November 14th
about 85,000 people aged 65 and over

live alone or accompanied exclusively by others of the same age

Source: INE, 2011
3 STRATEGIC AXES

1. Active Life
2. Independent Living
3. Supported Life

The goals achievement implies the accomplishment of a set of measures, organized under these Strategic Axes.
. **65+ population:** growing social group with recognition and gains in social development

. **Multicausal impact,** with **different responses** and **integrated action**

. Urban centers:
  - individual and distant relations
  - weakened social ties

  Requires community-based networks

  - Improve effectiveness, efficiency and effectiveness;
  - Better use of resources;
  - New organizational culture (collaborative solutions).
PLANNING AND ACTING

Challenges:

- Plurality tools;
- Fix common goals between entities;
- Resistance on collaborative actions;
- Complexity in intervention monitoring;
- Lack of participation in planning and supervision of policies that concern them;
- Primacy on classic responses instead of the new long life paradigm;
- Unknown crisis situations to services;
- Focus on institutionalization and depersonalization people 65+.
Georeferencing diagnosis City;

Approach between entities (articulation and knowledge ability);

New and remarkable projects for change;

Qualification requirement agents (Training and Supervision);

Strength neighborhood network and the local community;

New profiles people 65+ (increased participation);

Reflection on social responses.
Commitment to Sustainable Development Goals and 2017 Lisbon Declaration

- Safeguard Human Rights and Longevity/ Long Term Perspective**;
- Support participation and implication of population 65+ in policies that influence their lives;
- Meet needs and preferences integrated in the results;
- Consistency with world, national and local policies.

Ensure growth and sustainability beyond 2030 and borders
MISSION

Ensure collaborative responses to autonomy and well-being of population 65+

GOALS

- Promote active life and civic participation;
- Adapt public spaces and buildings to citizens needs;
- Requalify and diversify social responses promoters of autonomy;
- Expand the network equipment of social and health;
- Promote intervention qualification;
- Create new responses and equipments.
Avoid barriers to this population group to independent living;

Remain in their homes, neighborhoods and communities (security, identity, belonging, welfare, competence, independence, privacy);

Ageing in Place = Caring in the Community
65+ people can shape their lives and contribute to the community;

Promote social, recreational and community participation.

This program brings several partners and aims to be a strategy for Lisbon city.

Coordinated and collaborative work prevents accessibility barriers and duplicate responses.
Long-Term Perspective Awards/Prize**
These awards/prizes emerge in the face of new and demanding society challenges.

SCML develops and supports scientific research in areas related to its intervention.
This awards/prizes come under the Program and its 3 Strategic Axes:

- **ACTIVE LIFE** (promote dynamic lifestyles in 65+ population, whether cultural, sports, training or civic intervention);

- **INDEPENDENT LIVING** (improve physical conditions of public and building space; requalify, innovate and diversify network equipment and services, autonomy promoters in 65+ population as an alternative to institutionalization);

- **SUPPORTED LIFE** (improve and increase of social and health equipment network, and ensure care in dependency).
Survey to 30,000 people 65+ to recognize and map social isolation and unwanted loneliness.
Goals

- Map and georeference deprivations, expectancies and abilities of the 65+ population;
- Plan the intervention according to each person and their life (custom answers);
- Improve quality services (optimize processes);
- Stimulate a community model intervention and local development.
MISSION

- Community intervention and local development plan;
- Participatory action research methodology;
- Opportunity to diversify responses and stimulate innovation and participation;
- Develop and act as collective components.

Set up more solidary and committed neighborhoods
DIGITAL PLATFORM PROJETO RADAR

Share information between partners

- Survey - Interviewer Team;
- Evaluation and Referral;
- Attendance;
- Process monitoring – SCML task.

Commitment to Mission, Goals and Strategic Axes of the Program

*Lisbon, City of All Ages*
To speak.
To listen.
To take care.
Prior to the “Radar Project Sheet”, interviewers requests an Informed Consent to participants, which will allow share information between partners to prompt an effective response.
The Interview Guide is the instrument that enables "Radar Project Sheet" (duly agreed between the partners). This document in digital support helps the insertion data in the Digital Platform Projeto Radar, developed for this purpose.
“From people, to people, with people.”

17/09/2018
Cooperation Protocol Programa Lisboa, Cidade de Todas as Idades

07/01/2019
Opening work Interviewers in the Pilot Parishes.

01/07/2019
Opening work Interviewers in the 2nd phase parishes

19/12/2018
Public Presentation and Signature Collaboration Protocol with Pilot Parish Councils

19/06/2019
Presentation Results Radar Pilot Project and Signature Collaboration Protocol with the Parish Councils of the 2nd Phase.

16/10/2019
Signature of the “Commitment Letter” and opening work Interviewers 3rd Phase
Parish 2nd Phase

Table 1 - Distribution of Interviewees by parish.

<table>
<thead>
<tr>
<th>Freguesias</th>
<th>Entrevistas</th>
<th>Percentagem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcântara</td>
<td>927</td>
<td>8,16%</td>
</tr>
<tr>
<td>Alvalade</td>
<td>2102</td>
<td>18,50%</td>
</tr>
<tr>
<td>Arroios</td>
<td>1831</td>
<td>16,12%</td>
</tr>
<tr>
<td>Beato</td>
<td>772</td>
<td>6,80%</td>
</tr>
<tr>
<td>Marvila</td>
<td>1619</td>
<td>14,25%</td>
</tr>
<tr>
<td>Parque das Nações</td>
<td>484</td>
<td>4,26%</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>747</td>
<td>6,58%</td>
</tr>
<tr>
<td>São Domingos de Benfica</td>
<td>1886</td>
<td>16,60%</td>
</tr>
<tr>
<td>São Vicente</td>
<td>993</td>
<td>8,74%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11,361</strong></td>
<td><strong>100,00%</strong></td>
</tr>
</tbody>
</table>

Graphic 1 - Representation of the Interviewee Distribution by parish.
The **Pilot Phase** had the purpose of recognizing **4,545 people** in the **3 parish**.

The **2nd Phase** recognized **11,361 people** in the **9 parish** of the city of Lisbon.

The **3rd Phase** intends to recognize **14,273** in the **12 parish**.
### Counted 3rd Phase

<table>
<thead>
<tr>
<th>Freguesias</th>
<th>População Residente 65+</th>
<th>23% Dos Residentes 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avenidas Novas</td>
<td>5513</td>
<td>1268</td>
</tr>
<tr>
<td>Belém</td>
<td>4392</td>
<td>1010</td>
</tr>
<tr>
<td>Benfica</td>
<td>10723</td>
<td>2466</td>
</tr>
<tr>
<td>Campo de Ourique</td>
<td>6119</td>
<td>1407</td>
</tr>
<tr>
<td>Campolide</td>
<td>3723</td>
<td>856</td>
</tr>
<tr>
<td>Carnide</td>
<td>3230</td>
<td>743</td>
</tr>
<tr>
<td>Estrela</td>
<td>4799</td>
<td>1104</td>
</tr>
<tr>
<td>Lumiar</td>
<td>7027</td>
<td>1616</td>
</tr>
<tr>
<td>Misericórdia</td>
<td>3141</td>
<td>722</td>
</tr>
<tr>
<td>Penha de França</td>
<td>7418</td>
<td>1706</td>
</tr>
<tr>
<td>Santa Maria Maior</td>
<td>3037</td>
<td>699</td>
</tr>
<tr>
<td>Santo António</td>
<td>2937</td>
<td>676</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14.273</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 7 - Distribution of Resident Population 65+ years and Interview Goals by parish.
Achieved
Population
Thank You!
DAY CENTRES REQUALIFICATION PROJECT

European Social Network

November 14th, 2019
WHY LISBON NEEDS AGE-FRIENDLY INITIATIVES?

The ageing in community paradox
‘decrease support in an ageing population’

1/4 of the resident population is 65 or more years old

Increase in population aged 75 or over by 19% (2001-2011)

The number of Day Centres has decreased (2005-2015)

SCML covers 1/3 of Day Centres (20) with capacity for 1.600
DAY CENTRES REQUALIFICATION PROJECT - DEVELOPMENT IN A CO-PRODUCTION APPROACH

Including all stakeholders
### 2015 Assessment Results
On SCML Day Centres

**Cons**
- Negative stereotype of day centre
- Inability to respond in a specialised way to dementias and dependencies
- Insufficient and poorly qualified staff to monitor people with dementia
- Inadequate building conditions
- Low accessibilities
- Insufficient transportation
- Poor food quality
- Closed space to the surrounding community, with activities not suited to the autonomous population

**Pros**
- Responds to basic needs
- Combat loneliness
- Slows institutionalisation
- People believe in SCML as a reliable brand
- Excellent teams
- Good partnership between day centres and local institutions

Source: total of 107 participants (Centre’s responsible, animators, users, and community members)
2016

InterAge A NEW MODEL PROPOSAL

With the mission to improve SCML Day Centres
• across all ages
• combining several social services, with integrated governance
• co-operating model with NGO, associations, local authorities, schools, health institutions
• promoting users participation and active citizenship
## STRATEGIC MODEL BASED ON THE THEORY OF CHANGE

<table>
<thead>
<tr>
<th>Outputs and impacts</th>
<th>Activities adapted to different types of public</th>
<th>Highest level of quality and adequacy of services provided</th>
<th>Involvement of users and families in their life project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outputs</td>
<td>Reduction the elderly loneliness</td>
<td>More autonomous people with higher quality of life</td>
<td>Reduction of age-related stereotypes</td>
</tr>
<tr>
<td>Inputs</td>
<td>Resizing and reconfiguration of the team's setup</td>
<td>Extended working hours of Day Centres</td>
<td>Flexibility in access to different Day Centres</td>
</tr>
<tr>
<td></td>
<td>Develop communication materials</td>
<td>Enhance Partnerships</td>
<td>Generalise participatory approaches &amp; tools</td>
</tr>
<tr>
<td></td>
<td>Call for intergenerational projects</td>
<td>Open the centres to the community</td>
<td></td>
</tr>
</tbody>
</table>

**Outcomes and Impacts**
- Reduction of elderly loneliness
- More autonomous people with higher quality of life
- Reduction of age-related stereotypes
- Increased intergenerational and community solidarity

**Outputs**
- Activities adapted to different types of public
- Highest level of quality and adequacy of services provided
- Involvement of users and families in their life project

**Inputs**
- Resizing and reconfiguration of the team's setup
- Developed communication materials
- Extended working hours of Day Centres
- Call for intergenerational projects
- Enhance Partnerships
- Open the centres to the community
- Flexibility in access to different Day Centres
- Generalise participatory approaches & tools
- Building requalification, including furniture and decoration

---

*InterAge SANTACASA Misericórdia de Lisboa*
2017-2018

RECONFIGURING THE TEAM’S SETUP

**Goals**

- Deepen the knowledge of users through the accomplishment of more robust diagnostic evaluations
- Build activity plans more adjusted to user’s profile
- Ensure the regular access to rehabilitation services
- Ensure that all activities developed have a therapeutic intention

**Working teams setup**

- Social worker
- Monitor
- Care workers
- Car driver
- Socio-cultural animator
- Rehabilitation technician
- Health technician
- Psychologist

**Guarantee of greater safety for users and families**

**Promote individual dignity, respect and self-best interests**

**Ensure individual collaboration in care plan & activities**
Changes

- Flexibility in accessing different InterAge spaces
- Open building resources to the community

Goals

- Allow more and different activities to take place in all InterAge spaces
- Leverage local partners in the territory

No longer be confined to just one space
Know better the territory and to extend the network relations
2019

EXTENDED WORKING HOURS OF DAY CENTRES

for greater adequacy, flexibility and openness

Changes
- Opening hours: 8:30h-21h vs. 9h-18h

Goals
- Increase activities in the afternoon
- Allow the use of spaces by partners
- Ensure a better quality dinner

Relieve the informal caregiver and reconcile care with work
Late-afternoon activities open to employed population
Reduce the time of loneliness
2017-2020 BUILDING REQUALIFICATION

including furniture and decoration

Changes

- Conservation works in buildings built between 1970 and 1990
- Improvement of the accessibility and adequacy of health facilities for people with reduced mobility
- Kitchen for meals preparation
- Use and adaption of exterior spaces – construction of vertical gardens, installation of non-slip and leveled floors
- Create different environments

- Respecting the history and architecture of each space

Guarantee attractive spaces to stimulate interaction
Guarantee higher quality relationships
Guarantee greater safety to users and families
Guarantee privacy preservation

Guarantee higher quality relationships
Guarantee greater safety to users and families
Guarantee privacy preservation
## Evaluation Scope: Process & Impact

### Evaluation Phases

<table>
<thead>
<tr>
<th>2015-2016</th>
<th>2017-2022</th>
<th>2020-2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Evaluation</td>
<td>Monitoring Evaluation</td>
<td>Final Evaluation</td>
</tr>
</tbody>
</table>

#### Self-regulation process outcome:

- Delays in requalify the buildings, adapt the furniture and HR recruitment
- Maintenance of poor attractiveness of day care centres
- Greater knowledge and participation of users
- Increased number and diversification of activities
- More partnership activities
- Improvement of cognitive and motor performance of the users
- Greater openness to the community

#### Coherence

- Relevance

#### Effectiveness

- Equity, participation, capacity building

#### Efficiency

- Cost and time in delivering results

#### Impacts

- Today
THANK YOU

Ana Moura
ana.mmoura@scml.pt
Lisbon City of all Ages
Lisbon City of all Ages

The achievement of the overall objectives of the Program implies the implementation of a set of Measures, or sub-projects, organized under these Strategic Axes:

1. Vida Ativa
2. Vida Autónoma
3. Vida Apoiada
Lisbon City of all Ages

1. Vida Ativa
2. Vida Autónoma

Programa
Casa Aberta - Habitação

Programa
Bairro 100% Seguro
WHAT IS IT?
“Casa Aberta” is a program that aims to improve safety and accessibility conditions in the private homes of people over 65, or with a disability of 60% or more, resulting from a partnership between the Lisbon City Council and the local Urban Districts (Freguesias).

GOAL
Identify situations of risk to the accessibility and safety inside the homes, with the aim to carry out minor adaptation works inside dwellings, or in common areas of the buildings, and eliminate architectural barriers, thus reducing the risk of falling, and increasing their safety, quality of life and autonomy at home, and facilitating the work of caregivers.

WHO IS IT FOR?
Needed elderly people over 65 or with disability of 60% or more. The program only operates in private housing. It does not intervene in municipal housing or social care facilities.

HOW DOES IT WORK?
Must submit a request to the local Urban District (Junta de Freguesia)
Needs, Risk Analysis and Assessment Questionnaire
Lisbon City of all Ages

Typified Specifications for the interventions
Most common interventions:

- Replacement of bathtub with shower tray;
- Application of handrails in the common spaces of buildings, in particular on stairs and terraces;
- Placement of grab bars in the shower area and next to the toilet;
- Indoor passage widening (wheelchair)
Lisbon City of all Ages

Program Operationalized through Competence Delegation Contracts (CDC)
Pilot Phase 2017-2018 – 4 Urban Districts (Arroios, Alcântara, Misericórdia e Olivais)

- Estimated total budget: €160.000 for the pilot phase (€40.000 per Urban District);
- Minimum number of works to be carried out: 12 (dwellings) in each Urban District;
- Each Urban District received €20.000 initially, with the CDC signature;
- After completing 5 interventions, they receive the remaining € 20.000;
- 87,5% of the total amount was transferred by the Lisbon City Council to the Urban Districts

NEW PHASE OF THE PROGRAM - CDC 2019-2021

- 19 more Urban Districts;
- Total budget: €1.767.817
- The new Urban Districts are now starting with the Program and have just approved the Regulations at the elected Urban District Assembly;
- Interventions being assessed and planned.
WHAT IS IT?
“Bairro 100% Seguro” is a program to improve careful and safe maintenance of public spaces, pedestrian routes or enjoyment and leisure areas, as well as do specific interventions to promote the safety of pedestrian mobility.

GOAL
Promote a set of interventions that allow the pedestrian to have a greater sense of security in their daily paths taken, or improve and diversify the modes of accessibility, covering the different age groups of citizens with dependent or reduced mobility.

WHO IS IT FOR?
For all ages, particularly the elderly people over 65, or citizens with dependent or reduced mobility (wheelchair).

HOW DOES IT WORK?
Interventions are done by both the Lisbon City Council and the local Urban District (Junta de Freguesia).
Lisbon City of all Ages

The “Bairro 100% Seguro” Program has the following goals:

1. Promote Road Safety in residential streets through traffic calming;
2. Promote Accessibility in the pedestrian network, eliminating barriers, reducing the risk of pedestrian falls and implementing other measures aiming at improving comfort;
3. Prevent abusive car parking over sidewalks, crosswalks and bus stops.

The City Council finances and closely supervises interventions, prioritized and conducted by the Urban Districts (Freguesias) in their respective public spaces, especially sidewalks, crosswalks and bus stops: elimination of pedestrian accessibility barriers, introduction of comfortable pavements, benches, trees, handrails in stairways and steep streets, etc.

All these interventions follow the Inclusive Design principles, and will thus respond to the functional needs of the wider public, including people with reduced mobility, e.g. persons with Disability, Children and the Elderly.
Lisbon City of all Ages

Programa
Bairro 100% Seguro

Problem assessment

Too narrow sidewalks

Lack of security in the traditional sidewalk

Abusive and illegal parking

Limestone Sidewalk (calçada): slippery, dangerous uneven surfaces, holes, etc

Prone to falls
Lisbon City of all Ages

Programa
Bairro 100% Seguro

Index of pedestrian potential
Lisbon City of all Ages

Programa
Bairro 100% Seguro

Survey of Accessibility Conditions - Public Spaces and Public Equipment’s Surroundings analyzed
Lisbon City of all Ages

Programa
Bairro 100% Seguro

Index of pedestrian run over

Atropelamento:
(Por gravidade de lesão)
- Morto
- Ferido Grave
- Ferido Ligeiro

Índice de Atropelamentos:
- Inferior a 10
- [10 - 25]
- [25 - 50]
- [50 - 100]
- Igual ou superior a 100
Lisbon City of all Ages

Most common interventions:

- Pedestrian Accessibility in Urban Planning
- Pavements and pedestrian continuities
- Pedestrian crossings
- Traffic alming
- Leveling of bus stops and pedestrian crossings
- Elimination of barriers
Lisbon City of all Ages
Lisbon City of all Ages

Obrigado!