



O3 proADAS Handbook





ProADAS Partners

Organization	Acronym	Country
Erasmus Hogeschool Brussel	EHB	Belgium
Xenios Polis. Culture, Science and Action	XPCSA	Greece
Jadransko-jonska euroregija	AIE	Croatia
Initiation des Seniors aux NTIC Association E-Seniors	ESE	France
European University Cyprus	EUC	Cyprus
Diciannove Società Cooperativa	DSC	Italy
CSI Center For Social Innovation LTD	CSI	Cyprus



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1. Introduction

This handbook is developed in the framework of the Erasmus+ project “ProADAS: promotion of Active Digital Ageing Skills” financed by the European Commission and implemented by a consortium of partners from 6 European countries – Belgium, Croatia, Cyprus, France, Greece and Italy.

The ProADAS project aims at tackling the gap between ageing population and digital literacy and strengthening and reinforcing the stakeholders, experts and practitioners in the fields of adult education & lifelong learning.

The third output of the project “ProADAS handbook” will provide more background to professionals, social workers, seniors citizens counsellors, adult educators and trainers, NGO’s and civil society organisations, third age universities and second chance schools about how to create an adequate and appropriate learning environment for seniors being trained on digital skills. Principles of gerontology, psychology, mentoring and coaching and pedagogy will be integrated in the handbook.

Owning a "smart package" of digital skills represents, today, an indispensable parameter for the inclusion: social, economic, cultural, relational inclusion of people.

In 2006, in this regard, Parliament and the European Council also included in their Recommendations the digital competence among the eight competences considered essential for "active citizenship".

In the digital era, therefore, the delicate boundary between citizenship in a formal sense and citizenship in a substantive sense must be redefined and replaced at the intersection of three essential elements: the possibility of accessing ICT - Information and communication technologies (Digital Inclusion); the possibility of learning its use (Digital Skills); the acquisition of discernment skills (Digital Competence) for an aware and responsible use of ICT.

The aim of the handbook is to give guidelines on how to train older adults, to support trainers in enhancing the social and cultural capital and to pursue a high value of transferability.

First the handbook will present guidelines about the topics of digital literacy and active ageing promotion.

Next, a collection of exemplary scenarios will be presented, aiming to empower the trainers at a practical level and to support the trainers in dealing with specific conditions or barriers.



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Next, a collection of exemplary scenarios will be presented, aiming to empower the trainers at a practical level and to support the trainers in dealing with specific conditions or barriers.

After outlining each country’s guidelines on digital literacy and active ageing, we can conclude that the European guidelines on digital literacy and on active ageing determine for a greater part the policies of the different European countries on this matter. In addition, each country gives specific accents to the European policy to adapt the general policy to the needs of the country’s ageing population. Suggested scenarios and guidelines can help healthcare providers and adult education trainers to handle specific situations in training older adults on ICT skills.



3. Guidelines on digital literacy

This chapter will show an overview of guidelines at European level, in the six countries, thus Belgium, Croatia, Cyprus, France, Greece and Italy. These guidelines will show how digital literacy and active and healthy ageing is perceived in each country.

3.1 Recommendations in Belgium to obtain digital literacy in elder

Digital skills and digital literacy is a federal (national) authorization.

“Digital Belgium” is the action plan, which outlines the digital long-term vision for our country and translates this into clear ambitions. On the basis of five clear, specific priorities we would like to put Belgium more firmly on the digital map (Digital Belgium, sd).

The action plan outlines 5 priorities:

1. Digital infrastructure:

Every year mobile traffic doubles, and internet traffic doubles every two to three years. Investment into digital infrastructure is necessary so that the digital economy can continue to grow. “Digital Belgium” is focussing on a state-of-the-art network infrastructure, which is ready to fully exploit the “internet of things” and “big data”.

2. Digital confidence and digital security

In order to be able to grow, the digital economy needs confidence and security. That means respecting rights and strategically and effectively tackling illegal practices. Only when citizens and businesses have full confidence that their data is safe online, can the digital economy achieve its full potential.

3. Digital government

Both citizens and businesses need to be able to conduct all communication with the government digitally by 2020 and to be able to do so using a user-friendly channel.

4. Digital economy

According to calculations by the Lisbon Council, over the next few years digital innovations will be responsible for creating five new jobs for every two that disappear. Digitalisation encourages people to be entrepreneurial and brings new players into the field. The result is more robust competition, more innovation and increased quality of service.

“Digital Belgium” supports an approach, which boosts the digital economy and expands the prospect of jobs and growth.

5. Digital skills and jobs

In the future nine out of ten jobs will require digital skills. Governments then also need to monitor that as many citizens as possible, irrespective of their age and background, are able to take advantage of the necessary digital opportunities. Obtaining the minimum amount of digital skills is crucial for this.

In relation to the ageing population, especially the last priority is very important.



On digital inclusion, the action plan states that not everyone has the resources, the skills or the self-confidence to make the most of the many opportunities opened up by new digital technologies. By taking targeted measures, we want to eliminate the digital divide and ensure that no one is left behind. The Internet has the power to interconnect people. That is why we are also promoting the enormous opportunities, which the Internet opens up to connect people: to engage them in public debate, to put them in contact with a new employer or to stay in contact with family or carers from home (Kenniscentrum Mediawijsheid, sd).

Conclusion

Key actions on digital literacy and digital skills in Belgium are present, however older adults are not a primary target group in the current policy (until 2019).

3.2 Recommendations in Croatia to obtain digital literacy in elder

The demographic trend in Croatia resembles the recent trends throughout other European countries. In Croatia, the elderly aged 65 and over now makes up more than 17 percent of the total population. The share of this age group has been growing since the 1990s. This is consistent with the demographic phenomenon occurring in other European countries where the elderly aged 65 and over account for between 17 percent (EU-25) and 17.2 percent (EU-15) of the population. Similarly, the proportion of the very old, aged 80 and over has been increasing as well since the 1990s in Croatia.

The growing number of the ageing population will put pressure on the social care and health care systems and will lead to a reduced availability of care staff. To deal with these challenges ICT and assistive technologies will play an important role to help people stay healthy and live independently at home for a longer time. Whilst it is encouraging that managers are generally positive about older hotel employees, older workers are still under-represented in many hospitality businesses.

Older workers make less use of ICT in their job, use less complicated applications and have more difficulties in using ICT. Elderly ICT's empowerment is not a matter of social skills, ICT skills, or complementary skills, but is more likely to result from their being interested in ICT and ICT-based activities. Learning activities in ICT-based activities and participation frequency were found to be predictors of both meaning and competence/self-determination dimensions. Despite increased Internet access and affordability, older people still face challenges in learning Internet skills. Country type, economic challenges and cultural beliefs need to be considered in minimizing the grey divide.

Governments recognize the importance of funding such teaching but evidence-based research must continue to inform policy to maximise funding and solve the many physical age and cultural issues affecting older people's access to Internet skills learning. Communication solutions could provide beneficial effects to keep in touch with family and friends. ICT systems can give aged people the possibility to feel less lonely by having regularly video-based talks to relatives, friends, neighbors or



caregivers. In residential settings increased social support via ICT could lead to a decreased level of social isolation and depression in elderly and can have positive effects to health and satisfaction.

The European Union launched the Smart Specialization Strategies initiative (RIS3), a new approach to economic development that is anchored on targeted support for research and innovation. Development of the S3 for Croatia, a new EU member state, comes at a time of intensive national reforms and policy changes. A number of major strategies have recently been adopted or are in a process of elaboration and/or revision. The S3 seek to unify all the relevant aspects from the various sectoral strategies in a framework that has a long-term perspective (2020) and will be basis for smart growth. The ICT skills gap between Croatia and the EU has a negative impact on the take up of e-commerce, e-government, e-practices in general. The current situation requires adopting concrete, clearly formulated and quantified measures for the 2014-2020 periods. New strategies and changes in national economic policies are necessary, especially in relation to the funding and management of education, research, innovation and support of business. Due to the limited resources and capacities, the strategy concentrates on a limited number of priority sectors that are defined based on strengths and R&D potential for innovation development with basis for export. Proposed measures in S3 are focused on avoiding fragmentation of research, on concentration of structural funds, public budgets and private resources on priorities with competitive advantage and with the highest development potential.

The strategic foundation of ICT is strengthened by national documents in the field of education, science, technology, innovation and industrial development in which ICT was given a prominent role: Croatian Industrial Strategy 2014 – 2020 stated that this industry has great potential of growth and employment (especially engineers)¹⁹⁴; e-Croatia 2020 Strategy; National Cyber Security Strategy (NCSS) and the Strategy for Broadband Development in the Republic of Croatia 2016-2020. Recently founded National Council for Digital Economy aims to establish an active partnership of all relevant stakeholders in the development of the digital economy, through defining the objectives and priorities for the creation of a single digital market. The Council has a role of an advisory body of the Croatian Government in the transformation processes of the economy of the development of digital technologies. Croatia tends to focus its investments for the purpose of supporting identified TPAs in following specific area, such as e-health solutions and related technologies and ICT-based services and applications for improving quality of life for persons with disabilities, including solutions for Alternative and Augmentative Communication . In the area of Internet-based services important RDI results are related to health and food. Various aspects of the application of ICT in health, assistance for old people and people with special needs are explored in a number of projects: UNIVERSAAL – Universal open platform and reference Specification for Ambient Assisted Living (FP7-ICT), eWall for Active Long Living (FP7-ICT), Carewell – Multi-level integration for patients with complex needs (CIP-ICT), ICT-AAC – ICT Competence Network for Innovative Services for Persons with complex Communication Needs (IPA SIIF), ICTGEN – Information and Communication Technology for Generic and Energy Efficient Solution with Applications in e/m-Health (ERDF), DIABICT – Technology Platform for New ICT Strategies in Diabetes Therapy and Control (ERDF).



Conclusion

Digital literacy is important as reading or writing skills, and includes digital skills and knowledge such as work with word processing software and spreadsheets, using web browsers, e-mail and Internet browsers, and the adoption of these fundamental digital skills for unemployed people greatly increases the opportunities for finding a job and making them more competitive in the labor market. As for the other European Countries, key actions on digital literacy and digital skills in Croatia - also thanks to the UE Policies- are present, but older adults are not a primary target group in the current policy (until 2019).

3.3 Recommendations in Cyprus to obtain digital literacy in elder

The care of the elderly in Cyprus is divided between home-based and hospice based/ institutionalized care. In the first case, individuals can receive financial support from the state (Department for Social Inclusion of People with Disabilities, Ministry of Labor) in order to have access to a number of technological upgrades that will improve their daily living conditions. These may include, among others, non-slippery floor tiles, “clever” lighting that automatically responds to movement in order to prevent falls, addition of wall support to assist people with visual/ walking impairment as they attempt to move within the house, special provisions for mobility via walker or wheelchair, as well as adaptation of bathroom/ shower to accommodate people with various disabilities. In addition, seniors with various forms of disability receive financial aid aiming at either the partial reimbursement of family members acting as their informal carers or the formal employment of external carers/ home assistants.

With regard to training opportunities, unfortunately, there is no formal requirement for a minimum training for either the carers or the elderly themselves. However, both volunteer organizations and NGOs have tried to assist by organizing short training courses relative to fields such as language skills (as most external assistants are foreign and therefore cannot use the local language) basic computer skills and first aid. Among the organizations providing relevant certification, the most well known include the Cyprus branch of the Red Cross, St John Ambulance, the state adult education centers and the universities of Cyprus (especially the Cyprus University of Technology and the European University Cyprus/ Microsoft Innovation Center). The levels of certification and duration of training vary from a few hours only (e.g. Basic Computer Skills seminars ranging from 10 to 200 hours of theoretical and practical training) to full postgraduate courses, such as the EUC Master in Gerontology (90 ECTS).

3.4 Recommendations in France to obtain digital literacy in elder



In order to empower senior citizens' digital literacy, there is a list of recommendations on how to approach them during trainings:

1) Evaluation of the participants ICT level

An online questionnaire can be created – not mandatory – in order to evaluate the level of the group. We recommend the following questions:

Do you own an ICT tool? How many times per week do you use it? What is the main activity you are carrying out with ICT? What is your favourite device (smartphone, tablet, laptop etc.)? Do you use social networks? Etc.

The program should be flexible based on learners' skills and knowledge and readapted if necessary.

2) Teaching approach

The teaching approach should be individualized. For instance, if one of the participants is slower than the rest of the group, the trainer should focus on him/her and let the group test what was previously mentioned. It is needed to take time and the information should be repeated several times in order to make sure that it has been understood by everyone. Trainers, therefore, need to be patient and attentive. The training should be practically oriented and related to everyday life situations. Avoid technical jargon and borrowings from English. Make sure to provide digital presentations of what they have learnt in order to allow participants to train at home and practice their new knowledge/skills. You can also add, in their favorite websites, the useful links. Make sure to be available for any question that might rise, participants should feel comfortable enough to ask you anything related to the training's content (e.g. there is no stupid question). Planning classes mind possible age-related difficulties (memory, vision, hearing and mobility).

3) Supporting documents

Make sure to have the documents corresponding to the content of your session.

4) Recruitment

It would be good if the participants were on a more or less the same ICT level. The title/content of the workshop should be attractive and connected to their concerns/hobbies/points of interest. In order to do so, try to find topics that users feel close to. The minimum level to attend the training should be made clear before participants can register themselves. Participants should be available for the whole training not to be lost afterwards if they miss one session.

5) Size of the group



The group should not exceed 10 participants with 2 trainers. If the group is bigger, the number of trainers should be increased in order to keep a ratio of 1 trainer for 5 participants. This allows to provide a tailored training based on the needs of the trainees. It also permits to conduct training with a heterogeneous group in which all participants don't have the same ICT level.

6) Equipment

We recommend that participants bring their own material since users are accustomed to interact with their devices. But it is also important that the trainers provide devices to the participants who don't own any.

7) Exploitation systems

We recommend that participants work on the same exploitation system in order to ensure the homogeneity of the training. If not, an extra trainer is needed to help the ones working on a different system. In case a participant does not own yet an ICT tool, we advise that the trainer recommend Android/Windows since it is much more affordable.

8) Motivation

Don't hesitate to introduce former participants who have performed previous workshops in your organization and now have a fair ICT level.). Participants should know that they can become trainers themselves; they can teach to the group new skills they learnt. Give yourself the opportunity to organize special events in order to motivate your group. Create a community rather than a random group of co-learners. Make students feel that learning is just one of the natural ways of spending time together.

Make sure that progress made by participants can be measurable (try to teach a new skill each time. The trainer can provide a certificate, at the end of the whole training course, in order to certify the completion of the training by the participant.

9) Involvement of the participants

Participants should have a dedicated tool to share their opinions/feelings about the training. It can be just a document to be filled at the end of each session asking them what they liked the most, the least and what they would like to improve. They can create a blog, get involved in taking pictures and writing comments after each workshop.

[3.5 Recommendations in Greece to obtain digital literacy in elder](#)

In Greece (as in Europe), ICT are increasingly considered as a critical factor in aiding elderly in their personal matters, widening participation in social life, learning and lifelong learning, and establishing opportunities and conditions for a healthy and happy life for them. The main argument



is that the elderly who can understand and effectively use digital means and facilities are significantly empowered and advantaged in terms of life opportunities and success, social and personal development, communication prospects, civic participation and many other aspects of their personal and social life (e.g. public and social services, cultural and everyday practices, online shopping, social networking, health and active ageing, etc.).

Considering the rapid demographic changes in contemporary Greece (e.g. a growing number of older people), ICT could offer solutions for the needs of older people to be constructive participants in modern society (e.g. easier access to social and healthcare services, contact with family and friends, avoid marginalization, opportunities to contribute to political, civic and social life). Due to the statistics, in Greece the elderly (above 65 years old) represent the 20,7 % of the general population and due to the predictions they will overcome the one third of population in the next decade. On the other hand, Eurostat reports concerning digital literacy show that in Greece, the 65% of the sample refer no or a few digital skills and from them the senior citizens (ages 55-74) have less digital skills in comparison with the European average and they lack significantly in the fields of Digital Agenda as adopted in EU.

The Greek State has recognized the need for digital literacy in elderly and encourages activities for the digital skills education, digital inclusion, fight against digital exclusion of the elderly, recognizing at the same time that the training of the elderly in New Technologies improves their daily routine, makes them cognizant, leads them to a more efficient use of their leisure time. It has adopted in its Digital Agenda for the period 2014-2020 digital strategies and priorities in integrating digital skills and ICT use in everyday life and therefore there has been a horizontal and vertical strategy recruiting the relative authorities in digital literacy implementation for the seniors.

The Lifelong Institutions, the local societies, the educational organizations and nonproffit bodies are urged to contribute by offering learning opportunities to the older people, in order to ensure a smooth integration into a demanding and ever evolving environment. The older people with little or no knowledge of the use of ICTs are at risk of social exclusion, and in the modern and competitive environment they are treated as digitally illiterates.

In the Greek context, there have been some significant initiatives which highlight and serve the need for the digital literacy practices for the elderly: Cosmote in cooperation with 50plus Hellas (program 'Access to the Digital World'), several educational centers for them in big municipalities of the Attica area, etc.

Conclusion

Summarizing all above, in Greece the need for digital literacy concerning the elderly is high: the existence of the growing number of seniors on the one, and on the other the low level percentage the Greek elderly people show with regards to the digital skills, constitute the context of the Greek situation. Additionally, Greece – due to the European recommendations and directives on digital literacy of the EU citizens and Active Healthy Ageing and national priorities as well- struggles to



meet the needs for digital skills education in elderly through the public actions or the local initiatives, but there has been a lot to be done so that the elderly population in Greece obtains a satisfactory level which will provide them with all necessary skills for their personal and social development

3.6 Recommendations in Italy to obtain digital literacy in elder

According to Istat data (“Indagine multiscopo sulle famiglie” – report annuali; “Multi-purpose survey on families” - annual reports) in Italy, in 2015 the elderly (65 - 74 years) who claim to use the Internet are 25.6% (+ 556.4% compared to ten years before), and those who use a PC are 24.4 % (+ 343.6% compared to ten years before). This datum photographs together two characteristic conditions of contemporary Italy: on the one hand a fast process of transformation in the habits and cultural competences of the elderly population; and on the other hand the difficulty of covering the gap with other countries due to starting conditions in which digital illiteracy is very strong. To date, the national digital literacy plan has not been completed and therefore there are no framework strategies within which the work of those who are training in this sense can be placed.

Within the framework of the European Digital Agenda, Italy has developed the Italian Digital Agenda, a national strategy to achieve the objectives indicated by the European Agenda.

The Italian Digital Agenda was developed in collaboration with the Conference of Regions and Autonomous Provinces, under the supervision of the AgID, the Italian Digital Agency (Agenzia per l'Italia Digitale).

As part of the Italian Digital Agenda, the “Italian strategy for ultra-broadband” and the “Strategy for Digital Growth 2014-2020” have been prepared for the pursuit of the goals of the Digital Agenda.

Within this last document, in the section dedicated to digital competences, the elderly are mentioned, as a "weak" population, in one of the programmatic objectives:

- increased use of the Internet by citizens in general and more "weak" groups in particular (elderly and southern Italy);

If we look at the older segment of the population, which is therefore probably the bearer of other difficulties or functional problems (illness, coordination and attention difficulties, fragility), people over the age of 74 who use the internet have gone from a paltry 4.4% in 2014 to 8.8% in 2018, so they have doubled in 4 years, while remaining a very low percentage.

So we repeat what we observed before: very discouraging starting conditions, despite a rather rapid increase in users. In this growth, some local organizations that have started ICT literacy programs and projects for the elderly have played a very strong role. Many of these came to an operational agreement in 2017, drawing in fact a national profile of their intervention (although not recognized within public programs or policies, always awaiting the National Plan for digital literacy).



In addition to this, it should be noted that in general, in digital education programs for the elderly, special situations (due to the specific difficulties of the elderly involved) are taken in low regard, favoring classical learning methods and taking little care of the transfer of skills to caregivers, be they professional or rather familiar or friends of the elderly.

Furthermore, the concentration is almost entirely focused on the use of the internet and the PC, much less towards other tools (smartphones, tablets ...) or to resources particularly interesting for the elderly themselves (apps, recovery / training programs, games to maintain the memory, etc ...), with some significant exceptions. A qualifying point of digital literacy projects for the elderly in Italy is linked to the collaboration with the national school system, which mobilizes teachers but also students, who become tutors for the elderly.

4. Guidelines on active ageing

4.1 Recommendations in Belgium to age actively and healthy



In all European countries people live longer and healthier. We see that the population is ageing. In response to these challenges and opportunities that this demographic evolution entails, the European Union wants to promote active ageing and solidarity between generations. It starts from the definition of 'Active ageing' of the World Health Organisation. This is translated by the European authorities into the following objectives:

- Reducing early retirement: Older workers must be encouraged to continue working longer
- Reducing social exclusion of older people By stimulating active participation in society
- Improving the health of older people

This aim was translated by the European countries into national and regional policies on active and healthy ageing.

Active and healthy ageing is a regional authorization. Here below I focus on the action plan of the Flemish government (Vlaamse overheid, 2015).

The Flemish government aims at a policy on older adults that cooperates with other policy domains to work towards an age-friendly Flanders where elder can be as independent as possible. The policy works on 4 large domains: prevention, participation, living and care.

The aim is to keep people as active as possible, also after retirement. Active ageing includes also having a meaningful life and staying meaningful for the society. The policy makers define active ageing as having a reasonable contribution to the society one lives in; the older adult can do this by being the director of their own life and their own living circumstances.

Nowadays many persons become old on in good health. Even with one or more chronic diseases, older people manage to live comfortably, actively and independently. We also note that in Flanders an increasing number of older people are more educated, more vital and empowering. We also see a greater variety of socio-cultural diversity. This offers positive perspectives. The step towards retirement is likely to be extended by a few years, and the years after that still offer opportunities to stay active.

However, the policy gives special attention towards older adults that are lonely or that live in poverty. For these persons it is more of a challenge to age actively, for example because of social exclusion. Participation and involvement are important factors for active ageing.

Physical exercise is an important factor for ageing actively and also healthy.

Healthy ageing includes keeping their health status as positive as possible, and having access to care and support if necessary.

The policy makers set seven health objectives for the (older) population:

1. A decrease the use of tabaco, alcohol, drugs and medication: specific actions on alcohol in later life will be taken. Moreover, long-term care facilities have to work towards quality standard, also on the topic of medication usage.
2. A well-balanced diet and physical exercise leads to a healthy weight. For older adults this objective also lead to a decrease in the risk of falling.



3. Early screening of cancer, in order to improve the outcome. The policy aims at organising structured screening on cervical cancer, breast cancer and colon cancer.
4. A decrease of the number of suicide in Flanders. Older adults have a higher risk on suicide, so specific actions are necessary.
5. A sufficient rate of vaccination in elder: vaccination against influenza and vaccination against pneumococcus infection are priorities and need to be stimulated.
6. Actions on fall prevention stay necessary: actions for this topic are related to situations in home care, long-term care facilities and hospital care.
7. Actions for a healthier oral care are taken, in order to prevent problems in elder with diabetes and to prevent malnutrition.

Conclusion

Active ageing must be seen as a part of the entire life cycle. One can start to work on active and healthy ageing when one is still young.

This point of view should also improve the wellbeing and inclusion of older adults in the society.

4.2 Recommendations in Croatia to age actively and healthy

The aging process is normal physiological phenomenon. The elderly are a heterogeneous group that requires individual gerontological approach. The basis for the implementation of the program of healthy aging represent their own decisions about positive health behaviors, that are made at a younger age and interact with an effective health programs of preventive health measures. As part of evaluation of the implementation of the preventive program for is important to define negative health behaviour of the elderly and determine the risk factors of pathological ageing.

Primary prevention ensures not only prevention of death in early old age but also preservation of functional ability through health promotion in old age. The implementation of secondary prevention in health care of the elderly people results in timely diagnosis of disease which can stop its further development and help in its treatment, nursing care and rehabilitation. Tertiary prevention includes different health procedures that prevent physical and mental decline in a diseased old individual and develops the remaining functional capacity.

The Program of Health care Measures of Prevention for the Elderly is primarily carried out through active primary health care institutions within local, regional and national gerontological centres of the Institute of Public Health. Implementation of preventive programs for the elderly can avert the development of a number of preventable diseases as are diabetes mellitus, obesity, hypertension, cerebrovascular and cardiovascular diseases, cancer of the breast, ovaries, prostate, lungs, osteoporosis/fractures, incontinence, mental disorders, respiratory diseases.



In Croatia, the program promotes a healthy active aging, consisting of the “Guide for active healthy aging”:

1. Constant physical activity

To be started in youth and pursued until the very old age. It includes breathing exercises and pelvic floor muscle exercises, the latter being carried out to the effect of involuntary urination prevention.

2. Constant mental and occupational activity

Lifelong learning and acquisition of novel skills and competencies

3. Proper mediterranean diet

When it comes to the elderly over 65, this diet should be restrictive in its nature, in terms of a limited caloric intake (which should not surpass 1,500 cal a day due to the diminished basal metabolism typical of the elderly). The diet includes regular vegetable & fruit intake and regular consumption of fish and crust-free white meat; the intake of “5Ws” –white flour, white sugar, white rice, salt, fat – should be diminished as well. Consumption of up to 2 litres of unsweetened liquid a day (plain potable water would be the best). The food should generally be cooked and free of browned flour. Fried and roasted food should be avoided.

4. The old age call for the prevention of not only obesity, but under nourishment as well

5. Non-smoking and non-addictiveness to drugs, alcohol, opiates, black coffee and other addictive substances

6. Constant work, even after retirement

7. Positive attitude

One should strive to laugh as often as possible and to keep up the good spirit; the blame for own failures should not be shifted to others.

8. Kindness and love should be spread around

They should be targeted towards family, juniors and seniors around one, and towards one’s work; sex life as an integral component of love that cuts across the age boundaries, should not be neglected as well.

9. Loneliness and depression should be avoided by all means

One should strive to develop communication skills and prepare oneself to adapt to stressful events.

10. Personal and environmental hygiene

Oral (teeth & dental prosthesis) hygiene, regular finger and toe nail cutting; removal of any barriers and slippery & wet surfaces at one’s home and surroundings, so as to prevent falls and injuries.



11. Refusal to accept prejudices and ignorance on aging, leading to the perception of old age as a synonym for the disease, disability and dependence on others (of note, only every fifth older person depends on care of the others due to functional incapacity)
12. Full compliance with the prescribed therapy and regular monitoring by the attending physician
13. Transfer of skills, knowledge and professional & life experience to younger generations and peers.

Conclusion

Aging is a normal physiological occurrence and an inevitable future prospect of each and every person. It depends on the aging genome and proper health-related behaviour that aids in prevention of risk factors responsible for unhealthy aging. Reference Center of the Ministry of Health of the Republic of Croatia for health care of the elderly published guidelines for active healthy aging which promote proper health –related behaviour that aids in prevention of risk factors responsible for unhealthy aging.

4.3 Recommendations in Cyprus to age actively and healthy

In the case of institutionalized/ hospice care the elderly are required to inhabit in an environment different to their original one. This implies a necessary procedure of adaptation that may be quite demanding, especially for seniors with impaired cognitive and sensory functions. In the case of Cyprus, there are no state-owned services for the long term care of the elderly. Therefore, relevant facilities have been developed either at the municipal – community level or via the action of major NGOs (including the Church of Cyprus) while the private sector has also been very active in the development of several hospices and rehabilitation services across Cyprus.

With regard to the minimum requirements for the licensing of such services, these are specifically stated in relevant legislation (since 2004 aligned with EU directives on the same topic) while additional regulations are frequently updated by the Ministries of Health and Labor. In all cases, a primary care doctor must be assigned as supervising physician for all senior inhabitants of a gerontology facility. In addition, a registered nurse (preferably with a specialty in community care/ gerontology) must be employed at a full time basis to supervise the facility and coordinate the actions of all remaining personnel that may include other health professionals (physiotherapists, occupational therapists, speech therapists, nutritionists, psychologists) as well as non-professional carers and technical assistance/ hygiene personnel.

Although the use of electronic/ digital media is not mandatory, laboratories and physicians are encouraged to use computed assisted technology to send and receive medical data. It is also



encouraged to use mobile applications whenever possible both to facilitate communication between inhabitants and their families as well as to promote several educational and recreational activities, including sudoku, crosswords, puzzles and selected recordings of films/ tv shows. In the case of the professionals, the use of digital media and new technologies is generally endorsed, with some centers providing tablets or smartphones for in-service use to their personnel, so that they can have easier access to patient records, to recover their latest laboratory results, to coordinate patient care in collaboration with physicians and external experts as well as to improve personal skills via subscription to health science journals and databases (eg up-to-date, Medscape) or via participation in workshops and seminars (e.g. basic life support/ BLS AED by ERC), often sponsored or co-funded by the ownership of the respective institutions.

4.4 Recommendations in France to age actively and healthy

1) *Having an active life*

The key is to keep an active life by doing regular exercises in order to reach a physical and mental wellbeing. This will help to maintain the level of independence and to prevent some chronic diseases such as heart disease, depression, arthritis or diabetes. The choice of an adapted exercise or sport is essential since older people don't have the same possibilities than the youngest. In consequence, it is important to be in close contact with a doctor.

2) *Eating healthy food*

The variety of food is the key for staying in good shape : eating fruits and vegetables and whole-grain foods ; avoiding sweet, salty and highly processed foods. Some nutrients can lead to chronic conditions as cardiovascular diseases or hypertension. The most important is to follow doctor's suggestions regarding dietary restrictions.

3) *Maintaining your brain*

The cognitive decline is a normal part of aging but studies have shown that a lifestyle that includes cognitive stimulation through active learning slows this cognitive decline. For preventing this issue, the best is to never stop learning. Practicing dance lessons, new language, new instrument, mind games are possibilities to push back the cognitive decline.

4) *Having relationships*

Living alone is the strongest risk factor for loneliness. Maintaining communication with family and friends is important especially after a significant loss or life change. The best is to schedule regular time to meet with friends and family – a coffee, a meal, or around a common interest.

5) *Getting enough sleep*



Older adults need just as much sleep as younger adults – seven to nine hours per night – but often get much less. Lack of sleep can cause depression, irritability, increased fall risk, and memory problems. That’s why it’s important to develop a regular schedule with a bedtime routine and to keep your bedroom dark and noise-free.

4.5 Recommendations in Greece to age actively and healthy

In the Greek society where the ageing population continues to increase, it is necessary to improve care for the elderly, given that today they constitute an important part of the population (and as the National Statistical Service of Greece-ESYE states, ‘it presents upward trends’). On the other hand, life expectancy in Greece has improved for both men and women, due to the improved quality of life and health; indeed, life expectancy continues to increase which reinforces the demand for more long term care services provided by the state.

In the recent years, Greek policies and Greek context are oriented towards Active Healthy Ageing and there has been a comprehensive program realized in order to modernize the National Health and Social Solidarity System which includes a range of political and operational interventions along with concrete recommendations for Active and Healthy Ageing procedures. Recommendations in the Greek context for the direct or indirect parts in the active and healthy ageing (public bodies, non-profit organizations, health institutions, families and home environments, etc) promote the a) physical and mental health; prevention and health education, b) social policy, c) social networking, d) gender equality, e) intergenerational interaction, f) volunteering, g) transfer & accessibility, cities & urban environment friendly to the elderly, security, h) physical exercise and athletics, i) culture and entertainment, j) New Technologies, digital education and literacy of the elderly

These recommendations are being realized – to some extent- through some practices and initiatives targeting the management of active healthy ageing: programs motivated by the principles of A.H.A. are implemented and based on the activation of the public sector’s manpower and the utilization of non-profit organizations:

- a) the integration and participation of elderly in the society through the Open Protection Centres of the Elderly (KAPI); KAPI provide all forms of organized recreation, medical care, physiotherapy treatment, occupational therapy, social work, hospital care, and all kinds of material and moral services to the elderly
- b) promoting a positive image of ageing and of the role of elderly in society through targeted campaigns
- c) support of families taking care of the elderly and encouragement of intergenerational solidarity

Conclusion

Greece experiences low ranking among countries which are friendly for active ageing (Global Age Watch 2015); however in the recent years there have been a) changes in the state recommendations and policies towards the actions and projects should be implemented towards the Healthy and Active Ageing b) plans and activities adopted by public and private bodies, NGOs, and local entities, concerning the enhancement of Active & Healthy Ageing. On the top of the discussion, it has to be mentioned that in Greece there are more intentions and potentials in order



for senior citizens to participate both in economy and society, to have a healthy, independent and quality life and to create conditions for an active and healthy ageing. Their nonutilization happens due to the lack of central coordination and management of programs with measurable objectives in parallel with the absence of a common national context of actions.

4.6 Recommendations in Italy to age actively and healthy

If, starting from the European directives, the policies for implementing active aging seem to be formulated as general policy guidelines, the promotion of homogeneous policies in the various countries, mainly characterized by a working interpretation of active aging and therefore oriented to affect the role of the elderly in the labour market or their weight in the social security system, may be less effective than the structuring of targeted interventions that take into account local diversities. On the other hand, in the Italian case, the space left open by public policies is largely filled by a myriad of interventions and projects by private social organizations.

At the national level there is a notable regional differentiation (partly dependent on the fact that the Regions' competences include the health intervention, and this is very relevant for Active Aging projects). An INRCA study - Hospitalization and Treatment Scientific Institute (Principi et al., 2016) focused on mapping, analysis and evaluation of regional laws (including legal proposals) on the subject. The study showed that in only four Italian regions (Abruzzo, Friuli-Venezia Giulia, Liguria and Umbria) is a law in force that regulates active aging in a transversal manner, thus providing for organic interventions for this purpose. Among the remaining 16 regions, only five (Basilicata, Campania, Piedmont, Sardinia and Sicily) there are one or more bills with these characteristics.

Still with regard to the national level, in the third report of the Ministry of Labour on the state of the art regarding the implementation of the Madrid international plan on aging actions and related regional implementation strategies, in the absence of clear concrete actions, it is (for the umpteenth time) generically emphasized that this implementation is "currently being defined" (Ministry of Labour and Social Policies, 2017).

One of the results of the EU interventions adopted in 2012 was the construction of the *active ageing index*.

Based on this index, in 2014 Italy ranks 14th out of 28 European countries. We are particularly bad with employment (19th place, but we were 22nd in 2013) and maintaining autonomy (17th place, rising from the 19th) while we are doing very well with social participation (first place with Ireland), thanks above all to the extraordinary care of children and grandchildren carried out by our elders. Practically our elderly are often full-time grandparents, and this would contribute to their active ageing.

However, the data collected for the construction of the active ageing index show, as often happens in Italy, that the absence of social policies generates informal phenomena of extraordinary



importance, such as the commitment to voluntary activities and, above all, self-organization internal to families, with the elderly engaged in full service in the care of children and grandchildren. Alongside these observations, it is useful to add that some objectives connected to active ageing, such as access to new technologies, are completely absent from national or local public policies, while they are found in the projects of private social organizations.

Conclusion

Active aging in Italy is an issue currently confined to aspects related to the labour market and social security. Despite the transposition of EU plans and documents, the rest of the system of interventions that they prefigure is still lacking, and in large part left to the initiative of the third sector.

5. Scenarios and guidelines on dealing with specific conditions

This chapter consists of the collection of exemplary scenario guidelines for professionals and trainers empowering them at the very practical level and providing them with a high capacity when dealing for example with specific conditions, such as seniors facing concrete health issues and barriers, and how they can enlist digital games towards it.

The 2012 guidelines and EU documents on active ageing identify the difficulty of access to ICT among the factors of fragility (<http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1411128908532&uri=COM:2014:562:FIN>).



In some countries this has had direct implications in welfare policies, in others it has not translated into defined public actions, but has given space to private social projects (Bini, P. ; Lucciarini, S. “Barriere e opportunità all'implementazione di politiche di invecchiamento: una prospettiva comparata europea”, European Papers on the New Welfare ; n. 16 - 2011. Zaidi, A.; Zolyomi, E. “Active Ageing: what differential experiences across EU countries?” European Papers on the New Welfare, N. 19 – 2012; Ministero del Lavoro e delle Politiche Sociali (2017), Report for Italy for the third review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its regional implementation strategy (MIPAA/RIS) 2012-2017, Ministero del Lavoro e delle Politiche Sociali, Roma)

5.1 Guidelines to consider when teaching older adults with risk of frailty

For elder with limited mobility

- Reading can be an interesting activity for elder with impaired mobility: It can also improve memory, reduce stress, improve sleep, and delay cognitive decline. They can use e-readers, audiobooks or online information.
 - o Advice: Provide help at home to use the ICT devices or provide support to go towards and from the activity.
 - o Advice: The price of the devices and the criteria for choosing between the offers on the market can be a further obstacle: providing indications on the purchase, or renting the necessary devices can be important
- Physical exercises are important, especially for older adults with limited mobility.
 - o Advice: Online exercises programs can be helpful when the elder aren't keen on doing physical activities in group or in a sport centre.
- When ICT courses are organised: pay special attention to the (physical) accessibility of the location:
 - o Can one access in a wheel chair or with a walker?
 - o Are the computer tables accessible?
 - o Are the computer screens large enough to provide large fonts?
 - o Is the location known by the elderly? And do they know how to get there?

For elder who need mental support

- When ICT courses are organised: pay special attention to the support of elder who are challenged on mental or cognitive level



- During the course: provide an explanation on large screen and a step-by-step guideline for each computer.
- Combine a ICT class with a social event: the possibility to sit and talk after the course
- When you provide information, it is important that elder understand the information. Use the teach-back method by asking them what they understood of a certain explanation, to check in that explanation was clear.

For elder with limited social network

- A pet can help elder to go outside, for example for dog walks. This will support social talks with people in the neighbourhood. A gps-app on the smartphone can motivate to discover new walks in the environment.
- Include elderly themselves in discussing how to make the course more accessible for different profiles. For example, in the project "If you do not know you are not" (<http://www.senonsainonsei.org/>), a reflection on expectations, motivations, previous competences is first collected through questionnaire, which is then discussed during the first course lesson.
- Provide ICT support for free or in low cost, to reach out to as many elder as possible. When it is not possible, build systems of exchange or collective use.
- Making young people run the courses is a great advantage, but it presents risks: the elderly are happy to work with young people, but both may not be completely at ease. The best condition is when there are mediation figures. For example, in the Fondazione Mondo Digitale project in Rome (https://www.mondodigitale.org/it/cosa-facciamo/aree-intervento/invecchiamento-attivo/nonni-su-internet?_ga=2.55847528.2101260250.1566999925-1515372834.1546444151), courses take place in schools and teachers act as mediators and supervisors.

Exemplary scenario

Mr. X is 88 years old. He goes to the general practitioner regularly every three months for monitoring of a moderate high blood pressure and for hypercholesterolemia. He pays attention to his diet to avoid high fat and hyper caloric foods. He lives together with his wife. He never leaves his house because he feels too tired to move. His wife asks if ICT can help to set up a meaningful daily activity for her husband. (*case inspired by Frailty.net*)

Action points to consider:

- Is there ICT service or ICT support at home, to guide this person with his first digital steps?
- When taking his first digital steps, one can try to guide him to social apps, to get in contact with peers or relatives when staying at home.



- Because the man follows up his health status regularly, maybe apps on healthy living can be useful and interesting for him?
- Because the man pays attention to his diet, maybe apps and programs on cooking can be interesting for him?
- Since he has to take medication regularly, can an app that helps remembering time and doses of the medicines help him?
- Are there applications that can help this man to start moving again and perform physical activity?
- Advise the man to work on the computer/tablet during the day, and try to avoid screen-time during the evening, in order to prevent sleeping problems.
- When attending ICT courses (maybe accompanied with his wife), the location and the desks have to be wheelchair accessible.

5.2 Guidelines to consider when teaching older adults with risk of malnutrition

Malnutrition affects billions of people worldwide. Some populations have a high risk of developing certain types of malnutrition depending on their environment, lifestyle and resources. Malnutrition is a condition that results from nutrient deficiency or overconsumption.

Types of malnutrition include :

- **Undernutrition:** This type of malnutrition results from not getting enough protein, calories or micronutrients. It leads to low weight-for-height (wasting), height-for-age (stunting) and weight-for-age (underweight).
- **Overnutrition:** Overconsumption of certain nutrients, such as protein, calories or fat, can also lead to malnutrition. This usually results in overweight or obesity.

People who are undernourished often have [deficiencies](#) in vitamins and minerals, especially iron, zinc, vitamin A and iodine.

However, micronutrient deficiencies can also occur with overnutrition.

It's possible to be overweight or obese from excessive calorie consumption but not get enough vitamins and minerals at the same time.

That's because foods that contribute to overnutrition, such as fried and sugary foods, tend to be high in calories and fat but low in other nutrients

Malnutrition affects people in all parts of the world, but some populations are at a higher risk. For example, there are **older adults, particularly those who live alone or have disabilities**. Research shows that up to 22% of older adults are malnourished and over 45% are at risk of malnutrition



Malnutrition in older adults can lead to a number of health problems, including the following:

- Unintentional weight loss.
- Tiredness and fatigue (feeling out of energy).
- Muscle weakness or loss of strength. This could lead to falls, which could cause broken bones or fractures.
- Depression.
- Problems with memory.
- A weak immune system. This makes it hard for your body to fight off infections.
- Anemia.

Thanks to digital games and digital courses older adults can improve their knowledge about healthy foods and wellness. In particular, the use of ICT will increase their attention for nutrition and will encourage healthier food choices. The best foods are those that are full of nutrients, such as fruits, vegetables, whole grains, and lean meats. Help old people limit their intake of solid fats, sugars, alcoholic beverages, and salt. Suggest ways to replace less healthy foods with healthier choices. For example, a e-learning course can suggest them to snacking on healthy foods is a good way to get extra nutrients and calories between meals. It may be especially helpful for older adults who quickly get full at mealtimes.

Thanks to digital games old people will learn to make food taste good again. If elderly is on a restricted diet, herbs and spices can help restore flavor to bland foods. Just remember to avoid herb or spice blends that are heavy in salt.

Moreover, thanks to use of tablet or others digital tools, old people will be able to watch some videoclip about fitness and plan social activities, make mealtimes and exercise a social activity. Encourage them to meet a neighbor or friend for lunch. Many restaurants offer discounts for seniors.

Poor nutritional status in the elderly population is an important predictor of morbidity and mortality. The current advice is for professionals dealing with a senior person with the risk of malnutrition. Additional things one should consider while providing ICT teaching to a person with poor nutrition:

1. Be sure to be able to provide to the elderly necessary ingredients & support

During ICT teaching, show her/him some joyful videos/materials to make the process playful. It is a good idea to concentrate on games and interactive materials on healthy eating and good nutritional habits.

Remind to have a healthy snacks and balanced diet during the sessions. (Crackers and cheese, hummus, cottage cheese, cream cheese or dips; dried fruit and nuts; protein filled sandwiches, sweet muffins, cakes and pastries)

2. Hydration is dramatically important



Be aware that there is always a glass of water nearby. Older persons tend to drink less and be dehydrated compared to a younger person. Make sure that there always is a glass of water on a hand reaching distance during the teaching.

3. Make necessary breaks and feel when the elderly is tired or/and need a rest

Malnourished person tends to get tired easier due to the lack of appropriate vitamins and nutrients in its daily routine. The professional should pay attention to the very first signals of tiredness and make small breaks.

4. Good nutrition for the elderly helps teach her/him and make care easier

Up to half of all older adults are at risk for malnutrition, that's why it's important to make sure those you care and teach have a healthy diet. It helps prevent muscle loss, supports recovery, reduces risk for re- hospitalizations, and makes caregiving easier. The elderly having a good nutrition will be more attentive, patient during the training and will enjoy it better comparing with other seniors.

5. Stay healthy with proper nutrition yourself

When caring for or providing ICT teaching to a malnourished person it is highly important to not forget about physical and psychological health of the caregiver and professional. Sometimes, the professionals are so overwhelmed with taking care and working with the elderly, so they can forget about themselves.

Eating healthy is the best way to maintain your strength, energy, stamina, and immune system. It's also one of the most powerful things you can do to stay positive.

6. Rest. Recharge. Respite.

Make sure to take some time away to re-energize or ask for help. Taking care and teaching to a person with food problems can be stressful, and taking a breath ensures that you'll be ready to take on the challenges ahead.

5.3 Guidelines to consider when teaching older adults with risk of cardiovascular disease

CASE STUDY : THE MELCO PROJECT

A very interesting research project regarding the implementation of new technologies for the care of the elderly was recently undertaken by the Cyprus Technological University. The project was entitled: Mobile Elderly Living Community (MELCO): The Development of the Social Community Model. It used a mobile application designed specifically for the elderly and attempted to detect barriers and limitations towards its large-scale implementation and application in the community. Based on a detailed questionnaire-based interview with the participants three axes were taken in consideration: a) ontology, b) ecological theory and c) social network and information systems analyses for the development of the social community model. Four elderly women participated as a case study in piloting the mobile virtual system. The participants also responded to a short close-ended questionnaire. The analysis of the questionnaire and the discussions with the participants showed



that elders found the mobile system useful, easy to use and expressed that the actual use of this would help them remain active. Furthermore, the participants' concern of social isolation or dependency on others seemed to be trounced via the use of the mobile technology.

([file:///C:/Users/User/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/Melco_publication_2013_IJCS%20\(1\).pdf](file:///C:/Users/User/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/Melco_publication_2013_IJCS%20(1).pdf))

5.4 Guidelines to consider when teaching older adults with risk of dementia or cognitive problems

CASE STUDY : THE GRANKIT PROJECT

In the framework of this project an innovative social communication platform was designed in the form of an online 'help desk' to be supported by volunteers (grandparents-senior citizens) which offers an online chat forum, for private or group discussion. The project consortium consisted of five partners: the University of Nicosia (Cyprus), the University of Hannover (Germany), the Emphasys Centre (Cyprus), the EuroEd Foundation (Romania) and the National Centre for Scientific Research 'Demokritos' (Greece). The GRANKIT project focused on two target groups: the grandparents and the grandchildren. Active ageing, digital literacy and intergenerational solidarity were promoted through the development and implementation of an innovative ICT training course that enhanced senior citizens' digital literacy skills and supported the acquisition of the key digital competences considered essential for elderly people to participate in the highly technological contemporary world.

(<https://conference.pixel-online.net/ICT4LL/files/ict4ll/ed0008/FP/1952-SLA1219-FP-ICT4LL8.pdf>)

5.5 Guidelines to consider when teaching older adults with risk of falling

As a general assumption, falls are a prominent cause of global injury in elderly and studies- on the one -have shown the magnitude of this problem while analyses – on the other- have indicated that the prevalence of falls for the elderly can be largely reduced by offering multifactorial falls prevention programs. An importantly negative result of the risks of falling is that the function and quality of life may deteriorate drastically after a fall; elderly people may also fear falling again, a fear leading them to reduced mobility because of the confidence loss. Furthermore, there are elderly people who may even avoid certain daily activities (e.g, shopping, cleaning) due to their fear and decreased activity may at the same time increase joint stiffness and weakness along with further reduced mobility.

In this context above, the carers, trainers, professionals dealing with older adults should take the following points into consideration when recruiting the ICT use into their practices:

1. Preventing or reducing the number of future falls and fall-related injuries and complications while maintaining as much of the elderly function and independence:

- General information should be given about reducing the risks of falls (e.g. vision regular examination, shoes suitable choices, etc)



- Concrete advice has to be enlisted on how elderly should use their medication safely
 - Medication monitoring has to be a common strategy (supplementation of vitamin D to be controlled)
 - The elderly have to be aware of the environmental hazards around them (home construction); ICT should be used for a proper environmental/home management; mapping fall risks in and around the house needs to be done as well
2. Aiding elderly who report more than one fall and/or a problem with balance or gait:
- Professionals and trainers have to use fall evaluations (digital, online) towards the risk factors identification and the further opportunities to lowering risks
 - Self-confidence of the elderly against falls needs to be constructed through depression combat and cognitive exercises; ICT has a central role here, too
3. Falls threatening the independence of the elderly, causing individual and socioeconomic consequences
- Maintaining - as much as possible - the elder people's independence is the most important factor in gerontology and in life and health quality promotion; therefore, professionals should be oriented to using health education and healthcare counseling through digital means
 - In the health sector, and more specifically in falls prevention in the elderly, the use of ICT through information systems can bring significant benefits to the independence of these people; elderly guided by a digital program can learn how to prevent falls and accidents, and subsequently can feel independent, prevent falls issues, or/and deal with any health issues

c) Exemplary scenario

Mr Jones is 78 years old: he has been an active person by the time he had a first fall outside his house a year ago. His children have mentioned that he may have experienced some more falls without- however- serious injuries, but he seems reluctant to report them because he attributes falling to the aging process or because he fears being subsequently restricted in his activities or even institutionalized.

His children ask if there is / are ways that he can be benefitted from the use of ICT

Action points to be considered:

- Has he ever received courses on ICT use to help him deal with any steps needed either for the prevention of falls, implications of falls or with the report necessity?
- Is he involved in any networks, or has he developed any kind of social networking via the use of technology which will help him – directly or indirectly- with the fears of restrictions and institutionalization?
- Is there the possibility that through ICT he may receive support and information about the risks of falling, falls prevention, report necessity, psychological empowerment?



- Is there a person who can guide him – via digital means & technology choices-and aid with the independence maintenance- beyond his relatives- practices?

6. Conclusions and recommendations

The European guidelines on digital literacy and on active ageing determine for a greater part the policies of the different European countries on this matter. In addition, each country gives specific accents to the European policy to adapt the general policy to the needs of the country's ageing population. We can conclude that already different actions are set up to enhance the digital literacy of elder people, and to promote healthy and active ageing. A consistent evaluation of the policy is needed, to adjust the policies to the changing demography of the European population.

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