

Scoping Paper on the “Social Village” Concept

empirica, 26th June 2021

1. Introduction

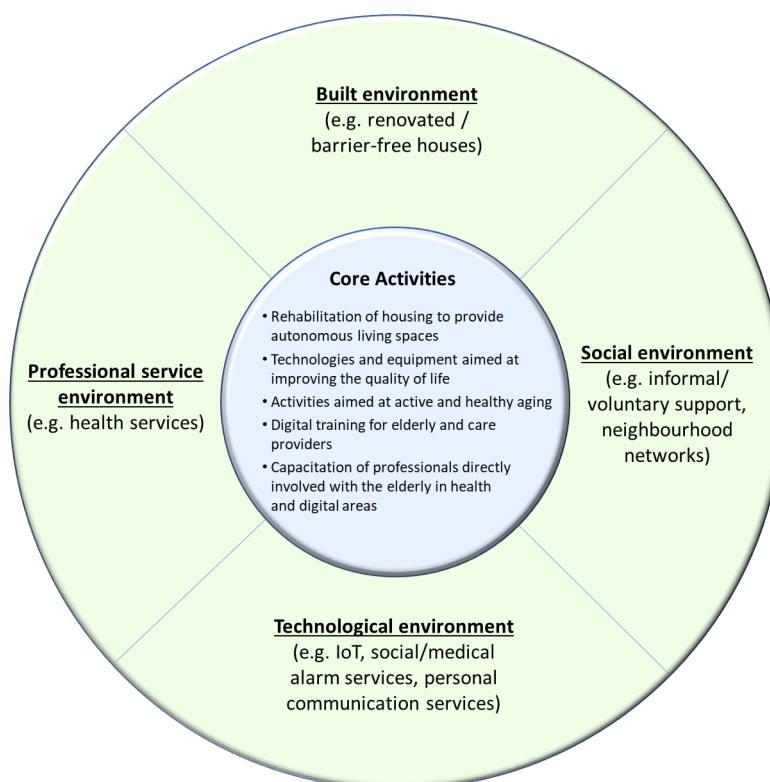
Following on from an initial online meeting, this discussion paper is intended to serve as an intermediate step for defining in more detail how empirica may be able to effectively support the team in Cumeeira within the boundaries of the SmartRural21 project. This starts with a brief discussion how the “Social Village” approach as it currently stands can be understood in conceptual regard, and what this might mean for its further elaboration towards a practically implementable project plan. Subsequently, it is briefly discussed in what way technology solutions that are currently available on the market might be employed to support independent living in such a context. Finally, some initial considerations are presented in what way empirica might be able to support the development of an action plan for “Cumeeira Social Village”. Based on this scoping paper, it is proposed have another meeting to jointly agree on a precise support plan.

2. Understanding the “Social Village” concept

In the available strategy document¹ it is stated that the “Cumeeira Social Village” project aims at transforming the village into a hospitable environment to accommodate older people with chronic degenerative diseases (e.g., Parkinson and Alzheimer) and users in rehabilitation / recovery processes, offering an exclusive health care service that allows for the seniors live alone. At the current stage of the project, several core activities are envisaged to be implemented to achieve this objective:

- Rehabilitation of housing to provide autonomous living spaces to elderly;
- Technologies and equipment aimed at improving the quality of life of elderly;

Figure 1 – The “Social Village” as a socio-technical environment



¹ Cumeeira – Support for the implementation of the Smart Village Strategy, July 2021,

- Activities aimed at active and healthy aging;
- Digital training for elderly and care providers,
- Capacitation of professionals directly involved with the elderly in health and digital areas.

In the available strategy document, several challenges for putting the initial vision into practice are mentioned, e. g. the need for cooperating with owners of houses potentially suitable for being renovated. Apart from challenges already mentioned in the current strategy document, a key challenge seems to stem from the need to achieve simultaneous innovation across different socio-technical dimensions if the village is ultimately to be transformed into a hospitable environment for older people suffering from conditions that threaten their ability to live independently (Figure 1). As outlined in the available strategy document, such innovations concern the physical environment (e. g. buildings) as well as the non-physical environment in terms of professional and non-professional forms of support (e. g. medical services and neighborhood networks). The latter may be supported by means of digital technology. When it comes to independent living of older people, it seems important to bear in mind that an added value is rarely generated by a digital tool or gadget itself. In most cases, added value (quality of life, safety, etc.) is created by digitally supported services, i. e. by some sort of support delivered by people with help of ICT (let them be paid or not). This aspect is discussed in some detail in the next section.

At this point, it seems worth mentioning that within each dimension of the socio-technical environment that ultimately constitutes the desired hospitable environment for accommodating older people (**Figure 1**), different stakeholders may have a role to play if the envisaged innovation is indeed to become a reality. On the other hand, a sustainable business model can be expected to emerge only if it can be convincingly argued that some sort of benefit will finally flow from the “Social Village” concept to each of the stakeholder groups concerned. Otherwise, it is likely that those stake holders who cannot expect any benefits flowing to them will turn into veto players at some stage of the implementation process.

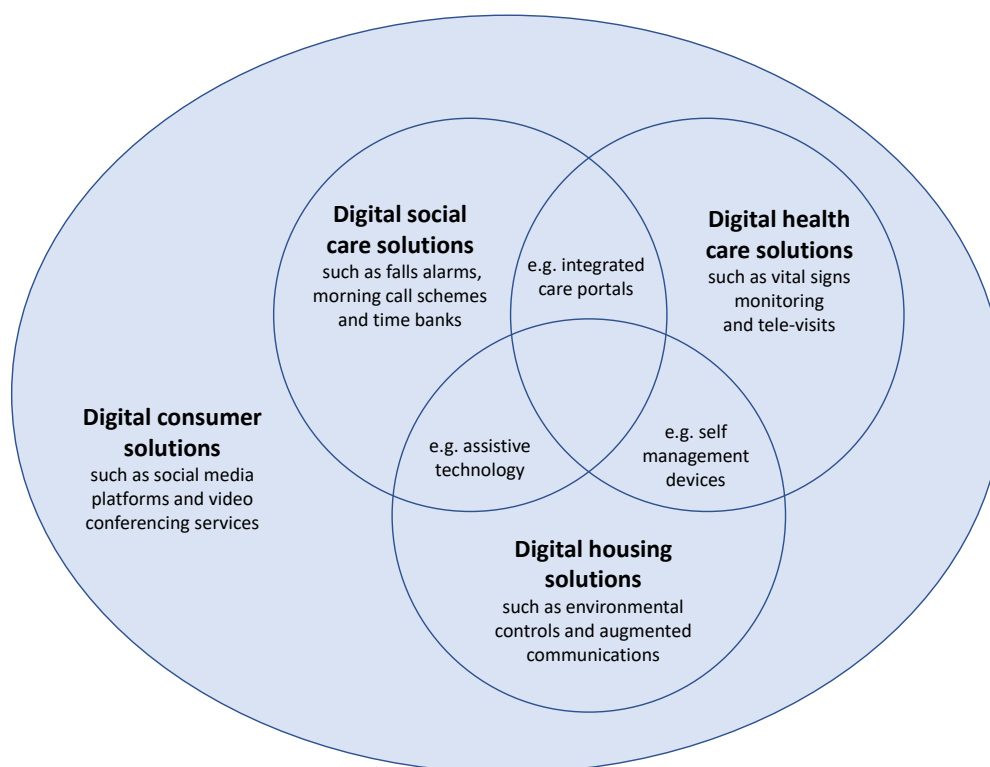
3. The supportive role of technology in independent living

The discussion about the positive potential that digital technologies generally offer for the well-being and independent living of older people is anything else but new. Many pilot projects and reports in the media to watch over in recent years have raised great expectations in this regard. It is however challenging in this field to separate the ‘hype’ from the reality. On the surface, at least, many of the innovations in the field of digital technologies appear, ‘self-evidently’, to have a high utility value for meeting the needs of older people and of ageing communities more generally. This can sometimes lead to a tendency to see the problem as requiring only a “digital tool” to enable the well-being and independent living of older people. The reality, in many cases, seems quite different. Human needs are complex and are not necessarily easily met through simple ‘technological fixes’.

Often, technology enfold its full potential only in conjunction with human support, whether provided on a voluntary basis or in form of (publicly or privately) paid services. In such cases, the desired end user support can frequently not be delivered by digital technology alone, but by incorporating specific roles played by family member, volunteers, or professional services into a digitally enabled support scheme. Beyond merely implementing software products and digital devices, in such cases the desired “digital solution” therefore tends to also require the agreement of reliable collaboration processes among those parties that have a role to play in effectively providing desired levels of support to older people with help of technology. The latter frequently proves to be a critical part, making it difficult to replicate existing models of digitally enabled support of older people. Often, the adoption of digital solutions that have proved useful elsewhere requires certain adaptations to match with locally prevailing

framework conditions, be it in technological, personnel and other regards. On the other hand, more and more digital services are appearing on the consumer market that offer easy-to-use means for interacting with and among older people, e. g. when it comes to staying in touch with family members living elsewhere.

Figure 2 – Types of digital solutions potentially available to address the specific needs of older people



For our purposes, digital solutions potentially relevant to the goals outlined above can be pragmatically grouped in a manner that maps loosely to the 'technology market' segments that typically structure the delivery of support to older people. As graphically summarized by the schema above (Figure 2), they concern:

- digital social care solutions,
- digital health care solutions,
- digital housing solutions,
- and digital consumer solutions

Digital solutions to support remote social care provision, sometimes referred to as telecare solutions, represent perhaps the most widespread category of technology applications addressing the specific needs of older people. So called first-generation telecare solutions, sometimes referred to as social alarms, use a simple telephone unit and a pendant with a button that can be triggered when help is required by the user. Monitoring center systems receive the call and identify the caller and their address; initial diagnosis of the nature and urgency of the need can be explored by voice link; nominated response personnel (informal or formal carers) are alerted as required by the situation, following an established protocol. So called second-generation alarms add a 'passive' or automatic alarm dimension (no need for the older person to actively trigger the alarm) enabled by the implementation of sensors

such as smoke, fire and flood detectors, among others, in the older person's home. When activated, these trigger an alert to a call centre and initiate the necessary response. So called third-generation telecare is a more advanced type of telecare service, which collect everyday activity data automatically through various sensors such as front door open/close detectors, fridge open/close detectors, pressure mats, bed/chair occupancy and electrical usage sensors; data is presented to care personnel or family carers to monitor wellbeing and assess the need for help and support. Mobile phones and GPS systems in principle enable the traditional home-based telecare services provided to older people when they are out and about. A range of mobile apps have emerged by now enabling remote monitoring of phone location by professional carers and family members to protect against falls, wandering, online scams and abuse around the clock. Also, digital technologies have come to use during the recent years for organizing self-help and volunteer support in the realm of non-medical elderly care, e. g. in the context of the time banking movement.

Digital health care solutions represent another pillar of support for independent living of older people, in particular support for dealing with the typically chronic diseases and health problems that become much more prevalent with increasing age. The extent that these can be better managed in general and that the need for hospitalisation or other forms of institutional care can be avoided or reduced is another key element of independent living for older people. In this context, the range of supports needed typically include not just clinical (medical) monitoring and intervention, but also a broader range of homecare supports that more traditionally fall within the scope of social/homecare services. Here again, with the advent of mobile technology, a variety of Apps have emerged on the market to help older people managing their health and wellbeing, e. g. when it comes to medication management.

Another field covers a range of 'domotics' technologies and applications, from standalone devices that address certain needs (such as augmentative communication devices), through various types of environmental control system to fully integrated smart homes. Such solutions are primarily directed towards home automation. Examples range from simple aids such as door intercoms to networked solutions that make it possible, for example, to have certain house functions, such as opening the window, carried out automatically according to personalised schedule.

Finally, there is a growing range of digital consumer devices and services that have the potential to support older people's well-being and independent living. For example, video calling has become a popular feature also for older consumers, e. g. by means of WhatsApp, Facebook Messenger, Skype and other online platforms. Not at least with the emergence of the COVID-19 pandemic, video telephony is increasingly seen as a means of keeping in touch with family, friends and other loved ones. In the same way, other functionalities of social networking websites like Facebook, Instagram and Twitter provide an option for keeping in touch with family and friends and meeting people with similar interests. Social media is also appealing to caregivers, e. g. enabling them to interact with people who share their cares and concerns in online support groups. On the other hand, several barriers seem to exist that still prevent the older generation from using social media. According to recent research, privacy concerns and trust seem to rank high on the list as a major obstacle. Technical difficulties such as a lack of computer skills and heavy web design make many older people struggle. There is also fear of inappropriate content when using social media. More generally, many older people still find it difficult to grasp and understand the purpose of social networking sites.

4. Initial outline of proposed support

In the available strategy document, the demand for support is described as follows:

- Definition of the concept ‘Social Village’.
- Development of an action plan for “Cumeeira Social Village” (including a business and management model - the format for the implementation of the SV strategy).
- It may be interesting to collect contributions from other villages that have initiatives related to active ageing and that can be an inspiration to be incorporated into the concept of the Social Village that is being developed.

Against the background of the considerations sketched in the previous sections, it is proposed to take a stepwise approach for ultimately arriving at action plan for “Cumeeira Social Village”.

Step 1: Ambition focusing

Taking the currently available strategy paper as a starting point, the “Social Village” concept will be further elaborated. To this end, all stakeholders need to be identified who are likely to have a role to play when it comes to implementing the “Social Village” concept under day-to-day conditions. Also, the stakeholders’ roles and responsibilities and specific contributions they may be required to make will need to be spelled out as concretely as possible at this stage. Not at least, any benefits and dis-benefits potentially flowing to them from the implementation of the “Social Village” concept need to be anticipated as comprehensively as possible at the current stage. Moreover, subsections of the elderly population who are likely to benefit most from the concept will need to be identified. As a tangible output, a consolidated vision will be generated in terms of a concise document that can be used to communicate the “Social Village” concept to external parties. empirica can support this work step by providing methodological guidance, e. g. by means of online sessions, and document writing skills.

Step 2: Maturity self-assessment

Based on the consolidated vision generated in the previous step, the “Social Village” concept will undergo a systematic assessment in relation to its practical feasibility and appropriateness under given framework constitutions, thereby involving as many relevant key stake holders as possible. The results of this process may also give reason to reconsider the originally developed vision in one respect or another. It is also intended to help identifying local circumstances that may make it difficult to practically implement specific aspects of the envisaged approach. All in all, the aim is to identify potentials for the further optimization of the initially envisaged approach. empirica can support this process by elaborating methodological guidance and a template for outcome documentation. The suggested methodology will rely on self-assessment techniques known from the so-called SWOT (Strengths, Weaknesses, Opportunities, Threats). Ideally, it should be locally applied in a workshop-type format involving as many key stake holders as possible.

Step 3: Operational implementation planning

Based on the outcomes of the previous step, an operational plan for putting the envisaged “Social Village” project into practice will be generated. To this end, core planning dimensions will need to be identified. Each core dimension may again require careful planning of several operational tasks which may need to be accomplished. Such a planning should include a clear description of the tasks to be achieved together with clearly assigned responsibilities, timelines and required resources. Here again, empirica can support this process by elaborating methodological guidance and tools to be used by the local team. As far as desired,



a critical appraisal of interim outputs generated by a local team can be offered, e. g. by means of online sessions.

Finally, empirica could support the overall process by collecting evidence from existing sources of information and feeding this into the process as deemed useful by the local team.

Contract No AGRI-2019-409 supported by the European Union contributed to the results presented in this document. The opinions expressed are those of the contractor only and do not represent the Contracting Authority's official position.



Prepared in the framework of the 'Preparatory Action on Smart Rural Areas in the 21st Century' project funded by the:

