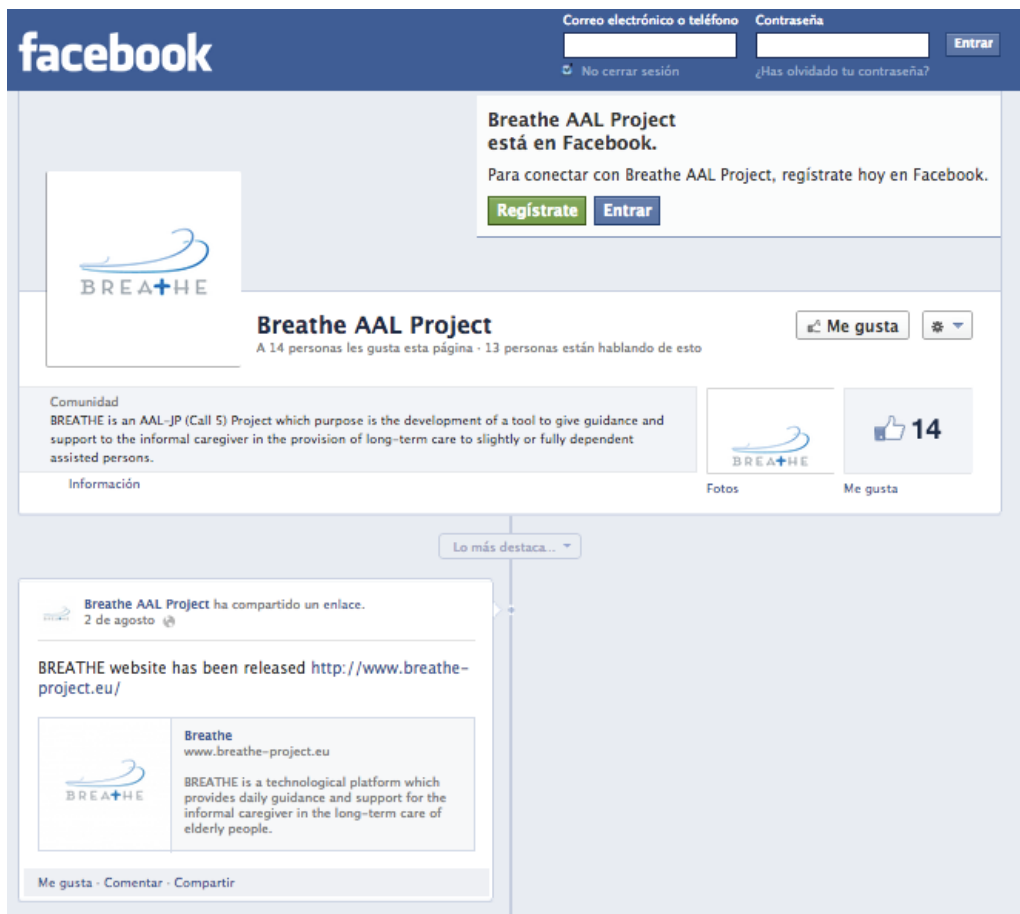

Figure 42 - BREATHE profile on Twitter

Figure 43 - BREATHE profile on Facebook

Figure 44 - BREATHE profile on LinkedIn

References

- The logo font has been specifically designed for BREATHE. This font comes at a very reasonable price and can be bought from here:

  http://www.houseind.com/fonts/neutraface/fontfeatures

Appendix A

A1. Expected deliverable list

ID	Deliverable name	Type	Level	Delivery date	Partner
1	D6.1. Quality Handbook (M3).	Report	Restricted	2013-07-31	TSB
2	D5.1. Dissemination plan and basic dissemination material	Web/leaflet/ poster	Public	2013-07-31	KU
3	D1.1. Part I Whitepaper on "Needs and requirements of AAL and ICT solutions for Informal Long Term Care of elderly people"	Report	Public	2013-10-31	KU
4	D1.2. Technical specifications of BREATHE platform	Report	Restricted	2013-10-31	TSB
5	D1.3. Trials strategic plan	Report	Public	2013-10-31	TCD
6	D4.1. Validation methodology and indicators	Report	Public	2014-03-31	ISI
7	D2.1. AAL Application at home (1st rel.)	Prototype	Restricted	2014-04-30	KU
8	D3.1. First release of Informal Caregiver tool	Prototype	Restricted	2014-04-30	TSB
9	D4.2. Pre-trial report	Report	Restricted	2014-07-31	TCD
10	D5.2. Draft Business models and Exploitation plans	Report	Restricted	2014-07-31	TSB
11	D6.2. Midterm report	Report	Restricted	2014-07-31	TSB
12	D5.3. Whitepaper on "AAL systems and associated privacy issues"	Report	Public	2014-10-31	KU
13	D2.2. AAL Application at home (2nd rel.)	Prototype	Restricted	2015-01-31	BIME
14	D3.2. Second release of Informal Caregiver tool	Prototype	Restricted	2015-01-31	TSB
15	D4.3. Trials midterm report	Report	Restricted	2015-04-30	CYB
16	D5.3. Dissemination report	Report	Public	2015-07-31	KU
17	D5.4. Part II of Whitepaper on "Needs and requirements of AAL and ICT solutions for Informal Long Term Care of elderly people"	Report	Public	2015-07-31	KU
18	D5.5. Final Business model and Exploitation Plans	Report	Restricted	2015-10-31	TSB
19	D2.3. AAL Application at home (Final rel.)	Prototype	Restricted	2015-10-31	KU
20	D3.3. Final release of Informal Caregiver tool	Prototype	Restricted	2015-10-31	TSB
21	D4.4. Lessons learned	Report	Public	2015-10-31	TCD
22	D6.3. Final Project Report	Report	Public	2015-10-31	TSB

Figure 45 - Expected deliverable list (appendix A)

Appendix B

B1. Workshop: AAL systems and associated privacy and ethical issues

BREATHE consortium planned a side event as part of the the AAL Forum 2013[5] on "<u>AAL systems and associated privacy and ethical issues</u>". The goal was to explore the requirements (technical, functional and organizational) to ensure that the AAL services will be accepted by end-users and their relatives, while overcoming the ethical and privacy issues. This event was open to any other researchers, end-users as well as those stakeholders interested in the topic covered: the support and guidance for the informal caregiver in the long-term care of elderly people. Unfortunately, since the minimum number of attendants required by the organizers had not been reached, the event was cancelled.
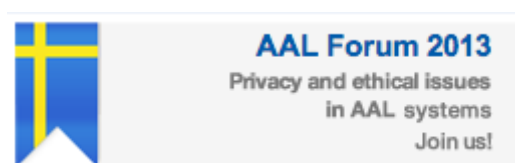
Figure 46 - Dissemination banner

Figure 47 – Workshop website with registration form

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-----------------------------------------------------------------------
              AAL systems and associated privacy and ethical issues
                    http://www.breathe-project.eu/en/events

                 27th September, 2013 (9.00 am - 12.30 pm)
                              Norrköping, Sweden

                      as part of the AAL Forum 2013
                            http://www.aalforum.eu
-----------------------------------------------------------------------


We are pleased to announce the workshop "AAL systems and associated privacy
and ethical issues" to be held on the 27th September, 2013 at Norrköping
(Sweden) as part of the AAL Forum 2013 International Conference.

BREATHE is an AAL JP (Call 5) research project currently running with the
aim of creating an ICT-based platform to provide daily guidance and support
for the informal caregiver in the long-term care of older people. This
project considers the use of cameras and other sensors inside user's home
which is always a high controversial issue.

Ambient Assisted Living in general and BREATHE project in particular are
about surrounding the assisted person with a network of services and
technologies to support their daily lives. One of the primary barriers to
the adoption of these types of technologies is the perception by end-users
that "Big Brother is watching you". Furthermore, much of the relevant
information that informal caregivers deal with is based on personal and
health data.

During the workshop, we will discuss about the real needs and requirements
of both informal caregivers and older people as well as the strengths and
hazards using this kind of services and technologies in home care in
general and in AAL domains in particular without incrementing the risk of
breaking privacy. The most important goal of this event is to explore the
minimum requirements in order to ensure that coming AAL services will be
successfully accepted by end-users and their relatives, while overcoming
the ethical and privacy issues.

The organizers encourage registrations from either academia, professionals
and non-professionals with some expertise or interest in the support and
guidance in the long-term care of older people. The results of the workshop
will contribute to the creation of a white paper in "AAL systems and
ethical and privacy issues" which is estimated to be published around mid
2014. Attendants to the side-event will be recognized and mentioned in the
aforementioned document in appreciation for their contributions.

This workshop is open to any person interested in the topic and is free of
charge. Places are limited and applications will be processed in strict
order of receipt.

Registration form:
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http://www.breathe-project.eu/en/events/

Additional information:
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amartinez@tsbtecnologias.es

Important dates:
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Registration deadline: September 9th, 2013
Workshop day: September 27th, 2013

Organizing committee:
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This event will be led by partners from the BREATHE Project Consortium.
http://www.breathe-project.eu/en/governance

Disclaimer:
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BREATHE Project is cofounded by the AAL Joint Programme (Call 5, 2012) and
some  National  Authorities  and  local  R&D  Programmes  in  Spain,  United
Kingdom,
Ireland and Italy.

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Appendix:
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(1) About the AAL Forum. The AAL Forum is the annual showcase event for the
people involved in the AAL JP's projects and the AAL community. Its
purpose is to exhibit and demonstrate existing or developing ICT
solutions, promote networking, foster the interest of other sectors in
the field of AAL, provoke debate and discussion on new emerging
developments in the area. The 2013 edition will take place on
24th-26th September in Norrköping (Sweden).
http://www.aalforum.eu

(2) About the side-events. A side event is an official event supported by
the AAL Forum Committee which aims that the AAL Community takes an
active part in the event through the preparation of some workshops
with the focus on one or several closely themes related to the aims
of the AAL JP.
http://www.aalforum.eu/programme/side-events

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Figure 48 - Workshop call for mailing

Appendix C

C1. BREATHE logotype guidebook
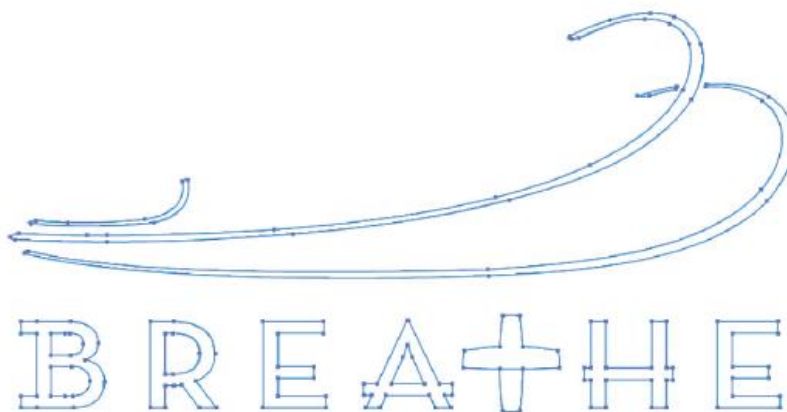
Figure 49 - Preliminary guideline
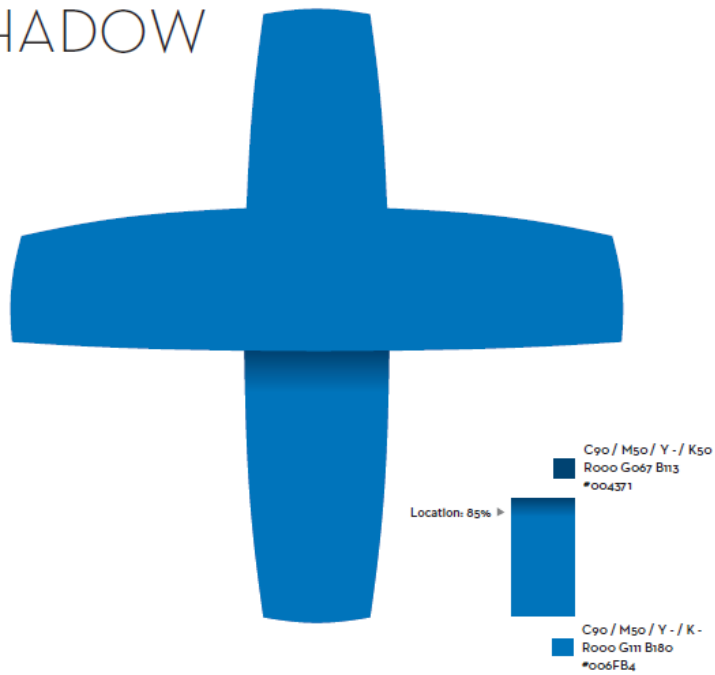

Figure 50 – Final palette of colours

Figure 51 - Final blue cross (colour, size and shape)

Figure 52 - Final version of the logo (different tones)

Disclaimer

BREATHE Project has been co-funded by the Ambient Assisted Living Joint Programme (Call 5, 2012) and some National Authorities and local Research Programmes in Spain, United Kingdom, Ireland and Italy.

The **ownership of IPR** (Intellectual Property Right) as well as all foreground information (including the tangible and intangible results of the project) **will be fully retained by all partners without exception**. All issues regarding confidentiality, dissemination, access rights, use of knowledge, intellectual property and results exploitation are included in the Consortium Agreement (CA) which was signed by all partners before starting the project.