



CHANGES TO THE HOME CARE SERVICES AND INTEGRATION OF INNOVATIVE SERVICES

GOOD PRACTICE - PROJECT



European Union
European Regional
Development Fund

Contents

1. Relevancy of the Good Practise (GP) project.....	4
2. Quick overview of the GP project	4
3. Transferability	5
4. Description of the GP project.....	6
5. Impact	8
6. Risks	8
7. Budget.....	9
8. Other information	10
9. Information gathered by	10
AUTHOR – PARTNER OF THE HOCARE PROJECT.....	10

Introduction to the Good Practice:

The different changes that have been verified in the current society, especially at the level of the organization of family and of the intergenerational solidarity and social solidarity also, are leading to a large number of people, in a situation of dependency, looking for home support service (SAD) in response to their basic needs and/or instruments of their daily life. The SAD consists in providing care and services to families and/or persons present in your home, in case physical and/or mental dependency and which cannot ensure, temporarily or permanently, the satisfaction of their basic needs and/or performing instrumental activities of daily living, that don't have family support for that matter.

Problem:

Associated with increased longevity, there are risks of vulnerability of the health status of dependence (physical, mental and economic), decreased functional capacity, weakening of personal and social networks, and greater isolation.

Solution:

Strengthen and diversify the home support service with the extension of the provision of care and services, in particular introducing of animation and socialization activities at home by :

Public entities: Social Security Institute of Madeira, IP-RAM

Civil society/people: Elderly beneficiaries of the Home Help service.

3rd sector: Private institutions of Social solidarity.

Academic/research: this axis was not considered.

Impact:

Impossible to determine at this stage of project implementation (beginning planned for March 2017).

1. Relevancy of the Good Practise (GP) project

The “Relevancy of the GP project” section provides quick check and definition of its relevancy in regards to HoCare project objectives.

Good practice of quadruple-helix cooperation in R&I?	No, this GP project does not include good practices of quadruple-helix cooperation in R&I
Good practice of delivery of Home Care R&I?	No, this GP project does not include good practices of delivery of Home Care R&I.
If not in Home Care R&I, description and proof of its potential for transferability to delivery of Home Care R&I	
Generation of innovation in home care through answering unmet needs identified by formal or informal healthcare providers?	No, this GP project does not include good practices of innovation through answering unmet needs.
Generation of innovation in home care through public driven innovation?	Yes, this GP project includes good practices of public driven innovation.
Generation of innovation in home care via quadruple-helix cooperation for quicker delivery to the market?	No, this GP project does not include good practices of innovation via cooperation for quicker delivery to the market.

2. Quick overview of the GP project

The “Quick overview of the GP project” section provides initial overview of the good practice project (GP project) and enables readers to see if this GP project idea is relevant for possible transfer to their organization potential innovation activities.

Name of the GP project	Changes to the Home Care Services and Integration of innovative services
Region of origin of GP project	Madeira, Portugal
5 keywords that best describe the content of the GP project	Public driven innovation, incentive schemes, home care and services, home support
Relevant Programme name through which the GP project has been funded	It was funded by social security system of Madeira
Relevant support programme / intervention area name of the GP project through which it was funded	
Single or multiple recipients?	single recipient
Type of lead recipient and its role (SME, LME, research centre, innovation centre, network/association, university/school, municipality, other	Public entities: Social Security Institute of Madeira, IP-RAM Civil society/people: Elderly beneficiaries of the Home Help service. 3rd sector: Private institutions of Social solidarity.

public body, other (specify)	Academic/research: this axis was not considered.
Types of participating partners and their roles (list all participating partner types. E.g.: hospital, social house, senior house, patient association, networks, SMEs, LMEs, research actors, business supporting organizations, public institutions/regulators, other (specify))	Public entities: Social Security Institute of Madeira, IP-RAM Civil society/people: Elderly beneficiaries of the Home Help service. 3rd sector: Private institutions of Social solidarity. Academic/research: this axis was not considered.

3. Transferability

The “Transferability” section provides more detailed review of strengths and weaknesses of this GP project including description of necessary basic conditions for region and leading organization to potentially transfer it. At the end of the section, the key threats in the successful transfer open up possibility to focus on specific relevant issues important for the successful transfer.

Strengths and weaknesses of the project

What are the GP project strengths? Why it was funded?	It was funded since it allows to strengthen and diversify the home support service with the extension of the provision of care and services, in particular introducing of animation and socialization activities at home
What are the key weaknesses of the GP project?	Key weaknesses : Some difficulty to keep motivation of the Elderly beneficiaries.

Basic conditions for successful transfer

Why is this GP project transferable? – innovation, impact, financial, legal, and timeframe aspects	It allows transferability since the work methodologies can be fully transferable based on the replica of the network of partners in the sectors of social intervention, with the necessary adaptations to the different local realities.
What are the basic conditions the region needs to have to be successful in transferring this good practise?	Willingness to adopt it by 4H stakeholders since it is public driven innovation.
What are the basic conditions the leading recipient from the region needs to have to be successful in transferring this good practise?	Be the managing authority of the home care support services.

Key threats in GP project transfer

What are the key potential threats for the GP project transfer?	Inefficiency in addressing the resources needed, lack of definition of the 4H partnership needed, lack of skills and willingness to empower the partnership and gather the 4H.
--	--

4. Description of the GP project

The “Description of the GP project” section provides more detailed information on the Good Practice project (GP project) and enables readers to get further detailed inspiration and easy ready-to-use information for possible innovation transfer to other project applications. This includes: tackled problem, time length of the GP project, objectives, phases, activities and deliverables of the GP project, its main innovation and target group.

Description of the tackled problem

What was the problem / challenge tackled by the project?	Associated with increased longevity, there are risks of vulnerability of the health status of dependence (physical, mental and economic), decreased functional capacity, weakening of personal and social networks, and greater isolation.
What were the reasons for the problem?	The different changes that have been verified in the current society, especially at the level of the organization of family and of the intergenerational solidarity and social solidarity also, are leading to a large number of people, in a situation of dependency, looking for home support service (SAD) in response to their basic needs and/or instruments of their daily life.

Time length of the GP project

What was the time length of the GP project in months?	Still ongoing
--	---------------

Objectives of the GP project

Describe the overall and specific objectives of the GP project	<p>The contributions of this complementary expertise are organized in 3 major work packages:</p> <ol style="list-style-type: none"> a. Improve the physical and cognitive abilities that allow self-care activities, such as feeding, bathing, dressing, using the bathroom, transferring from one place to another and walking. b. Improve the functionality that allows performing the Basic Daily Life Activities and the Instrumental Activities of Daily Living, such as cooking, cleaning the house, shopping, leaving the house. c. Promote physical activity in this sector of the population by creating favorable conditions for practicing accessible activities that enable the development of functionality and health promotion, integration, sharing of new experiences, increasing self-esteem and a more active lifestyle.
---	--

Phases, activities and deliverables

List all main phases of the GP project including their time length	<p>The contributions of this complementary expertise are organized in 5 major work phases:</p> <ol style="list-style-type: none"> 1st Identification of the municipality of the Autonomous Region of Madeira, to
---	--

	<p>implement the project Evaluate the municipality of the Autonomous Region of Madeira with more elderly people in the household and beneficiaries of home support service with the appropriate profile;</p> <p>2nd Training and internship of the occupying helper Provide the basic knowledge required to initiate a program of physical exercises and brain stimulation at home,safely;</p> <p>3th Physical and functional evaluation of the elderly to participate in the project Evaluate all candidates through a multidisciplinary team composed of a Psychomotrician, Social Worker and Occupation Helper so that the Cognitive Stimulation and Functional Development Program is adequate to the profile of the elderly. Several tests will be applied, namely, Functional Physical Fitness Test, Barthel Index, Lawton Index and Mini Mental State Examination.</p> <p>4th Implementation of the Cognitive Stimulation and Functional Development Program Elaborate an exercise plan (exercises for the development of functional physical fitness and exercises of cognitive stimulation), called "Book of Prevention of Physical Fragility" - this document, created by the Psychomotrician, will allow the person himself to have the plan of following exercises, while at the same time recording their physical and functional evaluation and evaluating their progress. The Occupational Helper will have to supervise, assist and advise the elderly how to carry out the exercise plan.</p> <p>5th Project Evaluation To reassess the elderly, at the end of 4 months, in order to verify the existence or not of alterations and verify the effectiveness of the project, to restructure the sessions and to make the necessary changes.</p>
<p>List and describe all main activities that were implemented by the GP project</p>	<p>The intervention schedule for this population should be divided into sessions lasting between 60 and 90 minutes, performed 2 weeks for each elderly. The activities to be performed will be muscular strengthening exercises (arms, legs, hands and fingers); flexibility (shoulders, knees, wrist and ankle / feet); (fine motor and overall motor skills) and balance to maintain or improve gait pattern, stabilize shoulders and improve posture and cognitive memorization activities, language and development of visual discrimination, organization and integration, and mental strategies of solve problems of a spatial nature .</p>
<p>List all main deliverables of the GP project</p>	

Main innovation of the GP project

<p>What was the main innovation of the GP project?</p>	<p>Strengthen and diversify the home support service with the extension of the provision of care and services, in particular introducing of animation and socialization activities at home.</p>
---	---

Target group of the project

<p>Who was the main target</p>	<p>End users, home care holders</p>
---------------------------------------	-------------------------------------

group of the GP project? (SME, LME, research organization, university, public institution, healthcare provider, business supporting organization, other (specify))	
Describe the main target group	Health care organizations, end users, Hospitals, health centres, IPSS

5. Impact

The “Impact” section provides more detailed information on the effect of the GP project implementation and dissemination of major outputs.

Impact

What was the level of geographical impact of the GP project? (village, city, county, country, international, other (specify))	RAM - Madeira
What were the final impact indicators including their quantification?	On this date, the project is in the 4th phase of implementation - Implementation of the Cognitive Stimulation and Functional Development Program, 8 female candidates from S. Pedro, Santa Maria Maior and S. Luzia do Funchal
Describe the changes resulted from the project activities	In process of evaluation

Dissemination of outputs

Describe dissemination activities of the project outputs carried out during the GP project	
---	--

6. Risks

The “Risks” section provides more detailed review of potential risks of this GP project implementation including their defined mitigation strategies to eliminate them.

Describe risks involved in implementing this GP project including their mitigation strategies	Overall project risk management according to best practices.
--	--

7. Budget

The “Budget” section provides more detailed review of costs regarding the project implementation as well as operational sustainability after its end. In addition, if relevant, public tenders within the project and additional generated incomes by the project are showed and explained.

Budget

What was the overall budget of the project in EUR?	Much of the equipment that composes the various exercises existed, by which did not involve the acquisition costs. Human recourse to our employees and material of the institution itself.
List relevant budget lines of the project including their % share from total budget	

Additional income generated by the project

Did the project create any additional income?	no, the GP project did not generate additional income
If yes, specify which type of income and what amount in EUR?	

Public tender

Did the project include any public tender?	no, the project did not include a public tender
If yes, specify what kind of contract (specific contract, general contract, other)	
If yes, specify in what amount in EUR	
Describe the public tender subject	

Financial sustainability after GP project end

Was there an operational financial sustainability plan in the project after its end?	yes, the GP project included an operational financial sustainability plan
If yes, specify where the operational funds after project end came from?	
If yes, specify the amount of operational funds in EUR	

8. Other information

In this section, specific additional information about the GP project could be revealed.

Please describe any other relevant information about this GP project (if relevant)	
---	--

9. Information gathered by ...

The information about this good practise (GP) project has been gathered for the purpose of the HoCare project (Interreg Europe Programme) by the following organization:

Region	Madeira
Organization name(s)	Instituto de Segurança Social da Madeira, IP-RAM
Name of the contact person(s)	Vice Presidente Dr. ^a Cristina Valle
Contact email(s)	Cristina.i.valle@seg-social.pt

AUTHOR – PARTNER OF THE HOCARE PROJECT

Instituto de Desenvolvimento Empresarial – <http://www.ideram.pt/>

