

PROJECT PROGRESS REPORT

Grant Agreement number: 250449

Project acronym: HOME SWEET HOME

Project title: Health monitoring and sOcial integration environMent for Supporting Wide ExTension of independent life at HOME

Project type: ☐ Pilot A ☒ Pilot B ☐ TN ☐ BPN

Periodic report: intermediate ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☒

Period covered: from 1/3/2013 to 28/2/2014

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Section 0 Executive Summary

The goal of this deliverable D1.16 is to provide an in depth view of the work done by the HOME SWEET HOME project consortium during the fourth and last reporting period, namely from 1/3/2013 to 28/2/2014.

In section 1, a publishable summary of the project is provided for communication purposes.

Section 2 summarises the objectives of the work for this reporting period, basically the finalisation of the pilot activities with data collection and monitoring of the older persons' status, and the final analysis of the outcomes, facilitated by the action of the HOME SWEET HOME Management team.

Section 3 provides a detailed report of the progress made, Workpackage by Workpackage. The most notable items here are a detailed list of dissemination initiatives carried out (WP2), the activities of the Advisory Group (WP4) in charge for a high level monitoring of the project with an external, independent view where an additional, unforeseen activity (the Qualitative Study) was designed and successfully carried out, while WP6 and 7 account for the real service operation of the pilot sites.

This is obviously the most critical area of the project, as throughout the project's life the most relevant deviations from plans were to be found here.

For this reason, this is the area where the Management Team and the Steering Committee have put in the most significant efforts; thanks to these efforts, the objectives of the project have been reasonably achieved with the exception of the Italian pilot site.

Section 4 provides the status of the deliverables, Milestones and KPI tables, while Section 5 focusses on the Project Management, with an updated GANTT chart and detailed tables with the person month tables per partner and per activity.

The main observation is that taking into account the 12 months extension which has been approved by the European Commission, and due to a certain level of underspending experienced in the previous reporting period, it has been possible to redistribute the person months allocation over a longer period.

The remaining sections account for the use of resources on a partner-by-partner basis, and for other administrative details. Finally, Appendix A reports on the Status of the actions from the last Project Review of 25th April 2013, while Appendix B contains more details of dissemination activities.

The overall picture of the project which stems out from this report is that the project has reached its natural end with a satisfactory level of achievement of the foreseen results, although this level of achievement is uneven across the four pilot sites and it has not always been possible to fully implement all the envisaged solutions: but the conclusion that some of these solutions are not viable is one of the important lessons we have learned from the project.

Section 1 Publishable summary

HOME SWEET HOME started on 1st March 2010 and trialed a new, economically sustainable home assistance service which extends older persons independent living. It finished on the 28th February 2014, with the total duration extended from the initially foreseen three years to a full four years.

The trials were held in four European countries (Belgium, Ireland, Italy and Spain) according to the randomised controlled trial (RCT) methodology. The objectives of the project were to measure organisational, economic and clinical effects, and to compare the results between an intervention group and a control group. Older persons in the control group received normal care, as already provided by local health and social services, whereas people in the intervention group received additional ICT-based services.

These additional services supported older persons in their daily activities and allowed caregivers to remotely assess their ability to stay independent. While systems of this kind inevitably represent an intrusion in the older persons' private life, in the case of HOME SWEET HOME particular care has been paid to limit to a bare minimum the need for other people to interfere with the older person's private life, unless a clear need is detected by the system.

The project comprised the following services:

- Monitoring and Alarm Handling,
- eInclusion,
- Domotics,
- Daily Scheduler,
- Navigation,
- and Mental Faculty Maintaining.

The **Monitoring and Alarm Handling** is based on a Decision Support System which analyses in real time data collected from medical and environmental sensors, fall detectors and geopositioning systems. Standard behavioural patterns are established for individuals; sudden, major changes trigger alarms.

eInclusion is achieved through intuitive videoconferencing based on the familiar TV paradigm and adapted for use by people unfamiliar with IT technology.

Domotics and Daily Scheduler help older persons to organise their daily activities and to manage the house in spite of growing physical and mental impairments.

The **navigation system** takes people who got lost to the closest safe place.

Cognitive training is implemented through interactive games based on cognitive adaptive technology. Complexity of exercises is adjusted to the performance and current mental level of the user.

HOME SWEET HOME has measured the differences between control group and study group on:

- evolution in the quality of life (assessed by the SF-36 questionnaire at the beginning, midterm and end of the trial period);
- duration of independent life;

- amount of situation of risk;
- changes in the feeling of isolation;
- amount of transfers to older persons homes;
- cost of social care;
- cost of health care.

The project was implemented by a Consortium of 17 partners, both private and public, with a very strong presence of health and social authorities with budgetary responsibilities for health and older persons' care, together with social service providers, healthcare providers, contact centres, healthcare insurers, an older persons' people representative association, technology providers and business consultants.

The project finished on 28th February 2014; the final outcomes and findings have been compiled and published.

Project logo:



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