



FINAL PROJECT REPORT

HOPES project – deliverable D1.3

Report date	26/05/2013
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PUBLISHABLE PROJECT INFORMATION (TO BE USED BY AALJP)

1A. PROJECT		
Project full title	Help and social interaction for elderly On a multimedia Platform with E-Social best practices	
Project acronym	HOPES	
Project No.	AAL-2009-2-031	
Project Website	www.hopes-project.org	
Project duration	Starting date: 01/09/2010 Termination date: 28/02/2013	
Coordinator's name and details	Full name: Dr Christian SCHOEN E-mail address: cschoen@info-techno.com Telephone number: +33 (0)6 85 10 60 59	

1B. PROJECT PARTNERS

No.	PARTNER ORGANISATION NAME	PARTNER ORG. ACRONYM	TYPE*	PROJECT COSTS: PUBLIC GRANT IN EURO	PROJECT COSTS: PARTNER OWN CONTRIBUTION IN EURO
1 (coord.)	RanD SAS	RanD	SME	824 392	1 007 590
2	Microsoft UK	Microsoft	Large	693 500	693 500
3	Universität Stuttgart	UST	RTD End User	317 782	169 215
4	LUISS Guido Carli / CeRSI	LUISS- CeRSI	RTD	202 000	202 000
5	Assistance Publique - Hôpitaux de Paris, Internal Medicine (geriatric unit), Avicenne Hospital (Bobigny - France)	APHP- AVC	RTD	150 001	55020
6	Sport Initiative et Loisir Bleu	SIEL Bleu	End User	120 000	120 000
7	Cup2000	C2K	Large End User	212 500	212 500
*Please select one of these options: SMEs, Large, END USER, RTD, other					

1C. PUBLISHABLE PROJECT RESULTS SUMMARY (1 PAGE)

In this section, please present the results of your project, including the following information:

- *what is your product/service (result of the AAL JP project work)*
HOPES – Quality of life is contagious is a European e-service created BY and FOR elderly persons and their carers because for sharing their experiences regarding ageing well at home. By doing so each HOPES user may search and use successful experiences from others or, better, propose their own experience to the “elderly community” for autonomy, quality of life and independence.
- *what needs/problems does your product/service respond to*
While ageing most elderly are facing difficulties or even incapacities to do today what was easy to do yesterday. Because of physical and/or mental difficulties, and/or problematic environment, elderly may enter in fragility and/or vulnerability that is announcing pre-dependence. By proposing certified solutions inspired by daily experience of HOPES members, HOPES should facilitate changing behavior and/or environment to delay need for assistance and age well.
- *what are the target groups of users and payers*
Beneficiaries of HOPES service are elderly person. Their carers may also benefit specifically when little experienced while professional may find it beneficial to share experience and/or recommend such service easily accessible (24/7) and of quality (certified contents).
- *what is the technological innovation of your product/service (in terms of novelty of concept, approach to the development etc.)*
Regarding containers, the main technical innovation is the Web 2.0 platform and its multilingual resource center; for human-machine interfaces, the originality is the use of Textmining and ontology that propose solutions for elderly users; for contents, the main originality is the e-SBP = certified solutions to daily problems created by transforming HOPES members’ experience into such solutions.
- *what is the social innovation of your product/service (benefits to society and economic impact)*
With ageing tsunami and all its consequences, everyone will need e-care services to complement the human care; the main economic impact is the time / money saved by accessing to certified solutions as model for e-care.
- *which type of end-users have been involved in the project (how many and in which way)*
1500 elderly persons from 4 European countries have been involved during the HOPES project; many for the evaluations (containers and contents), others for defining the strategy and last ones for bringing contents for e-SBP.
- *what is the expected time to market and what are the main possible barriers*
If HOPES, as all AAL projects, is a pre-commercialization project or a proof of concept, the final results are ready to go to the market. Many prospects with potential institutions and clients confirmed that potential. The remaining issue is finalize the service and develop the strategy to transform it into an economical success.

CONFIDENTIAL PART OF THE REPORT

2. DELIVERABLES SUBMITTED AND MILESTONES ACHIEVED DURING THE PROJECT

Deliverables

Del N°	Deliverable Name	Responsible Partner	Nature	Dissemination level	Due Date	Delivery Date	Remarks / Explanations
D1.1	HOPES financial and administrative monitoring systems	RanD	O	RE	M2	M9	Delay due to late start of the project.
D1.2	HOPES project management / planning / supervision methods and tools	RanD	O	RE	M3	M9	Delay due to late start of the project.
D1.3	Final project report	RanD	Report	RE	M30	M32	Done
D2.1	HOPES ICT overall system specification	Microsoft	R	RE	M6	M9	Spec. For Prototype #1 June 2011. Spec. for Prototype II early 2012
D2.2	HOPES platform (preliminary version and final version)	Microsoft	Prototype	RE	M9 M28	M10 M22	Prototype #1 June 2011. Prototype II June 2012.
D3.1	HOPES repository	RanD	Prototype	RE	M16	M17	Created in 2011
D3.2	Personalised ICT solutions	RanD	Prototype	RE	M16	M18	Created and validated in 2011
D3.3	HOPES “algorithms”	RanD	Prototype	RE	M16	M18	Created in 2011 and validated in Feb. 2013
D4.1	HOPES repository filled with certified social best practices	RanD	Other	RE	M28	M32	Created in 2011 and fulfilled till Feb. 2013
D5.1	HOPES indicators	UST	O	RE	M6	M9	Delay due to late start of the project.
D5.2	Results of pilot	UST	Report	Public	M30	M32	Workshop 2 in February 2013
D6.1	Benchmark study	RanD	R	RE	M5	M20	Longer than expected because it involved many

Del N°	Deliverable Name	Responsible Partner	Nature	Dissemination level	Due Date	Delivery Date	Remarks / Explanations
							local partners.
D6.2	Business plan	RanD	Report	Restricted	M24	M32	Longer than expected because it many data to compile.
D6.3	Final recommendations	RanD	Report	Public	M30	M32	Done
D7.1	Public website	RanD	O	PU	M3	M10	Online August 2011. Regularly updated.
D7.2	Dissemination plan	RanD	R	RE	M4	M10	Available in summer 2011 and updated late 2011.
D7.3	Project brochure	RanD	O	PU	M4	M10	Available on HOPES Public Web site (home page).
D7.4	HOPES workshop n°1	RanD	O	PU	M8 M28	M13 M28	workshop n°1: Held at AAL Forum (Sept'11). workshop n°2: Held at Paris (Feb. 2013)
D7.5	White paper	RanD	Report	Public	M30	M32	Done

Milestones

Mil N°	Milestone Name	WP N°	Responsible partner	Expected Date	Achieved Date	Remarks / Explanations
1	Project kick-off meeting	WP1	RanD	M1	M6	Held on 27-28 January 2011 at Microsoft offices in Brussels. Management rules set-up.
2	End user network active	WP4	RanD	M4	M7	Activation of local networks (France, Italy and Germany) from March 2011
3	HOPES repository	WP3	RanD	M12	M17	Created in early 2011 and fulfilled during the 30-month project.
4	HOPES information intelligence package	WP3	RanD	M12	M18	Repository completed with

Mil N°	Milestone Name	WP N°	Responsible partner	Expected Date	Achieved Date	Remarks / Explanations
						contents from local RanD partners
5	Certification process, test and 1 st results	WP4	RanD	M28	M30	2011
6	HOPES workshop #2	WP7	RanD	M28	M28	Feb. 2013
7	HOPES ready to deploy / launch	WP5, WP6	RanD	M30	M32	Ready but still tested by potential clients / partners (i.e. Toshiba)

Has the project been finalised in line with the Description of Work?	YES X ☐	NO ☐	PARTLY ☐
IN CASE OF DEVIATION, PLEASE EXPLAIN:			
Has the project achieved its expected results as described in the Description of Work?	YES X ☐	NO ☐	PARTLY ☐
IN CASE OF DEVIATION, PLEASE EXPLAIN:			

3 A. PROJECT RESULTS - SCIENTIFIC/TECHNICAL PROJECT RESULTS

Provide a summary of the confidential results, including:

- The progress per work-package
- The performance of the project consortium (added value of cooperation, added value and performance of each partner etc.)
- Scientific/technical achievements during the course of the project
- End-user services developed during the course of the project
- Other confidential information

- All work packages were fulfilled as defined in the DoW, so the HOPES service reached its final validation during the Workshop 2 and is ready for deployment; no issue regarding key domains such as IPR,
- All and every partner / partners' members realized their objectives; few unpredicted services were created and validated such as "Get'Out" and "Social windows", so the service to be deployed / sold is better than expected; by creating new services, HOPES partners prolonged the potential of working together,
- Because of the work done for the containers (Web platform and its resource center, and services' support such as e-Communities, ...), the HMI (functionalities and ergonomic) and the contents (e-SBP), the final service is original and with great potential for successful commercialization,
- 2 domains for end-users services: the HOPES service with e-SBP resource center and e-Communities, and 2 others = "Get'out" (an appli for increasing the social relations of end-users) and "Social window" (a service helping Facebook users to exploit the contents of their exchanges
- The confidentiality of HOPES global services is linked to the full description of each part of the service because as a wall made of bricks, each brick is insufficient to copy the design, the purpose and the potential of the wall.

(1 page maximum)

3 B. PROJECT RESULTS – BUSINESS MODELS & INDICATORS

Please insert here a short summary of the **business model** selected for your product/service (max. ½ page). If not explained in the publishable summary section, please describe:

- What **product/service** will you offer?
HOPES is a e-service (e = mobile Web with digital divide limits for elderly) for well-ageing at home; HOPES is a Web 2.0 service (BY and FOR members' network) successful if HOPES succeeds to motivate each user to be more than a user but a producer (viral marketing)
- What main problem(s) does it solve or what **benefits** does it provide to the customer?
Ageing person faces difficulties to age well at home because of physical and/or mental incapacities, and/or non-adapted environment; by accessing to certified solutions (solutions experienced by other elderly and certified by HOPES algorithm and feed-backs from users) every elderly may expect the proposed benefit included into each e-SBP. Successfully overpassing and/or bypassing every daily hurdle, especially during fragility / vulnerability phase, is crucial for ageing well.
- What is the **added value** of your product/service versus that of competitors and/or compared to existing solutions on the market? What is your **unique selling proposition**?
No other service associated the different HOPES bricks: a Web 2.0 platform with a European level and its resource center completed BY and FOR elderly (social network principles), a series of certified solutions (e-SBP) with a problem / solution approach, a Consortium ready to develop and deploy HOPES service, ...
- How will the product be sold? Who will **provide** products/services?
HOPES worked on 3 different business models; 2 may be complementary objectives:
 - A service sold to e-SBP users except if they become e-SBP producers so at the same time increasing the number and the quality of e-SBP,
 - A service proposed as a "Concierge" = the service is accessible for free for employees because their employer is paying for following reasons = less absenteeism and stress during working hours; better social relation within the company and social image within and outside the company.

Please answer the questions below, if possible:	
What is the targeted range of manufacturing/service costs per product/service unit (€, € per month etc.)?	Service costs = 5 Euros per user per month.
What is the estimated size of the targeted market in Europe for your product/service (in €)?	Operating profit on French market at year 3 = scenario 1 = 1,4 ME; scenario 2 = 1,5 ME....
In your business model, who will pay for the product/service (you can tick more than one box): ☐ X End user (older person) ☐ X Informal carers ☐ Formal care providers ☐ Public subsidies ☐ X Insurance (buyers of HOPES for their own use) ☐ X Other (add if necessary) Companies (concierge) ☐ not yet decided	
In your business model, who will take the decision about purchase of the product/service (you can tick more than one box): ☐ X End user (older person) ☐ X Informal carers/family ☐ Formal care providers ☐ Public subsidies ☐ X Insurance ☐ X Other (add if necessary) (same) ☐ not yet decided	
At what stage of development are you with your product/service (e.g. research, pilot, real life trial etc.)?	Ready for deployment.....
When will your product/service be ready for market ?	From now on.....
What type of further research/development is necessary to finalize the product (technical, adoption, market research etc.)?	Clients and financial support for deployment.....
What further investments are necessary to launch product on the market?	
Please insert here any other information related to the business model, such as: - what is the targeted market niche? - do you need certification for your product/service before gaining access to the market? - what type of certification and from who? - do you need to perform reliability testing? - Any other information 	

3 C. PROJECT RESULTS – END USER INDICATORS

In the section below, please provide the information you have gathered during your project on **primary, secondary and tertiary end-users¹** of your product/service. Note that secondary end-users can be formal and informal carers (see footnote). For the indicators cited below, please provide information if available; any other qualitative or quantitative information on beneficiaries can be provided instead.

Please provide your information on end-users here. This may include:

- Type of end-user (primary, formal and informal secondary, tertiary end-users)
- Total number of end-users involved (by type of end-user, gender etc.)
- Average age and age distribution of involved end-users
- Location of end-user (rural, town, large city etc.)
- Situation of end users (single household/family setting/etc., independence)
- Health status (disabilities, mobility, cognitive function etc.)
- Socio-economic background (education, income class etc.)
- Any other information

SIEL Bleu:

Type of end-user : primary

- **Total number of end-users involved (by type of end-user, gender etc.)**
More than 100 users, vast majority of women of services users Siel Bleu. 15 men, 101 women
- **Average age and age distribution of involved end-users**
People aged 55 to 85 years

Age	Percentage of older respondents
Under 65 years	8%
65 to 75 years	39%
75 to 85 years	43%
more 85 years	11%

1 Definition of end-users in AAL Joint Programme:

- *Primary end-user is the person who is actually using an AAL product or service, a single individual, "the well-being person". This group directly benefits from AAL by increased quality of life.*
- *Secondary end-users are persons or organisations directly being in contact with a primary end-user, such as formal and informal care persons, family members, friends, neighbours, care organisations and their representatives. This group benefits from AAL directly when using AAL products and services (at a primary end-user's home or remote) and indirectly when the care needs of primary end-users are reduced.*
- *Tertiary end-users are such institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organizing, paying or enabling them. This group includes the public sector service organizers, social security systems, insurance companies. Common to these is that their benefit from AAL comes from increased efficiency and effectiveness which result in saving expenses or by not having to increase expenses in the mid and long term.*

- Location of end-user (rural, town, large city etc.)

64% of them say they live in big city, 30% on average city and 6% in rural. The apartment is the type of urban housing for excellence (71%).

61% of seniors surveyed homeowners, 39% of tenants, 1% live in third.

- Situation of end users (single household/family setting/etc., independence)

Life style	Percentage
married	37%
widower	38%
cohabitation	6%
single	19%

Analysis of the variables age, sex and lifestyle typical profile of respondents would a married woman or widow aged 75 to 85 years.

- Health status (disabilities, mobility, cognitive function etc.)

Only 28% of seniors surveyed say they need help in daily (using the broad sense).

Means for this item, Using even the most minimal (with the spouse in household chores such).

These grants are divided into two major trends : technical aids and personal assistance. Thereby for technical assistance, even if 100% of them wear glasses, 10% needs a cane to walk, and 6% and a magnifying glass to read, 8% have a hearing aid.

The need for assistance in daily life, depending on the age

Under 65 years: Only 14% of seniors in this age group need help in their daily lives.

65 - 75 years : 18% of seniors in this age group need help in their daily lives.

75 - 85 years : 38% of seniors in this age group need help in their daily lives.

85 and + : 45% of seniors in this age group need help in their daily lives.

Disability and dependency therefore increases with age. In fact, we note that senescence and disabilities evolve logically together in the biological aging process of the individual. thus, logical failure before the addiction is characterized by the growing need assistance when the individual aged, and tends to become "a dependent elderly person For example, the need for aid is the sample of our study, of 18% for 65-75 years to 38% in 75-85 years.

- **Socio-economic background (education, income class etc.)**

16% mentioned the lack of money to invest in a practical leisure. Older respondents are generally not satisfied for most of their financial situation. Here is what they say :

Live very easily	2%
Living Well	29%
Live without excess	62%
Insufficient income	6%

- **Any other information**

Review the reasons for the deterioration social ties

72% of seniors recognize that social relations worsen with age. 43% of them think that this would be due to the decrease in the circle of relationship, and in 41% of cases it would be physical abilities which decrease, Which might entail the deterioration of social ties. 39% point to the reduction in capacity to trade..

Peoples interested in the project: is partly composed of women from 65 to 75 years of age, who are healthy, vibrant and living with a partner.

The advantage of using the service platform Hopes would maintain, or develop social relationships and improve their quality of life.

UST:

Information about the involvement of end-user groups related to the Rett Syndrome:

The analysis and assessment activities with end-user groups related to the Rett Syndrome mainly focused on findings about primary and secondary end-users. These were on the one hand family members and relatives that care for of children with Rett Syndrome. On the other hand end-user organizations and service providers with direct contact to these care persons.

During assessment phase one and three 25 German end-user have been included in detailed test and interview tasks.

These activities focused on qualitative analysis.

Additionally, during assessment phase 3 the activities included deep analysis of service usage and user habits for which 5 specific topic groups have been observed over a longer period (another about 50 European and worldwide end-users organized in topic-centered groups). In this group end-users from Germany and the States have been very active. Most of the end user have been young and mid aged parents (30-40 years old), while women were more frequent and more active than men.

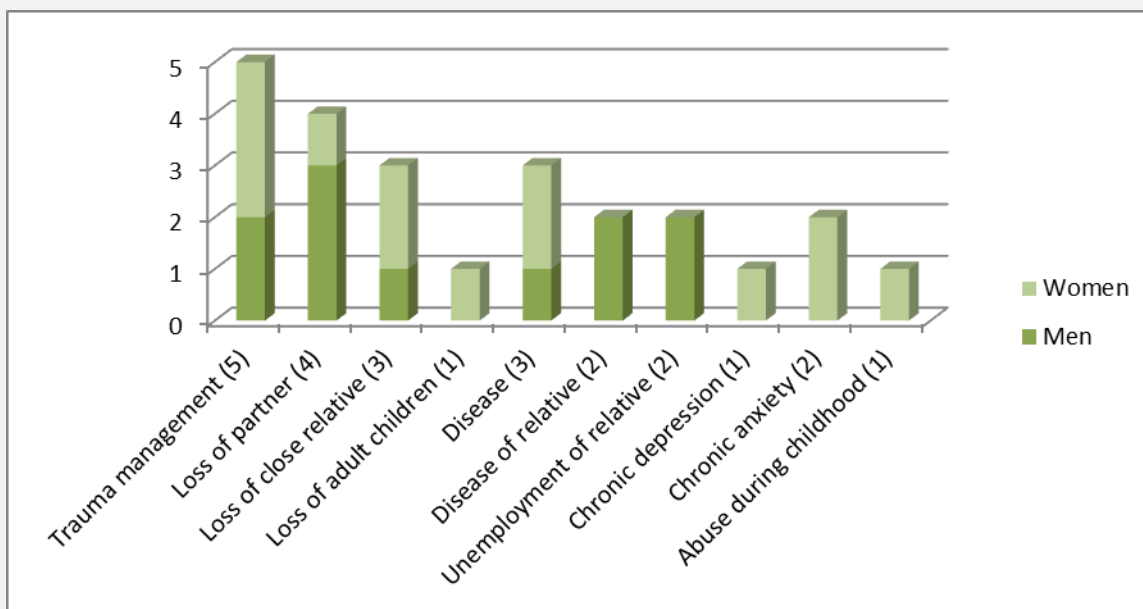
During assessment phase two and especially phase three and the business plan development, the involvement of end-user organizations was furthermore essential. Especially „Rett Syndrom Deutschland e.V.“ and „Elternhilfe fuer Kinder mit Rett-Syndrom in Deutschland e.V.“ have been involved, beside service providers in this domain like “LIFEtool”.

The results of the assessment activities indicate the relevance and benefits of the HOPES solutions to the specific end-user groups. These can be found in the document HOPES Results of Pilot.

C2K

The end users participating to the HOPES pilot in Bologna were identified in 14 seniors, 7 men and 7 women, previously involved in European projects by CUP 2000, nominally suggested by the staff through personal friendships and/or followed by the company's e-Care telephonic service. Their common and required characteristics included being over 60 years of age (with the oldest senior being 93), being retired and being able to autonomously surf the web and check emails. The final stage of the pilot, including face-to-face technological assistance by a intern, psychology graduate, involved 6 of the aforementioned seniors (3 men and 3 women), especially selected according to their time availability, interest in the project, IT competence and, most importantly, to the presence of one or more factors of emotional fragility (loss of spouse or close relative, recent heavy health issues, care-giving role in critical situations). The participants were all residents of the city of Bologna, although none lives in the city center; their educational level was mostly equivalent to high-school diploma (4 seniors), with one graduate and one double-graduate senior.

No participant seemed to present economic issues, but as reported above, a high incidence of emotional distress was noted in the sample of user (see figure). The need for a psychological support, especially within a generation not always culturally ready to reach out for a professional help, was crucial in determining the success of the pilot, in its possibility to connect, through the web, seniors who underwent similar experiences and who were introduced to the advantages of remote mutual self help among peers.



Sources of psychological distress reported spontaneously by users within the first three meetings (14 users sample)

LUISS-CeRSI

The Rome Laboratory of the HOPES project has implemented a pilot study in collaboration with the Geriatric Department of the Campus Biomedico (LUISS subcontractor) in which the personal networks of 9 seniors have been analyzed and key figures have been identified in order to be involved in the pilot. This allowed to exploit both the potential of the HOPES tools and the potential of the networks in which dormant resources can be mobilized. The seniors involved have established a close relationship with the geriatrician who became member of the Action Design Research Team as due to clinical conditions they were subject to frequent medical examinations. The social role played by medical doctors and the importance of these figures in elderly life as the custodians of their health were at the basis of these trustful relationships so that the involvement in the HOPES pilot could be taken into consideration despite any IT literacy. Out of the 450 people composing the 9 personal networks, about 30 became active in participating in the project pilot by using the HOPES tools and interacting with the senior.

3 D. PROJECT RESULTS – OTHER INDICATORS

Patents, which are the direct result of the project work

For RanD 2 patents were created at the very beginning of the HOPES project; before thinking of new patents, RanD needs to confirm the ROI.

Collaboration to **standards**, which are the direct result from the project work

Not only a validated service but a perspective to successfully commercialize it and add other services such as “Get’Out” and “Social window”

Publications (scientific or other), which are the direct result from the project work (please provide details)

UST: AAL Forum 2011 Lecce, AAL Kongress 2012 Berlin, HOPES Workshop No.2 in 2013 Paris

APHP-AVC: to be published in the AAL Handbook 2013
By Nuno M. Garcia, Joel Jose P.C. Rodrigues, Dirk Christian Elias, Miguel Sales Dias: Implementing Best Evidence-based Practice with AAL (Ambient Assisted Living) solutions: from user outcome research to best social practices ; Gerard Nguyen, Bruno Colin, Dominique Lemoult, François Sigwald, Daniel Thiollier, Alain Krivitzky

C2K: HOPES - Help and social interaction for elderly on a multimedia platform – eSkills week 2012, A Parliament Magazine Special Supplement, available online:

<http://www.womenandtechnology.eu/digitalcity/servlet/PublishedFileServlet/AAABQWSC/eskillWeek-2012-PM-2012.pdf>

Andrea Resca, Valentina Soluri, Paolo Spagnoletti:
“Aspetti generali e problematiche specifiche nella costruzione di una piattaforma virtuale per la terza età: l'esempio del progetto europeo HOPES®” [General aspects and specific issues in the construction of a virtual platform for the third age: the example of the European project HOPES]. Presented in Parma, Italy, at the Third Italian AAL Forum (ForitAAL, October 2012), and published in the first “White Book” of Italian Ambient Assisted Living.

LUISS-CeRSI:

- Spagnoletti P., Resca A., Lee G. (working paper) A Design Theory for Digital Platforms Supporting Online Communities
- Spagnoletti P., Resca A., Sæbø Ø. (working paper) How to improve sociability among elderly people? Developing a governance model for the use of online communities in the elderly care domain
- Spagnoletti P., Tarantino L. (2013) User Centered Systems Design: the Bridging Role of Justificatory Knowledge, in Designing Organizational Systems: an Interdisciplinary Discourse. Baskerville et al. (Eds), LNISO vol.1, Springer, Heidelberg (ISBN 978-3-642-17999-0)
- Spagnoletti P., Resca A., Russo V., Taglino F. and Tarantino L. (2012), “Building theories from IT project design: the HOPES case”, in “Information Systems: a crossroads for Organization, Management, Accounting and Engineering”, M. De Marco et al. (Eds), Physica-Verlag, Heidelberg, pp. 451-459
- Spagnoletti P., Resca A., Soluri V. (2012) Aspetti generali e problematiche specifiche nella

	costruzione di una piattaforma virtuale per la terza età: l'esempio del progetto europeo HOPES. III Forum Italiano Ambient Assisted Living (Foritaal 2012), Parma 17-19 Ottobre - Chen T., Ding Y., Spagnoletti P. (2012) The role of social support network in e-health services for elderly persons, in Proceedings of the IX conference of ItAIS, Roma, 28-29 September 2012, ISBN: 978-88-6685-085-4 - Spagnoletti P. and Resca A. (2012), A Design Theory for IT supporting Online Communities, Proceedings of the 45th Hawaii International Conference on System Sciences (HICSS-45), January 4-7, 2012, Grand Wailea, Maui, Hawaii - Resca, A., Spagnoletti, P. (2011) ICT and elderly: a tool for supporting on line communities or off line communities? Personal Health Records and patient-oriented infrastructures, 12–13 December, Trento, Italy
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Other dissemination activities	RanD vision: the best way for commercialization is to prospect so it is more a face-to-face activity than a dissemination one. Microsoft: Regularly presents the HOPES programme in UK for a including Scottish Security Summit, ALIP Showcase and the Cabinet Office/OIX Alpha Programme. UST: frequent information exchange with the subcontractor Rett-GER lead to a dissemination of the project status and specific results in the end-user group related to the Rett Syndrome C2K: The activities and results of the HOPES Pilot were shared, through dedicated initiatives, with the company's network of associations on the territory, and main new research lines were submitted to the persons in charge of the e-Care service in Bologna, with the specific aim to investigate the possibility of chat-based eCare systems, with increased availability of time and resources in the
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	assistance of more seniors. LUISS-CeRSI: frequent information exchange with domain experts (i.e. clinicians.) from subcontractor Campus Biomedico, local partners (i.e. Gemelli Hospital), University Departments (i.e. Georgia State University, American University, Univ. of Trento) and people involved in the pilot.
Type and size of audience reached by dissemination activities	Apart Workshops, RanD did not disseminate the objective and the realizations of HOPES AAL project, so its “dissemination activities” were limited. Microsoft: Audiences typically 100 to 200 including Health and Social Care decision makers; academics; clinicians; industry; privacy and identity professionals; charities and third sector UST: On conferences – audiences in the European scientific community and in the end-user domain of a few hundred. About 40-50 end-users facilitation Rett-GER for information exchange. C2K: Dissemination was shared with all the company's 17 institutional partners, in addition to Health Authorities and main hospitals, the Emilia-Romagna region and the volunteering associations participating in the e-Care network. The audience among the users' contacts amounted to approximately 400 relatives and friends, informed, coherently to the project's goals, of the platform's address, access procedures and possibilities. LUISS-CeRSI: scientific community attending national and international conferences (i.e. HICSS, ItAIS) and scholarly seminars (about 200). Furthermore, about 200 people belonging to the personal networks of the 9 seniors selected as target users in the pilot study have been contacted by the project team and informed about the project.

4. FINANCIAL INFORMATION - OTHER COMMENTS

Please check appropriate box:

The financial part of the project ☒ is in line with (or) ☐ deviates from the partner's Grant Agreements & Work Packages plans (personal efforts, other costs, etc.)?

In case of deviation, please give a short explanation:

RanD: Only administrative delays and financial issues represented a risk for HOPES and RanD. The real length of such project (invented in 2008, finalized in 2013) means major risks for an SME, and successful ending does not mean ROI.

Microsoft: HOPES platform delivered under-budget through the use of existing components wherever possible (rather than bespoke development)

APHP-AVC: Discrepancies have existed between payment dates and contracted payment schedule

UST: All tasks could be delivered under the planned budget. There was a deviation of the planned and actual PMs which is explained in the final cost statement: Personnel with a lower average cost rate than originally planned have been working on the HOPES project, especially for development and testing tasks in WP2 and WP5. Hence, to ensure quality and to reach the project objectives, this personnel had to spend more time to complete these project tasks which resulted in an increase on PMs (but not the overall costs).

SIEL Bleu : The start of the project was long account of the administrative difficulties. The risk of losing partners who cannot wait for financial reasons.

C2K has suffered a reduction of budget and effort; in addition to this, C2K did not receive any financial contribution from NFA yet, even if works and activities are in line with the Description of Work. The contract with NFA, namely the Ministry of Education, was signed on October 18th 2011, but C2K guaranteed the execution of the activities since September 2010, the start date of the project.

LUISS-CeRSI: Some pilot activities (i.e. data collection) have required the involvement of personnel with lower average cost rate than originally planned, which resulted in a slight increase on PMs.

Other comments related to financial part of the project:

RanD: In French, money is the “war nerve” and especially for an SME. AAL JP should better integrate that financial issues are major and adapt its rules to such issue.

APHP-AVC: European national AAL representatives should harmonize payment schedule and rules to avoid any impact on the global project management.

LUISS-CeRSI: The main difficulties in running the project have been related to the administrative delay for signing the contract with the Italian NFA and the financial issues determined by payment delays. Notwithstanding these difficulties LUISS-CeRSI has decided to take the risk by carrying on the activities according with the project plan.

C2K: Cost reports have been produced regularly, though no financial contribution has arrived yet.

5. AAL JP PROGRAMME

Please comment, using your AAL project experience, on the main advantages and disadvantages of AALJP projects.

RanD: As said, AAL JP as every European project mixed advantages and disadvantages. The last ones are mainly related with administrative constraints and one-time support (support to switch from a pre-commercialization project to a successful business. Advantages for RanD is the opportunities: to work with such Consortium, to get financial support, to benefit from “European label”. The main thing for participants is to understand and work with the European rules that are sometimes far from SME rules.

APHP-AVC: Too many discrepancies between European AAL national organisations’ rules on financing and on funding (ie : different national % of SME funding or public institution funding. An AAL harmonization procedure should be welcome.

SIEL Bleu: The challenge is to move from the R & D Project to commercial phase, involving the consortium partners. It would be desirable that the support of AAL is present under accompanying form.

LUISS-CeRSI: an AALJP project represents a good opportunity for a research center to collaborate with technical partners, domain experts and end user groups for the design and evaluation of effective solutions. More emphasis should be put on evaluating the governance model of the designed solution.

C2K: The main advantage in participating the AAL programme was to be able to collaborate to a multidisciplinary team at the European level, and with the goal of shared solutions. At the Italian level, the disadvantage consisted in the payment delay by the NFA of reference (Ministry of Education), and the missed provision of the due funds.