



FINAL PROJECT REPORT

AAL-2012-5-071 - Care4Balance

Please send this report ELECTRONICALLY to the Central Management Unit (CMU) as well as a copy to the National Contact Persons (NCPs) of the coordinator and project partners

The coordinator of the project must submit this report within 60 calendar days after the final date of the project, on behalf of the consortium.

***If you have any additional question,
please contact the AAL CMU at CMU@aal-europe.eu,
or your NCP (see details on www.aal-europe.eu/aal-ncp)***

Report date

30/10/2015

PUBLISHABLE PROJECT INFORMATION (TO BE USED BY AALJP)

1A. PROJECT	
Project full title	Care for balancing informal care delivery through on-demand and multi-stakeholder service design
Project acronym	Care4Balance
Project No.	AAL-2012-5-071
Project Website	http://www.aal-care4balance.eu
Project duration	• Starting date: 01/03/2013 • Termination date: 31/08/2015
Coordinator's name and details	Full name: Ann Ackaert E-mail address: ann.acakert@intec.ugent.be Telephone number: +32 473 29 56 51 <i>* Both e-mail address and tel. number must be provided.</i>

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.)	iMinds	iMinds	Research	202.708,06	254.768,94 EUR
2	Televic Healthcare	THC	Large	169.220,67	206.825,26
3	Connectedcare	CON	SME	114.202	76.134
4	Hogeschool Amsterdam	HVA	Research	147.891	49.296
5	Van Dorp Zorg en Welzijn	VDO	Large	28.797	43.195
6	AMSTA	AMSTA	End user	78.261	104.347
7	Alcatel-Lucent Bell	ALU	Large	119.048,47	221.090,01
8	Pervaya	PERV	SME	110.000	165.000
9	VigSense	VigiSense	SME	116.000	116.000
10	Hochschule Luzern – iHomeLab	IHL	Research	135.400	151.096

1C. PUBLISHABLE PROJECT RESULTS SUMMARY (1 PAGE)

The product/services innovations realized in the Care4Balance project are multiple:

- The first realization is a **senior dashboard with tangible cards** to interact with the dashboard. Using these cards and navigating through the easy interface the senior can indicate a specific need or activity and check the availability of the informal carers.
- The second innovation is a **caregiver application** that enables a group of caregivers to **coordinate tasks and balance care load**. The application facilitates smooth distribution and delegation of care tasks, and is directly linked to the senior dashboard
- The third innovation realized is the **combination of user needs (which are manually entered by the senior) and sensor generated information**. The senior augments the information available to the caregivers on their interface based on automated data collection, this in control and under informed consent. The use of sensor data gives the care network better insight in the activities of the older adults. The sensor data can also strengthen the cooperation between formal and informal carers such as improving communication and foster complementarity.
- The back-end configuration allowed for **private and secure installation of dynamic care networks**, where the senior can both offer services to others and ask for assistance.
- Services deployed and tested through the C4B system were shared agenda, sensor data collection and visualization, generation and acceptance status of tasks, status identification of people involved in the care network, email.

The **social innovation tackled** in C4B is the **reciprocity of care** offering and receiving. This has been a focal point in all end-user interactions and co-creation sessions with stakeholders at large. Seniors can also offer some services to actors in their care network, be it other seniors or not. Intergenerational concepts of informal care came up in different co-creation events and will be explored in future service developments. Increased feelings of continued engagement in daily societal life are beneficial for older adults.

Interaction with end-users was engaged through pilot configurations, design jams, co-creation sessions and focus groups. The project focused on the triangle configuration of care networks consisting of seniors, informal caregivers and formal caregivers. An overview is given in the table 1.C1 below on the amount and the means of interactions engaged during the project.

The **market introduction** of the C4B service will be initiated by targeting the formal caregivers first, before leveraging a halo effect to create revenue from informal caregivers. After a pre-commercialization phase of 24 months at the end of the project, the industry consortium intends to expand in 3 stages of 2 years each. It will focus first in the home markets of the consortium members, while preparing in parallel the launch in the most active telecare markets in Europe.

The **main possible barriers** for market introduction are to be considered in the light of

the fact that the exploitation plan calls for a first stage targeted at formal caregivers. In this context, three factors may hinder the adoption of the solution. a) The resistance from staff towards change and technology, b) the availability of IT management resources and related support staff for the people in the field, and c) budget constraints affecting the care organizations appetite to invest in infrastructure and systems.

Table 1.C 1 Overview of numbers of end-users per activity and their role

		Older adults	informal caregiver	Formal caregiver	Creative professional	Total per research phase
	Country					
Design phase	BE	11	15			
	NL	3	3			6
Pilot 1						
Interview	BE	18	54			72
	NL	14	20			34
Pilot at home	BE	1	2			3
	NL	2	6			8
Usability Study	NL	9				9
Redesign	NL	11				11
App Fest						
Design jam	NL				25	25
Winterschool	CH				36	36
Pilot 2						
Interview	France	3	5			8
Pilot at home	NL	4	11			15
	F	3	5			8
Demo2 + app fest evaluation						
	BE			10		10
	NL			3		3
	CH			2		2
Total		79	121	15		250

CONFIDENTIAL PART OF THE REPORT

2. DELIVERABLES SUBMITTED AND MILESTONES ACHIEVED DURING THE PROJECT

In this section, please provide details in case your project deviated from the Description of Work (work plan) with respect to delivery dates, achievement of milestones or changes in planned outputs; please indicate whether and to whom (AAL NFA/NCP) the changes have been communicated.

Has the project been finalised in line with the Description of Work?

YES ☒

NO ☐

PARTLY ☐

IN CASE OF DEVIATION, PLEASE EXPLAIN: ALL TASKS AND ACTIVITIES WERE EXECUTED AS PLANNED.

Has the project achieved its expected results as described in the Description of Work?

YES ☐

NO ☐

PARTLY ☒

IN CASE OF DEVIATION, PLEASE EXPLAIN:

AS ALREADY DISCUSSED IN THE MTR MEETING OF THE PROJECT THE AMOUNT OF PILOT PARTICIPANTS TESTING THE APPLICATION IN THEIR HOMES FOR A LONGER PERIOD, REMAINED BELOW OUR INITIAL TARGET. RECRUITMENT STRATEGY AND PILOT SCENARIOS WERE BROADENED BASED ON THE FEEDBACK FORMULATED BY THE REVIEWERS IN M18.

OUR FIELD TRIAL ACTIVITIES WITH END USER INVOLVEMENT WERE HOWEVER MUCH BROADER AND TOOK PLACE DURING THE WHOLE DURATION OF THE PROJECT. (E.G EXPLORATIVE AND EVALUATIVE INDIVIDUAL AND GROUP INTERVIEWS, USABILITY TEST, REDESIGN, APP FESTS). IN THIS WAY WE WERE ABLE TO REACH THE KPI'S AS FORMULATED, (SEE TABLE BELOW). INVOLVING IN TOTAL AT LEAST 199 POTENTIAL END USERS WITH DIFFERENT PROFILES (OLDER ADULTS, INFORMAL AND FORMAL CAREGIVERS, AND CREATIVE PROFESSIONALS).

THE QUALITATIVE RESULTS OBTAINED DURING END-USERS INTERACTIONS WERE VERY SATISFACTORY AND ENABLED THE CONSORTIUM TO COMPLETE ALL PLANNED ACTIVITIES AND EVALUATIONS. THE EXPERIENCE ON END-USER INVOLVEMENT IN THE AAL DOMAIN AND METHODS TO IMPROVE THIS, WERE SUBJECT OF AN INTERACTIVE SESSION "TESTING WITH OLDER ADULTS: CHALLENGES AND CO-CREATING SOLUTIONS" HELD AT THE AAL FORUM2015 IN GHENT.

THERE WERE 8 APPLICATION IDEAS GENERATED DURING THE TWO APP FESTS ACTIVITIES (DESIGNJAM AND WINTERSCHOOL). DURING THE REDESIGN PHASE AFTER PILOT 1 SOME NEW C4B SERVICES FORMULATED BY USERS WERE IMPLEMENTED.

THE WILLINGNESS TO PAY HAS BEEN CHECKED EARLY WITH OLDER ADULTS AND INFORMAL CARERS DURING THE TRIAL INTERACTIONS. BASED ON THE NEGATIVE ANSWERS FROM THESE STAKEHOLDERS AND THE MARKET EXPERIENCE OF THE COMMERCIAL PARTNERS IN THE CONSORTIUM, THE INVESTIGATION EFFORTS WERE QUICKLY REDIRECTED AT THE FORMAL CARERS WHERE MORE POSITIVE FEEDBACK WAS RECEIVED. THESE SITUATIONS ARE REFLECTED IN THE KPI'S ABOVE WITH LESS HITS THAN PLANNED WITH SENIORS AND INFORMAL CARERS, BUT MORE THAN DOUBLE THE NUMBER WITH FORMAL CARE ORGANISATION REPRESENTATIVES. THIS LEARNING IS ALSO STRONGLY LEVERAGED IN THE BUSINESS MODEL AND EXPLOITATION PLAN, WHERE FORMAL CARE ORGANISATIONS ARE THE PRIME SALES TARGETS.

		KPI (planned)	KPI (reached)
1	Consortium agreement signed	asap	done
2	Monthly WP leaders progress meeting (# WP lead conf calls or meetings)	30	30
3	Half yearly plenary progress meeting (# progress meetings)	5	5
4	Milestones within timing (including contingency planning)	ALL	ALL
5	Amount of older adults included in the field trial (# users)	60	80
6	Amount of informal carers included in the field trial (# users)	80	119
7	Amount of formal care organizations included (# organizations)	3	19
8	Uptime of the C4B service in the field trial (% uptime)	80%	80%
9	Active usage of the C4B services in field trial (% of days)	80%	60%
10	Response time in view of complaints in field trial	< 1 day	< 1 day
11	Applications generated during Apps Events	> 10	8
12	Deployment strategy validated in different EU countries	3	3
13	Dissemination towards wider public (# presentations, papers, demonstrations)	> 20	30
14	Suggestions for new C4B services formulated by users	> 10	9
15	Willingness to pay checked with older adults (# older adults)	100	7
16	Willingness to pay checked with informal carers (# informal carers)	100	14
17	Willingness to pay checked with formal carers (# care organizations)	10	28
18	Business model validated with stakeholders	validated	Validated

3 A. PROJECT RESULTS - SCIENTIFIC/TECHNICAL PROJECT RESULTS

Development of a user-friendly, non-stigmatizing and multi-stakeholder solution to balance the offering and receiving of care services throughout care networks consisting of seniors, informal and formal caregivers, was the main focus of the project. Participation of the multiple end-users in the whole project trajectory was the main guideline. The numbers and types of users involved in the different activities can be retrieved in table 1.C.1 and 3.C.1.

Analysis of functional requirements, first opportunity recognition workshops and design of new reciprocal care processes kicked off the project in **WP1**. This effort involved the user-, technical and business related aspects of the Care4Balance solution from day one. This effort was maintained throughout the project duration on a true interdisciplinary basis and has resulted in a strong collaboration in-between the industry partners, the end-users and the research groups.

Integration of all technical platforms (THC senior dashboard, ALU MAX data platform, CON caregiver portal, PERV sensor platform and iMinds DYAMAND gateway) has been successfully realized M12 (**WP2 and WP3**) and the first C4B prototype was tested in pilot 1 in BE and NL from M13 until M18

(**WP4**). The recruitment of test users was very intense and many interactions were initiated. This problem was discussed at the MTR meeting in M16 and the strategy for end user recruitment was broadened and re-enforced based on that feedback. (see table below)

Due to increased efforts we were able to collect enough quantitative feedback to list redesign requirements for pilot 2. This is reported in deliverable D4.1 in which also all user-related documentation (informed consent, test protocol, exit strategy) is included as appendix.

A first Design Jam (**WP4**) was held M16 in NL in order to enrich the feedback on the first prototype and bring up new features for the pilot 2 phase. This resulted in four new concepts for services around the C4B prototype, selected from a long list of 9.

Based on the feedback and information collected until M18 re-design efforts on the front-end of both the senior dashboard (THC) and the caregiver portal (CON) were carried out and the final prototypes were ready at M24 (**WP2 and WP3**). Pilot 2 field trials focused on two countries: NL and F. Specific attention was given to include the care-network-triangle (senior, informal and formal caregiver). As was the case in pilot 1, again it was difficult to actively engage end users to test the prototype in house for a longer period of time (**WP4**) – see table below.

A next Design Jam (**WP4**) was held in CH in M24 in the format of a Winterschool. Students engaged in using the C4B prototype for several daily life activities and proposed new concepts and designs for the senior dashboard form factor, for the methods of interaction in the care network and for integration the system in daily routine. 4 movies of the concepts where made.

To enrich the feedback and cover all end-user segments on the final prototype several focus groups (**WP4**) were organized in BE, NL and CH involving formal caregivers. During this focus group the movie of the reciprocal care process, demo of pilot 2 (D5.2) was used as a probe to explain the system. Subsequently in a role play with several tasks the system was experienced by the participants and finally they also evaluated the conceptual movies made during the Winterschool. These were held in M27- M29. (D4.2) The functional evaluation shows a positive attitude from users towards the general concept. But several user experience problems still need to be solved, as well as a lot of process design and organizational change in the home care. The results lift the project in the next step of potential possible professional use of C4B. This helps in fine-tuning the business case modelling and encourages the go- to -market strategy. After defining and fine-tuning the USP of the C4B solution, both a central and de-centralized value network model was generated (**WP5**). This C4B model is generic and can be applied to broad range of EU countries. Data quantification and potential stakeholder quantification has been done for the four involved countries in the consortium (CH, F, NL and BE).

Although the number of field trial installations remained below the initial target, relevant qualitative feedback was collected during pilot 1 and a true collaborative prototype for inducing reciprocal care processes was incepted. The prototypes have also been the inspiration for two Design Jams in view of new concepts and potential features for a reciprocal care service offering (**WP4**).

Next to this a detailed and extensive work on business modeling, USP and potential go-to-market strategies has been carried out (**WP5**). After the decision by the business exploitation team to focus on formal caregivers as primary sales targets, care organizations and insurance companies have been the targets of the interactions across Belgium, France, The Netherlands and Switzerland. In France,

face-to-face interviews have been conducted with 4 insurance companies. In France and Switzerland, interactions conducted in the format of sales meetings have taken place with 19 care organizations, public and private. In the Netherlands, the project has benefitted from the daily involvement of both Connected Care and van Dorp in this market to collect and validate data on a regular basis.

All these results are documented at large in the relevant deliverables, and will be a source of information for further elaboration of reciprocal care services. Detailed description of results and services deployed can be found in the relevant deliverables. Future potential scenario's for reciprocal care deliverable and major outcomes on the two pilots are available online to the public on the project website (www.care4balance.eu).

3 B. PROJECT RESULTS – BUSINESS MODELS & INDICATORS

PRODUCTS and SERVICES:

C4B offers on-demand and multi-stakeholder services based on dashboard systems representing the status & context of the actors involved. The solution includes a dashboard, an always-on interactive device that is easy to use for older adults, and can be used to show status information and to enable them to be more involved in the communication and coordination process.

PROBLEM ADDRESSED:

In Europe, there are 3.9 million formal caregivers to look after 131 million seniors over 65 years old. The ILO (International Labor Organization) estimates this is too short by 2.3 million professionals. Care4Balance has been designed as an ICT tool to facilitate the care-centered communication and help balance the care task load between formal and informal caregivers and as such make the delivery of care more effective.

ADDED VALUE and USP:

The social networking tool designed to deliver a more balanced allocation of alarms and tasks facilitates a more comprehensive involvement of the informal caregivers, hence a cheaper care provision set-up, where formal caregiver competences and resources are better utilized. Hence a more productive set-up for care organizations.

The communication application and device for the seniors allows a more direct and timely input into the planning of the responses to their needs. This provides both the formal and informal caregivers opportunities to be more efficient.

BUSINESS VALUE CHAIN

The technology and its central platform will be managed centrally by the "Care4Balance business grouping" ("C4BG", a consortium of the commercial partners of the project). C4BG will set-up or select national representatives in each country as it establishes its European footprint. The country representatives will promote and sell the solution and service to care organizations who will include Care4Balance in the daily processes of their caregiving and coordinating personnel. They in turn will

invite the user, the family or the health insurance to share the platform and support them. At first, the initial solution is charged to the care organizations only under a monthly/annual license model per number of formal caregivers. The platform will be marketed on a modular basis; clients can decide if they want to use the C4B platform as whole, or if they want to use separate modules (caregiver platform; dashboard; sensors) separately.

MARKET INTRODUCTION AND EXPANSION

We intend to launch the service by targeting the formal caregivers first, before leveraging a halo effect to create revenue from informal caregivers. After a pre-commercialization phase of 24 months at the end of the project, C4BG plans to expand in 3 stages of 2 years each. It will focus first in the home markets of the consortium members, while preparing in parallel the launch in the most active telecare markets in Europe: UK, Spain and Germany. On year 3, Care4Balance will be introduced into these 2 countries and at the same time C4BG will start working on partnerships in the rest of Europe, for launch 2 years later. In doing so, it will expand from 12.500 formal users at the end of commercial year 2 to 71.000 3 years later. [More details can be found in D5.3. Business models and exploitation plan]

Please answer the questions below, if possible:

What is the **targeted range of manufacturing/service costs** per product/service unit (€, € per month etc.)?

2.25 EUR / ACCOUNT / MTH

What is the **estimated size of the targeted market** in Europe for your product/service (in €)?

ca. 175-200 M / YEAR

In your business model, **who will pay** for the product/service (you can tick more than one box):

☐ End user (older person) ☒ Informal carers ☒ Formal care providers ☐ Public subsidies
☐ Insurance ☐ Other (add if necessary) ☐ 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):

☐ End user (older person) ☒ Informal carers/family ☒ Formal care providers ☐ Public subsidies
☐ Insurance ☐ Other (add if necessary) ☐ not yet decided

At what **stage of development** are you with your product/service (e.g. research, pilot, real life trial etc.)?

Real-Life Trial with pre-commercial release

When will your product/service be **ready for market**?

Early 2018

What type of **further research/development** is necessary to finalize the product (technical, adoption, market research etc.)?

1) API and compatibility with other productivity solutions used by care org.
 2) Ergonomics - Usability
 3) Anticipating issues when scaling up

What **further investments** are necessary to launch product on the market?

1) Evidence collection
 2) Development of partnerships
 3) Fine-tuning of service and business tools for market

Care4Balance needs no certification for reaching the market beyond normal data privacy governance. Regarding reliability testing, these have already started during the project execution with the end user trials; they'll carry on as the product is further developed and upgraded, with a special focus on scalability issues.

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.

In the Care4Balance project primary, secondary and tertiary end-users were involved.

Table 3.C.1 below gives an overview per research activity towards the older adults, the informal and formal caregivers and the contact with formal care organizations.

Additional to these activities we also organized with creative professionals two app fest during the project delivering new app concepts (Design Jam, NL: 25 persons; Winterschool, Swiss, 36 people).

There was also attention for the organizational level. Beside the contact and info on the care organization by involving care professionals in the Interviews, 15 formal care organisations (public and private) interviewed in France to inform the valorization activities. 4 insurance companies and insurance companies (mutuelles in French) (tertiary end- users) were interviewed: Klesia, AXA, Fondation de la Mutuelle Générale, COVEA (holding company of 3 mutuelles : MAAF, MMA and GMF).

The detailed results of this work can be retrieved in D4.1, D4.2,

To represent these end-users in the care network based on the insights collected with all the different field trial activities personas and scenarios were made and adapted. The final scenario, taking into

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.*

account the remarks of the mid term review on the sex of the older adult (female instead of male), can be retrieved in D5.2 (and the demo movie itself via <https://youtu.be/O275mSxG0ql>)

Table 3.C.1 :Overview involved end users: older adults, informal and formal caregivers, formal care organizations

		Older adults				informal caregiver	Formal caregiver	Home care organization	Total per research phase
	Country	N	Age range	Sex (M/F)	Housing	N	N		
Design phase	BE	11	(67-91)	3 vs 9	2 with partner, 9 alone	15			26
	NL	3	(78-95)	/	all alone	3			6
Pilot 1									
Interview	BE	18	>65	/	alone	54			72
	NL	14	>65	/		20			34
Pilot at home	BE	1	94	Female	alone	2			3
	NL	2	>65	Female	1 with partner, 1 alone	4	1		8
Usability Study	NL	9	(79-95)	1 vs 8					9
Redesign	NL	11	(67-89)	/					11
Pilot 2									
Interview	F	3	>65	/	alone	5			8
Pilot at home	NL	4	(60-84)	0 vs 4	1 with partner, 3 alone	11			15
	F	3	80 +		alone	5		15	8
Demo2 + app fest evaluation	BE						10	2	10
	NL						3	1	3
	CH						2	1	2
Total		79				121	15	19	215

3 D. PROJECT RESULTS – OTHER INDICATORS	
Patents , which are the direct result of the project work	N/A
Collaboration to standards , which are the direct result from the project work	N/A
Publications (scientific or other) , which are the direct result from the project work (please provide details)	see list below
Other dissemination activities	see list below
Type and size of audience reached by dissemination activities	see list below

3 D ANNEX - LIST OF DISSEMINATION ACTIVITIES				
PLEASE INDICATE IF THE PROJECT WILL PRODUCE/ACHIEVE OR HAS PRODUCED/ACHIEVED ANYTHING OF SPECIAL INTEREST FOR THE AAL JP (E.G. A PROJECT EVENT, PRESS RELEASES, PUBLICATIONS, PATENTS, DEMONSTRATORS, ETC.).				
Project participant responsible (indicate country)	Activity	Date	Medium and reference (press, event, newsletter, webpage, etc.)	Indicative Coverage
HvA - NL	AppFest @ Design Studio Amsterdam	14/06/2014	http://www.care4balance.eu/content/public-report-first-appfest-based-care4balance-application	Student and entrepreneur design community Amsterdam
iHomeLab - CH	C4B demonstration at iHomeLab exhibition booth	09-11/09/2014	AALForum exhibition	AALForum attendees
iMinds - BE	C4B demonstration at MIC connect event Ghent	21/10/2014	http://www.slideshare.net/micvlaanderen/mi-connect-21-oktober-2014	MIC connect attendees
Amsta	Internationaliserings Top ZonMW Madurodam Presentation C4B project	02/12/2014	www.zonmw.nl	Symposium attendees
HvA – NL	C4B demonstration and presentation at “Symposium	19-11-2014	Event	Symposium attendees

	Impuls aan domotica & e-health", Domoticabeurs 2014, Eindhoven, NL			
iHomeLab - CH	C4B demonstration and presentation at winter school	10-14/02/2015	Lessons	Students
iHomeLab - CH	C4B demonstration on focus group	17/08/2015	Focus group	Spitex Horw head of units
iHomeLab - CH	C4B demonstration @ guided iHomeLab Tour	11/09/2015	Guided iHomeLab tour	Spitex Nottwil
iMinds – BE and iHomeLab - CH	C4B pilot2 set up demonstration at the AALForum2015 exhibition booth	22-24/09/2015	AALForum exhibition	Symposium attendees
HvA - NL	C4B poster on the DesignJam concept and results @ AALForum2015	22-24/09/2015	AALForum poster booth	Symposium attendees
iMinds - BE	Interactive session on end-user involvement in the AAL domain: Testing with older adults - challenges and cocreating solutions	24/09/2015	AALForum interactive session	Symposium attendees
iMinds - BE	Press release on AALForum2015 recap and Care4Balance achievements	29/09/2015	http://www.iminds.be/en/news/20150929_news_aalforum-recap	iMinds community
HvA - NL	Presentation at a symposium for informal caregivers "Mantelzorg ontzorgt" in Amsterdam	11/11/2013	Presentation, website http://www.chronischziek.nl/?p=3441	Symposium attendees
HvA – NL& Connected Care NL	C4B pilot 1 demonstration at "Zorg en ICT beurs"	25/03/2014	Demo	Attendees of the Event
Connected Care - NL	Demo setup of the C4B pilot 1 system at care organization Laurens	February 2014 – May 2014	Demo setup	Visitors of the demo centre

Connected Care – NL	Presentation at panel at EU summit on active & healthy ageing	March 2015	Event	Visitors of the summit
Connected Care – NL	Booth at Symposium Domotica & Slim Wonen	November 2014	Event	Visitors of the Event
Connected Care – NL	Presentations at HealthTech Bootcamp, San Francisco	November 2014	Bootcamp	Investors
Connected Care – NL	Business meetings with NL care organizations	Throughout project	Meetings	Management of care organizations
Connected Care – NL	Presentation at HealthTech Summit Lausanne	June 2015	Investors Event	Visitors of the event (investors)
HvA – NL	Presentation at “Pervasive Health 2015”, Workshop on Process-oriented approaches for patient-centered care delivery (PROCARE) Istanbul, Turkey	20/5/2015	Presentation	Participants in the workshop
HvA-NL, iMinds - BE	Publication “Managing flexible care with a context aware system for aging in place”, proceedings of Workshop on Process-oriented approaches for patient-centered care delivery (PROCARE), 2015		Scientific publication	
HvA-NL	Poster and demo at opening of Digital Life Lab, Amsterdam	15/9/2015	Poster presentation, demo	Visitors of the Event
Amsta, HvA - NL	Focus group session at Amsta, NL	6/7/2015	Focus group discussion	Participants in the focus group
HvA-NL	Presentation of C4B concept and pilot II to representatives of Cordaan (formal care organization) and Markant (informal care organization)	3/12/2014	Presentation and discussion	3 managers of Cordaan and Markant
HvA-NL	Call for participation in the	January	Article	4280

	"Mantelzorgkrant" of Markant, a magazine for informal caregivers in the Amsterdam area	2015		subscribed readers of the magazine
PERVAYA-FR	15 home care organizations, public and private, were interviewed 4 insurance companies and mutuelles were interviewed : Klesia, AXA, Fondation de la Mutuelle Générale, COVEA (holding company of 3 mutuelles : MAAF, MMA and GMF).	First semester 2015	Project presentation and demo	public and private companies in France
iMinds - BE	Groupinterviews 10 formal caregivers of WGK and Solidariteit van het Gezin in iMinds HomeLab	May-june 2015	Project presentation and demo	WGK & Solidariteit van het Gezin
iMinds – BE	Workshop"Testing with older adults: challenges and cocreating solutions" at AAL Forum Gent	24/ 9/2015	Workshop with C4B as introduction case	AAL participants
Vigisense	4 care organisations in French-speaking Switzerland. 2 Care homes around Geneva	End 2014 Early 2015	Project presentation and demo	Care organisations. Potential customers

4. FINANCIAL INFORMATION - OTHER COMMENTS

Please check appropriate box:

The financial part of the project X 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:

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Other comments related to financial part of the project:

N/A

5. AAL JP PROGRAMME

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

From **professional user perspective** the advantages are process results in the research and complex development of technology. The users themselves are best suited to evaluate the novel technological solutions. It helps to make functional requirements and generates knowledge of state of the art.

From **industry perspective** the advantage of the AAL programme is the focus on time to market and the multidimensional view collected through the interdisciplinary collaboration.

6. UPDATED PROJECT PARTNERS' CONTACT DETAILS²

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² Please insert here, for every partner organization participating in your consortium, the updated email address and telephone number of the main contact person. These persons might be contacted after the closure of the project for statistical enquiries related to impact assessment.