WP2
BASELINE
REPORT

Risk**safe**

WELLBEING FOR SENIORS & CAREGIVERS

Partnership

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1. Introduction

RISKSAFE is an Erasmus+ project that aims to empower older adults to apply affordable age-friendly and eco-friendly solutions in their own living environments. Through this, RISKSAFE aims to raise the awareness on, and promote risk assessment and risk management in community (older people living in their homes.

RSIKSAFE's objectives are:

a) To emphasize on the function of risk assessment and risk management as an umbrella term in community care considering and analyzing:
- the risks for the physical health
- the so called silent harms deriving from the pressure of a chronic disease or other age related aggravating factors of mental, cognitive, social, and financial nature
- the individual perception on ageing and on the abilities an older person night have
- the social perception on ageing and the existing relevant opportunities or impediments
- the role of notions as it is positive risk taking and proactive risk taking;

b) To raise the awareness on risk prevention and management in community care; and
c) To educate older adults, (in)formal caregivers and social workers.

This report contains the findings from WP2, of the project partners in Sweden, Italy, Greece, and Finland. It aims to collect and present the results from the activities carried out in the first phase of the project (October 2023 – June 2024). Overall, this report includes information on:

- An assessment report containing the findings from interviews and focus groups (A2),
- A desk research analysing the National policies and best practices in each project country (A3), National reports from project partners summarizing the information gathered (A4), and
- Case studies from partner countries (A5)

The description and conclusions from all afore mentioned activities, will provide the conceptual framework for the training material and useful recommendations for the implementation of project's graining content.

Activity Number and Title	Description
A1- Research Plan	The role of the research plan, is to define the methodology for the implementation of the upcoming tasks and activities of WP2. Also, to define the WP timetable, the structure for the elaboration of national reports and the documentation of reviews.
A2 – Assessment report	The needs assessment report is based on interviews to be conducted in all project countries with older adults and informal caregivers, and a focus group with formal caregivers, on the impact of risk prevention and risk management in the physical and social wellbeing of older adults.
A3 – Desk research	The in depth desk research is necessary for assessing educational gaps, National policies and recognizing good practices in project Countries. Furthermore, aims to shed lights in the topic from different perspectives and to identify good practices and policies that might provide useful solutions in terms of methodology and educational directions for the development of the project's training content.
A4 – National report	The National report serves as an overview on the situation of risk prevention and management in community older people among project countries (infrastructure, good practices, personal and social attitudes, opportunities), and also provide comparative and complementary data and conclusions.
A5 – Case studies	Case studies aim to present in-depth, multi-faceted practical examples of the complexity of promoting RISKSAFE based on the personal and social parameters summarized in the previous activities.

Table 1. A summative table for the activities (A1-A5) of the Work Package 2

1.2 Demographic data of interviewed participants (older adults, caregivers, experts)

1.2.1. Older Adults

Country	Nr.	Male	Female	Age 65-74 y.o	Age 75-84 y.o	Age >85 y.o
Sweden	15	4	11	4	11	0
Italy	15	4	11	0	9	6
Greece	15	5	10	5	8	2
Finland	15	3	12	1	11	3

Table 2. Older adults demographic data

1.2.2. Caregivers

Country	Nr.	Male	Female	Age >50 y.o	Age 51-64 y.o	Age 65-74 y.o	Age 75-84 y.o	Age >85 y.o
Sweden	15	2	13	0	0	4	11	0
Italy	15	4	11	4	5	5	1	0
Greece	15	5	10	0	0	5	8	2
Finland	15	3	12	0	0	8	5	2

Table 3. Caregivers demographic data

1.2.3. Experts

Nr.	Sweden	Italy	Greece	Finland
1	Assistant Nurse	Social Worker	Social Worker	Nurse
2	Assistant Nurse	Social Worker	Social Worker	Nurse
3	Assistant Nurse	Social Worker	Physiotherapist	Nurse
4	Assistant Nurse	Management	Psychologist	Nurse
5	Assistant Nurse	Management	Nurse	Nurse
6	Assistant Nurse	Service Unit Coordinator	Social Worker	Nurse
7	Assistant Nurse	Operational Unit Coordinator	Nurse	Nurse
8	Care Assistant	Home care services coordinator	Nurse	Nurse
9	Care Assistant	Health and Safety Expert	Social Worker	Nurse
10	Care Assistant	Maintenance of buildings expert	Administrative Person	–

Table 4. Experts data per country

2. Summary of most important points from interviews

2.1 Older Adults

1. What do you consider as the biggest risks in your daily living right now?

As it was anticipated a versatile body of answers was received among project partners. In this compiling report that contains the most important answers and points from all project partners' interviews, we ended up with the following classification:

A

Physical fitness and health-related risk factors.
Respondents mainly reported in this category their concerns regarding the associated with age increased risk of disease and chronic health problems (rheumatoid arthritis, diabetes, heart disease, Alzheimer's disease, and poor hearing and vision, etc). These conditions pose various challenges and uncertainties in terms of mobility and could lead to reduced functional capacity and participation.

B

Domestic risks, with falls being the major concern (while doing housework, in bathroom, etc.), but also other risks like when falling ill, cutting/burning. Many times, autonomous living and the home environment when not properly designed for the new conditions residents face as they grow older, present serious risks, some of them being:
- Walking up and down stairs
- Loose carpets
- Fixed furniture, hard to each objects
- IADL's (Instrumental Activities of Daily Living) – cooking
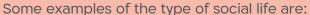- Risk of fire from electrical appliances

C

Psychological risk factors.
Being low in spirits and depression were mentioned as risk factors for functional capacity and social isolation. Older people may face the risk of social isolation as they often have fewer social activities and limited opportunities for social interaction.

D

Mental health

Depression, anxiety and other mental disorders may be more common in older people because of the social and health challenges they face. Many older adults feel lonely or that there are not many people who can understand them. Being isolated and left out was a big concern among the interviewed seniors. Loneliness is highlighted as a problem that creates both psychological and physiological risks. Also, being at an advanced age, some people get preoccupied by thinking of death and what it will be like when they die. Other people get frustrated because of not being able to attend activities due to physical limitations. Furthermore, experiences and thoughts about life meaning were associated with psychological factors. Italian participants more explicitly, stressed out the problem of social isolation for those over 65, accompanied by the fears of depression and not being able to contact anyone. Swedish participants emphasized that it is important the promotion of social interaction in various ways to prevent mental illness or loneliness, talk and keep interacting.

Some examples of the type of social life are:

- Attending social events
- Drinking coffee together (accept invitations)
- Taking the initiative in daily social contacts

E

Environment outside the home

- Slippery yards and slippery pavements

F

Digital risks

Digital safety is a big concern among all interviewed seniors. Examples of worries include fraud through SMS and email. Some older adults are computer anxious and are digitally stressed.

- Fear of scams (by telephone, in person, online)
- Fear of computers/computerization, digitally stressed,
- Problems remembering many passwords,
- Telephone sales, phone calls, text messages and emails from someone unknown

G

Loneliness, is frightening older adults and also magnifies the fear of the risks stated above. Many of the participants expressed a fear of being alone and isolated. Some described that the risk of becoming lonely increases as you get older partly because your mobility decreases and partly because friends and acquaintances die.

I

Financial insecurity
Some seniors may face financial difficulties, especially if they are of retirement age and their pension does not cover their needs. The medication they have to take also costs too much and is often impossible to be covered by the personal income.

H

Mobility
For some older adults, it's hard and risky for them to move around. Some they might use a cane but it's still not easy to be as independent as they would prefer.

It is interesting to point out that **some respondents did not identify any significant or noteworthy risk factors in their daily lives**. One interviewee suggested that perhaps risk factors had become familiar over time and that risk assessment was automatic and done in daily basis. This is a risk by itself we have to be cautious about.

2. According to the project's scope and your own experiences, how a risk prevention and risk management methodology would improve your quality of life?

Respondents mentioned how important, and up to an extend "innovative", they consider the opportunity to get acquainted or to apply a risk prevention and risk management methodology in their home. All participants responded positively and declared their disposability to learn new ways to prevent and manage risks and learn about things that may potentially improve their quality of life.

A methodology is very useful since anticipating and managing risks gives people the courage to go out and encourages activity and participation, which contributes to better quality of life. The fields that could be benefited by the implementation of a risk prevention and management methodology are:

A

Prolongation of personal autonomy
- Assistance in daily tasks. The majority of the interviewed seniors are positive about receiving help if they need help to cope with everyday life. Many seniors interviewed, focused a lot on the physical part of autonomy, the ability to stay mobile and get to and from places and activities.
- Disposability of assistive tools (walkers, canes, handrails, handles, etc)
- Hygiene
- Memory support

B

Effectively dealing with the health-related issues
- Medication
- Appointments

C

Handling everyday challenges
- Managing accounts
- Booking appointments
- Searching for information
- Implementing obligations, bills

D

Environment outside the home Slippery yards and slippery pavements
- Increasing opportunities for social contact
- Allowing older adults to continue their habits and routines

E

Several participants expressed their preference on having a mentor or a professional, doctor or nurse visiting them and giving them instructions or guidelines, explaining in a simple and understandable way what dangers they should be aware of every day. Furthermore, it is important for them to have a kind of brochure or even better a regular contact with these mentors, so to update any information needed, for example, a new technological device, or a change in the rooms. In addition, it is good for them any information to be shared with the people in family environment and their informal caregivers

F

Guidelines for a safer home, and on tips of daily living were also rated as important in terms of prevention by older adults. Prevention for them is extremely important as it safeguards their quality of life and allows them to keep the maximum level of their autonomy.

Respondents referred to ageing as a period with many challenges, which affect significantly a person's wellbeing, and also mentioned that as longevity increases older adults should try to remain active and productive for as long as possible.

3. Do you already use any kind of risk prevention, risk assessment or risk management methodology or solution in your everyday life?

All respondents from all countries referred to various practices and prevention measures they have adapted in their daily living to cope with everyday challenges in terms of risk prevention and management. They didn't mentioned any established methodology that was given to them, or they were aware of, which shows that whatever prevention or management actions they undertake, it comes out from their own (and of caregivers) assessment of their needs. Nevertheless, they try to apply simple measures to enhance safety, based on experiential knowledge and common logic. Again, in this question it is stated the importance of a specialist to give guidelines and useful tips. The simple measures respondents reported (in the absence of a more elaborated and individualized risk prevention and management plan), are:

A
- Use of specific aids
- Walkers, handrails, handles
- Different types of raisers
- Stair lifters
- Rollators and walking sticks
- Anti-slip mats, stripes, tapes
- Shower bars
- Adjusted toilet seats

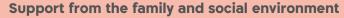**B**
Use of social prone services and applications.
- These services save energy of older adults and protect them from being engaged into risky activities (for example cleaning or meals in wheels)
- Using the life clicker so in case of emergency they can press the button and immediately talk to someone. People using this service report that they feel more independent and secure.
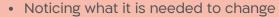
C
Technological tools
- Smartphones, or tablets, video apps
- Health measurement devices like glucose meter
- Cameras

D

Support from the family and social environment
- Noticing what it is needed to change
- Helping into making changes happen
- Encouraging, promoting positiveness and autonomy
- Retaining activities that interest them in order to deal with isolation and keep their mental and psychological health at a good level. The regular contact with the neighbours was mentioned both as a safety precaution, and as a social contact

E

Healthy lifestyle and doing physical activity. Taking care of yourself and knowing yourself helps to manage risk factors. A healthy diet, adequate exercise and adequate sleep are important in preventing health problems. Older people understand the need to apply them every day if this is possible. To improve physical health interviewees suggested:
- Use Physical rehab and exercise to improve physical mobility and strength
- Using home services
- Going for walks
- Attending organized gym classes and activities

F

Having the right attitude. Taking time for oneself and adapting activities to one's own way of doing things prevents the emergence of risk factors.

G

Financial preparation: Another prevention or safety measure is about managing financial resources wisely, choosing appropriate investments and saving for the future. Most older people reported financial security as important because it gives them a feeling of reassurance, that in case of a health problem they will have the financial means to deal with the difficulty.

4. In which sector of your life do you consider risk prevention and risk management will have the biggest impact?

All sectors are considered as extremely important by respondents from all project countries. In Greece, safety (8 respondents) is the most reported among the four aspects and this coincides with literature findings, were older people consider safety as the base for achieving any other beneficial goal in their daily living. In Finland, interviewees said that the biggest impact of risk management is on physical health and functional capacity. In Italy all sectors were evaluated as important.

5. Would you consider getting help in taking a positive risk in order to be able to do something you want, or you like?

Again, in this question too, the vast majority of respondents answered positively. The ability to do or to participate more things was warmly welcomed, especially when it comes to activities that are becoming too challenging or that respondents could no longer cope with and could no longer afford.

Another important aspect was the observation that help should not be too invasive, on contrary should promote socialization and outwardness of participants, and also offer the opportunity for doing something different, or for an older person to be engaged in a meaningful or interesting activity

Finally, respondents emphasized also that taking a positive risk should be accompanied with the safety of a close person being near, or with posing certain limits regarding their health.

The general consensus from the answers is that risk is acceptable under the follow preconditions:

A   Having someone as a safeguard to monitor and support

B   Risk is acceptable when promises an evasion from routine, or the opportunity for doing something different, or the opportunity for an older person to be engaged in a meaningful or interesting activity

Regarding the few answers that were sceptic, some older people declared their reluctance to take any risks, as they are afraid of losing the status they have, and in general of losing their present quality of life.

6.Do you consider risk prevention and risk management as something that could restrict your autonomy?

In this question there were a variety of answers received. Some respondents agreed It would undoubtedly be something that would strengthen their autonomy and encourage them to do more. Other respondents reported that risk management may have the effect of making them too cautious in everyday activities and movement, so that they do not dare to do ordinary things.

Italian respondents set a few preconditions that can make risk prevention and management highly effective:

- **Not to be complex**
- **Not to be invasive**
- **Not to change any habits**
- **Enhancing safety and autonomy**

Furthermore, for older people having a risk assessment and risk prevention methodology being applied into their daily living routines, would add confidence to them, knowing better the dangers they should be aware of and feeling safer to perform their daily activities. Also respondents highlighted that feeling safer through risk prevention and assessment is also something that in essence motivated them to do more and to engage into more activities.

2.2 Informal Caregivers

1. Do you have any prior knowledge upon risk prevention and risk management in the home care of older adults?

Most of the interviewees reported to have a prior knowledge on the issues of risk prevention and risk management. The important point in this question was to identify the sources of information mentioned. The main sources of information were:

- **Health professionals**
- **Family and friends**
- **Training courses**
- **Work environment**
- **Municipality, carers and patients' organizations**
- **Home care services**

Also the type of information was mentioned to be important, (for example receiving the information at the early stages of a relative's illness), and the training scope, for example the focus to be not only on the use of assistive devices, but also to mobility and prevention of falls.

2. Do you consider risk prevention and risk management as important for the best accomplishment of your duties as caregiver? If yes, why?

All respondents replied positively to this question. Caregivers consider risk management and risk prevention a valuable assistant in their everyday tasks and caregiving services. Having a risk prevention plan, offers a sense of tranquility and security to caregivers, allows them to handle with more confidence risky situations, and saves them energy to do other things, such as maintaining or continuing their own hobbies. With the support of a risk prevention and risk management plan, the carer can have a chance to take a breather. It provides a better quality of life for older people, helps them to feel capable and independent in many things of their daily life, preserves the sense of self-respect and privacy, maintains better mental and physical health, increases the sense of security and comfort that older people need in their familiar space. Any temporary relief of carer responsibility may bring to carers joy and help them to cope with their difficult tasks. Here too caregivers mentioned various benefits:

- **Helping them to apply better and more qualitative services**
- **Foster caring and social relations**
- **Prolong aging in place**
- **Better management of the environment and of security issues**
- **Attendance of the cared-for person in a nursing home for intervals or participation in club activities**

Another important aspect is connected with the ability to evaluate correctly and take risks in the everyday life of older people. Caregivers stated that many older people would be willing to assume a logic risk, nevertheless, many of them find it difficult to perceive, anticipate, protect themselves and immediately manage a risk, or they are unable to judge properly and take right decisions due to many reasons as it is the presence of a disease. In this case caregivers should know how to help their beneficiaries to make the right decisions.

3. In which sector of your beneficiaries' life, do you consider risk prevention and risk management will have the biggest impact?

Likewise older adults, also caregivers feel linked in a virtuous circle of which the maintenance of the one ensures the existence of the other. The maintenance of a safe environment and mental and physical health conditions guarantee greater autonomy of the senior with a consequent improvement in social relationships and less workload for the caregiver.

A

In terms of autonomy, risk prevention and managements allows seniors to:
- continue to carry out as many activities as possible
- make decisions on one's own
- remember things to do alone (activities, taking medication, deadlines)

B

Regarding mental and physical health it makes possible to:
- avoid a fast decay of seniors
- avoid caregivers from managing the care load and protect their family/social life
- increase the will to do of seniors

C

Safety was also seen as a very important factor. When the carer feels safe, the carer can also feel more relaxed. When safety risks have been taken into account in advance, the carer is more relaxed when he or she is not present. One interviewee mentioned that taking fire safety into account also affects other people, such as neighbors living in the same block of flats. Safety allows seniors to:
- find and help reaching places to go to meet other people
- increase networking by socializing in a safe manner

D

Social contact. The carer's good mood is maintained by close friends and family, and maintaining contact was seen as important. Participation in club activities was also seen as important, as it helps to maintain social contacts with other people, even in situations where friends are no longer actively involved in life. Other benefits of social contact refer to:
- Securing against possible further falls and accidents in the home
- Ensuring that the environment is suitable for mobility, habits, needs
- not perceiving/feeling in danger at home or outside
- find suitable, non-invasive and user-friendly solutions according to age needs and habits

4. Do you already use any kind of risk prevention, risk assessment or risk management methodology or solution in your everyday life?

Again here, respondents from all project countries didn't mentioned any specific risk assessment or risk management methodology, but rather they referred to everyday risk evasion measures like:

- anti slippery slippers, carpets instead of mats to avoid falls
- shower and bath grab bars and steps
- walker
- stair lift
- hight of bed and sofa legs
- door openings enlarged
- arranging food in the refrigerator so that it does not spoil
- contacts to the mobile phone of older people for instant calling
- emergency button
- use of mobile phone in case of emergency
- information through books and internet of risk prevention
- frequent medical check-up
- medication check
- psychological support for empowerment and encouragement in difficulties
- walking aids, home adaptations, railings, spatial placement of furniture
- wireless alarm in the cooking area
- the home spaces should be free, as much as possible, of obstacle.
- to follow a repetitive, familiar routine in everyday life
- cameras for remote control
- Activities like attending a memory club
- social stimulation
- Removal of sharp knives

All caregivers reported that they do not have professional training, most of them haven't attended specific to risk prevention courses, and only 2 of them have. Their capacity to deal with everyday risky situations comes from their experiential knowledge living everyday with the person they care for and knowing their habits, their needs and the way they behave. Based on this, they all try to provide a safe, familiar environment through common sense and personal experience. One respondent reported being trained in first aid and can provide the basics if needed.

2.3 Focus groups – formal caregivers

1 **How do you assess your own competencies regarding risk prevention and risk management?**

Regarding risk prevention and risk management in home care for older people, most of the participants reported that knowledge and expertise updating is definitely an aspect to be considered. All agree on the complexity of risks prevention and management, which requires many multidisciplinary skills and dictates the necessity for each of them to be better prepared and improve in complementary areas.

All agreed that applying risk assessment and risk management based on a common (in National scale) community care methodology would have been beneficial as they could more easily due their assessments but also make comparisons and extract valuable conclusions. Particularly those in professions such as nursing who they are on emergency preparedness, and they have to regularly assess the well-being of an older person, reported the need for a meticulous planning, and constant updates.

All participants agreed that the knowledge they have is not complete, and not connected with new demands as it is age-friendly environments, and technology. Also, in this part of the conversation was mentioned that many informal caregivers, are without any knowledge on basic services they have to provide, and this is a very big risk factor for older beneficiaries.

2 **Please describe any risk prevention and risk management methods, tools or interventions that you have used in your work or that you consider to be helpful. Please, also explain why.**

Participants in the field of prevention and risk management in home care for older people mentioned several methods and tools. Most referred to an initial assessment form that they use in their work where all possible risks in the home environment for the beneficiary are recorded.

This kind of assessment is based on the contact between the caregivers and the older adult as well the informal caregivers. Participants reported the significance of getting to know the persons' needs before intervention. The better you know the older person, the easier it is to identify and remove risk factors from the everyday environment. The procedure of filling an assessment plan, provides also an opportunity to talk to and observe the older person. The carer's experience of working with older people was cited as a factor that supported risk assessment and management, and discussion and communication between carers about the health of the older person was seen as important.

Experts also proposed a concern report to be used where appropriate. They stated that any prevention measure is of vital importance for avoiding unpleasant occurrences.
The assessment should be able to identify potential fall hazards, ensure correct medication management and address any safety concerns and through this tool practitioners take the necessary preventative measures during their intervention to minimize risks.
Such measures mentioned included: installing grab rails in bathrooms, ensuring appropriate lighting throughout the home (particularly at nighttime) and removing any hazards that may cause a fall such as cables, mats etc. It was also mentioned the implementation of systems for reminding and storing medication as almost all beneficiaries are on some form of medication.

Still, several interviewees mentioned that they regularly check on the well-being of older persons and their family caregivers. This may include monitoring their physical and mental health, as well as assessing the safety of their living environment.
Consistent and regular communication with health professionals can be a critical factor in identifying and addressing any potential risks. It was also mentioned creating a plan for emergencies, which may include knowing who to contact in case of an emergency, recording all emergency contact details, and ensuring that the older person has access to a telephone or emergency notification system.

Indicative methods mentioned:

A

Autonomy – mobility
- Use of home automation
- Inspections to detect critical points in the home: i.e. check list of critical points
- Grab bars, lifts, aids / protective devices
- Removing obstacles in the home (e.g. carpets)

B

Mental and physical health
- Continuous and global risk assessment
- Evacuation plans
- Psychologist meetings
- Physiotherapy
- Workshops for residual capacities
- Reading
- Pet therapy
- Gentle gymnastics
- Stimulating socialization opportunities to avoid depression of the elderly

C

Technology – monitoring and assisted living
- Periodic check of parameters with telemonitoring
- Assistive home automation / domotic telemedicine
- Platforms for cognitive stimulation (i.e. Intellica – www.Intellica.it)

D

Socialization – outwardness
- Common spaces for activities
- Collaboration with associations
- Internal and external volunteers

3 **How do you assess the impact of the implementation of risk prevention and risk management principles previously mentioned on the quality of life of older people?**

Most of the focus group participants reported that the impact of the risk prevention interventions is positive when the beneficiaries, or their caregivers understand many of their health risks and make several of the suggested changes. However, it was reported that things become more difficult if older people are left alone, without a family environment, or in cases of people with chronic conditions (e.g. dementia) where beneficiaries are reluctant to make changes or need much more time to understand the importance of risk prevention. In these cases, it was mentioned that an emergency health problem or other emergency may arise and then the importance of prevention to deal with a potential risk in a timely manner will be lost.

Interviewees noted that anticipating risks can extend the time spent living at home and prevent institutionalisation/hospitalisation. Life expectancy may also be extended and fitness may be maintained, anticipation may prevent falls at home. Anticipating and managing risks also brings a sense of security to the older person's daily life.

A

Autonomy – mobility
- Safety of carer and older person are going together
- Support for older persons to do things independently
- Prevention of falls

B

Mental and physical health
- Gymnastics helps to prolong physical abilities
- Intervening on early signs of dementia
- Preventing situations that may trigger the process of deterioration of residual physical and cognitive abilities

C

Technology – monitoring and assisted living
- Maintains control and intervenes promptly
- Accelerates help and facilitates intervention
- Facilitates quality of life
- Maintains mental functions and avoids premature decline

D

Socialization – outwardness
- Prevents the process of deterioration of residual physical and cognitive abilities
- Increases well-being
- Maintains mental functions and prevents premature decline

4   **About which risk prevention and risk management solutions would you like to know more about? Why? Participants are then asked to specify the skills or knowledge they would like to acquire and their motivation.**

Several participants in the discussion mentioned that it would be particularly interesting to learn more about preventive interventions to reduce risks while older adults use new technologies such as: sensors to record vital signs and prevent falls, application of medication reminders, etc. For interviewees it is very important to know when to intervene efficiently and which tools to use for this.

What seemed particularly useful to almost everyone was the knowledge of new scientific tools and methods in risk prevention at home, which will improve their knowledge and skills in their working environment.

Solutions mentioned:

- Sharing of responsibilities and communication channels
- Use of assistive technologies, home automation
- Organization of socialization initiatives for service innovation
- Creation of a set of indicators for risk prevention and management in home-care services (to be included in the system)
- Creation of a permanent risk manager figure who constantly verifies risk situations and activates prevention actions to prevent their occurrence (also to prevent occupational diseases)
- Training on risks in home-care services, for operators

Skills mentioned:

- Health surveillance in contact with older people
- Food hygiene at home
- Having a trustful relationship and listening to families and users
- Teaching family members how to manage the older person at home
- Making efficient home risk assessment
- Training basic care for informal caregivers

5 **How risk prevention and risk management can be combined with care at home and any other age friendly principles you may want to mention according to your experience?**

In order to achieve the best possible care for the person, most participants agreed that it is necessary to first implement a comprehensive prevention plan to prevent potential risks for older adults in the home environment. This is particularly important because it helps to better deal with the occurrence of sudden health problems or other emergencies during care and contributes to the achievement of good communication between older people and their caregivers, the ability to maintain the person's functionality and autonomy/independence but also to create a society that is friendly towards older adults.

6 **[Optional, if appropriate to the profile of the participants] In your experience, what is particularly important for older people to know so that they can follow risk prevention and risk management guidelines by their caregivers?**

Participants reported that older adult's acceptance of advice from carers around risk prevention is related to the socio-economic level of the individual, how good the relationship and communication between the two parties is and whether the older person is experiencing mental health issues. Almost all agreed that if older adults get a clear and comprehensive explanation in a concrete way about the impact that risk factors can have on their health, this can work positively in getting them to accept the prevention advice.

Also going through the guidelines several times with the older person helps them to receive and understand the instructions. A challenge for caregivers is that older people often want to make decisions for themselves, which could make it difficult to internalize and act on the instructions. For example, the dosage and storage of medicines could be confusing from the caregiver's point of view, if the older person is not willing to take instructions. Recognizing their own capacity and condition and acknowledging that they need help is not easy for older people, according to the interviewees, and this affects how they act on instructions.

Older people's memory and mood also affects their ability to receive instructions. If an older person is very depressed, anxious or fearful, it could be difficult to follow instructions. Similarly, many older persons with memory problems may not recognize being ill, making it difficult to follow and act on instructions.

What is important here is how the caregiver communicates with the older person. The caregiver must listen, respect and treat with empathy. Caregivers must convince and help their beneficiaries:

- **To understand the importance of their actions and the effects they have on others or on their safety**
- **Make them understand and accept that what they often perceive as a 'form of control' is for their own good (management of various aspects of an older person's daily life)**
- **Make them know, makes them aware of and facilitates acceptance of the directives**
- **Accept technologies that remind people of the procedures (notices, digital reminders).**
- **Accept very clear and simple basic information on everyday risks**
- **Also the caregiver should be ready for keeping the normality and react at any unpredictable event.**

3. Summary of key findings from case studies created by project partners

3.1 Italy

1. For an older person it is vital to be autonomous (being able to go shopping and doing daily activities in a safe manner). Also to have the ability of contact and socialization, and to know the social and networking opportunities in the area of living.

For older adults with a chronic disease, while it is also important to retain their maximum level of autonomy possible, what concerns them is to avoid to the maximum possible level being a burden to the family. Nevertheless, in many cases people with a chronic disease or under long term care are unable to carry out normal domestic activities alone, and need constant assistance in order to avoid risky situations.

Either totally autonomous or not, it comes out from the described case studies that social contact is valuable especially since a chronic disease may contribute to the isolation of the older person.

2. For informal caregivers, a crucial issue has to do with finding a good balance between work, caring activity and private life. It is also very important the existence of a social territorial network as a point of reference, where they can find services to be assisted in their daily care, and get access to information about technics and support to prevent and manage risky situations and accidents, in order to increase the security and autonomy of their beneficiaries.

Such support may help them:

- **To better manage the security of environment and activities,**
- **To increase the autonomy, of their beneficiaries for as long as possible;**
- **To guarantee greater safety;**
- **To find clear information, on methodologies, on courses;**
- **To avoid increasing the care load;**
- **To foster caring and social relations;**
- **To prolong life at home / not residential structures**

3. For formal caregivers:

What seems increasingly important for formal caregivers, is to update their knowledge on risk prevention and risk management solutions, especially nowadays with the advance of various assisted living monitoring and detection systems. These systems should be based on the development of a set of indicators for risk prevention and management in home-care services. A nice solution could be the implementation of a Risk Assessment Tool to easily (and simply, in a user friendly way) identify potential hazards and develop personalized risk management plans for elderly individuals in home care.

To this end, the implementation of a comprehensive support system based on a Collaborative Care Model, fostering collaboration between families, healthcare professionals, social services and community organizations is a promising option. For formal caregivers is also important:

- **To be constantly updated, knowing practical management protocols (also for informal caregivers) and having a "360° view": assessment, monitoring, removal and/or management of risk is an ongoing task.**
- **The need for the implementation of Ethical frameworks, ethical guidelines for responsible development and use of risk prevention technologies in care of older people**

3.2 Sweden

Case studies from Sweden emphasized on digital safety as a very big concern, mainly based on the possibility of fraud and threats, mostly online but also at home.

In Sweden, almost everything from banking to managing doctor's appointments is done via computers or mobile phones. Furthermore increasing digital literacy of older people allows them to use various services and applications, nevertheless, (as for many of them it is exhausted on the basics) presents a fruitful source for frauds.

Apart from this aspect, Swedish case studies verified many daily living requirements of older adults to use risk prevention and risk management in order to:

- **Participate into more meaningful everyday occupations**
- **Get in contact with non-profit organizations where they can be engaged into meaningful activities (for example can helping others through volunteerism)**
- **Tackle the problem of loneliness. Many people need companionship, especially in certain times or activities as it is lunch or dinner, and would benefit from getting access to different social networks**
- **Engage into more physical training.**
- **Get help with digital education and support.**
- **Get support to handle various psychological issues that come with ageing, for example being widower, thinking of death, or having decline in mobility. In such cases it is very resultful the use of some form of counseling, as these situations may be very stressful for older people living in community.**

Another important issue is connected with the availability of older people living at home to receive help. Many of them, it proves that they do not always ask for or await help from homecare services. That is why it is important for them to receive a clear information and be informed on what kind of danger they may run into in a home environment, on how to get help and where to get it.

3.3 Greece

Greek case studies emphasized on the need for the home environment of older adults to be adjusted properly (furniture, empty spaces, etc.) so as to minimize the chances of accidents (for example, falls).

In addition to this aspect, also important is their health and physical status to be monitored on a daily basis by assisted living equipment.

This finding from case studies report the need for risk management and prevention to further expand in order to cover issues as is the application of a proper nutrition and diet and doing some physical exercising and physiotherapy sessions. In addition, to encourage older people to follow their hobbies (for example, gardening, shopping).

Again in Greek case studies we see the need for counseling, as a tool for overcoming psychological burden, (stress, depression) and to find ways to keep being social and active.

For older people suffering from a chronic disease or with limited autonomy, risk management can help in the protection from injuries or burns provoked by electric or mechanical appliances and tools (such as the oven, hob or microwave which undoubtedly pose the greatest risk if used improperly), use of medication reminders, and use of monitoring equipment.

3.4 FINLAND

In Finland case studies also highlighted the role of risk prevention and risk management for the security and quality of life of both older adults and their caregivers in:

- Physical functioning as it is risk of falling, avoiding decline in physical fitness, helping to cope with memory disease, dizziness and memory loss
- Psychological functioning: coping with daily living, loneliness, isolation, depression, feeling insecure, feeling guilty; feeling tired, feeling insecurity, mood swings, fear, delusions
- Social functioning: limited contact with family, friends. Sensory deficits increase the threshold for contact with friends and access to recreational activities for older people. isolation at home, reluctance to go out, limited contact with immediate family
- Risk factors in the home environment: old house, steep stairs, daily home functions on different floors

4. Summary of National policy and good practices from project countries

4.1 Italy

In terms of National policies the Italian government has adopted sevral policies and programs. At 2013 the National Framework for Long-Term Care, defined different levels of care and sets standards for service provision, including those living at home, while the National Action Plan for Active Ageing, promoted active and healthy ageing through various strategies, including:

- **Providing opportunities for social participation and integration of older adults**
- **Providing opportunities for learning and educational opportunities**
- **Offering support for preventive healthcare and healthy lifestyles**

Also the institution of "Integrated Home Care for older people" focused on integrated home care services to frail elderly individuals through a multidisciplinary team of healthcare professionals. Services include:

- **In-home medical and nursing care**
- **Rehabilitation therapy**
- **Social support**
- **Home modifications**

The Ministry's fundamental planning tool for the prevention, which has been in place since 2005, is the National Prevention Plan (PNP): a strategic document that establishes the objectives and tools for prevention, which are then adopted at the regional level with the Regional Plans. It contains:

- **National guidelines / safety standards for home care**
- **Encompassing risk assessment**
- **Prevention and management protocols and responsibilities (also for the caregivers)**
- **Qualification and certifications**
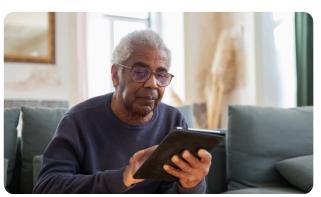- **coordination with other healthcare entities**

In regional context, it is important that the regional health authorities have the flexibility to tailor home-care policies to the specific needs and demographics of their areas. For example the Regional Prevention Plan – PRP, is a public health surveillance system that collects information, from over-65 population resident in Italy, on health and behavioral risk factors related to the onset or complications of chronic non-communicable diseases. Also exist several initiatives of various kind of services that facilitate the daily living of older people through

- **Personalized home care services**
- **Services that provide emotional support and contribute to avoidance of loneliness and mental diseases**
- **Telecare services, including emergency call systems**

4.2 Sweden

The Swedish National Board of Health and Welfare highlights three preventative measures that effectively prevent falls for seniors. Those measures are physical training, environmental adaptation (among other things with various aids) and spikes in winter road conditions.

According to the Swedish Public Health Agency, mental illness is common among the elderly and the group with the highest suicide rate is men over 85. The Public Health Agency lists some measures that can prevent mental illness. Among them are knowledge about mental illness and skills in using digital technology to reduce isolation and loneliness. Digital technology is increasingly used as a supplement to increase independence, participation and security among the elderly and thus also well-being. Research in the area is limited, but what is available shows that education in and using computers and the Internet can reduce loneliness among the elderly. Physical activity has been shown to prevent depression and train staff to recognize risk factors for suicide in the elderly.

A prominent intervention from Sweden refers to the non-profit association Äldre Kontakt, which works to break the isolation of isolated elderly people in Sweden. Äldrekontakt's operations today include a total of 94 groups in 40 locations around Sweden. Every month, they allow around 700 guests to meet each other, with around 1,000 volunteers around the country.

Another initiative refers to people affected by Alzheimer, through the provision of digital support for people affected by the disease. https://www.alzheimerguiden.se/

The purpose of the guide is to spread information and to some extent act as a sounding board for people diagnosed with Alzheimer's. The founders also want the guide to change the image of what constitutes a disease and reduce the stigma of the diagnosis. In the guide, you can find short films and texts from a reference group who have themselves been diagnosed with Alzheimer's. This is to, in addition to spreading information, also help people who apply to the guide to feel less alone. Content in the guide is divided into different areas, other people's experiences and experiences, cognitive school, knowledge and understanding of the disease, research-based advice on what to do to feel good, information on where to seek help from the community, advice for planning finance and law to make everyday life easier, as well as support and advice to have functioning relationships and how to talk about the illness and needs you have.

Regarding physical health, the initiative "Senior alert" is a national quality register and a tool to support care prevention; prevention for older people at risk of falling, getting pressure ulcers, losing weight, developing oral disease and/or having problems with bladder dysfunction. Senior Alert is primarily aimed at healthcare professionals, but there is also information for seniors and their relatives. https://www.senioralert.se/english/

4.3 Greece

In Greece risk prevention and risk management in community belongs to Primary Health Care (PHC) level which is reformed on a national, regional and local level, through the organization and definition of relevant procedures for the development and provision of health care, with a focus on community health and health promotion, and with an emphasis on prevention and health education, focusing on the citizen, the family, vulnerable social groups, and, in general, the defense of public health. For this reason it has been established the Institution of Local Health Units related with:

- **The promotion and education of the health of the population as well as development of relevant interventions and actions at family, work, school level units and in general throughout the community, in collaboration with agencies and structures social care and solidarity, in the context of its systematic monitoring**
- **The health of the population, counseling and support for individuals and families, the detection of mental illnesses and cases of addictions,**
- **The education and guidance of individuals and families in the management of chronic diseases and situations of high risk for health.**

Nevertheless, so far, there is no specific program at the National level focusing exclusively on risk prevention and risk management.

Regarding the provision of care for older people at regional and local level, the main institutions functioning right now are:

- **"Nursing Homes" (fees according to means)**
- **"Help at Home" programs (delivered by municipalities, free of charge). In this program a mobile unit consisting of a doctor, a social worker, a nurse and a domestic assistant, visit older people with low income living in the community in order to offer them some primary medical assistance, household aid and also to help them arrange various social obligations.**
- **"Tele-Assistance" programs (delivered by municipalities, free of charge), refers to assistance provided to older people living in remote areas, or with mobility problems**
- **"Open Care Centres" (ΚΑΠΗ) (delivered by municipalities, free of charge), and "Day Care Centres"(ΚΗΦΗ) (delivered mainly by municipalities, free of charge), are centers where older people can visit and spend some hours creatively.**

A good practice refers to The Directorate of Primary Health Care of the Ministry of Health, responsible for matters of information, awareness, prevention, health education, protection and health promotion, which, in collaboration with the Greek Gerontological and Geriatric Society, they have constituted The National Pilot Program "IPIONI" addressed to people aged 55 and over, in order to be informed on the timely detection and diagnosis of risk incidents, the formation of healthy habits and behaviors as well as non-communicable disease management and self-care.

4.4 Finland

Finland seems to have a progressive strategy, already in the implementation phase around risk prevention and management for older adults living in the community. Prominent interventions that entail or relate to risk prevention and management initiatives, are:

1 The Ministry of Social Affairs and Health has launched a "National Programme on Ageing 2030: For an age-competent Finland". The program's Key priorities on risk prevention and risk management at home environment refer to:

- **Developing good solutions for older people's housing, for example, supporting community living and building community homes together with municipalities**
- **Promoting accessibility through lift and accessibility grants.**
- **Taking care of the specific needs of people with memory problems and the safety of housing for older adults.**

2 The Ministry of Social Affairs and Health has launched a "National Programme on Ageing 2030: For an age-competent Finland". The program's Key priorities on risk prevention and risk management at home environment refer to:

3 Ministry of Social Affairs and Health. 2023. Technology Supporting Smart Ageing and Care at Home KATI Reference Architecture. KATi Reference architecture describes how technology solutions can be used to support older people living at home, both in independent living and as clients of home care services. Older people and their carers can use technology to support independent living at home by purchasing and using technology, apps and digital services themselves. Solutions to support independent living include a range of well-being indicators and apps, online self-assessments and security solutions for use with relatives.

4 Furthermore in Finland they are promoting good practices at the neighborhood level, encouraging citizens to create their own networks of communication and assistance.

5. Summary of findings from interviews and case studies

5.1 Regarding older people

- The most important conclusion is that older adults recognized various risk factors in their daily lives and perceived risk prevention as essential components of their daily lives.

- Regarding different risk prevention and management methods, they all mentioned measures and actions they undertake in their daily living. This shows that a risk prevention and management methodology is needed for older adults and their caregivers, based on the evaluation of dangers in daily living but for formal caregivers as well, to have the opportunity to estimate the risks and undertake the right actions and measures.

- Support of family members and closest friends was perceived as being the most valued risk prevention methods. This suggests that family members and their input must be taken into account in social and health care services when planning care of older people especially when older people are expected to stay and get along in their own homes as long as possible.

- From the interviews it came out that older adults valued safety and are not willing to take any unnecessary risks. Through the answers, older participants gave us to understand that the role of safety is important and crucially affects the decisions and behavior on a personal and social level. This, on the other hand, might prevent their active participation in everyday life situations, like in social events, and narrow their inclusion.

- Respectively social isolation is a topic that concerns a lot older people.
- In the interviews with seniors, it appears that there is limited knowledge about mental illness, even if one expresses awareness of the risks of suffering from mental illness as a result of ageing. The importance of having social networks comes up both in terms of autonomy and mental health.
- Communication is important for the interviewed seniors to maintain a sense of self-determination and health. Communication skills seem to be an area that there may be interest in developing for informal and formal caregivers
- All older adults in all project countries agreed that a rich social life is important for good mental health and well-being. Being isolated and left out was a big concern from them, causing also psychological loneliness leading in some cases to negative thoughts.
- Older people showed a great interest in risk prevention and risk management mechanisms that can predict or prevent accidents, while at the same time can create the conditions for emotional empowerment, social inclusion, but also a positive disposition for active participation.
- Support of family members and closest friends was perceived as being the most valued risk prevention method. This suggests that family members and their input must be taken into account in social and health care services when planning care of older people especially when older people are expected to stay and get along in their own homes as long as possible.
- Digital safety, is also a big concern, since many older people (especially after the pandemic), rely on health and social care services provided through the web, so they need to avoid digital frauds.

5.2 Regarding caregivers (formal and informal)

- Caregivers consider risk management and risk prevention a valuable assistant in their everyday tasks and caregiving services.
- The most important topic seems to be how to guarantee the security and autonomy of care receivers. Also they reported that ageing presents certain challenges not only in physical but in mental, emotional, and social status as well, and many times older people are not capable of dealing with these challenges. What it is needed, is a methodology to support informal caregivers to carry out prevention of risky situations and to manage effectively health related issues from the first signs of symptoms.
- Informal caregivers stated that they had some knowledge of risk prevention and management in the home environment. The information was obtained from discussions with other informal carers, from health professionals or professionals from the third sector, or from a training course
- for carers. On the other hand, it was also pointed out that more information on risk anticipation
- was important, especially in the early stages of a relative's illness.
- Informal caregivers also pointed out that carers' exhaustion was reality on many occasions and this was also mentioned by health and social care professionals. Caring for a relative was demanding and required a full-time commitment and sometimes might expose the old person for maltreatment.
- Maltreatment is an issue which is less discussed in care of older people. However, it is important topic which must not be overlooked.
- Professional carers pointed out that regular monitoring of older adults and good communication with older people and their family members was a key factor in risk management. In addition, effective communication between staff members was stated to be important when recognizing any risky situations.
- As it was reported by older adults themselves, the issue of mental health and wellbeing of older people was identified as a topic where carers need more knowledge, information, skills and concrete tools to identify and address issues such as depression was needed.
- -The interviews with professional carers revealed that health professionals working in home care needed more information, especially on the mental well-being of older people, including the identification of depression in older people living at home.

6. Policy recommendations

The elaboration of interviews and case studies is necessary for reaching certain recommendations that can guide the development of the training material and its compatibility with the needs and requirements of end users (older people and their formal–informal caregivers). Some basic recommendations that may enhance the awareness, development and efficiency of risk prevention and risk management in community care, are:

- More systematic education and training is needed, especially in NGOs and among informal caregivers to ensure safe and efficient risk management. Furthermore, more education related to first aid skills and medication management is required. Thus, professional carers working with older people should have access to further training on these subjects.

- Risk Assessment framework and tools: A risk prevention and management methodology for older adults and their caregivers, It is needed primarily for the evaluation of dangers and risks in daily living, in relation to the specific needs and requirements of the older person and the involved caregivers, in order for them:

A to apply their interventions based on a common framework, something that will minimize occurred costs and will allow the easier adaptation of further interventions and structural updates.

B to identify potential hazards and develop personalized risk management plans for older individuals in home care.

- Development of Collaborative Care Models: fostering collaboration between families, healthcare professionals, social services and community organizations to create a comprehensive support system

- Development of Community Engagement Programs: a risk prevention methodology may focus on engaging the local community in supporting older people. This can include volunteer programs, social activities, and neighborhood watch initiatives

- Cost and Sustainability: It is important the development of a sustainability plan for implementing and maintaining solutions and services in a cost-efficient way

- Need for central information and awareness campaigns that are available, accessible and affordable, and analyze in an understandable way different measures that older people and their informal carers can take to maintain the best possible quality of life and remain active in their family and social life.

- Dealing with mental illness leading to suicidal intentions, increased risks of poisoning, alcohol addiction and drug abuse. Relatives and professionals are important for discovering risk factors and symptoms of mental illness.

- Combating social isolation with the help of volunteers that arrange meetings between people. Information Sites and organizations may provide useful information and contribute to research by having official registers.

- Regarding technology, is important to explore the potential of technology for further enhancing risk management and promoting independent living for the elderly population. To achieve this, older people and their carers need adequate guidance and support in using and managing technology. National recommendations draw attention to the fact that as the age structure changes, more and more older people are living at home. Research in the area shows that education in using computers and the Internet can reduce loneliness which is another great risk factor among elderly.

- Future prospects for technologies to support living at home: In the coming years, robotics will become more common as robots are developed for a specific needs (medicine delivery, food, cleaning, socializing, etc.). Also, different smart home solutions become more accessible; many basic home functions, such as lighting, HVAC, fire safety, TV/audio, access control, cameras, and motion sensors, can be routinely automated. Particularly for people with reduced mobility, they enable better control of home functions, comfort, and safety. As voice interfaces continue to improve, the user experience of the smart home will be further enhanced. The use of the smart home and its sensors will also provide useful information about a person's activities, which can also be used to monitor well-being, for example through a data analysis platform.

- Physical activity has been shown to prevent depression and train staff to recognize risk factors for suicide among older people and is recommended in municipality level.
- Awareness of malnutrition is another essential field that community care cam take care of.

7. Training content recommendations

1 Development of risk prevention and management methodology, based on communication and synergy between older people, and informal or formal caregivers, on the assessment of the risks, needs and preventive or managing actions. A proposed tool is the development of checklists to complete together. They could contain questions on five topics, mental health, physical health, autonomy, safety and social contacts, and on risks in the daily routine of the older adults.

2 Extensive and concrete elaboration of the main issues that concern older people and threaten their physical, psychological and social wellbeing:

- **Physical fitness and health-related risk factors.**
- **Management of risks in the context of a chronic disease**
- **Domestic risks, with falls being the major concern (while doing housework, in bathroom, etc.), but also other risks like when falling ill, cutting/burning.**
- **Psychological risk factors.**
- **Mental health: Depression, anxiety and other mental disorders may be more common in older people because of the social and health challenges they face.**
- **Environment outside the home**
- **Slippery yards and slippery pavements, traffic, etc.**
- **Digital risks.**
- **Loneliness and social isolation**
- **Financial insecurity**
- **Mobility: For some older adults, it's hard and risky for them to move around. Some they might use a cane but it's still not easy to be as independent as they would prefer.**

3

Development of a comprehensive training content. Overall, the learning platform must be sustainable so to accommodate the learning needs of many learners. This means that it needs to be regularly updated according to new requirements and technological developments. The platform itself should be user-friendly, and easy to access. It should also be accessible to people who have different abilities and impairments. For instance, the platform must be supplemented with a text-alternative description of the information provided (i.e., alt text), as well as changeable text size, font and color. It should support blended learning features since some older adults prefer traditional ways of learning. The platform should be compatible with assessment, testing, reporting, and tracking methods by using AI-powered learning tools. The platform can create social online learning experiences as well as engage learners through gamification. Furthermore, the security of the e-learning platform should prevent cyberattacks. The language chosen for the platform and its contents should be clear, unbiased, and there should be language options. The platform itself should be aesthetically appealing avoiding overly designed ornamental or figurative elements. Technical terms should always be explained when first used, and accuracy needs to be prioritized over unnecessarily complex terms.

Partnership