



LISBOA
CIDADE DE
TODAS
AS IDADES

November 14th

FACTS

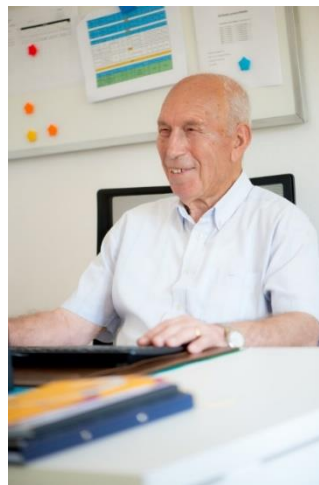


about 85,000 people aged 65 and over

live alone or accompanied exclusively by others
of the same age

Source: INE, 2011

LONGEVITY/ LONG-TERM PERSPECTIVE**



- Fast phenomenon, challenges promoter in society;
- It requires changes in lifestyles, behaviors and family income.

3 STRATEGIC AXES

The goals achievement implies the accomplishment of a set of measures, organized under these Strategic Axes.

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



LONGEVITY/ LONG-TERM PERSPECTIVE **

Collaborative Governance Model

- . **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+.





PLANNING AND ACTING

Improvement Opportunities :

- 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+

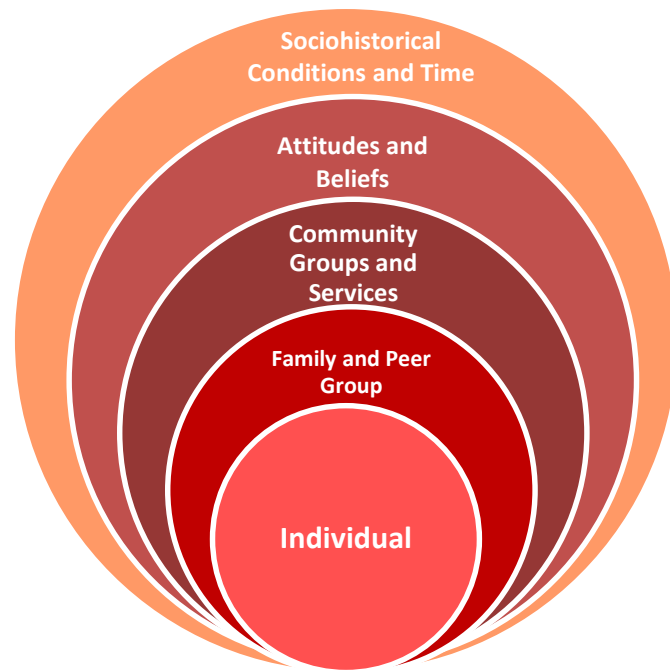


GOALS

- 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.

AGEING IN PLACE:

- Key strategy for interaction between individual and environment, highlighting community care;
- 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



THE INDIVIDUAL ON THE FOCUS INTERVENTION
(Bronfenbrenner's Ecological Theory, 1979)

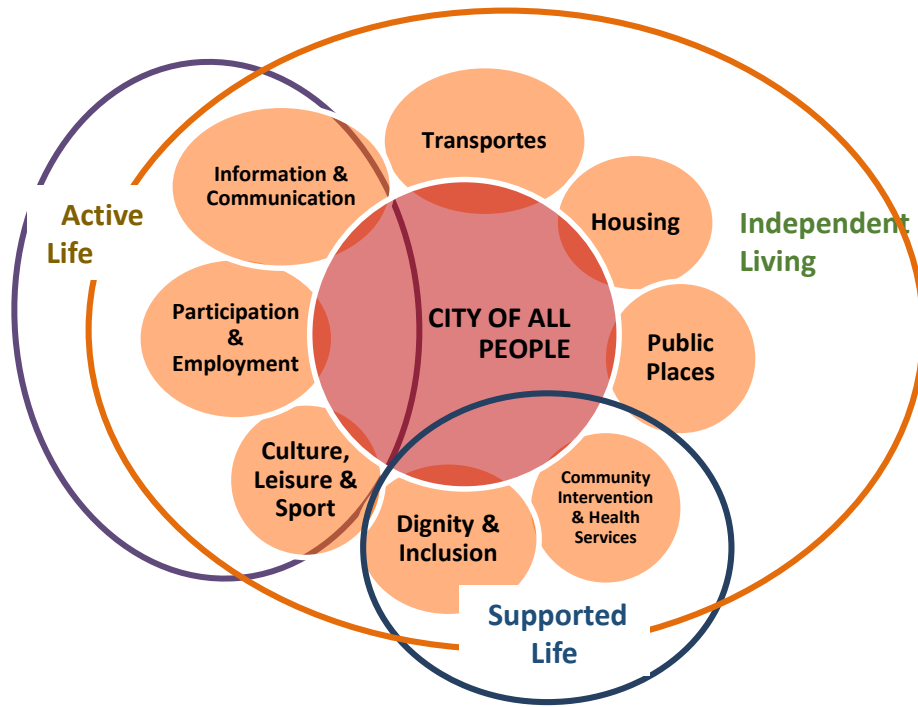
CITY OF ALL PEOPLE

- 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.



PRÉMIOS
SANTA CASA

LONGEVIDADE

**Long-Term Perspective
Awards/Prize****



SANTA CASA
Misericórdia de Lisboa


FRAMEWORK

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.



FRAMEWORK

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).





PROJETO RADAR

FALAR. ESCUTAR. CUIDAR.

SKILLED WORK **

Survey to 30,000 people 65+ to recognize and map social isolation and unwanted loneliness.

SANTA CASA
Misericórdia de Lisboa

LISBOA
Câmara Municipal

SECRETARIA
MUNICIPAL DE SAÚDE

SECRETARIA
MUNICIPAL DE EDUCAÇÃO

ars|lv
Lisboa e Vale do Tejo

POLÍCIA
MUNICIPAL DE LISBOA

REDE
SOCIAL
DE LISBOA

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





PROJETO
RADAR
FALAR. ESCUTAR. CUIDAR.

FALAR

Se queres participar
no Projeto Radar

ESCUTAR

envia-nos um email para:
projektoradar@acmi.pt

CUIDAR

ou contacte-nos para
o Informático Radar:
213 263 000
9h00 às 18h00
(segunda a sexta)

To speak.
To listen.
To take care.

LISBOA
CIDADE DE
**TODAS
AS IDADES**



Informed Consent

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.



CONSENTIMENTO INFORMADO

Data: / /

Nome do Participante (Entrevistado):

O Projeto “RADAR” é uma das dimensões de operacionalização do Programa “Lisboa, Cidade de Todas as Idades”, criada a partir de um protocolo de cooperação entre a Santa Casa da Misericórdia de Lisboa - SCML e os seus parceiros: Câmara Municipal de Lisboa - CML, Instituto de Segurança Social - ISS, Administração Regional de Saúde de Lisboa e Vale do Tejo - ARS, Polícia de Segurança Pública - PSP e as Juntas de Freguesia de Lisboa. O objetivo central desta parceria é fazer o levantamento a 30.000 pessoas, nas 24 freguesias da cidade de Lisboa, reconhecimento e o acompanhamento das pessoas 65+ que estejam em situação de isolamento e de solidão não desejada, do conhecimento ou não das entidades que prestam apoio social, e que se encontrem a viver sozinhas ou acompanhadas por outra pessoa do mesmo escalão etário. Pondera as privações, expectativas e potencialidades da população 65+ no desenvolvimento de soluções mais próximas da Comunidade, para que em estreita colaboração com os parceiros envolvidos se possa otimizar as respostas perante os desafios da longevidade.

A sua participação será um importante contributo para a compreensão do processo e da expressão da longevidade no que se refere a dimensões psicossociais e acessibilidade à rede social.

Será realizado um inquérito simples, com a solicitação de respostas básicas abertas e na modalidade sim/não. A recolha dos dados e das suas respostas será feita em formato digital pelas Equipas de Rua (Entrevistadores). Será assegurada a confidencialidade de todas as informações pessoais e as informações recolhidas durante este Projeto, as quais estarão apenas acessíveis aos parceiros chave. As comunicações públicas dos resultados serão sempre feitas com respeito pelo total anonimato e baseadas em termos de médias de grupos.

A sua participação é voluntária e poderá abandonar a qualquer momento a entrevista, sem necessidade de qualquer justificação.

Nos termos do Regulamento Geral de Proteção de Dados – Regulamento (UE) 2016/679 e da Lei 67/98 de 28 de Outubro, os dados pessoais recolhidos serão objeto de tratamento apenas no âmbito do Projeto RADAR pela SCML e parceiros – SCML, CML, ISS, ARS, PSP e Juntas de Freguesia. Mais se informa que, o consentimento prestado pode ser livremente retirado a qualquer momento, mediante comunicação por escrito, via carta registada ou correio eletrónico para os seguintes endereços: Largo Trindade Coelho, Apartado 2059, 1102-803 Lisboa ou projektoradar@scml.pt.

Ao assinar o presente documento, estará a dar o consentimento à sua participação neste projeto, assim como a recolha e tratamento dos dados pessoais nos termos mencionados.

☐ Sim, entendi a informação dada e recebi os esclarecimentos necessários pelo que concordo com os termos estabelecidos para a participação no presente Projeto.

Assinatura do Participante (Entrevistado):

Assinatura do Entrevistador:



Largo Trindade Coelho Apartado 2059 1102-803 Lisboa Codex – Tel. 21 323 50 00 Fax 21 323 50 60

“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

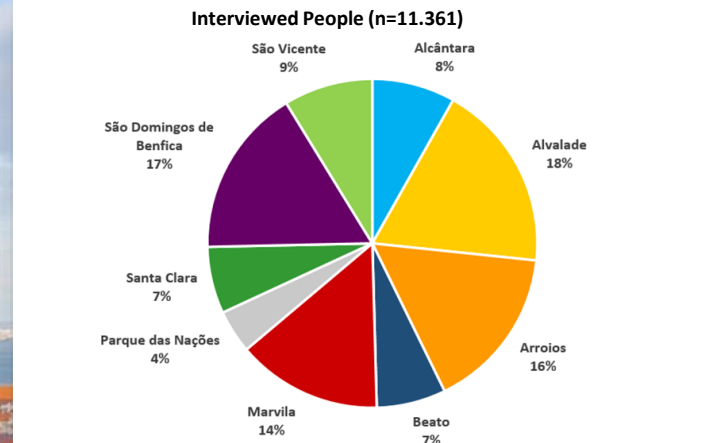
19/06/2019

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



Graphic 1— Representation of the Interviewee Distribution by parish

Freguesias	Entrevistas	Percentagem
Alcântara	927	8,16%
Alvalade	2102	18,50%
Arroios	1831	16,12%
Beato	772	6,80%
Marvila	1619	14,25%
Parque das Nações	484	4,26%
Santa Clara	747	6,58%
São Domingos de Benfica	1886	16,60%
São Vicente	993	8,74%
Total	11.361	100,00%

Table 1 - Distribution of Interviewees by parish.

The **Pilot Phase** PROJETO **RADAR** had the purpose of recognizing **4,545 people** in the **3 parish**.
FALAR. ESCUTAR. CUIDAR.

The **2nd Phase** it 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.



LISBOA
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AS IDADES



PROJETO
RADAR

FALAR. ESCUTAR. CUIDAR.

SANTA CASA
Misericórdia de Lisboa



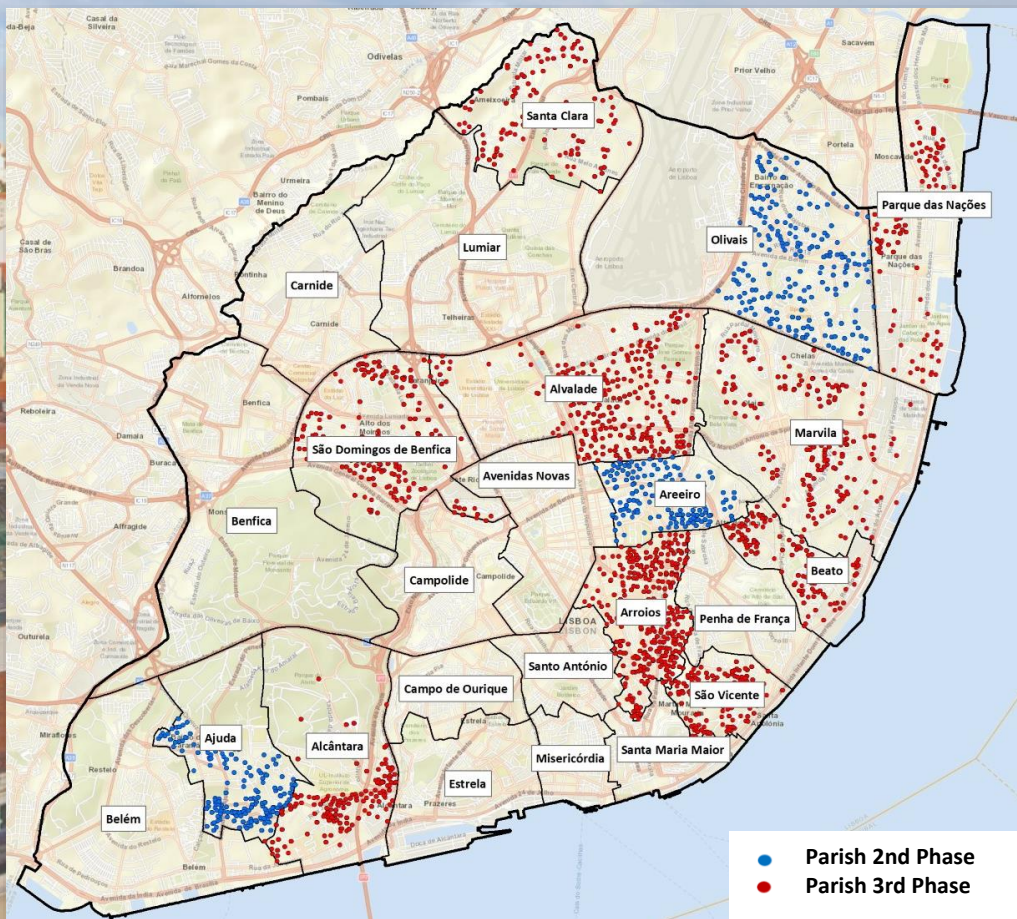
Counted 3rd Phase



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

Table 7 - Distribution of Resident Population 65+ years and Interview Goals by parish.

Achieved Population





Thank You!

DAY CENTRES REQUALIFICATION PROJECT

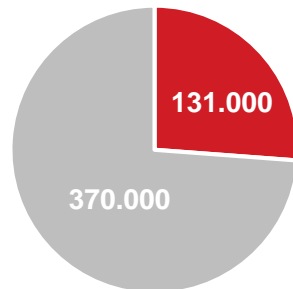
European Social Network

November 14th, 2019

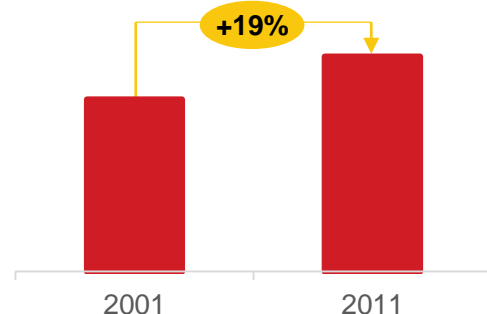
WHY LISBON NEEDS AGE- FRIENDLY INITIATIVES?

The ageing in
community paradox
'decrease support in
an ageing population'

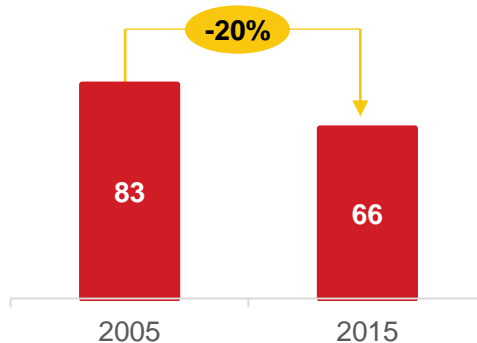
1/4 of the resident population is
65 or more years old



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



**Service
Design**



**Environmental
Design**



**Individual Plan
Design**



**Activities
Design**



**Community
Participation**



FOCUSED ON PEOPLE
THROUGH AN EMPATHIC
IMMERSION PROCESS



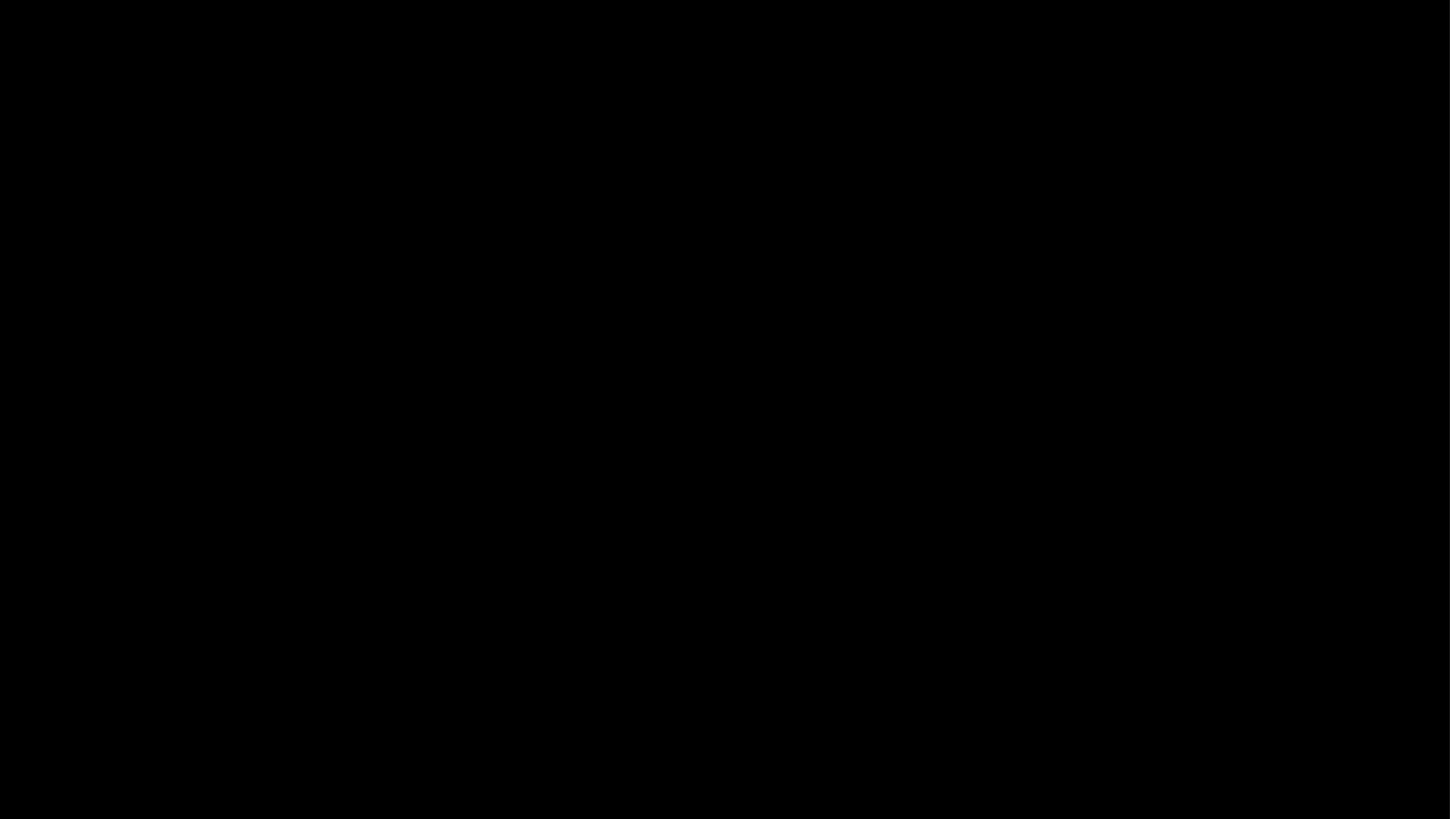
MAKE IDEAS TANGIBLE
PROTOTYPES / SKETCHES / CONCEPTS



INTERACTIVE - MULTIDISCIPLINARY COLLABORATION
PROMOTES AND ENCOURAGES CO-CREATION IN COLLABORATION
WITH CUSTOMERS / USERS; IT IS HOLISTIC.



VIABILITY AND INSTITUTION VALUE
TRANSFORM IDEAS INTO SOLUTIONS;
CREATES VALUE AND MEANING.



2015 ASSESSMENT RESULTS

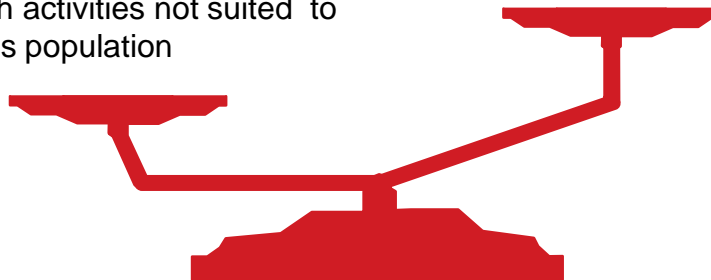
On SCML Day Centres

- 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

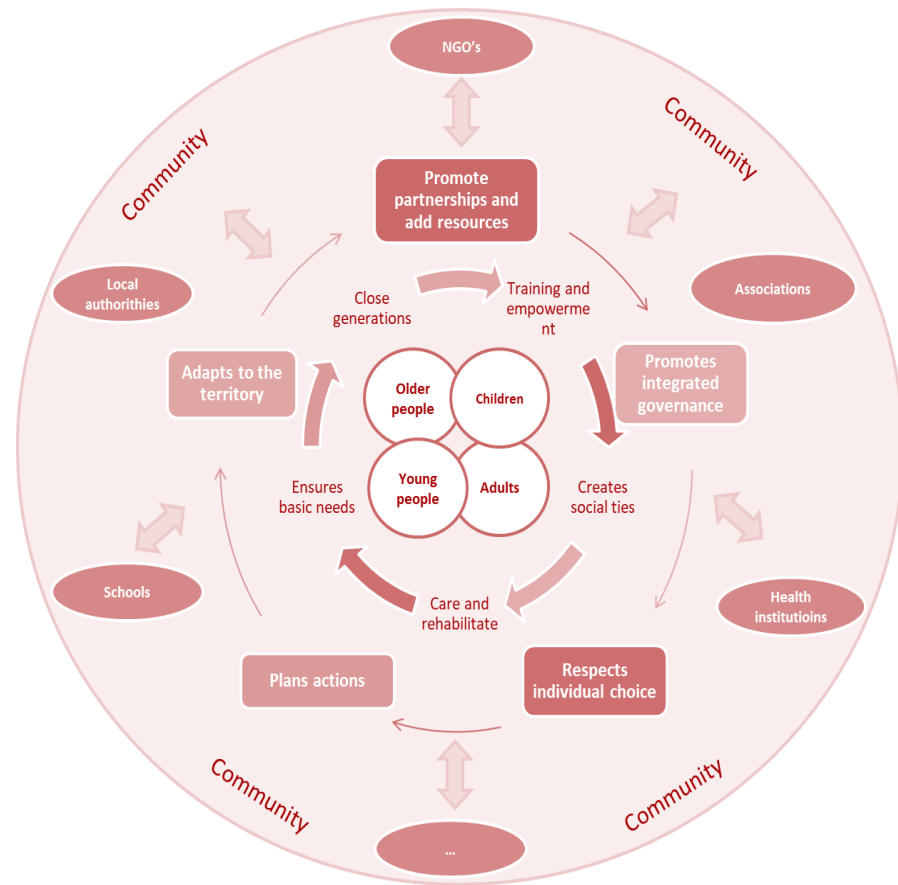
- Responds to basic needs
- Combat loneliness
- Slows institutionalisation
- People believe in SCML as a reliable brand
- Excellent teams
- Good partnership between day centres and local institutions



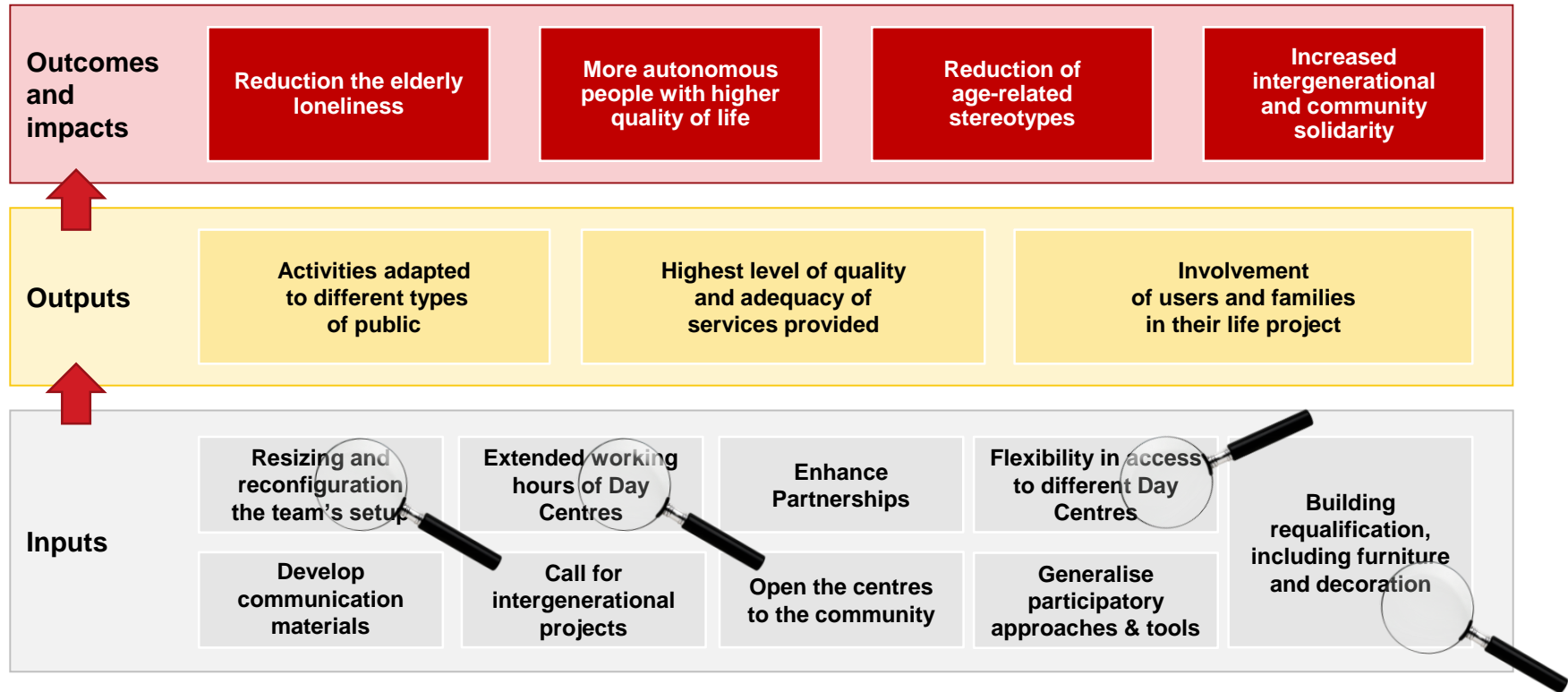
2016 InterAge A NEW MODEL PROPOSAL

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



2017-2018

RECONFIGURING THE TEAM'S SETUP

Working teams setup

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

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

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

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

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

2018

FLEXIBILITY IN ACCESS TO DIFFERENT DAY CENTRES

for greater adequacy,
flexibility and openness

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 REQUALIFICA- TION

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**

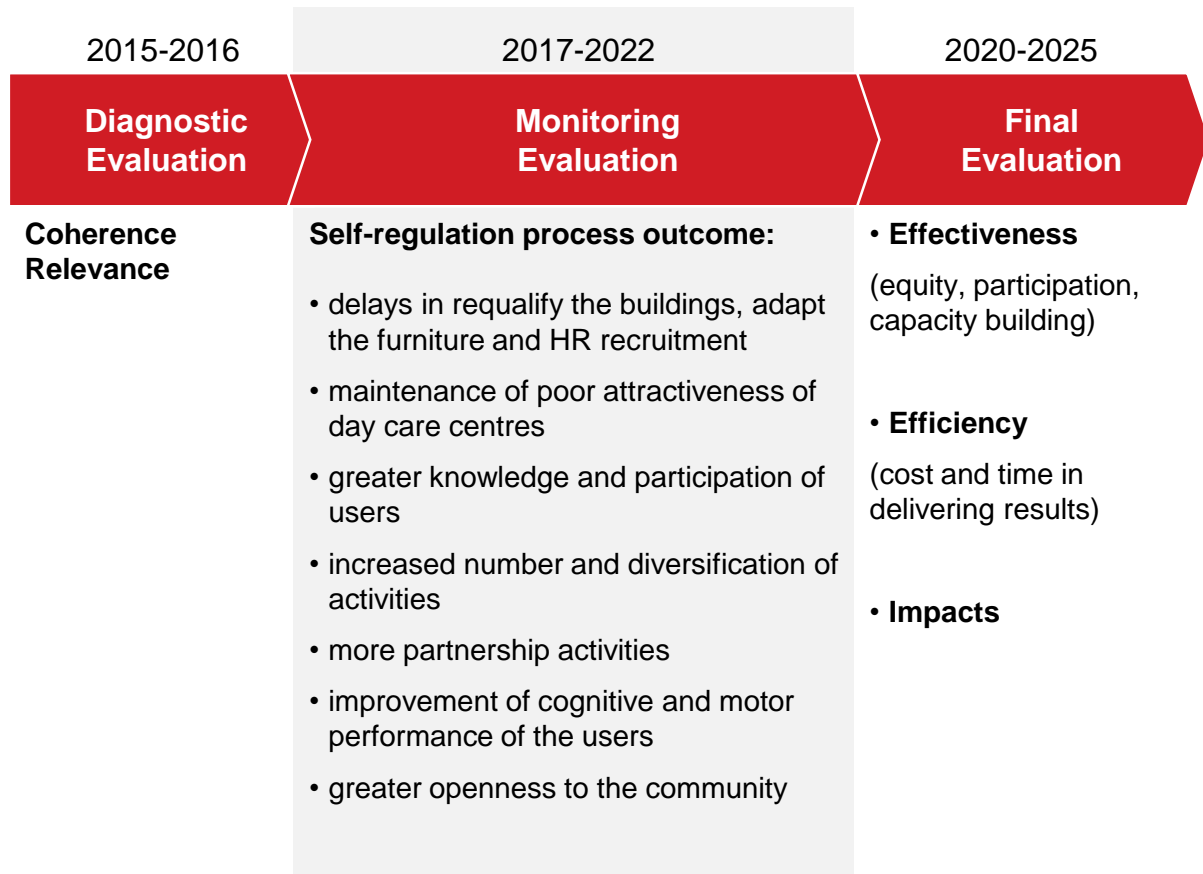
**Guarantee
higher
quality
relationships**

**Guarantee
greater
safety to
users and
families**

**Guarantee
privacy
preservation**

EVALUATION SCOPE: PROCESS & IMPACT

Evaluation phases



Today

SANTA CASA
Misericórdia de Lisboa

InterAge
UM ESPAÇO DE TODOS E PARA TODOS

THANK YOU

Ana Moura
ana.mmoura@scml.pt

Lisbon City of all Ages



LISBOA
CIDADE DE
TODAS
AS IDADES

SANTA CASA
Misericórdia de Lisboa

LISBOA
Câmara Municipal

Segurança Social
IS

ars|lv
Lisboa e Vale do Tejo



European Social Network (ESN) - Co-Production Forum 14th-15th November 2019, Lisbon"

Lisbon City of all Ages

3 STRATEGIC AXES

1. Vida Ativa
2. Vida Autónoma
3. Vida Apoiada

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:



Lisbon City of all Ages

1. Vida Ativa
2. Vida Autónoma

**CASA
ABERTA**

Programa
Casa Aberta - Habitação



Programa
Bairro 100% Seguro

Lisbon City of all Ages



Programa
Casa Aberta - Habitação

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)**

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Programa

Casa Aberta - Habitação

Needs, Risk Analysis and Assessment Questionnaire

11 de 14 Versão actualizada em 06-01

CASA ABERTA

10 INSTALAÇÃO SANITÁRIA – BANHO

10.1 O Requerente toma banho em:

- ☒ a) Banheira
- ☐ b) Base de duche com ressalto (≥ 2 cm)
- ☐ c) Base de duche sem ressalto (ou < 2 cm)
- ☐ d) Fora da banheira/ base de duche, mas DENTRO da Casa de Banho
- ☐ e) Outra solução, FORA da Casa de Banho
- ☐ f) Não sabe / Não responde.

10.2 Porque não usa a banheira/ base de duche?

- ☐ a) Dificuldade em entrar ou sair da banheira/ duche
- ☐ b) Dificuldade em manter-se de pé
- ☐ c) Outra razão.

Observações e Proposta de Solução:

Se o Requerente não usa a banheira/base de duche (cf. pergunta 10.1), assinalar NV nas perguntas 10.3 a 10.8.

	NV	NA	NÃO consigo	SIM, mas com medo/ grande desconforto	SIM, mas com desconforto.	SIM, com problema
10.3 Entrar e sair da banheira/duche	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 Manter-se de pé enquanto toma banho	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.5 Alcançar torneiras (dentro da banheira/duche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.6 Abrir e fechar torneiras	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.7 Alcançar produtos de higiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.8 Alcançar toalha (dentro da banheira/duche)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

10.9 Risco de queda -- tropeçar ☐ ← Assinalar se detectar Risco Evidente

10.10 Risco de queda -- escorregar ☒ ← Assinalar se detectar Risco Evidente

10.11 Risco de queda -- falta de apoio ☒ ← Assinalar se detectar Risco Evidente

10.12 Proposta de Soluções:

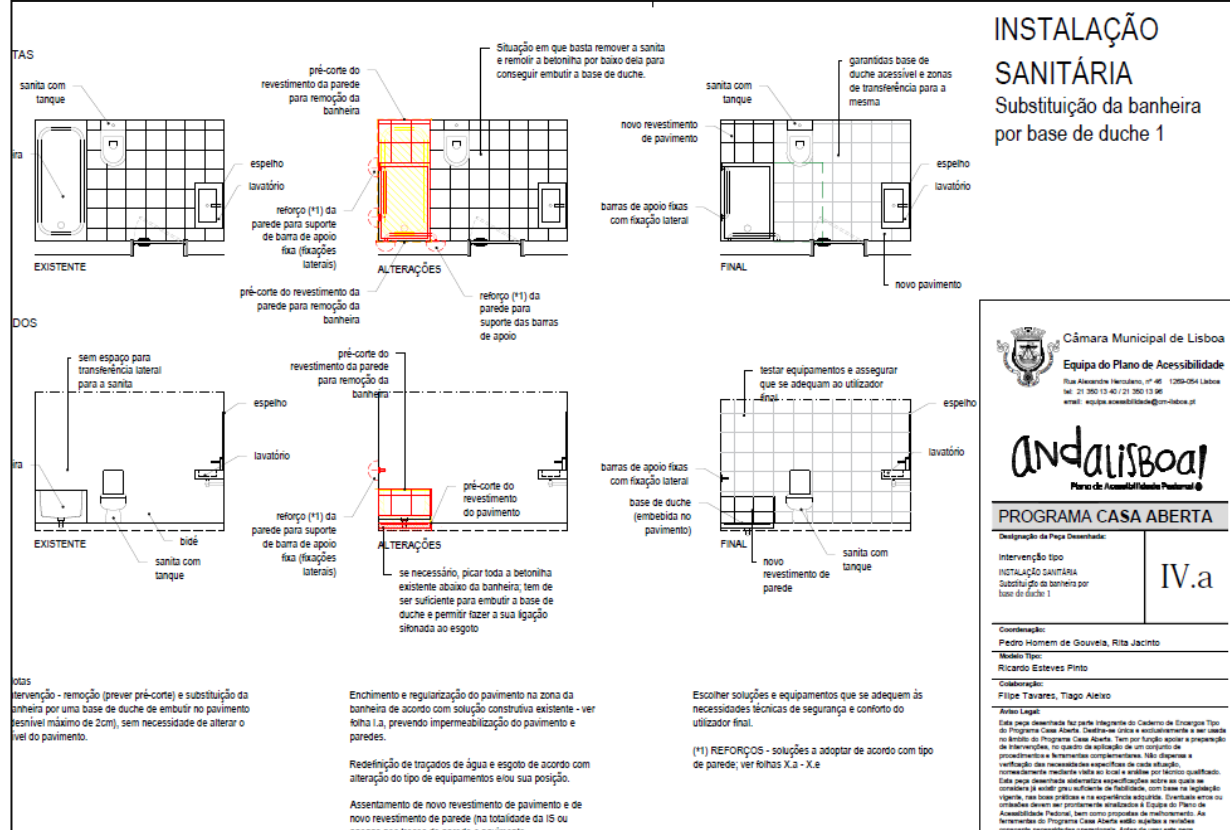
BARRAS LATERAIS; BASES DE DUCHE; BANCO; TROCAR A TORNEIRA.

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**CASA
ABERTA**

Programa
Casa Aberta - Habitação

Typified Specifications
for the interventions



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CASA ABERTA

Programa
Casa Aberta - Habitação

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)



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Programa

Casa Aberta - Habitação

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.**

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Programa
Bairro 100% Seguro

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)

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Programa
Bairro 100% Seguro

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

Problem assessment



**Programa
Bairro 100% Seguro**



**Too narrow
sidewalks**



**Lack of security in the
traditional side walk**



**Abusive and
illegal parking**



**Limestone Sidewalk
(calçada):
slippery, dangerous
uneven surfaces, holes,
etc
Prone to falls**



Lisbon City of all Ages

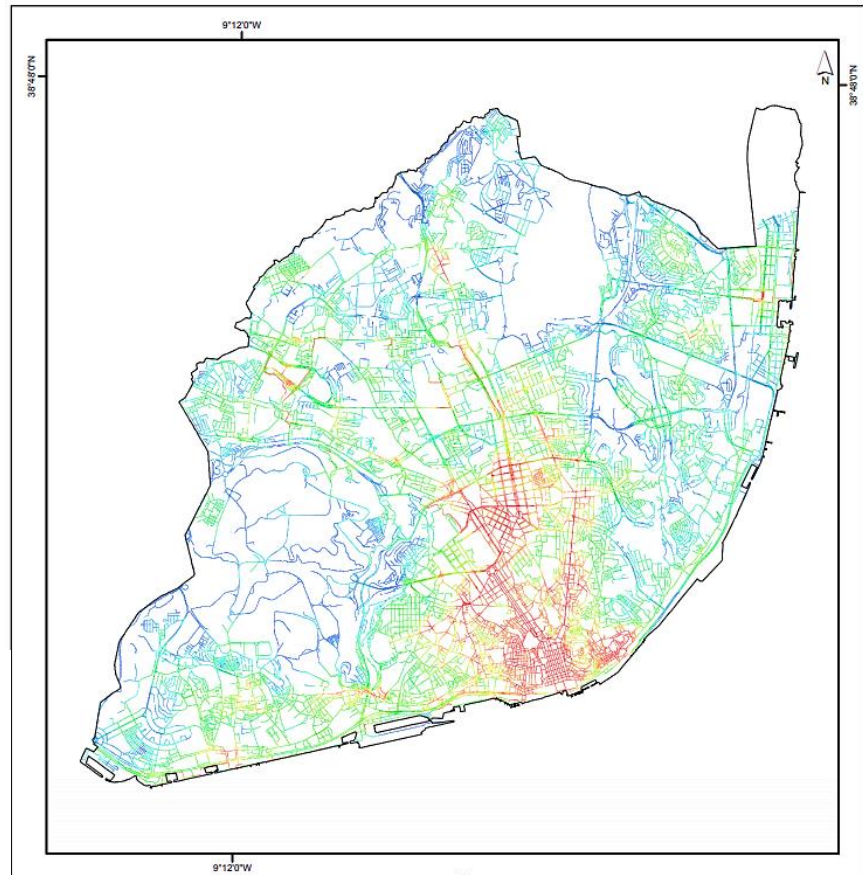


**Programa
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Potencial Pedonal:



Index of pedestrian potential



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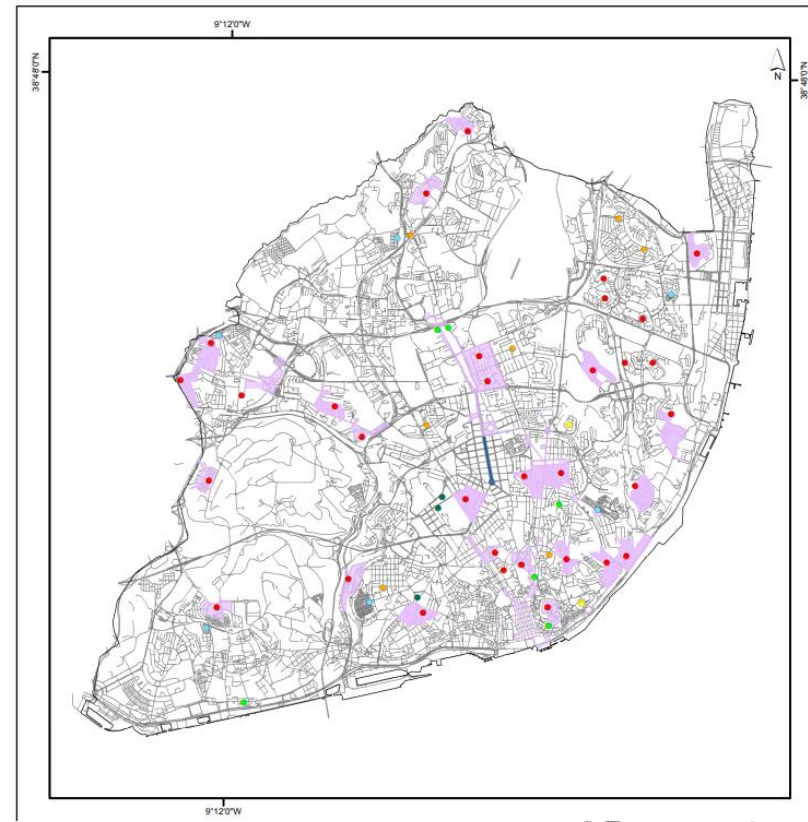
Equipamentos:

- Escola Básica 1º Ciclo
- Cultura
- Parques e Jardins
- Desporto
- Mercado
- Cemitério

Via Pública:

- Levantamento concluído

Survey of Accessibility Conditions - Public Spaces and Public Equipment's Surroundings analyzed

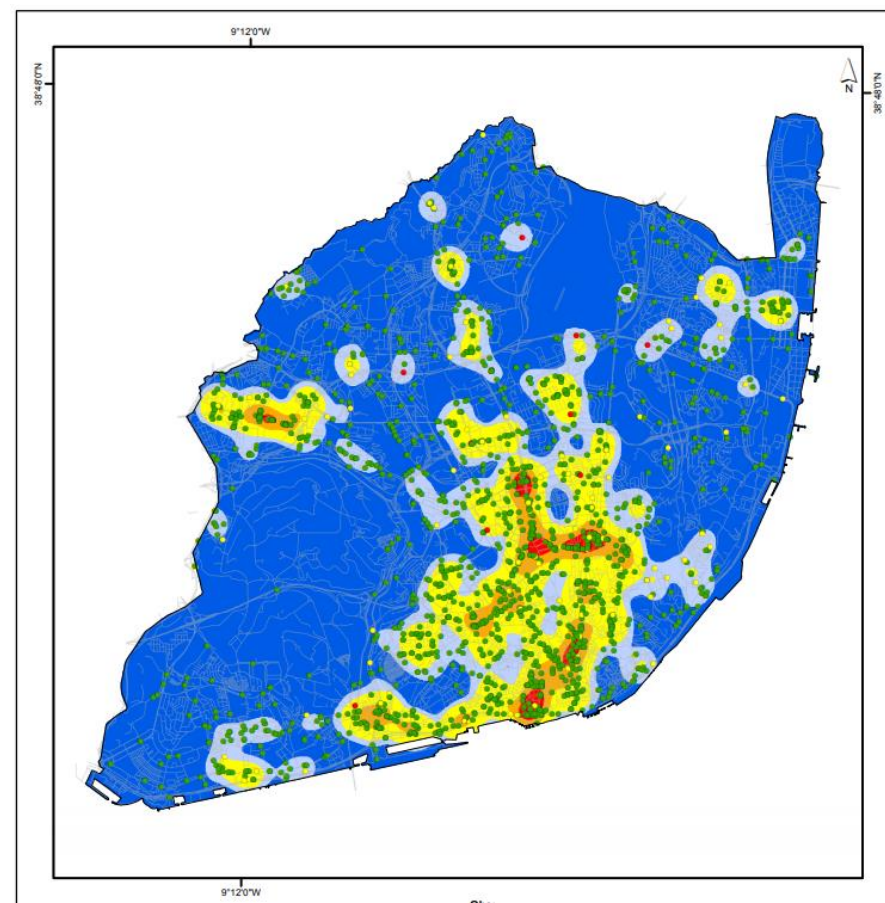


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Bairro 100% Seguro**

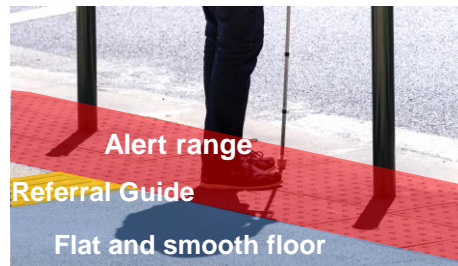
Index of pedestrian run over



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Programa
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Most common interventions:

- Pedestrian Accessibility in Urban Planning
- Pavements and pedestrian continuities
- Pedestrian crossings
- Traffic aliming
- Leveling of bus stops and pedestrian crossings
- Elimination of barriers



Lisbon City of all Ages



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LISBOA
CIDADE DE
TODAS
AS IDADES

Obrigado!



European Social Network (ESN) - Co-Production Forum 14th-15th November 2019, Lisbon"