Executive Summary:
SIforAGE is a European project (FP7, Science-in-Society 2012-2016) which aims at promoting Active and Healthy Ageing (AHA) in society, by strengthening cooperation between researchers, products- and services-developers, policy-makers, civil society organisations, and society in general. The two key challenges of SIforAGE will be:

- to disseminate scientific knowledge in society and in advocacy activities; and
- to promote the involvement of society and civil society organisations in research, in order to allow end-users to shape future research projects that could improve AHA.

For this purpose we have been working on:

1- **TO BUILD AN ORGANISATION THAT WILL ENABLE THE PROMOTION OF AHA IN SOCIETY**

To build an evidence-based definition of Active and Healthy Ageing (AHA). A new definition of Active and Healthy Ageing has been proposed, based on the work of Deliverable 6.1 and the work of KMU1. The definition is focused on building and maintaining functionality to enable older persons to be themselves...
and to do the things that are important to them.

- Within this social incubator, examples of good practice across Europe are collected and analysed. These examples of good practice are subsequently disseminated amongst all stakeholders, more than 2,000, involved in AHA, through five dynamic documents – Knowledge Management Units (KMUs) – that relate to five key issues for AHA:
  o how to increase healthier living years (KMU1);
  o how to enhance autonomy and decision-making for elderly people, particularly for those suffering from Alzheimer’s (KMU2);
  o how to enable the elderly to be active in society (KMU3);
  o how communities and the private sector can promote an “age-friendly” environment (KMU4);
  o how new services and technology can help in promoting a better ageing experience at home (KMU5).

2- TO ENGAGE SOCIETY IN RESEARCH. To propose an adequate methodology for integrating end-users in technology- and service-development, through the activation of places of interaction called Technology Experience Cafés (TECs). (Methodology and Description are addressed in Deliverable 2.1.)

3- TO PROMOTE THE INCLUSION OF SCIENTIFIC KNOWLEDGE IN POLICY-MAKING. To analyse how policy-makers implement programmes across Europe for promoting AHA and for preventing ageism. To analyse decision-making processes for policy-making. In WP4, the task of analysing the model of decision-making at a political level in European countries and in International Bodies, such as the European Parliament and the United Nations, has been almost completed.

4- TO ENGAGE RESEARCHERS IN CONSIDERING SOCIETAL NEEDS FOR RESEARCH. To assess decision-making processes for shaping future research into AHA, promoting ethics and social responsibility in ageing research, particularly through the launching of a prize that will reward a research project on AHA that considers the active participation of society and has a high societal impact.

5- TO PROMOTE THE PARTICIPATION OF POLICY-MAKERS IN RESEARCH. To organise four mutual-learning sessions with the aim of improving the participation of policy-makers in the research process. Contacts have been selected, and surveys and mutual-learning sessions for policy-makers are being designed, and some sessions have already started. The platform and the educational programme established for this purpose are functioning, and we are trying to connect policy-makers at local and national level. The platform is available at

6- TO PROMOTE THE INTRODUCTION OF INNOVATIVE SERVICES AND PRODUCTS FOR AHA. To analyse how entrepreneurs create new companies, services, products, and technologies for AHA.

Project Context and Objectives:

1- TO BUILD AN ORGANISATION THAT WILL ENABLE THE PROMOTION OF AHA IN SOCIETY

- To build an evidence-based definition of Active and Healthy Ageing (AHA). We are working on this issue with experts as, Dr Raina (Canadian Aging Longitudinal Study and CHANCES), and Dr Jenab (International Cancer Research Agency – Lyon and EPIC Study).

- A new definition of Active and Healthy Ageing has been proposed, based on the work of Deliverable 6.1 and the work of KMU1. The definition is focused on building and maintaining functionality to enable older persons to be themselves and to do the things that are important to them. It is suggested that such functionality has two operative components: the physical/cognitive capacity of the individual, and the

- Functional capacity.
environment in which s/he lives. Consequently, once both the physical and the mental health of the older person has been assessed, and distinctions drawn within an individual’s profile in respect of her/his physical and cognitive functioning, the older person’s ageing is further characterised in terms of her/his ‘social health.’

- To build a virtual site – a social incubator – in which all the stakeholders involved in Active and Healthy Ageing (AHA) will be able to exchange, debate, and cooperate with a view to promoting AHA. A social-learning platform is already in place at , and an on-line Helpdesk is available with evidence-based answers. (See description in Deliverable 1.5) Furthermore, a coordination platform with INNOVAGE (Social Innovations Promoting Active and Healthy Ageing – <@innovagefp7> – has been established.

- Within this social incubator, examples of good practice across Europe are collected and analysed. These examples of good practice are subsequently disseminated amongst all stakeholders, more than 2,000 within the project, involved in AHA, through five dynamic documents – Knowledge Management Units (KMUs) – that relate to five key issues for AHA:
  - o how to increase healthier living years (KMU1);
  - o how to enhance autonomy and decision-making for elderly people, particularly for those suffering from Alzheimer’s (KMU2);
  - o how to enable the elderly to be active in society (KMU3);
  - o how communities and the private sector can promote an “age-friendly” environment (KMU4);
  - o how new services and technology can help in promoting a better ageing experience at home (KMU5).

All the KMUs are described in Deliverable 1.1 and, also, in Deliverables 3.1 4.1 6.1 6.4 and 8.1.

2- TO ENGAGE SOCIETY IN RESEARCH

- To propose an adequate methodology for integrating end-users in technology- and service-development, through the activation of places of interaction called Technology Experience Cafés (TECs). (Methodology and Description are addressed in Deliverable 2.1.). To assess older people’s needs in terms of age-related research (Deliverable 2.5). To date, five Technology Experience Cafés have taken place, and we have studied the possibility of presenting this methodology to an internal call of EIT HEALTH.
- To promote older people’s engagement with research through local intervention programmes. The methodology and some intervention programmes have been carried out in Portugal, Turkey, and Austria.
- To build a recommendation guide with a view to increasing the engagement of older people with research. The creation of this guide is in progress and includes the analysis of context and the results of WP2 and WP3.
- To prevent ageist attitudes through intervention programmes with children and young people. To fulfil this objective, intergenerational programmes are running in Portugal, Spain, Brazil, Lithuania, and Italy.

3- TO ENGAGE RESEARCHERS IN CONSIDERING SOCIETAL NEEDS FOR RESEARCH

To assess decision-making processes for shaping future research into AHA.

- To promote ethics and social responsibility in ageing research, particularly through the launching of a
prize that will reward a research project on AHA that considers the active participation of society and has a high societal impact.

- Also, a method to measure the impact of social innovation has been developed in the project (Deliverable 6.4) and has been presented at the Conference of the American Gerontological Society.

4- TO PROMOTE THE INCLUSION OF SCIENTIFIC KNOWLEDGE IN POLICY-MAKING

To analyse how policy-makers implement programmes across Europe for promoting AHA and for preventing ageism. To analyse decision-making processes for policy-making. In WP4, the task of analysing the model of decision-making at a political level in European countries and in International Bodies, such as the European Parliament and the United Nations, has been almost completed. It should be strongly advocated that the work of the European Network of Legal Experts in the Non-discrimination Field is crucial, and that it should be further encouraged in future. Information gathered by this body of experts gives a fundamental, up-to-date notion of how anti-age discrimination is evolving in each European country. Furthermore, awareness of Anti-Age Discriminatory Laws (AADLs) in the field should be increased by developing an integrated strategy of dissemination involving stakeholders at different levels in each country, for example, amongst NGO’s, social scientists, public administrations, and trade unions. This dissemination strategy can take the format of local workshops, media information, training sessions for professionals, and other types of similar activities to be further developed in the future. It is important that all Ministries at European level, together with those in Turkey and in Brazil, are provided with input from these AADLs in order to incorporate their recommendations into new public policies. In the three sectors considered – health, labour markets, and transport – there are similarities across the case-study countries, with many national policies having filtered down for implementation at regional and local levels. The local level consistently provides the highest levels of innovation due to greater consultation with elderly people, and with other types of organisations. Careful consideration of geographical context – rural/urban – is also required.

5- TO PROMOTE THE PARTICIPATION OF POLICY-MAKERS IN RESEARCH

- To organise four mutual-learning sessions with the aim of improving the participation of policy-makers in the research process. Contacts have been selected, and surveys and mutual-learning sessions for policy-makers are being designed, and some sessions have already started. The platform and the educational programme established for this purpose are functioning, and we are trying to connect policy-makers at local and national level. The platform is available at

6- TO PROMOTE THE INTRODUCTION OF INNOVATIVE SERVICES AND PRODUCTS FOR AHA.

To analyse how entrepreneurs create new companies, services, products, and technologies for AHA. To propose a practical guide for training stakeholders in the private sector, in public authorities, and in organised civil society, enabling them to innovate in the field of AHA.

- Business Coaching was carried out in a Master Class as a broad way to attract potential SME’s to The SlforAGE Project, and to inform potential academic and not-for-profit organizations with older persons as focal point, about the opportunities and challenges of creating a commercial solution.

- InvestorNet-Gate2Growth’s methodology in Business Coaching is two pronged:
  - The ‘theoretical’ “How to Attract Investors” method and the book which reviews the Business Plan writing format, are designed to show potential entrepreneurs how investors think, and what process a proposal will go through. The method views innovation and commercialization processes through the lense of
funding, i.e. that all innovation will require some sort of funding if it is to reach its full commercial potential. The different types of funding, together with the requirements and challenges of each type of funding, are presented in the new edition of the book.

7. TO DISSEMINATE INFORMATION AND KNOWLEDGE AMONGST STAKEHOLDERS

To disseminate findings and results amongst members of the scientific community, society in general, civil society organizations, and policy-makers.

The SIforAGE White Paper to the project’s official website. It is in the tab publications, here is the link to it: http://www.siforage.eu/publications.php

Following the link anyone interested may download the document, according to the open access policy, in any of the 9 languages it is translated to. The document will be download in a pdf file and in a user friendly interface.

The strategy for the dissemination of information and knowledge deriving from the project, together with the findings and results that relate to Social Innovation in Active and Healthy Ageing, is centred on a European Award, launched in June 2014. We have selected three winners and they are working on our principal task-force ideas.

In addition, there is a strategy to contact stakeholders – to date, 2,108 stakeholders are in contact with us, all part of the SIforAGE ecosystem – and the dissemination of information and knowledge has been described in Deliverable 9.1 “SIforAGE Communication Platform created and updated, and a Community Manager for Social Networks.”

We have now developed different proposals for a video presentation that includes the idea of older persons as active contributors to society:

- A positive vision of ageing
- A new vision of ageing
- Diverse people revealing a positive attitude towards society

How to disseminate the results of the Project to a wider public

Dissemination will be carried out via the Internet (World Wide Web), newspapers, universities, schools, and presentations in all forums in which we are involved. The Consortium is made up of eighteen partners, with more than sixty persons working for four years on the Project. Some communities have still to be accessed, and there is a need to increase and promote awareness and sensitivity in civil society regarding the concept of AHA.

Project Results:

RESULTS

The main results by objectives are:
1- TO BUILD AN ORGANISATION THAT WILL ENABLE THE PROMOTION OF AHA IN SOCIETY

- To build an evidence-based definition of Active and Healthy Ageing (AHA). We are working on this issue with Dr Raina (Canadian Aging Longitudinal Study and CHANCES), and Dr Jenab (International Cancer Research Agency – Lyon and EPIC Study).
- A new definition of Active and Healthy Ageing has been proposed, based on the work of Deliverable 6.1 and the work of KMU1. The definition is focused on building and maintaining functionality to enable older persons to be themselves and to do the things that are important to them.

It is suggested that such functionality has two operative components: the physical/cognitive capacity of the individual, and the environment in which s/he lives. Consequently, once both the physical and the mental health of the older person has been assessed, and distinctions drawn within an individual’s profile in respect of her/his physical and cognitive functioning, the older person’s ageing is further characterised in terms of her/his ‘social health.’

In terms of how the Healthy Ageing concept might be further developed, a majority opinion singled out ‘personhood’ as opposed to the multifaceted nature of health. For example, one respondent stated: “The concept varies as the concept of health itself is somewhat a subjective one and still difficult to clarify as health is multifactorial and varies according to culture, social class, religion, and so on. So, healthy ageing is also subjective and varies according to each person, profession, moment in life, culture, social environment, etc.”

This complexity was echoed by other respondents. For example, one talked of the difficulty with definitions when one experiences a serious illness such as cancer, which may inflict anyone despite the best efforts at healthy ageing. One respondent usefully made the link with tailored approaches: “The significance of the concept is different for each individual, and any development of the understanding of ‘healthy ageing’ requires that it becomes more person-specific. All approaches towards an individual’s ageing need to be tailor-made. Moreover, in his keynote address at The SIforAGE International Conference, Professor Jean-Pierre Michel remarked on this interesting concept.”

- To build a virtual site – a social incubator – in which all the stakeholders involved in Active and Healthy Ageing (AHA) will be able to exchange, debate, and cooperate with a view to promoting AHA. A social-learning platform is already in place at, and an on-line Helpdesk is available with evidence-based answers. (See description in Deliverable 1.5) Furthermore, a coordination platform with INNOVAGE (Social Innovations Promoting Active and Healthy Ageing – <@innovagefp7> – has been established.

- The value chain of healthy ageing embraces all those areas involved in the ageing process – health, social process, active life...

- Within this social incubator, examples of good practice across Europe are collected and analysed.

These examples of good practice are subsequently disseminated amongst all stakeholders involved in AHA, through five dynamic documents – Knowledge Management Units (KMUs) – that relate to five key issues for AHA. KMUs are the structure where partners inside the consortium come together to exchange and agree on substantive content issues related to the key thematic areas of active and healthy ageing. KMUs are also forums in which stakeholders, outside the consortium, are involved and provide their expertise and experience for the success of each WP. Knowledge Management Units (KMUs) are
participation forums for 30-40 different stakeholders (inside and outside the consortium) working in active and healthy ageing, from researchers, civil society organisations, companies, public practitioners, think tanks, etc. KMUs are the horizontal mechanisms that support and provide foundation to Work Packages (WPs). The topics chosen are:

- how to increase healthier living years (KMU1);
- how to enhance autonomy and decision-making for elderly people, particularly for those suffering from Alzheimer’s (KMU2);
- how to enable the elderly to be active in society (KMU3);
- how communities and the private sector can promote an “age-friendly” environment (KMU4);
- how new services and technology can help in promoting a better ageing experience at home (KMU5).

SIforAGE KMUs seek create the adequate environment for establishing collaboration among stakeholders and for enabling a bottom-up approach for identifying policy priorities relating to active and healthy ageing. KMUs are to be the floor to a wide range of stakeholders around the five themes previously agreed. KMUs seek to foster ways of collaboration and communication among stakeholders that contribute to overcome the weak links between research and innovation.

How are stakeholders involved? Due to the very and unique features of each KMU, a specific methodology has been designed for each KMU. Because “One-size-fits-all” approaches invariably fail to make stakeholders’ commit to participatory process, especially if cultural and linguistic variables intervene. The characteristics of each KMU and their methodologies are detailed in the following sections. All the KMUs are described in Deliverable 1.1 and, also, in Deliverables 3.1 4.1 6.1 6.4 and 8.1.

The main purpose of KMU2, coordinated by UPPA in France, was to propose a «Guide to Collecting the Consent of Older Persons” (GCC-OP).

This Guide aims to help professionals accompanying older persons to acquire a kind of “culture for obtaining consent” in order to guarantee the person’s rights, especially her/his fundamental rights. Furthermore, by working to obtain the most informed consent possible will provide an active role for the older person who may, subsequently, continue to participate in decision-making on matters relating to her/him.

The objective is to respect the fundamental rights of the individual and, more widely, to “place a bet” on her/his liberty, for, as J.-J. Rousseau said: “To give up one’s freedom, it is to give up one’s status as a human being.”

To be free is to do what we want to do, to know what we do not want to do, and not be prevented from doing what we want to do. These criteria constitute the basis of tools like the GCC-OP. Indeed, the GCC-OP upholds and propagates the following principles: an individual’s capacity to voluntarily initiate an action; to decide voluntarily and deliberately; to choose by anticipation; to approve or refuse; to construct her/his own concept of the world; the liberty to come and go; and to live her/his “possibles.” These issues are particularly relevant for older persons.

We can define three groups within the profile of older persons: autonomous persons; fragile persons, who...
are likely to become dependent; and dependent persons. Inter-personal communication is not necessarily altered by normal ageing, but a fragility may exist in an individual, such as a simple hearing- or visual-impairment, which modifies that person’s perception of life. Whatever the individual’s situation, an older person clearly needs to be informed and accompanied every day in order to strengthen her/his active participation, and to favour her/his inclusion in society. In the specific case of persons with cognitive troubles, the disease diagnostic discredits the person’s voice. Health professionals, the family, or the legal guardian are used to adopting a paternalistic behaviour pattern, deciding on behalf of the person in her/his interest. In most cases, the elderly person’s liberty becomes restricted at home or in specialized establishments, their activities being regulated to washing when the spouse or medical staff decide, to not sleeping in the day; to not eating any chocolate; to not smoking.

The challenge is to avoid such practices, to maintain the person at the centre of her/his life, and to enhance her/his active participation in social life. Indeed, respect for the principle of human dignity and autonomy applies to older persons, whatever their state: they “are deemed to be capable of independence (capacity to meet their own needs), of personal preferences (capacity to express wishes, and to make their own choices and decisions), and of self-affirmation (pursuing of their own objectives and interests).”

Older persons must enjoy a “capacity to be free” and, therefore, their legal empowerment. This refers to the “wager between liberty and the possible”: “to face up to the difficulty to take a decision; to adapt to a new situation; to elaborate a strategy; to understand information; to approve or refuse,” the person needs to be capable of expressing, directly or indirectly, her/his consent. Here, the professionals’ role appears decisive. In order to guarantee these forms of expression in elderly persons, professionals must maintain the individual at the centre of all decision-making. This is what the GCC-OP should help them to do.

Specifically, the GCC-OP should improve the health and socio-medical care of older persons in compliance with article 35 of the European Charter of Fundamental Rights. Indeed, the referred provisions foresee that: “Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.” Moreover, the questionnaire annexed to the Guide could also respond to article 25 of the Charter: “The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life,” subject to adaptations and complements:

- the questionnaire could be adapted by including questions leading to the collection of the older person’s consent, or that of her/his family, or that of her/his representative, regarding circumstances other than those relating to her/his health, for instance, social and cultural activities, and workshops;

- the questionnaire could be completed by any kind of professional who is in touch with the older person within the framework of such activities.

To consent means to give an approval for an action, a project, after due information and deliberation. In other words: “share and coproduction of sense on the basis of information and deliberation.” To consent is, moreover, “to have considered the possibility to refuse, having then refused to refuse.” However, “conscious deliberation, base of an informed consent, becomes difficult with neurodegenerative diseases,
hence the research of an agreement, and adhesion of the person to a proposal. It is necessary to research that there is no opposition.” As a consequence, the older person becomes “co-actor of the choice.” Conscious deliberation is, in theory, the base of informed consent.

All in all, respect for personal dignity and the prohibition of any discrimination on the grounds of age or health clearly legitimate the proposal for a Guide to collect the consent of older persons. In compliance with the “Recommendation CM/Rec (2014) 2 of the Committee of Ministers of Member States on the Promotion of Human Rights of Elderly Persons,” Council of Europe, the older person shall enjoy legal capacity in equality with any other persons; for us, to propose a GCC-OP contributes towards enabling the member State to guarantee the respect of such autonomy. Thanks to the GCC-OP, not only the elderly persons affected, but also their family members, legal guardians, representatives, and professionals are made aware of the need to achieve and preserve consent – directly or indirectly expressed – or an agreement, of their right to information, and of their right to choose. In this way, possible abuses and misuses can be avoided, and the older person, as a legal entity, can be better protected. In such a context, active ageing would, consequently, be favoured, too.

Finally, these objectives merge with different KMUs. In order of priority, the following links may be widened:

- KMU3-KMU2: the GCC-OP is a consensual tool aimed at reminding everyone that, whatever her/his state of health, the older person remains free. S/he may wish “to continue making choices for the duration of OP allows for the implication of the elderly individual in major decision-making regarding her/his health. However, the GCC-OP can be perceived as a tool with a her/his life,” to interact with others, and to fully participate in social life. It is noteworthy that the GCC-wider vocation, aiding all kinds of professionals working closely with older persons with the identification of their potential needs and wishes regarding all sorts of activities. By expressing her/his consent, the older person remains active and involved in her/his whole life and, more generally, in her/his community.

- KMU4-KMU2: the GCC-OP constitutes an innovative and open tool; it defines a common base of regulations proceeding from common traditions of the Member States, together with national adaptations. The Guide makes possible a comparison between national practices, in accordance with the “open method for coordination.” Professionals working with the Mutual Learning Platform (MLP) developed within WP5 (and KMU4) could propagate the activation and usage of this tool. The GCC-OP may, moreover, be improved by joint projects between professionals, older persons, and their families in order to obtain a complete view, including all the older person’s social, socio-health problems, and well-being considerations.

- KMU1-KMU2: the GCC-OP may help to bring down barriers linked to ageing, more particularly when cognitive troubles exist.

- KMU5-KMU2: the GCC-OP, once adapted, would enable the collection of consent of older persons before testing the new technologies.
2- TO ENGAGE SOCIETY IN RESEARCH

- To propose an adequate methodology for integrating end-users in technology- and service-development, through the activation of places of interaction called Technology Experience Cafés (TECs). (Methodology and Description are addressed in Deliverable 2.1.). The Consortium partners mobilize final-user groups for the Technology Experience Cafés and On-road Technology Experiences (OrTEs), through their local networks.

- Five Technology Experience Cafés have been organized, in France, Italy, Denmark, and Germany.

- In France, the Université de Pau and CARINNA were responsible for coordinating the organization of the Technology Experience Café, which also gave the option to participants to visit the “spin-off incubator” space for newly-created companies. TEC#1 took place in Troyes in October 2013.

- In Italy, the Municipality of Torino, was responsible for coordinating the organization of the Technology Experience Café, in cooperation with external stakeholders. As they coordinate the City Observatory on Older People which brings together organisations, associations and stakeholders working on ageing, the Faculty of Psychology – Neuroscience at the University of Turin provided support in the implementation of the Technology Experience Café and helped contact different target groups involved in this action. TEC#2 took place in Torino in February 2014.

- In Denmark, InvestorNet was the coordinator of the experience which was carried out on May 8th 2014, and in Germany, the research centre DFKI will be the organizer.

- The Technology Experience Cafés allow us to define better the target we are focusing on, as well as to extend it not only to direct but also to indirect users.

- Former science and technology practice applied to the specific needs and requirements common in elderly people related mainly to the handicapped or strongly-dependent groups. Such groups will be given special attention in the TECs.

- The On-road Technology Experiences (OrTEs) are an opportunity for citizens to participate actively in the definition and development of a specific technological innovation, which will "travel" for the duration of the project through different EU countries in order to gather the opinion and experience of the final-users. Being a more dynamic experience, OrTEs will allow the gathering of less specific and predefined information, and to collect information in a more rapid and spontaneous way, thereby providing a new approach to the project.

- Even if the targeted users are elderly people, the technology does not have to address specifically this population, but it does have to be oriented towards a more autonomous and healthier life. This
corresponds to the objective of SitforAGE, addressing primarily elderly people, but also taking into account the need to anticipate future demands of coming generations. By including them in the process of technology development, the On-road Technology Experience also avoids considering elderly people as a specific category.

- Regarding the objectives of Work Package 2, the identification of barriers to the use of technology, involving elderly people in the evaluation of technologies being developed through the TEC, is in line with easing access to technologies to a wider population.

- In the European context, involvement of civil society (user) in the development of technologies and ensuring better access to services and products through technologies, are the challenges addressed to strengthen the competitiveness of the European Union.
- To assess older people’s needs in terms of age-related research (Deliverable 2.5). To date, five Technology Experience Cafés have taken place, and we have studied the possibility of presenting this methodology to an internal call of EIT HEALTH.
- To promote older people’s engagement with research through local intervention programmes. The methodology and some intervention programmes have been carried out in Portugal, Turkey, and Austria.
- To build a recommendation guide with a view to increasing the engagement of older people with research. The creation of this guide is in progress and includes the analysis of context and the results of WP2 and WP3.

In WP3, the Empowerment of society, and especially older people, to actively participate in the definition of research needs and priorities, and to improve the channels with the following objectives:
- Analyse the priorities established by society in future research and innovation applied to active and healthy ageing.
- Establish mechanisms that could facilitate cooperation of civil society organisations representing aged people and society with the research community in order to define research priorities and to engage society in research.
- Understand elderly people’s perspective on how research could contribute to their well-being.

Among the results expected from this Work Package, a better knowledge of the mechanisms that could facilitate cooperation of society with the research community in order to define research priorities and to engage society in ageing research will have been identified and made available to society and the research community.

• Task 3.1 Social participation of aged people

The initial point of this task is the KMU3. The Knowledge Management Unit (KMU3) “Older Persons’ Active Participation and Inclusion in Society; Inequalities Associated to Ageing” is a constitutional component of Work Package 3, with the title “What do we want from science and how we engage,” with the objective to integrate civil society, and in particular elderly persons, into the process of expressing innovation needs in society, of defining research orientations, and in setting priorities among them. In order to maintain or even further develop prosperity and social cohesion in European society, one of the most important political goals is to keep people integrated in society. As the population of the European Union is ageing dramatically – by 2025, at least one out of five Europeans will be 65 years or over – it is of vital
societal interest to also offer to this age-cohort appropriate conditions for continuous contribution to the economy and to society, and to ensure that they can look after themselves for as long as possible.

The Work Package’s activities are essentially about chartering elderly persons’ values and perspectives and, consequently, their expectations regarding solutions of their problems through research and development that are effectively promoting their independence and well-being. Through their life experience in the professional world, as well as in all other sectors of human existence, elderly persons have accumulated a huge amount of practical experience on what people in general need and about the existing difficulties to adequately match these needs. They can rightfully be considered as a “thermometer” and a “knowledge library” of society. In order to boost elderly persons’ participation in science management, particular attention will be given to ways and means for the improvement of cooperation and communication mechanisms between organised civil society and the research community.

Knowledge Management Unit 3, as the central content-oriented support mechanism for the whole of Work Package 3, focuses on fundamental aspects of participation and integration of elderly persons in European society, including a close look at the obstacles and barriers that might prevent these processes from being effective. Its approach is oriented by the concept of “a society for all ages” with a “life course perspective,” having as important goals large opportunities for “active ageing,” for “full integration,” for “self-determined participation,” and for “independent living.”

In its approach, Knowledge Management Unit 3 will not focus solely on elderly persons, but will take a life-course perspective as opportunities for participation in society, integration into the community, and corresponding barriers and obstacles are not only issues concerning the elderly cohort in European society, but also other segments of the population, especially when disabilities, illnesses, or poverty may create limitations. These lead to specific needs of people concerned for appropriate arrangements and support – in terms of hardware, software, and social and health services – in their home environment as well as in the public sphere. Consequently, the approach will also consider ways and means by and with which to create “more enabling environments” for better participation and integration of all persons, and thereby come closer to “a society for all ages.” The KMU is defined in Deliverable 3.1 that has already been submitted.

Also, the collection of knowledge regarding opportunities, problems, needs, challenges and expectations individuals have to deal with during their life course is an important activity.

It provides a valuable basis or starting point for further, objective research on priority issues.

Research might help to:
• To identify crucial subjects of scientific interest;
• To formulate options for political decisions in view of the promotion of a “Society for all ages,” and to identify possibilities for improving living conditions, independence, participation, and the integration of elderly persons.

A questionnaire has been created with the aim of defining priorities for elderly well-being: assessing elderly people’s perceived needs; assessing elderly people’s perception of society’s response to their needs and
desires; and assessing elderly people’s value-attribution to innovation. Once these assessments have been made, all of these priorities will be compared with the stakeholder’s perspective.

Exploration and analysis of available relevant research instruments: Community Assessment Survey for Older Adults (National research centre, US); WHOQOL-100 (WHO Quality of Life field trial); SAGE (WHO Study on global AGEing and adult health); CFAS II (Cognitive function and ageing studies); ELSA (English Longitudinal Study on Ageing); BAS (Belgian Ageing Studies project).

Drafting a questionnaire covering the fields of health condition, lifestyle, interests, and use of technologies. Short-listing stakeholders and associations to recruit participants in debate sessions and workshops.

The participating partners prepare a list of the stakeholders to be involved in the analysis and will contribute to the elaboration of the questionnaire.

SIC, SCML, EURAG, FONDACA, and HCAS conducted several focus group sessions with the aim of identifying priority situations and fundamental needs that can become topics of scientific interest. The target audience of these focus groups were 55-75+ year-old people from five countries – Turkey, Lithuania, Italy, Portugal, and Austria). The participants were selected taking into consideration education levels, gender, and community engagement levels, so that the heterogeneity and homogeneity of the sample were ensured.

The analyses of the results revealed the following:

- In the category Needs of older persons, the main expressed need was material security, followed by social and personal connections – friends, grandchildren, children, neighbours, people with the same interests, and occupation – hobbies, gardening, social and cultural activities.

- In terms of Contribution to society, the participants named their work and life experience as the most important contribution to society. Other important contributions are: support to other people; and showing initiative to organize elderly people for joint activities.

- In the category Spheres of active participation, the most frequently mentioned were family and social environment – communication, involvement in community and neighbourhood, spending time with family.

- The main Barriers to active participation are financial barriers were small pensions and low income, lack of motivation – psychological well-being and unwillingness to participate, health condition and ageist attitudes in the society – indifference, discrimination by age, and disrespectful approaches by young people.

- The main Measures to promote active participation mentioned by the participants were removing financial obstacles, that is, helping elderly people to overcome financial problems, improving their financial situation, discounts for elderly people – for transportation and cultural events, changing society’s approach towards elderly people, and educating the youth to respect elderly people.

- To prevent ageist attitudes through intervention programmes with children and young people. To fulfil this objective, intergenerational programmes are running in Portugal, Spain, Brazil, Lithuania, and Italy. An e-book with the ImAGES programme has been launched and presented at several international forums. The e-book is available at
3- TO ENGAGE RESEARCHERS IN CONSIDERING SOCIETAL NEEDS FOR RESEARCH

- To assess decision-making processes for shaping future research into AHA.

- To promote ethics and social responsibility in ageing research, particularly through the launching of a prize that will reward a research project on AHA that considers the active participation of society and has a high societal impact.

In WP6, the SIforAGE partners UB-GISME (University of Barcelona), the Basque Culinary Center (BCC), and UdL-Grup Dedal-Lit (University of Lleida) organized a Round Table on Ethics and Social Responsibility in Ageing Research in Barcelona.

- Also, a method to measure the impact of social innovation has been developed in the project (Deliverable 6.4) and has been presented at the Conference of the American Gerontological Society.

This report presents a proposal of key indicators to measure the social impact of ageing research. Following a literature review in the impact assessment field, the SIAMPI method – Social Impact Assessment Methods for Research and Funding Instruments through the study of Productive Interactions between science and society – was chosen. The SIAMPI method, which was developed during work on an earlier FP7 project, was deemed to present the most promising approach in this area. SIAMPI is based on the importance of measuring productive interactions. Productive interactions are defined as encounters between researchers and stakeholders in which both academically-sound and socially-valuable knowledge is developed and used. SIAMPI is based on measuring processes rather than actual impacts. Since the measurement of actual social impacts is hard to achieve due mainly to problems of temporality and attribution, it is preferable to focus on process interaction. The basic idea of SIAMPI is that, if the processes that correlate with social impacts (including long-lasting ones) are known, it is possible to use these process characteristics as a proxy of social impact. The SIAMPI methodology has been used in the past to measure the social impact of research in different projects and areas of interest in different countries.

In this work, the SIAMPI method is tested outside the scope of the original FP7 project for the first time. It is tested on an array of different projects studying ageing in four European countries (Lithuania, Portugal, Spain, and The United Kingdom). Eight research projects were analysed and thirty interviews were conducted with researchers and stakeholders working on these projects. Results confirmed the initial framework proposed by SIAMPI (direct, indirect, and financial productive interactions), thereby demonstrating the transferability of this method to the ageing research field. A more detailed analysis of the interviews by two independent coders, while using thematic analyses methods, also revealed more specific dimensions, extending the SIAMPI framework. A sample of four main themes and ten subthemes were created based on the interviews. Each subtheme presented in some cases more detailed categories that allowed measuring the social impacts of ageing research in more specificity. The main themes and subthemes identified were: 1) Researchers (research areas); 2) Stakeholders (types and interests); 3) Productive interactions (types, exchanges, enhancers, and continuity); 4) Social impacts (level, perceived efficacy and sustainability).
Following the SIAMPI guidelines, a Contextual Response Analyses (CRA) was also performed in one of the cases (Portugal), showing the value of applying this method as a way to measure the social impact of key publications.

The results of the present study are encouraging and suggest the use of this type of methodology to assess the social impacts of ageing research in future studies.

- TO PROMOTE THE INCLUSION OF SCIENTIFIC EVIDENCE ON POLICY MAKING

Objectives
The objective is to improve the inclusion of innovation aspects in public policy-making procedures in the field of active and healthy ageing, and the identification of the basis for evidence-based policy-making. It is also of the utmost importance to analyse how the normative change regarding ageing, that is, active ageing and anti-discrimination laws, is being proposed at the institutional level and how that may impact the ideas and practices of groups and individuals on that issue. One important way to advance towards social change is to foment legal and policy innovation (Castro and Batel, 2008) and, this being so, an analysis of the implementation of active-ageing policies from an international, cross-cultural perspective will be carried out. The ways in which anti-age discrimination directives and laws have been incorporated into these political documents have been analysed. The leader of WP4 is the Municipality of Krakow (GMK).

- Task 4.1 Addressing R&D policies in the domain of Active and Healthy Ageing

An analysis of the way different public administrations address active and healthy ageing programmes, policies, and supporting schemes will be carried out by the Consortium, in order to have a better knowledge of the differences in policy making procedures adopted and developed by different public administrations. The analysis covers complementary public administration departments involved in active and healthy ageing policy definition, such as health, social issues, research and technology, economy, urban planning, and transport, etc. The study covers public administrations at regional, national and European levels in an attempt to establish comparisons between the different aspects covered by each of the administrations’ levels. The methodological structure that will be followed for this analysis will include questionnaires and structured interviews with a selected number of policy-makers. A session in Knowledge Management Unit 4 has been organised to discuss the outcomes of the analysis, to investigate country-specific differences, and to compare opinions of stakeholders.

The main goal of KMU4 is to explore three specific domains of knowledge within the conceptualizations inherent in social innovation for the population of elderly persons in Europe. A complete description of KMU 4 is available in Deliverable 4.1 which has already been submitted.

To achieve this result, the participating Consortium partners, under the guidance of the SIforAGE project’s scientific coordinator and on the proposal of the Municipality of Torinno, leader of KMU4, have decided to undertake a semantic analysis of case studies produced by the partnership.

Each participating partner was, therefore, requested to provide narratives of innovative and successful
experiences based on the responses of important actors – to be specified more precisely later – to questions on three topics:

• social protection system;
• social inclusion system;
• care models.

All topics are addressed to persons who are 65 years old or older. However, the first topic – social protection system – is more general, belonging to what may be termed the “prevention area,” and is aimed at the entire population, having a significant impact on the elderly.

The second topic – social inclusion system – is more specific and includes those interventions specifically designed to promote the social inclusion of elderly persons.

The third topic – care models – is addressed especially to those persons in a situation of “frailty,” often belonging to the “fourth age,” and at risk of hospitalization in a structure for persons reliant on care. In these cases, some targeted interventions can help persons to stay in their homes and live a more dignified life.

In many case studies, particular attention has been devoted to the current condition of ‘old age.’ The perception of isolation appears at once, while the more immediate preoccupation is the pension. The other concepts – story-telling, learning, challenge, memory, tools, measure ..., though very interesting in terms of innovation, appear rather distant, located deep in the background. It seems appropriate to bridge the gap and to make the opportunities more easily accessible to elderly persons.

• Task 4.2 Active ageing and ageism in European policies: a cross-cultural comparison
  i) The comparison has been carried out by means of documentary analysis of legislation and public service policies:

  - On the one hand, legislative documents, policies and governmental measures relating to active ageing and age-discrimination, which have been produced in the last decade in a sample of European countries, will be collected. This will allow a chronological account to be produced and an assessment made of whether and at what time these concepts started to be institutionalized as a domain for social change.

  - On the other hand, discourse analyses will be undertaken on those documents, focusing on the most recent ones, in order to identify the main representations conveyed in the documents that relate to ageing and, specifically, healthy and active ageing. This allows data from the other studies to be interpreted and contextualized at the institutional level.

Deliverable 4.2 “Analysis report on ways to design R&D policies on active and healthy ageing” has been already submitted.

The aim of this report is to sum up actions taken within task 4.1 “Addressing R&D policies in the domain of active and healthy ageing.” Measures taken within the framework of task 4.1 focused on fundamental
familiarisation of various types – widely-understood programmes, projects, and initiatives, implemented by public administration institutions connected with issue of active and healthy ageing. Its aim was to invent a scheme for the operations of various types of public administration authorities, applicable at various levels, in addition to comparing the operational practices.

The main conclusions are:
A common denominator of all of the analysed projects in the present task carried out by each of the partners is a clear indication that elderly people be enabled to:
• enjoy healthy living for as long as possible; or,
• in the case of loss of health or its deterioration, the creation of conditions enabling elderly people to remain independent for as long as possible, as well as allowing them to remain in their normal place of residence for as long as possible, by ensuring specialised health care at home, among other factors.

Task 4.3 Decision-making processes and tools used by public administrations for policy-making
It is considered relevant to analyse the decision-making processes and supporting tools used by public administrations to establish priorities for active and healthy ageing. The analysis will cover different, relevant aspects on policy-making in order to construct a more open, effective, and democratic European knowledge-based society for the integration of scientific advances in society.

Deliverable 4.3 Report on the implementation of active ageing policies, ageism and social innovation in an international and cross-cultural perspective, already submitted.

This report targets the implementation of active ageing policies and the relevance attributed to anti-age discrimination laws (AADLs) within the European context. Our goal was to evaluate the implementation of AADLs in the actual practices prevailing in the aging domain, and it reflects the work conducted in Task 4.2 of the SIforAGE project, involving partners from five countries: Austria, France, Italy, Poland, and Portugal.

Task 4.4 Identification of innovative approach in R&D policy-making in ageing- evidence-based policy-making
The aim is to identify innovative approaches used by public administrations in the way they proceed in policy-making, taking into consideration democratic approaches with society to establish priorities and decision-making processes. The normative corpus being listed and intending evolutions underlined, we analyse its implementation in practice. The French case gives an illustration: several entities are in charge of the systems- and tools-deployment, with various and even divergent concerns, regarding the taking charge of aged peoples. For instance, the “communautés de communes,” the “Centres Communaux d’Action Sociale,” the non-profit organizations in assistance at home, the liberal doctors and the medico-social establishments such as old people’s homes, experience real difficulties in coordinating their actions. Despite the creation of new networks, coordination and control methods still need to be defined and established. Data has been gathered in the field by means of “semi-directing” interviews with actors involved in taking charge of ageing peoples, specifically institutional actors, and with the affected families.

The practical analysis of healthy and active ageing is brought face to face with the conceptual analysis of systems and tools in order to underline imperfections, failures, and possible improvement orientations for the future. Advice and recommendations, aimed at improving the ageing systems and relating innovative procedures are intended to be disseminated in order to favour a better understanding of the ageing network, better information for families, and a more efficient control of populations.
All participating countries were able to identify innovations in policy-making in various fields:

Health policy:
- Innovations in dementia care; end-of-life care; and management of long-term disease and disability (UK)
- Public health measures to address physical and mental wellbeing, through interventions such as art therapy, chair-based exercise, sleep management, nutrition (France, Italy, Portugal, UK)
- Encouraging people to take responsibility for their ageing, to remain active and healthy and ensure that they can stay economically active (Poland, UK)

Labour market and employment policy:
- Drawing on research evidence and information from employers to develop advice and best practice (UK)
- Bringing together stakeholders from public, private, and charity sectors (France, Italy, UK)
- Funding community-based work for people who are unemployed (Italy)
- Promotion of digital inclusion (UK)
- Specific measures to alter substantially prevailing attitudes to early retirement and, instead, encouraging elderly workers to remain in employment (Poland, Portugal, UK), workforce-planning and knowledge-exchange between older and younger workers (France)
- Subsidising both salaries of older workers and their training and professional development (Portugal)

Transport policy:
- Some countries are focused on alleviating social exclusion and improving opportunities for elderly people, for example, through the provision of voluntary taxi schemes, bus and rail services (discount schemes), community transport (UK, Portugal, France, Italy)
- In contrast, in other countries, even discussing the implications of an ageing population on transport is considered innovative (Poland and France)

Despite the wide range of policy innovations and initiatives in each area – including many successful ones – it is clear that the reality “on the ground” sometimes falls far short of expectations. For example:
- Budgetary constraints often impede implementation of national policies at regional and local level (Poland)
- Caring responsibilities – often falling to women – can restrict opportunities to remain in the labour market, especially if “flexible working” is not available (UK)
- Perceived inflexibility and lack of relevant skills in elderly workers (UK)
- Pressure from younger workers to limit participation of elderly workers to protect jobs (Portugal)
- Gap between national priorities and local needs (Poland)
- Lack of evidence-based policy-making (France)
- Difference in the needs of rural and urban populations (UK)

Innovation in the policy-making process includes collaboration and partnership; this is especially successful between the private and public sectors. The inclusion of elderly people in shaping policy also has a positive impact on successful innovation and, in particular, the assessment of the needs of the ageing population. It is essential to continue investing in people throughout their lives, especially in terms of continued training and development for elderly people, mentoring programmes, and knowledge-partnerships.

Task 4.5 Report with policy recommendations and examples of best practice in public policy-making in active and healthy ageing

A final report with conclusions extracted from the previous analysis is being elaborated. An example of the structure of the report that will be extracted from this analysis is:
- Administrations levels and departments involved in active and healthy ageing policy definition;
- Description of the areas of responsibility of each public administration and department;
- Procedures and supporting tools used by public administrations to prioritize policy schemes; and,
- Recommendations and best practices.

Deliverable 4.5 Examples of best practice in evidence-based policy-making and policy recommendations for active and healthy ageing

4 - TO PROMOTE THE PARTICIPATION OF POLICY-MAKERS IN RESEARCH

- To organise four mutual-learning sessions with the aim of improving the participation of policy-makers in the research process. Contacts have been selected, and surveys and mutual-learning sessions for policy-makers are being designed, and some sessions have already started. The platform and the educational programme established for this purpose are functioning, and we are trying to connect policy-makers at local and national level. The platform is available at

Six Mutual Learning Sessions (MLSs) with the policy-makers were organized. The main aim of the MLS is the presentation of the Mutual Learning Platform (MLP) to the target public which is encouraged to use it. All the MLSs were organized following the Vademecum drafted in Turin in order to define common guidelines. The recommendations contained in the Vademecum concerned organizational issues, technical information about the MLP, communication, and reporting. The results are described in Deliverable 5.3.

- On 3rd and 4th March 2016, the VIII Meeting of the WHO Healthy Cities European Network Task Force on healthy aging was held, hosted by the City of Udine. On the Meeting’s agenda, a space was reserved specifically for a presentation of The SIforAGE Project, in order to reach a wider number of national (and European) stakeholders. All participants have been given access to the SIforAGE Mutual Learning Platform.

5 - TO PROMOTE THE INTRODUCTION OF INNOVATIVE SERVICES AND PRODUCTS FOR AHA

- To analyse how entrepreneurs create new companies, services, products, and technologies for AHA. These activities, such as sixteen Master Classes, focus on the exploitation of results and achievements by businesses that have been generated within The SIforAGE Project. An analysis has yet to be undertaken of product standards and of barriers to the implementation of services, including conditions for niche-market products and services for aged persons.

- To propose a practical guide for training stakeholders in the private sector, in public authorities, and in organised civil society, enabling them to innovate in the field of AHA. Business Coaching was carried out in a Master Class as a broad way to attract potential SME’s to The SIforAGE Project, and to inform potential academic and not-for-profit organizations with older persons as focal point, about the opportunities and challenges of creating a commercial solution.

- InvestorNet-Gate2Growth’s methodology in Business Coaching is two pronged:
  - The ‘theoretical’ “How to Attract Investors” method and the book which reviews the Business Plan writing format, are designed to show potential entrepreneurs how investors think, and what process a proposal
will go through. The method views innovation and commercialization processes through the lens of funding, i.e., that all innovation will require some sort of funding if it is to reach its full commercial potential. The different types of funding, together with the requirements and challenges of each type of funding, are presented in the new edition of the book.

- With the ‘practical’ one-on-one business coaching for SMEs and University Spin-outs, it is assumed that each business opportunity has specific and concrete resources allocated to it, for example, the potential entrepreneurs, the capital available, the network surrounding the innovation, and that the Business Model suggested by entrepreneurs needs to address all the parts. When conducting this kind of coaching we use a comprehensive list of questions, included in this document, based on the Canvas method developed by Osterwalder and our own experience.

- The case companies mentioned in this document were the ones with which we had more than initial meetings. The coaching happened in one-on-one sessions, with parring on the case company’s current technology, its potential Business Model, and the strategic partnerships needed to disseminate the solution and augment the market. The end result was to create a document that could present the Solutions as an investment opportunity to potential Strategic Partners. Twenty-nine TBOs were created, and case descriptions of seventeen have been elaborated in Deliverable 8.4.

- In addition, a review of past business plans and new ones has been proposed in Deliverable 8.6. Too many business failures have been caused by the wrong choice of a business model, a choice which is more often based on what suits best the entrepreneur and what is possible within the financial resources available, rather than reflecting a thorough understanding of the customer’s decision-making process or circumstances. The best way to start a serious “business model” discussion is to bring forward a few illustrative examples, and start the discussion from there. In The SIforAGE Project, we simply need to assist the interested companies and entrepreneurs on a case-by-case basis, not only with respect to business models, but also with respect to market analysis and the analysis of regulatory barriers and opportunities. The focus on business models is of particular importance. It is seldom the new technology which makes the difference between a business success or a business failure. It is the chosen business model which makes the difference. Therefore, it is important to allocate more resources to the analysis of and choice of business models. Owing to the diversity in the sector and among countries targeted by The SIforAGE Project, it is not possible to identify a few “key types” of business models which have greater chances of being successful than others. What can be proposed as a sound way forward is, in a structured way, to compare the “pros & cons” of any chosen business model with the other potentially-relevant business models relevant for the individual case. By using such a very simple screening process, it should be possible to derive semi-rational justification of the “pros & cons” of different realistic models, and the financial/funding consequences and requirements of each model. All the business cases and projects already identified within the SIforAGE-targeted sector vary with respect to technology, target-user groups, and payment expectations. Some are expected to be paid in full via public funds – the customer becomes very different from the user, and is a public administration entity – while others will be purchased by individual persons – full identity between user and customer – while still others will be a mix.

- Selling or introducing new processes, new technology, and new technical solutions to existing companies (embedded technology) and customers is, as explained above, a difficult challenge. It depends on the technical superiority and user-friendliness of the new technology or process compared to the “old” one. However, more often and more significantly, it depends on the “business model” applied and the expected “pay-back” time or “welfare improvement” of the new solutions compared to all alternatives – including comparison with the option: “do nothing.”
Knowledge Management Unit (KMU) has been revised under the leadership of DFKI. The main conclusions are:

- There is a need for a comparative analysis of the most typical responses that European care systems offer to older persons in their effort to support better ageing at home. In fact, in Europe there is a significant diversity of approaches and strategies when it comes to health and home care, and this represents one of the major discriminative features in quality-of-life. The differences rooted in history, traditions, economic capacities, etc. can be observed in fundamental features of health/care systems, such as:
  - Roles played by different stakeholders (individuals themselves, families, communities, charities, businesses, etc.);
  - Funding principles: from purely public-funded systems, such as, for example, in Scandinavian countries; through mixed models, such as, for example, in Southern Europe; to predominantly insurance-based models, such as, for example, in Germany;
  - Balance between public and private drivers and providers;
  - Focus points for health/care interventions (prevention vs. cure), etc.

The following factors play a role in defining typical support an older person can expect to receive in order to stay longer in her/his preferred home:

Conclusions and Recommendations (These will be extended and harmonized in the deliverable D8.1)

- The various experiences and examples of good practice available in Europe, in addition to expert opinions, confirm that the further development of home care systems allowing longer and better ageing at home under the current conditions of continuous demographic shift is impossible without radical reforms of economic and organizational principles of their functioning and funding. Pure social or technological innovations will not be able to sustain without viable business models, funding opportunities, engagement with all stakeholders, the creation of private-public partnerships and, eventually, the enablement of a market of services and products for better ageing at home. Therefore, there is a need for consensus in society as a whole in respect of the principles and underlying regulatory framework.

- There is a need for a change in the focus of the provisioning of services and innovations for better ageing at home. The current approach, when the care services and market-available products are predominantly addressing the already developed impairments of older persons and aiming at their mitigation, does not provide the basis for attaining the goals of extended healthy ageing at home. We need an adaptation of the social care and health/care systems, which addresses potential threats to public health before they turn into clinically-manifested social disorders or situations requiring that significant resources be mitigated. A healthy lifestyle, services and products for prevention, and the early detection of those impairments which drive older persons from their homes into residential care, is the priority development direction. The set of measures, starting from the promotion of healthy lifestyle among future older persons down to the creation of the system of incentives stimulating prevention vs. cure, shall be supported. Additionally, there is a need for socio-economic research on the impact of investments in prevention vs. investments in mitigation and residential care.

- RTD policies shall stimulate public and private RTD performers to develop technological solutions that
are economically feasible by addressing the needs of longer and better ageing at home. The allocations of resources shall cover the entire RTD and Innovation cycle, starting from blue sky research, for example, on biological fundamentals of ageing and associated diseases such as Alzheimer’s, down to measures facilitating entry into the market for related products and services, including those stimulating investments in the field. An important aspect is to coordinate the activities implemented at the EU level and on national levels to avoid duplication and depletion of resources. The ESF mechanisms shall be used fully in this field. Proper coordination and synchronization between various EU funding schemes, for example, Horizon 2020, EIT, Eurostars, etc., shall be established.

- Various technological innovations for better ageing at home will be accepted and will deliver their impact on quality-of-life and social support systems only if their design and development are carried out by means of co-creating processes involving all relevant stakeholders, including older persons, their families, caregivers, financers, etc. The principles of co-creation and participatory research shall be incorporated in the design of RTD and innovation funding schemes as a prerequisite. Special coordination and support measures developing further and promoting in RTD communities the principles of co-creation and user participation shall be supported.

- There is a need for comprehensive socio-economic studies about the impact of innovative services and technologies for better ageing at home, as well as innovative business models of service delivery, on quality-of-life and the economic basis of social support systems. The resulting quantitative methodologies and tools allow for the reliable estimation of economic effects resulting from the introduction of specific services and products for better ageing at home, and shall be widely used for decision-making on public support to service development.

The book How to Attract Investors, which includes important contributions, has been completed and presented at The SIforAGE International Conference. Furthermore, the Project Officer has been provided with a copy of the book.

6- TO DISSEMINATE INFORMATION AND KNOWLEDGE AMONGST STAKEHOLDERS

To disseminate findings and results amongst members of the scientific community, society in general, civil society organizations, and policy-makers.

The SIforAGE White Paper to the project's official website. It is in the tab publications, here is the link to it: http://www.siforage.eu/publications.php

Following the link anyone interested may download the document, according to the open access policy, in any of the 9 languages it is translated to. The document will be download in a pdf file and in a user friendly interface.

We have also publish the announcement of the document release in the project's social networks, as well as in the winter's issue of the project's newsletter.

Here you may find the links to the social networks' publication:

Twitter: https://twitter.com/siforage

Facebook: https://www.facebook.com/Siforage-Active-Ageing-European-Project-222647981224027/
The strategy for the dissemination of information and knowledge deriving from the project, together with the findings and results that relate to Social Innovation in Active and Healthy Ageing, is centred on a European Award, launched in June 2014. We have selected three winners and they are working on our principal task-force ideas.

At The SIforAGE International Conference, presentations were made of the three projects. The first project, the “ESium Proyect – Active Aging and Intergenerational Solidarity: An example in the university context,” was presented by the project manager Silvia Martínez de Miguel López, of the University of Murcia, Spain. In turn, the “Crowdmapping Mirafiori Sud” project was presented by Grazia Giulia Cocina, from the Department of Architecture and Design of the Turin Polytechnic, Italy. Finally, the “Enred@te” project was presented by Francisco Javier Gimeno, Vice-President of the Spanish Red Cross, Spain. All the details are to be found in Deliverable 7.4.

In addition, there is a strategy to contact stakeholders – to date, 2,108 stakeholders are in contact with us, all part of the SIforAGE ecosystem – and the dissemination of information and knowledge has been described in Deliverable 9.1 “SIforAGE Communication Platform created and updated, and a Community Manager for Social Networks.”

The nature and scope of the different elements to be collected

- Collection of scientific information – a review of the literature – in order to exploit already existing research results on how to promote elderly people’s involvement in technology use.
- Collection of data from participants in Technology Experience Cafés (TECs) – questionnaires – in order to evaluate user-friendliness and the impact of the new technologies tested.
- Collection of data from local intervention programmes – questionnaires – in order to assess older people’s needs as input for further research.
- Collection of information from research and researchers on decision-making processes in AHA research.
- Collection of examples of good practice that enable older people to be engaged in research.
- Collection of information – questionnaires, interviews with policy-makers – on policy-making processes in AHA.
- Collection of examples of good practice that enable policy-makers to include scientific knowledge in policies for AHA.
- Collection of information from the private sector, public authorities, and organised civil society on examples of good practice and barriers to innovation in the AHA field.

How to identify these elements – such as examples of good practice, data, etc.

The different Work Packages (WPs) have to identify examples of best practice in Europe, in relation to different programmes concerning older people, programmes, and devices. It is intended to introduce an explanation as to how results from evidence-based policy-making can improve political decision-making processes, using examples from countries that are more advanced in this aspect than others. The project will also include training activities with policy-makers that are designed to address future shaping of ageing research programmes and funding schemes, reflecting on social responsibility of Science, reaching
society in general, and older people in particular. The knowledge accumulated from the collection of examples of good practice as provided by the KMUs and as gathered from the TECs, will be circulated to policy-makers, to businesses, and to researchers through the Help-Desk.

How to channel these recommendations to stakeholders, and how to select recommendations

The recommendations have been disseminated to stakeholders through the six-monthly Newsletter, an event in the European Parliament (on April 17th 2016), and The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing (19th-20th October 2016), which incorporated an End-of-Project Symposium (21st October 2016) that was open to the general public. The dissemination of recommendations is also to be carried out through other scientific and non-scientific conferences, through publications, and through the despatch of public reports to all those stakeholders who have participated in The SIforAGE Project.

The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing was made up of two parts: Day 1 and Day2 (19th and 20th October), and End-of-Project Symposium (21st October).

On Day 1 and Day 2 of the Conference, held in the University of Barcelona on 19th and 20th October 2016, Professor Jean-Pierre Michel (Geneva Hospital and Medical University), Professor Diana Kuh (University College London), Dr Margaret Morganroth Gullette (Brandeis University, USA), and Dr Montserrat Cruz (University of Barcelona) gave keynote addresses. In addition, Day 1 and Day 2 gave an opportunity for thirty-two selected papers to be presented by one hundred and eighty contributors from twenty-one countries. The papers were presented in the following panel sessions: Social Innovation for Active and Healthy Ageing; Strategies for Social Inclusion; Cultural and Literary Creativity as Innovation for Social Change (3); Service Solutions for Older People; Healthier Ageing: Dementia and Mental Disorders; Intergenerational Solidarity and Care; Services and New Technologies for Older People (2); Societal Participation and Inequalities; and Social Innovation Programmes.

During Day 1 and Day 2, sixteen selected posters were displayed and presented by their creator(s).

In addition, a session was dedicated to the presentation of the entrants and winning projects of The SIforAGE Prize.

A Shared-Experience Café (business orientation) took place during the afternoon and evening of Day 2.

Approximately one hundred persons attended the activities of Day 1 and Day 2 of the Conference.

On 21st October 2016, the End-of-Project Symposium took place at the CaixaForum Barcelona. Professor Tom Kirkwood (University of Newcastle, UK and University of Copenhagen) gave a keynote address.

Professor Kirkwood’s address was followed by the presentation of the main SIforAGE results by Consortium Partner members, a Round Table discussion with policy-makers, chaired by Professor Alan Walker (University of Sheffield, UK), and a Show Cooking demonstration, presented by Iñigo Cojo of the B C li C t
The afternoon of the End-of-Project Symposium began with a première of a specially-commissioned play Prime Time, authored by Núria Casado-Gual. The main role, Glòria Aran, was performed by Imma Colomer. The play was directed and produced by members of Nurosfera.

The play was followed by an interdisciplinary dialogue, chaired by Professor Norbert Bilbeny (University of Barcelona).

The Photography Exhibition “A Full Life” by Ana Portnoy was on display throughout the Conference.

An estimated two hundred persons attended the activities of the End-of-Project Symposium.

The website address of The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing is: www.siforageconference2016.eu

SIforAGE partners will disseminate the results of the study in their respective countries as widely as possible at different levels, both local and national, and to all relevant stakeholders, and through diverse media. To date (November 2016), 2,108 stakeholders have been registered and The SIforAGE Project presented to them. The stakeholders will also receive a set of explanations regarding the importance and the intended effects of the recommendations.

We have now developed different proposals for a video presentation that includes the idea of older persons as active contributors to society:

- A positive vision of ageing
- A new vision of ageing
- Diverse people revealing a positive attitude towards society

How to disseminate the results of the Project to a wider public

Dissemination will be carried out via the Internet (World Wide Web), newspapers, universities, schools, and presentations in all forums in which we are involved. The Consortium is made up of eighteen partners, with more than sixty persons working for four years on the Project. Some communities have still to be accessed, and there is a need to increase and promote awareness and sensitivity in civil society regarding the concept of AHA.

Furthermore, a White Paper Document “Making Choices for a Society for All Ages” has been produced, as a result of the Project.

The SIforAGE Project has pooled together a remarkably broad range of competences, experiences, approaches, and views. Through its research, the Project has examined current issues of ageing society – in particular, in the European Union, but also with a view beyond Europe – in a multi-conceptual and multi-disciplinary manner with the objective of coming up with evidence-based information for better
understanding the major concerns regarding European population ageing, and to identify elements that potentially can contribute to addressing problems of an ageing society through innovative policies and strategies.

The first chapter of the publication clarifies the nature and purpose of this White Paper. It describes in some detail for whom it has been conceived and how it can and should be used. In particular, it points out that the intention is to provide decision-makers at various levels and in a variety of areas concerned with population ageing with a kind of manual that helps them in their efforts to better understand the complex phenomena related to ageing, and to act as rational as possible in contributing to the realisation of “a society for all ages.”

The second chapter offers operational definitions and important aspects of issues addressed in the later part of the White Paper to allow a more precise apprehension of ageing as a multi-dimensional process, of what is meant by active and healthy ageing, of the situation and the possibilities of participation of older persons in European society and, finally, of the nature and relevance of social innovation.

The main and most important part of the document is Chapter Three, with twenty-three sub-chapters dealing with a great variety of significant issues connected with ageing in Europe. Each sub-chapter starts by presenting selected findings and observations on the respective topic with the intention to familiarise decision-makers with different facets of the issue under discussion. The introduction and informative section is followed by recommendations for policy-making, strategy-development, and concrete action.

The issues addressed by the sub-chapters deal with aspects of values and fundamental rights in European society, the actual situation and problems of older persons, their needs and possible choices, how to best serve older persons, their capacities, and their potential that society can benefit from in various areas. But they also include considerations as to why and how society should invest in policies for older persons, the economic and financial rationales of policies and strategies and, last but not least, a brief view of the market opportunities European ageing society offers to the market actors.

Some of the specific findings, conclusions, and recommendations may be considered to be known already. However, in this White Paper they are put into a wider and rather holistic context that, presented all together, may change their single-sided significance and value.

In Chapter Five “About The SIforAGE Project,” the interested reader can find links to various documents of The SIforAGE Project in which detailed outcomes of the scientific work performed are reported.

It is evident that a short document such as this White Paper cannot be comprehensive, covering all the issues related to ageing, and, moreover, it cannot go into all the details of the topics selected. It is also understood that the situation can be very different in the various European countries and that the stages of development of ageing policies and strategies may have a broad spectrum of specific objectives, approaches, and methods. However, the components of this document follow, in the first place, the intention to offer decision-makers a broad view of the complex process of ageing in Europe from many different angles. The descriptions and the recommendations are meant to provide just “starters” and “food for thought,” to constitute a starting point for further reflection and discussions among decision-makers,
and all those concerned by certain decisions or the lack of them. The White Paper should focus attention on the various issues raised, stimulate one’s own assessment of the concrete phenomena, encourage reflection on possible solutions of prevailing problems, and develop a deeper understanding of new opportunities, thereby helping to shape the future of Europe towards “a society for all ages.”

In the fourth short chapter, some general conclusions are drawn from The SIforAGE Project work and from the considerations presented in this White Paper, which lead to some major recommendations on required further action at European level. The final Chapter Five provides interested readers with detailed information about the Project “Social Innovation on Active and Healthy Ageing for sustainable economic growth” (SIforAGE). It describes the purpose and the approach of the Project, the partners involved, and the main methodological approaches, and it gives a brief overview of the outcomes.

The document has been produced in English and translated into several official languages, such as French, German, Polish, Latvian, Spanish, Italian, Portuguese, and Lithuanian. An online version is available on the SIforAGE website.

An Advisory Committee (AC) will be created for monitoring the project throughout its different stages and for the validation of the final policy recommendations guide. The participants are: Dr Juan Carlos Arango, Ikerbasque Researcher, Dr Antonio Casado, Expert in Bioethics; Dr Parminder Raina, Head Researcher of the Canadian Ageing Longitudinal Study and lecturer at McMaster University, Canada; Prof. Carla Constanzi, University da Sapienza (Italy), Dr Jacob Erik Holmblad, economist and expert in Pensions, PFA, Denmark.

They have met on four occasions:

First meeting – November 26th, 2012, in London. The recommendations are the following:

1. The coordinator and leaders of WP3 should consider the heterogeneity of the ageing population, taking into account their cultural diversity.
   - The reviewers think that this project should focus on the baby-boomers, that is, people who are now between 55 and 64 years old. However, different partners of the Consortium do not think the same for several reasons: people between 55 and 64 years old are not elderly people; prevention and promotion can have a place in the lives of persons over 65; the results cannot be generalized to cover the overall elderly population, for instance, the results found in the use of technologies.
   - Besides, the Consortium states that sampling issues must be considered; for instance, to have both genders in the sample, different age groups and, maybe, immigrants.

2. As ethical issues are transversal over the whole project, the advisory group might set up a subgroup devoted to the ethical and legal aspects, recruiting more members, if necessary.

3. Partners of the SIforAGE project as a whole and, in particular, the leaders of WP4 should consider using the framework of “evidence-informed policy-making,” rather than “evidence-based policy-making.”
We have to set up a practical objective. Which outcomes will be delivered when the project comes to an end?
4. Partners should involve policy-makers in the General Meeting of the WPs in order to exchange ideas with them.

Second meeting – April 11th, 2014, in Barcelona. The recommendations are the following:

➢ The AC wants strongly to emphasize the view of the elderly population around the world as a resource rather than as a problem. This methodology should be deeply embedded in all aspects of the project. Instead of asking what we – and especially the politicians – can do to enable elderly persons to improve their situation, the politicians and other policy-makers should ask themselves what they can do for the elderly in society to make use of the resource they represent. In this way, elderly people become an ageing workforce, functioning as a means to face the challenging demographic deficit in the future workforce. The inclusion of “for sustainable economic growth” in the title of the Project underlines this thinking.
➢ On approaching the challenge of an active and healthy ageing, one should focus on people in the range of, for example, 55+. But focus should be brought to bear not only on this age group. It is important also to bring tomorrow’s elderly into the loop here and now, because persons who are elderly now will have other needs and requests relative to what is perceived as appropriate today.
➢ The Project’s management has to be aware of – and conscious about – the ethical challenges connected to the different agendas and issues related to an analysis of the ageing workforce. Data privacy is only one of several issues which have to be taken into account in further work. Specific recommendations of the AC include, among other issues, the Ethical Framework as part of the KMU.
➢ It is important that the project recommendations are based on available, synthesized evidence. This should also be the case in relation to external resources referred to; for example, when the Project is making use of an external source of information such as a website. It is of fundamental importance to secure that such information sources are based on reliable and valid evidence.
➢ The AC recognizes that the substance of the matter and scope of the Project calls for a rather broad and diversified working structure. The Knowledge Management Units and the Work Package structure attached hereto seem to be a practical and pragmatic way of coping with the huge amount of data, knowledge, experiences, and other factors inherent in the project.
➢ The broad layout necessitates a controlled information flow and an in-depth dialogue between the different, responsible agents across the layers of the working structure. The AC was pleased to see the management tools used by the project management, for example, the use of the dashboard in the securement of the correct progress of the overall project.
➢ Public engagement is an important issue and should be integrated into work practices via the different WPs.
➢ The AC wants to emphasize the importance of drawing on as many experiences and as much existing knowledge as possible in order to avoid “reinventing the wheel” in the ‘mature’ area of active and healthy ageing. The possibilities and challenges facing the elderly are not new, and it is important to gather and draw on the huge amount of work undertaken in many EU countries and abroad. The AC is especially pleased to see the retrieval of data, knowledge and experiences, both inside and outside the EU.
Special observations, remarks and recommendations
- The AC sees the need for the communication of their recommendations, in a visible way, in the final report to the EU Commission.
- The members of the AC are willing to participate as observers in specific meetings of relevance, taking their individual competencies and expertise into account.
- The SIforAGE project is aligned and coordinated with other initiatives on active and healthy ageing at European and national level, with the aim of ensuring the complementarities with relevant initiatives and addressing common challenges in a coordinated way.

MEETINGS WITH OTHER PROJECTS OR INITIATIVES
- Bilateral meetings will be held with representatives of these initiatives, to present the objectives and activities to be carried out in SIforAGE, and explore and discuss the coordinated approached that could be used, for example, in the organisation of events, common publications, or working meetings. Additionally, representatives of these initiatives will be invited to take part in key SIforAGE activities, such as the Knowledge Management Units (KMUs), Technology Experience Cafés (TECs), or the Final Conference. More than 22 persons of the different projects have been contacted and collaborate with SIforAGE.

- Among the initiatives that will be explored:
  - (EIP) active and healthy ageing;
  - (JPI) More years for better lives;
  - (JPI) healthy diet for healthy lives;
  - European Older Platform;
  - European Alliance for Families and ERA-AGE Group;
  - Stakeholder Intervention Inventory (SILVER);
  - Community Assessment Survey for Older Adults;
  - Ageing and social cohesion programme (Calouste Gulbenkian Foundation);
  - Older people, well-being and participation (University of Brighton);
  - Building a society for all ages (Secretary of State for Work and Pensions by Command of Her Majesty, UK);
  - As Time Goes By... Thoughts on well-being in later years. Collected and written by a group of older people in Brighton and Hove for their peers everywhere (University of Brighton and Age Concern, Brighton, Hove and Portslade©2012);
  - The OPTIFEL Project (Optimised Food Products for Elderly Populations): Future participation in the World Exposition in Milan in 2015: “Feeding the Planet, Energy for Life”;
  - Organisation of meetings and conferences involving various EU funded projects: OPTIFEL; New dietary strategies addressing the specific needs of elderly population for a healthy ageing in Europe (NU-AGE); Personalised Food using Rapid Manufacturing for the Nutrition of elderly consumers (Performance); and SIforAGE.

- Coordination with SATORI MML.
- Identifying initiatives on active and healthy ageing at national and EU level:
  - Global ageing campaign (coordinator in Lithuanian Global Initiative on Psychiatry);
  - health promotion and education campaigns (Regional public health centres);
  - health education initiatives and events (Health education and disease prevention centre);
Innovage project activities (Lithuanian innovations centre).

- Synergies and collaboration possibilities have been already identified with complementary projects to SIforAGE, and will be further identified along the project duration: SHARE; FUTUR-AGE; SIAMPI; ICT & Ageing project; CHANCES; EPIC; INNOVAGE.

PE2020 in Brussels

- Also, the SIforAGE Consortium is participating in one proposal for the next Call “Innovation for healthy living and active ageing” of the European Institute of Technology (EIT) in relation with the Knowledge and Innovation Communities (KIC).

Conclusion

The SIforAGE Project initiates and carries out research programmes that involve a large variety of relevant stakeholders, to identify prevailing and expected needs for the support and maintenance of active and healthy ageing in European society. In particular, the Project collects and analyses successful strategies for social inclusion, non-discrimination of older persons, and their enhanced participation in society. It also monitors inter-generational programmes, research priorities, examples of good practice, well-designed, useful technologies, promising business plans, and helpful scientific data. In addition, the Project assesses public policies and research programmes. The outcome of these investigations is then used for the formulation of recommendations and suggestions addressed to politicians and other decision-makers, at European as well as at national level, in order to support evidence-based policy-making and, thereby, to contribute to the achievements of the European Union’s objectives called “Agenda 2020.” During the whole duration of The SIforAGE Project, there has been a strong emphasis on information and knowledge dissemination through a regular project Newsletter, but also by using social media as well as personal contacts with more than 2,108 stakeholders, by presenting results at scientific events, and by offering information to older people and society at large about the importance of healthy and active living at any age.

It is, obviously, not possible within the framework of such a project, with limited financial means, to perform holistic, pan-European research and data collection that covers all aspects of active and healthy ageing in European society. For this reason, SIforAGE cannot be said to be “a typical research project;” within The SIforAGE Project, based on collaboration between the project partners and the European Commission, efforts are concentrated on the promotion of an enhanced and more effective involvement by policy-makers and civil society in the orientation of research work and support to innovation processes relating to the promotion of active and healthy ageing. In this way, The SIforAGE Project uses a dynamic approach of “conceiving - observing – testing – analysing – readjusting – concluding – recommending” that is sufficiently flexible to explore still unchartered opportunities. It is an innovative project characterised by high and efficient collaboration between multidisciplinary partners.

Potential Impact:

- Round Table with experts on ethical aspects of research at the European level: scientific experts, scientific policy-makers, civil society representatives. The Workshop was held in Barcelona in December.
The complete report “Research beyond the Labs: Responsible Research and Innovation applied to Active and Healthy Ageing Research” can be found at the following website address: http://www.siforage.eu/publications.php?q=Responsible%20Research

- Training sessions on the key ethical and social-responsibility aspects to be taken into account in research into ageing. Participants will be scientists – sociologists, psychologists, health-workers, biochemists, geneticists, etc. – scientific journalists, and editors of scientific journals.

Extract of the text of Professor Innerarity on “Social Responsibility in Science”

The collective learning processes that have been called “true experiments” do not take place in a laboratory according to methodologically determined rules. Instead, they are carried out in an open environment in which social, technical, and environmental processes cross paths, integrating the participation of many stakeholders with different interests, values, and objectives (Weingart / Carrier / Krohn 2007, 139). True experiments are carried out in a setting that cannot be completely reduced to theoretical models or isolated into an ideal research environment, making it so uncertainty is particularly great and backtracking is practically impossible. These difficulties are best perceived in the problem of side effects. If there were no side effects, if processes were reversible, science could rely on absolution for its failed experiments. These parameters were assumed when scientific autonomy and freedom of research were configured. But the scientific system is increasingly aware of the fact that it has to anticipate its effects on a world from which it is no longer comfortably separated by the boundaries of the experimental arena. Science must remain cognizant of issues, keeping in mind what it cannot fully resolve or what it can scarcely repair. That is why it must develop its own way of managing uncertainty. One of the paradoxes of science is that the sooner the reflection about consequences begins, the greater the uncertainty about the knowledge of those consequences will be, while the later the reflection begins, the greater the inefficiency will be when it comes to avoiding or correcting those consequences. The decision about whether or not to continue a scientific process is always made under uncertain assumptions. It is not possible, not even financially, to prove systematically and ex ante all the imaginable synergies that could lead to side effects. It seems as if we can only choose between decisions that are practically blind or knowledge that comes so late that almost nothing can be changed. Many health norms, for example, stem from this paradigm of security and precaution that is not applicable to current problems. This explains the perplexity of government agencies or of public opinion concerning decisions that we might consider either hasty or opportunistic, an abuse of power or an exercise in responsibility. Daniel Innerarity Current collective experiments cannot wait until absolute certainty is attained. Global warming, the design of the world economy, and food production are eloquent examples of this type of experimentation. The special concern or irritation these experiments produce results from their uncontrollable size, their lack of regulation, and the difficulties of backtracking. With these experiments, we cannot give ourselves time for a learning curve after we make mistakes, because these are not simply preposterous hypotheses or practical failures; they are potentially fatal errors from which society must be properly protected. We have gone from a consistent manner of solving problems that arose from the development of science and technology to the reduction or prevention of unwanted consequences. The politics of knowledge cannot afford to act indifferently, limiting itself to a posteriori repairs. We can no longer put everything off for later intervention. For these experiments that we make with ourselves, there are no protocols. Protocols would
have to come from the mediation between science and the desires of society, from those “hybrid forums” (Callon / Rip 1991) in which scientific and political controversies take place. Until now, we have lived with a clear distinction between science and politics. The unusualness of our situation is that we combine the precise and exact criteria that control scientific tasks with the political space where they attempt to generate confidence and make a choice (Latour 2001). The comfortable distinction between people and things, between facts and values, between the two cultures (the sciences and humanities), has been broken. The most interesting part of it is now found in connecting political realities to science and technology. We can assert that scientific fields where there are not too many outside factors to be considered are less creative, while those that are more “contextualized” are more relevant (Nowotny / Scott / Gibbons 2004, 211). It is obvious that scientific objectivity is possible, but objectivity is greatest when the project is more abstract and holds less practical significance. At the same time, although science has achieved a monopoly on explaining the natural world, it does not control all interpretations. Other types of knowledge continue circulating, making claims of validity. The desire for meaning, for example, cannot be satisfied by science alone. This would lead to the paradox that science is more successful than common sense when it comes to discovering and explaining reality, but less so when it comes to interpreting what it all means. The greater the extent of meaning that resides in science, the greater the involvement of other social players. Scientists are in charge of science, of course, but many other people intervene in interpreting it, which –ultimately and to varying degrees– makes it a collective task.

Task 6.3: Discussing the social impact of research into ageing (establishment of indicators)

Considerable resources have been committed to research on ageing, and measuring the economic impact of projects is increasingly commonplace. However, measuring the social impact of research has proven to be more elusive. This requires mixed-methods approaches that include qualitative methods to supplement quantitative measures in order to assess the possible ways that research has a wider social impact in the real world. For example, how it may have contributed to changes in policy and practice, or influenced behaviour change. SIforAGE has adopted and adapted the SIAMPI approach based on ‘productive interactions’ so that it can be applied to ageing research to provide some potential indicators of social impact. The main challenges of attributing observed impacts specifically to research activities and the time span between research and its embodiment in social practices remain, but there is an opportunity to apply a valid methodological approach to ageing research in Portugal, Spain, Lithuania, and the UK.

The activities in this task involve the identification of a suitable research centre on ageing and the selection of one or two relevant projects developed there. ISCTE-UL have developed structured interview schedules for interviews with researchers and stakeholders based on the SIAMPI approach that covers the background of the project and the context in which productive interactions took place with stakeholders. These productive interactions are explored as either direct and personal contacts during and after the research, indirect interactions as a result of the research that are commonly in the form of outputs such as reports, articles and guidelines, and financial interactions to describe the involvement of the stakeholders in the project. Interviews are being conducted by all relevant partners with all interviews being transcribed into English so that they can be qualitatively analysed by ISCTE-UL using NVivo software to identify key themes of social impact. This qualitative analysis is supplemented by a bibliometric analysis of the range of citations within and beyond the academic field of the main publications from the project to provide some plausible indicators of social impact.
Task 6.4 Participatory research: engaging older people and the future older in research activities

Task leader: USFD

This task is being undertaken by five partners – USFD (UK); ISCTE-IL (Portugal); BCC (Spain); SIC (Lithuania), and ASPRI (Latvia) – to provide a range of perspective and experiences on user involvement.

The SIforAGE Consortium wants to establish durable and sustainable ways for engaging current and future older people in research activities. This task has adopted the FUTURAGE recommendation that user involvement is a critical issue for ageing research: “User involvement means to concretely engage users at all stages, to design with them their role throughout the process, to take into account their needs and concerns throughout the whole process, to carefully encourage, recruit, support and train them (FUTURAGE, 2011: 85).” This is an ambitious aim that places numerous challenges on researchers and funders to engage users throughout the research process in a constructive, considerate, and empowering manner.

The first step in this task is a review of the guidance for user-involvement from research funders in each partner country to provide an understanding of the context. User-involvement in research is at different stages of development between and within countries, depending on the academic discipline, and it is likely that in most cases the extent of user-involvement is not a factor or is not limited to being participant subjects.

The second step is a review of the literature on user-engagement to highlight experiences and good practices identified by researchers and participants. Although widely written about, there is no agreed definition on user-involvement and participatory research, although there are defining characteristics that include defining the research questions, developing research approaches, gathering and interpreting data, and the dissemination of research findings. For example, the International Association of Public Engagement has a five-step spectrum ranging from informing, consulting, involving (as an advisory or steering group), collaborating (as co-researchers), and empowering (user-led research with older people by older people), while the National Institute for Health Research in the United Kingdom has a four-band typology of consultation, collaboration, co-researchers, and user-led research. This review of the literature on researchers’ experiences of user-involvement will focus on collaborative co-research and empowered user-led research as these are the more active forms of user-involvement.

Partners will search and review papers and reports on user-engagement and participatory research, with a focus on older people to provide a descriptive and analytical review of key issues. This will provide an overview of experiences of user-involvement of older people in research across five countries. This will include the benefits of user-involvement, the challenges and risks that researchers experience when conducting participatory research, and how barriers such as engaging with older people with dementia can be overcome. As FUTURAGE noted, there is no single model for user-involvement in research, but this cross-national review of the reflections of researchers and participants will form the basis for
guidelines on general principles for participatory research with older people now and in the future.

This work will contribute to the development of Knowledge Management Unit 1 “Healthy Ageing for Healthy Living Years,” and contribute to Knowledge Management Unit 2 “Mental Capacity and Alzheimer’s Disease.” Furthermore, a White Paper Document “Making Choices for a Society for All Ages” has been produced, as a result of the Project.

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In the fourth short chapter, some general conclusions are drawn from The SIforAGE Project work and from the considerations presented in this White Paper, which lead to some major recommendations on required further action at European level. The final Chapter Five provides interested readers with detailed information about the Project “Social Innovation on Active and Healthy Ageing for sustainable economic growth” (SIforAGE). It describes the purpose and the approach of the Project, the partners involved, and the main methodological approaches, and it gives a brief overview of the outcomes.

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The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing (19th-20th October 2016), which incorporated an End-of-Project Symposium (21st October 2016) that was open to the general public. The dissemination of recommendations is also to be carried out through other scientific and non-scientific conferences, through publications, and through the despatch of public reports to all those stakeholders who have participated in The SIforAGE Project.

The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing was made up of two parts: Day 1 and Day 2 (19th and 20th October), and End-of-Project Symposium (21st October).

On Day 1 and Day 2 of the Conference, held in the University of Barcelona on 19th and 20th October 2016, Professor Jean-Pierre Michel (Geneva Hospital and Medical University), Professor Diana Kuh (University College London), Dr Margaret Morganroth Gullette (Brandeis University, USA), and Dr Montserrat Cruz (University of Barcelona) gave keynote addresses. In addition, Day 1 and Day 2 gave an opportunity for thirty-two selected papers to be presented by one hundred and eighty contributors from twenty-one countries. The papers were presented in the following panel sessions: Social Innovation for Active and Healthy Ageing; Strategies for Social Inclusion; Cultural and Literary Creativity as Innovation in Old Age.
During Day 1 and Day 2, sixteen selected posters were displayed and presented by their creator(s).

In addition, a session was dedicated to the presentation of the entrants and winning projects of The SIforAGE Prize.

A Shared-Experience Café (business orientation) took place during the afternoon and evening of Day 2.

Approximately one hundred persons attended the activities of Day 1 and Day 2 of the Conference.

On 21st October 2016, the End-of-Project Symposium took place at the CaixaForum Barcelona. Professor Tom Kirkwood (University of Newcastle, UK and University of Copenhagen) gave a keynote address.

Professor Kirkwood’s address was followed by the presentation of the main SIforAGE results by Consortium Partner members, a Round Table discussion with policy-makers, chaired by Professor Alan Walker (University of Sheffield, UK), and a Show Cooking demonstration, presented by Iñigo Cojo of the Basque Culinary Centre.

The afternoon of the End-of-Project Symposium began with a première of a specially-commissioned play Prime Time, authored by Núria Casado-Gual. The main role, Glòria Aran, was performed by Imma Colomer. The play was directed and produced by members of Nurosfera.

The play was followed by an interdisciplinary dialogue, chaired by Professor Norbert Bilbeny (University of Barcelona).

The Photography Exhibition “A Full Life” by Ana Portnoy was on display throughout the Conference.

An estimated two hundred persons attended the activities of the End-of-Project Symposium.

The website address of The SIforAGE International Conference: “Envisioning a New World” Social Innovation for Active and Healthy Ageing is: www.siforageconference2016.eu

SIforAGE partners will disseminate the results of the study in their respective countries as widely as possible at different levels, both local and national, and to all relevant stakeholders, and through diverse media. To date (November 2016), 2,108 stakeholders have been registered and The SIforAGE Project presented to them. The stakeholders will also receive a set of explanations regarding the importance and the intended effects of the recommendations.

We have now developed different proposals for a video presentation that includes the idea of older persons as active contributors to society:
A positive vision of ageing
- A new vision of ageing
- Diverse people revealing a positive attitude towards society

An e-book with the ImAGES programme has been launched and presented at several international forums. The e-book is available at:
http://www.siforage.eu/InternationalConference2016_es.php#.WITgZfnhA2w
https://www.facebook.com/Siforage-Active-Ageing-European-Project-222647981224027/

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