



FACTSHEET EUROPEAN FINDINGS ON SHAFE



An overview of the current situation on SHAFE in Europe, including training measures and the content of future SHAFE curriculums.



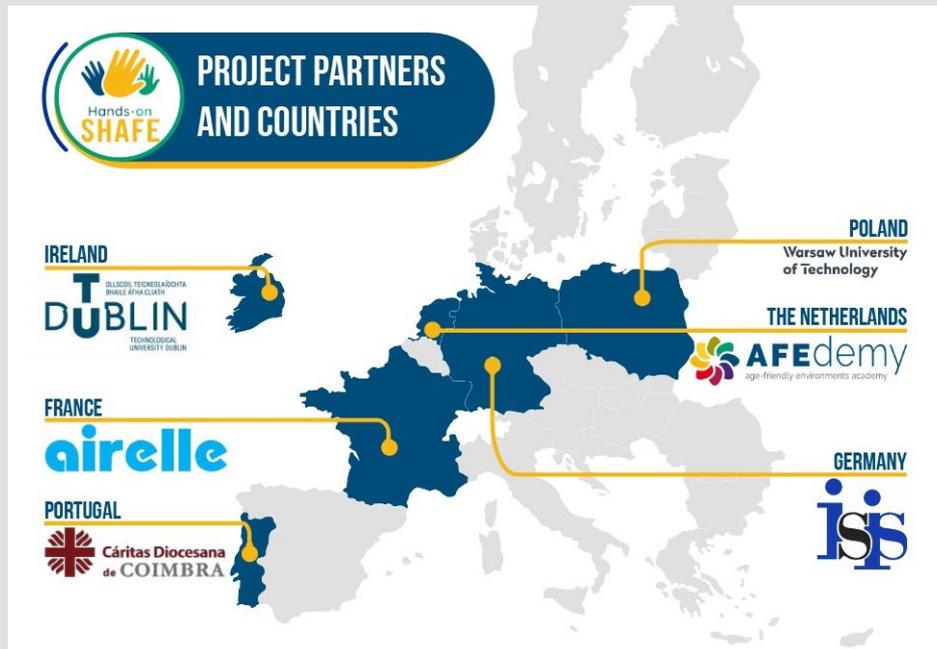
Co-funded by the
Erasmus+ Programme
of the European Union

Contents

Introduction.....	3
European facts and figures.....	4
Challenges and measures.....	8
SMART challenges and measures	9
HEALTHY challenges and measures	10
BUILT challenges and measures	11
BUSINESS challenges and measures	12
Needs	13
Learning offer SHAFE	14
SMART training	15
HEALTHY training	16
BUILT training	17
BUSINESS training	18

Introduction

Smart Healthy Age-Friendly Environments (SHAFE) are solutions that foster health, participation, independent living and physical activity of European citizens. These solutions include built indoor and outdoor environments, smart products and health and social care services.



The Hands-on SHAFE project¹ (2019-2022, www.hands-on-shafe.eu) aims to promote the implementation of smart healthy age-friendly environments. Therefore, we will develop SMART, BUILT and HEALTHY training packages for facilitators.



The target groups of the trainings are volunteers, entrepreneurs, family members, formal and informal caregivers and other stakeholders in personal services. Special awareness is given to persons who want to engage in an entrepreneurial initiative in the BUSINESS training package.

This Factsheet presents an overview of the current situation on SHAFE in Europe. It also provides the needed training measures and the content of the future SHAFE curriculums.

European facts and figures

At first, we reviewed the EU population and some of its characteristics. The involved partner countries in the Hands-on-SHAPE project make up almost half of the EU-27 population: 220 million people out of 447 million.

Table 1: EU population in 2020, per 01.01.2020 (© Eurostat 2020)

Country	Population	65-79	80+
Germany	83.166.711	12.558.173	5.405.836
Ireland	4.963.839	536.095	163.807
France	67.098.824	9.393.835	4.093.028
Netherlands	17.407.585	2.541.507	800.749
Poland	37.958.138	5.048.432	1.670.158
Portugal	10.295.909	1.585.570	658.938
Subtotal partner countries	220.891.006	31.663.613	12.792.516
European Union -27 countries	447.706.209	64.469.694	25.966.960

The European population of the 27 EU countries (without the United Kingdom) consists of over 64 million people who are older than 65 years of age, that 20.2% of the EU-population. Germany and Portugal are the most aged countries in the EU.

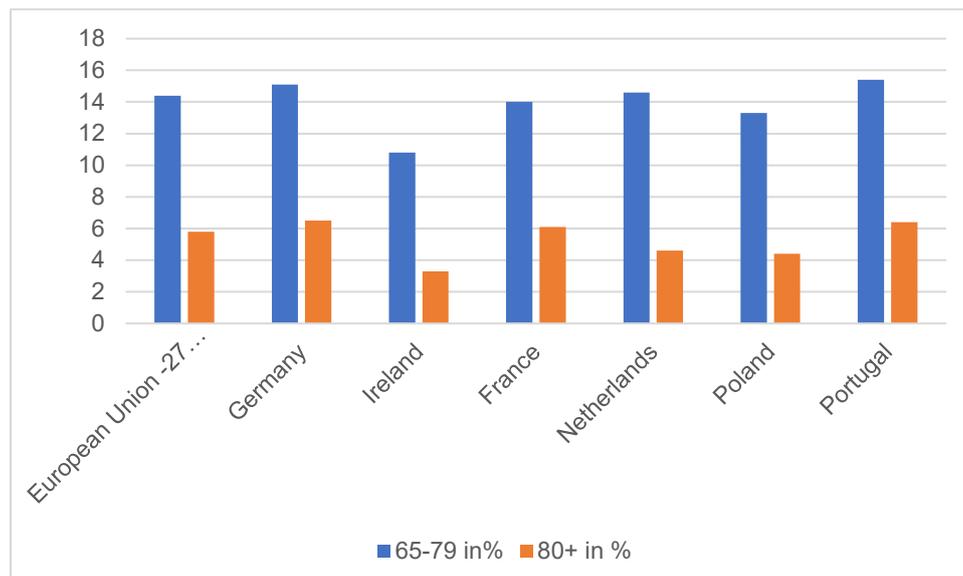


Figure 1: Proportion of 65+ of total population

Due to innovations and improvements in the area of healthcare services, the number of healthy life years has constantly increased in the EU. Nevertheless, persons aged 65+ are frequently facing long-standing illnesses or health problems that may reduce their quality of life (see figure 2).

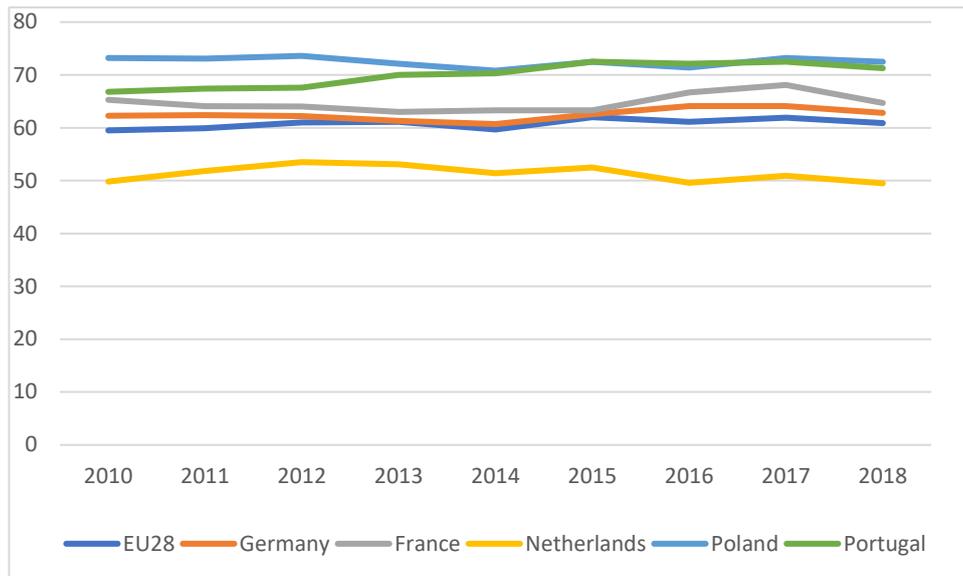


Figure 2: % of people aged 65+ with a long-standing illness or health problem (© Eurostat 2019)

More specifically, for physical and sensory functional limitations, it is noted that older adults in France have more hearing problems, whereas Polish people have challenges with walking and seeing.

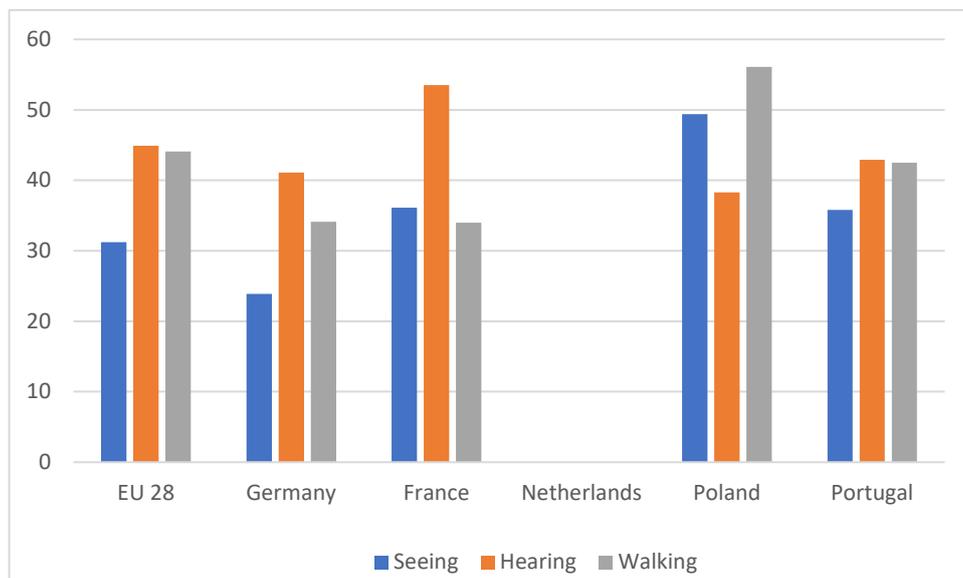


Figure 3: % of people aged 65+ with physical and sensory functional limitations (© Eurostat 2014; Netherlands not available)

The growing number of older and very old people in combination with an increasing probability of health problems also leads to a rising need for SHAFE products and services. This need applies for both medical services and long-term care. A survey of Eurostat in 2014 (updated in 2020) detected a lack of assistance in personal care for 38,5% of all surveyed people in the EU28 member states in 2014. Especially persons at the age of 75 or higher who often face several challenges in everyday tasks such as housework, preparing meals and taking a bath or shower. About 37,6% of these people have faced difficulties in doing occasional heavy housework, about 13% mentioned problems while preparing meals and 13,3% of the respondents cited certain challenges while bathing or showering.

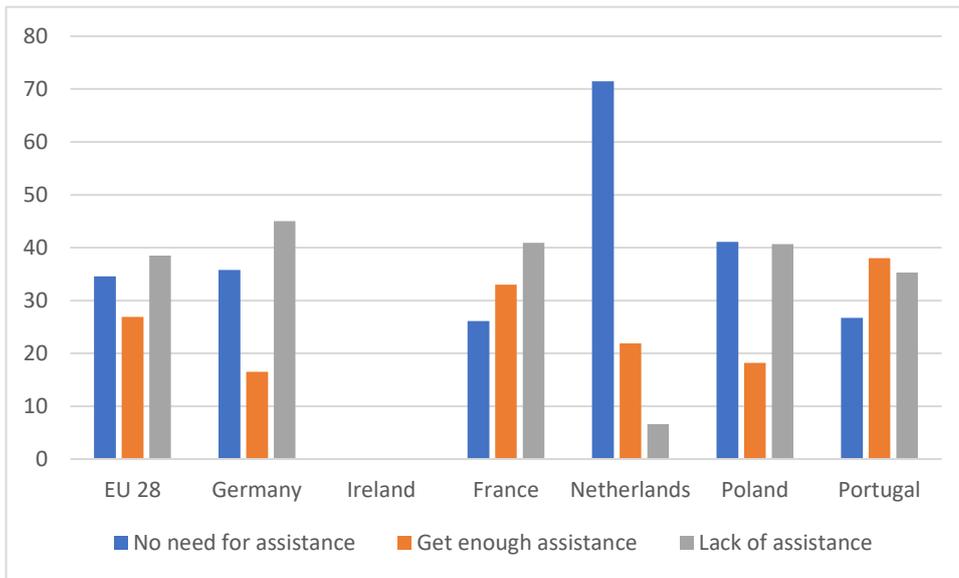


Figure 4: Need for help with personal care activities (%) (© Eurostat 2014; Ireland not available)

Older people face several additional challenges in receiving medical care. The costs of medical services, as well as long waiting lists and geographic distances to doctors can lead to unmet needs for medical examination, especially in the age group 75+. SHAFE approaches in the areas of telemedicine or individual digital monitoring systems thus have the potential to specifically address these challenges.

Eleven percent of all persons aged 65+ in the EU member states used homecare services in 2014, updated in 2020 (See figure 5).

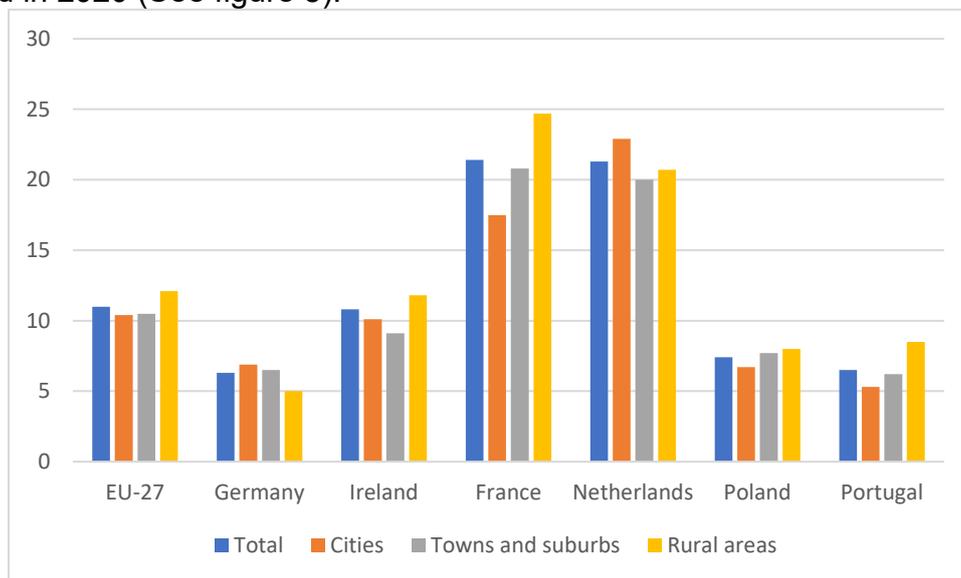


Figure 5: Self-reported use of home care services among people aged 65+ in 2014 (updated 2020) (© Eurostat)

Older people are not only consumers of health services but appear at the same time as assistance providers. In 2015 the ratio of people aged between 65 and 74 participating in informal voluntary work, including care work for another person, was about 25% for women and 23% for men. Hence, almost every fourth person committed to the public good, among others with social and health care services.

The percentage of households with some form of internet access in the European Union has increased continuously and is in 2018 at a level of 89%. Regarding the area of ICT, it has to be emphasized that 58% of people aged between 65 and 74 used the internet within the last 12 months (See figure 6).

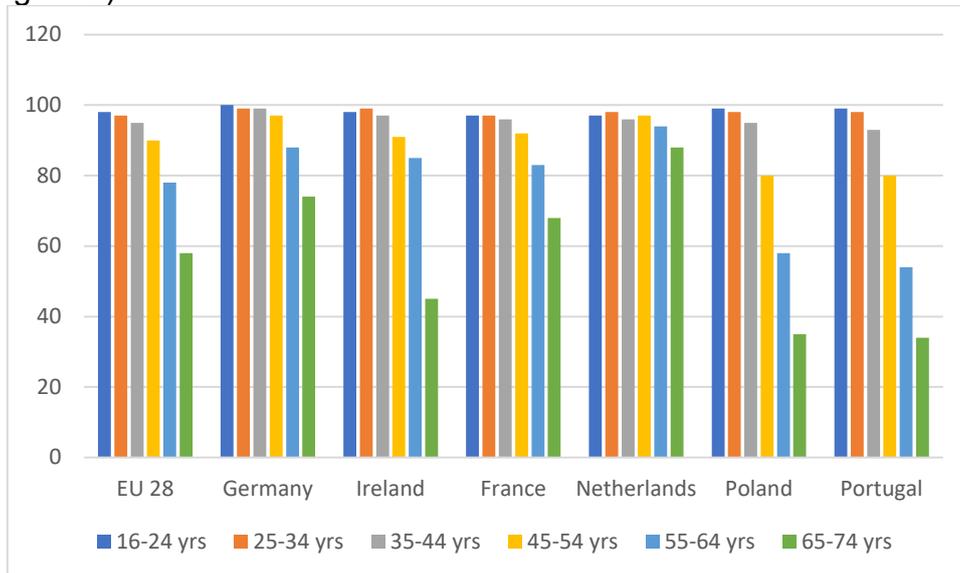


Figure 6: Internet use by age-group within the last 12 months (%) (© Eurostat 2018)

Almost half of the people between 65 and 74 years old are already regularly using e-mails as a digital communication service. Furthermore, the interviewed experts remarked that especially video calls are increasingly well received by older people. In combination with increasing numbers of households with internet access this can be considered as an evolving indicator for the implementation of upcoming eHealth services.

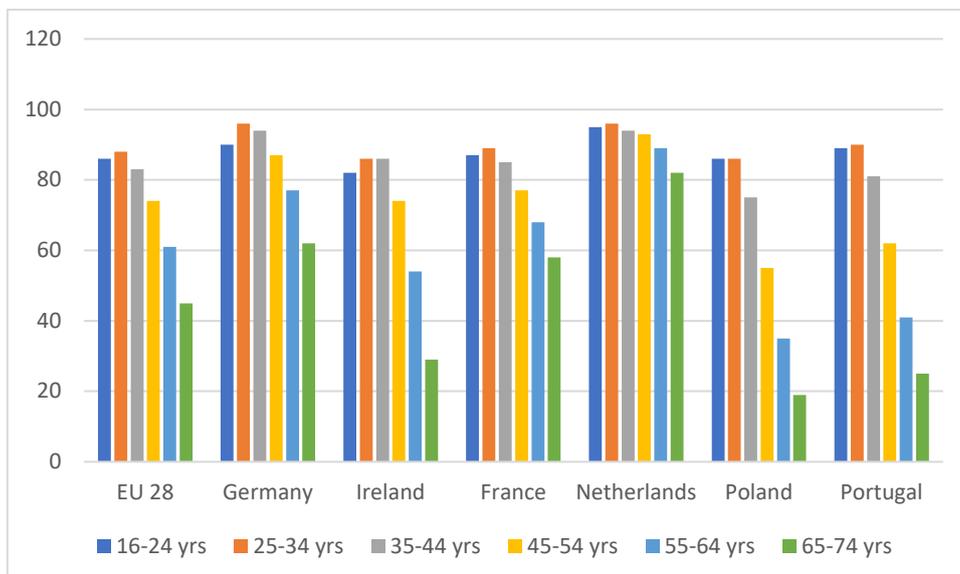


Figure 7: Individuals - Internet Use: sending/receiving e-mails (%) (© Eurostat 2018)

Challenges and measures

The following challenges and associated measures have been identified as a result of the research activity in Hands on SHAFE.

01 SMART



02 HEALTHY



03 BUILT



04 BUSINESS





SMART

CHALLENGES AND MEASURES

SHAFE measures in the SMART sector must in particular find solutions to the following challenges:

- 👉 Promotion of ICT skills among all those who participate in the SHAFE economy.
- 👉 Assistance in living a healthy life and preventing diseases
- 👉 Ensuring medical care in rural areas and reducing the workload of the health care system
- 👉 Support for autonomy and everyday tasks and promotion of social participation and integration

SHAFE measures aiming at improving the health and living conditions of persons in need if support can be:

- 👉 Apps for healthy lifestyles
- 👉 Retrofitting of buildings with digital infrastructure
- 👉 Mobile phones or tablets to promote all forms of e-inclusion among older people
- 👉 Apps to promote communication and social life
- 👉 Apps for planning barrier-free routes



HEALTHY

CHALLENGES AND MEASURES

SHAFE measures in the HEALTHY sector must find solutions to the following challenges:

- 👉 Support for autonomy and everyday tasks
- 👉 Promotion of social participation and integration
- 👉 Assistance in living a healthy life and preventing diseases
- 👉 Ensuring medical care in rural areas
- 👉 Reducing the workload of the health care system

Even if certain regional differences become apparent in the national reports and health systems have country-specific characteristics, the basic problems are identical. These are in particular:

- 👉 Loneliness and lack of family or community support
- 👉 Difficulty to remain active and have good access to services and leisure
- 👉 Difficulties in sharing information between different structures on the health and care systems and with community/caregivers
- 👉 Lack of income for the older adults or low skilled adults to adopt technology like wi-fi and equipment
- 👉 Lack of public resources in offering quality services to the increasing number of citizens in need

HEALTHY measures include, among others:

- 👉 Digital assistance systems
- 👉 Emergency systems
- 👉 Specialised help and advice for dementia and other diseases



BUILT

CHALLENGES AND MEASURES

SHAFE measures in the BUILT sector must in particular find solutions to the following challenges:

- 👉 Support for autonomy and everyday tasks
- 👉 Promotion of social participation and integration
- 👉 Implementation of suitable infrastructure

Essential SHAFE measures with a focus on the BUILT sector is the adaptation of the physical environment to the needs of individual users, including:

- 👉 Communal living
- 👉 Technical conversions
- 👉 Technical devices to facilitate activities in daily life
- 👉 Information on potential solutions

With special regard to smart home technologies and digital assistance systems, the following measures are needed:

- 👉 Development of concepts
- 👉 Installation of infrastructure for the use of digital technologies
- 👉 Maintenance and servicing of smart homes
- 👉 Further training of craft enterprises for digital technologies
- 👉 Adaptation of digital assistance systems to the specific needs of the users
- 👉 Training in the use of assistance systems

Barrier-free public spaces need:

- 👉 Counselling on barrier-free building
- 👉 Conception and implementation of reconstruction measures



BUSINESS

CHALLENGES AND MEASURES

For the HEALTHY area the following conclusions can be drawn for areas, promising a valid basis – often also for low-qualified adults – to start an own business:

- 👉 Fitness and wellness offers, including preventive sports programmes
- 👉 Promotion of health literacy
- 👉 Respite care offers to informal carers of dependent old people
- 👉 Supply of hearing and vision support technologies, prosthetics and orthopaedics
- 👉 Supply of everyday aids, e.g. easy-to-handle can openers, spikes for shoes for safe walking on slippery grounds, games for memory training
- 👉 Provision of healthy meals, e.g. meals-on-wheels or in a facility of the community
- 👉 Provision of other personal services, e.g. leisure, travel, cultural, educational or entertainment offers

For the BUILT area, the following market opportunities were identified:

- 👉 Retrofitting advice
- 👉 Retrofitting services
- 👉 Installation of smart home technologies
- 👉 Installation of ambient assisted living (AAL) technologies
- 👉 Supply of smart age-friendly furniture
- 👉 Provision of home sharing options
- 👉 Cleaning and sewing services, e.g. at the municipal market
- 👉 Repair offers in the client's home or in public facilities like repair cafés
- 👉 Transport or accompaniment services
- 👉 Support in the care for plants and pets, e.g. walking the dog

Within the SMART sector, the following activities have been identified:

- 👉 Installation of ICT devices
- 👉 Support in digital literacy
- 👉 Running of specific helpdesks and hotlines for seniors
- 👉 Advise and training in making use of SMART technologies
- 👉 Supply of eHealth technologies and robotics
- 👉 Support in making use of social media and networks to facilitate social inclusion
- 👉 Support in making use of online games to provide intellectual stimulation
- 👉 Provision of an aesthetic design of ICT tools

Needs

The role of trained SHAFE facilitators will be to personally advise their clients (the end-users) and/or provide practical support in promoting healthy lifestyles as well as comfortable and safe living environments. With a view to the needs of older adults and people with functional restrictions or disability, facilitators must comply with the following demands:

- ✎ Contents and methods of being counselled and supported are person-centred.
- ✎ Communication must be based on the clients' language and concepts of comprehension. Especially digital appliances should be explained in a way that is oriented at practical needs. Patience is an obligatory prerequisite for facilitators.
- ✎ Information must be clear and coherent.
- ✎ Content and approach must consider characteristics of ageing such as frailty and reduced mobility and characteristics of conditions that are exacerbated by age, such as dementia and arthritis.
- ✎ After a joint search for solutions to a problem, the client – and not the facilitator – defines the measures to be applied and the speed of implementation.
- ✎ In order to provide a basis for profound decisions in this respect, it must be clarified how the measures work and what are their benefits.
- ✎ Concerns about potential negative side-effects, especially data protection issues, must be taken seriously by the facilitators.
- ✎ In case of solutions that need internet access, the technical preconditions as well as the readiness to learn how to apply them must be clarified.
- ✎ Technical solutions that are offered should be intuitive in application; also attractively designed products are easier to accept.
- ✎ Blended solutions, applying digital tools with personal accompaniment, can reduce barriers of persons who are not familiar with them.
- ✎ If digital solutions are rejected despite a thorough clarification of facts, alternatives should be offered although they may be only the second-best solutions.

Learning offer SHAFE

SHAFE training for SHAFE facilitators will focus on the main areas of living: digital (SMART), health and wellbeing (HEALTHY), housing, outdoor environments and mobility (BUILT). Additionally, facilitators have the opportunity to learn business skills and become a SHAFE entrepreneur (BUSINESS). The training will inter alia exist of texts, interactive tools, quizzes and videos. Adult learners can choose which modules they want to follow or not. Each module will provide some kind of diploma or certification of completion.

The main target groups of SHAFE measures are persons who are in need of cure or care or those who are aiming at a healthy lifestyle to prevent or delay onset of diseases. Although this covers in principle all ages and health states, older persons, persons with disability as well as their relatives are the predominant targeted client groups.

Hence, in order to prepare facilitators-to-be for their tasks, especially the needs of persons at advanced age or with disability must be considered. As volunteers, caregivers or self-employed persons, they will usually deal with needs of everyday life. Problems that demand solutions at technically advanced levels will still be subject to specialist knowledge. Nevertheless, retired architects, for example, could cover this area as volunteers too.



SMART TRAINING

The SMART training on SHAFE will mainly focus on the following:



ICT BASIC SKILLS

- Smartphone and internet use
- Applications



SMART FOR HEALTHY

- Telecare
- Automation and support
- Internet of things use



SMART FOR BUILT

- Home automation
- Energy
- Safety



HEALTHY TRAINING

The HEALTHY training on SHAFE will mainly focus on the following:



HEALTH BASICS

- Wellbeing
- Health learning



LIFESTYLE AND THERAPIES

- Healthy lifestyle learning
- How to handle medicines and therapies



DEMENTIA

- What is it
- How to handle



IMPAIRMENTS

- Cognitive, physical, visual and hearing
- How to handle



CHRONIC DISEASES

- What are they
- How to handle



BUILT

TRAINING

The BUILT training on SHAFE will mainly focus on the following:



BASICS

- Barrier free principles
- Inclusive design



MOBILITY

- Barriers in mobility
- How to solve them



HOUSING

- Safety, comfort and easy maintenance



BUILT FOR HEALTHY

- Proper design
- Assistive technologies



BUSINESS

TRAINING

The BUSINESS training on SHAFE will mainly focus on the following:



BASICS

- Statistics
- Context and environment



OPPORTUNITIES

- Specific products and services in SHAFE



BUSINESS MODEL & PLAN

- Set up your own business