



CITTA' DI TORINO
CIRCOSCRIZIONE 10
MIRAFIORI SUD

PROJECT

BEING ELDERLY IN MIRAFIORI SUD
needs resources opportunities to live better in a supportive community

Introduction

One of the most important processes taking place in industrialised countries is **demographic ageing**. By 2050, it is expected that more than a quarter (27%) of the European population will be 65 years old or older (WHO, 2012). Both in Italy, which is considered one of the oldest countries in the world, and in Europe, senior citizens represent a substantial segment of the population as life expectancy for women and men has increased significantly. Women make up the vast majority of the elderly, especially those in the oldest age group: there are currently 2.5 women for every man in the age group of 85 and over and this gap is set to widen in the near future (WHO, 2012).

Although the process of population ageing is physiological and inevitable in a country's demographic transition, the current demographic trend has negative economic, social and health consequences. Many elderly people live in a condition of **fragility, vulnerability, loneliness and isolation**, as reported in the recent "White Paper 2012. The health of the elderly and healthy ageing. Health status, opportunities and quality of care in the Italian regions"¹ and in the report of the national programme Silver Steps (ISS, 2013). The elderly are one of the population groups most affected by poverty, more exposed to abandonment and institutionalisation, more prone to disabling and degenerative diseases and more involved in domestic accidents and falls. Particularly in urban contexts, the worsening of health status is accompanied by marginalisation from the social fabric, difficulty in getting around and a perception of insecurity.

In the city of **Turin**, the ageing of the population is a priority as residents **over 65** represent **more than 25% of the total resident population**. This fact also emerged during the drafting of the "PePS - Piani e Profili di Salute della città di Torino" (Health Plans and Profiles of the City of Turin)² aimed at identifying the priorities for intervention in the various city districts and the strategies to improve the health of the population. In particular, a number of useful aspects were highlighted in order to guide and direct the actions aimed at the elderly by the social and health services:

- valuing the **elderly as a social resource for the community**,
- the **accessibility of services** understood as **proximity services** able to accommodate the needs of the elderly,
- the perception of **belonging to a community** and of living in a **safe environment**,

¹ for more information see www.ars.toscana.it/files/aree_intervento/salute_di_anziani/2012_libro_bianco_anziani.pdf

² for more information see www.comune.torino.it/pass/php/4/documenti/salute/peps2/index.htm

- the promotion of **recreational and social activities**,
- **networking between local authorities, social and health services and third sector organisations**.

However, the current organisation of the living environment is ill-suited to the characteristics of the elderly person, just as the social and health care system for the elderly is not always able to respond efficiently and effectively to the needs associated with ageing. The current organisation of the living environment is, however, ill-suited to the characteristics of older people, and the social and health care system for older people is not always able to respond efficiently and effectively to the needs of the elderly.

On the non-self-sufficiency front, the sharp contraction of economic resources of state and regional origin has reduced the possibility of guaranteeing social-healthcare responses by the managing bodies, in the face of a continuous growth in the demand for interventions, due to the ageing of the population and the worsening of health conditions, with the consequent frequent fallout on the families of the commitment to care for their relatives.

It is therefore essential to take a **social approach to older people** and to identify and test **innovative, feasible, sustainable and accessible solutions that** adequately address the needs of older people.

One response to the process of population ageing, the needs of the welfare and social protection system and the criticality of care and prevention services is to offer older people the opportunity to remain active, autonomous and fully integrated in their life context. Active ageing is defined by the World Health Organisation (WHO, 2002) as a process of optimising opportunities for health, participation and security in order to improve people's quality of life. In the current global socio-economic context the implementation of active ageing interventions is a priority that cannot be postponed and is essential for achieving the strategic goals recommended by the WHO Regional Office for Europe's Health 2020 programme³. Although ageing involves a progressive **reduction and loss of** more or less important and more or less obvious **physical and cognitive functions**, ageing well and successfully is possible. Old age is not in itself a disease, but rather a normal condition in human life characterised by physical, social and psychological changes that manifest themselves differently in different individuals (Scortegagna, 1999; De Beni, 2009): limitations and losses of functions can be compensated for in order to age successfully and learn to face new challenges. In particular, the scientific literature has highlighted how successful ageing is linked to a healthy and active lifestyle that includes a correct diet and moderate physical activity, the maintenance of cognitive abilities and being involved in social networks (Blair et al., 1995; Green, Crouse, 1995; Blackman et al., 1999; Fratiglioni et al., 2004; De Beni, 2009; Holt-Lunstad et al., 2010; Nicholson, 2012).

When addressing the issue of active ageing the question of **living** is essential (Hildago, Hernandez, 2001; Giandelli, 1991; Bonnes et al., 2004). The contexts in which the elderly live (e.g. the home, the neighbourhood) must in fact offer the elderly person the possibility of continuing to carry out daily and habitual actions, of maintaining their social relations and of still perceiving themselves as part of a community that values their skills and role. The elderly show a strong sense of identity and belonging to their neighbourhood, even if it is associated with commonplaces that are not always positive. Remaining in their living environment, integrated in their **neighbourhood** and participating in **neighbourhood** life, is a fundamental condition for active ageing as it contributes to maintaining psycho-physical well-being. It is precisely because of the low mobility **of older people** that **neighbourhood relations** are becoming increasingly important.

³ for more information see [www.euro.who.int/ data/assets/pdf_file/0007/147724/wd09E_Health2020_111332.pdf](http://www.euro.who.int/data/assets/pdf_file/0007/147724/wd09E_Health2020_111332.pdf)

important with increasing age and is a decisive factor in the quality of life of people with disabilities. seniors.

If relationships between older people are important and therefore need to be promoted and supported in order to combat isolation and loneliness, the possibilities for older people to relate to other generations are no less important. The **dialogue between generations** is closely related to the concept of active ageing as it encourages **intergenerational solidarity** and allows active participation and involvement of all age groups in the community, providing older people with both protection and support (EUROSTAT, 2012). The **lack of social interaction between older and younger generations** produces an emotional and cultural impoverishment for young people, older people and the community as a whole. The promotion of places and opportunities for meeting and exchange between generations also makes it possible to counter and overcome negative stereotypes and prejudices towards population groups that are different from themselves.

It is therefore important to recall the concept of an "age-friendly community" (WHO, 2007): a community that pays attention to the physical and social environment and to the elements that can facilitate or hinder the possibility of elderly people ageing at home. Therefore it is important to recall the concept of an **age-friendly community** (WHO, 2007): a community that pays attention to the physical and social environment and to the elements that can facilitate or hinder the possibility for older people to age actively represents a potential benefit not only for older people, but also for residents of all ages. In this perspective, older people, like all members of a community, should be considered in their dual role as subjects with needs and rights that must be guaranteed and as subjects who contribute or can contribute together with services and institutions to meeting the needs of the members of the community itself. Activating and sustaining forms of **solidarity** and **reciprocity** among people and promoting **active neighbourhood** networks are ways of using the community's resources and skills and of developing the participation and protagonism of older people. The elderly should therefore be seen as individuals capable of assuming responsibility and promoting wellbeing in the community, as is well reported in the recent research report on the social capital of the elderly by the Istituto di Ricerche Economiche e Sociali (IRES, 2012). The **active participation** of the elderly thus becomes a tool that can counteract the processes of social exclusion to which they are exposed and at the same time a way of guaranteeing protagonism in the local community of which the elderly are or can become significant members.

In conclusion, this project stems from the need to implement **prevention and promotion measures for the health and wellbeing** of the elderly and to experiment with new solutions to the problem of the ageing of the population of the city of Turin, with particular attention to strategies capable of encouraging and facilitating **solidarity among peers, mutuality, co-responsibility** and **autonomy**. It is based on the hypothesis that it is possible to age well and successfully in the logic of maintaining the maximum functionality of the capacities of each elderly person integrated in their own social context of life. In order to age well, health, understood in the traditional sense, is not enough; a state of well-being must be continually sought in the conditions which arise during the ageing process itself. It is therefore not a question of assistance or of setting up structures specifically for the elderly, but of a series of actions aimed at empowering, organising, networking, encouraging forms of commitment and integration which enable the elderly to be effective protagonists, at different levels according to their physical and mental condition, in their own lives and in the life of the community. In this way, this project takes on characteristics of **feasibility, sustainability and continuity**: the enhancement of the individual and collective capacities of the elderly, the improvement of their state of health, the increase of opportunities for exchange with and within the community, the development of a community which is competent and responsible towards its citizens allows the project to become integrated and rooted and to achieve benefits not only for the target population, but also for the territory.

A look at District 10

A) Some background data

The drafting of the "Health Profiles" for the 10 districts of Turin was an important opportunity for dialogue between the Services and the population, aimed at bringing out the priorities of the different city areas, hypothesising specific but complementary actions for each.

District X has a special history compared to the rest of the city, as it developed to accommodate a population of immigrant workers from other regions, attracted by the work opportunities promoted by FIAT and satellite companies, who settled in the district when they were young and gradually grew older, thus maintaining over time a homogeneous composition from an economic and cultural point of view.

The characteristics are therefore those of a working-class neighbourhood with a low turnover of inhabitants which is ageing more rapidly than others. District 10 is the third oldest district in the city in terms of old age index (District 2 and District 9 are "older"), and this index continues to grow steadily, with a negative balance between new births and deaths. A district that has certainly "stabilised" with respect to the old areas of marginalisation typical of the settlements of the 1960s and 1970s, but which is now facing new problems. Health indicators such as drug consumption, hospital admissions and the prevalence of chronic diseases show a link with unhealthy lifestyles; these indicators, if compared with the other ASL 1 districts, show significant differences for all ages, making this area the most problematic from a health point of view, the legacy of behavioural models and consumption styles resulting from social and economic deprivation that has remained so, despite the stabilisation achieved over the years.

In the Health Profiles, it was decided to focus on the elderly because the over-65s make up more than 26% of the population, with a progressively increasing old age index (197.7 in 2011, 223.5 in 2012, 227.2 in 2013 compared to a city index of 200.5). In Mirafiori, more than 50% of the elderly live alone (2012 data).

Even the operational data on new situations flowing to the social services, while recording a drop in requests (a drop linked to the concrete possibility of intervention by the social and health services, due to a lack of resources and which leads citizens not to turn to them, using their own or family resources) reveals a high incidence of the elderly population, which accounts for more than 35% of those who accessed for the first time in 2013.

The "privileged witnesses", i.e. representatives of the pensioners' union, parishes, voluntary associations, GPs, ASL personnel and social services, police forces, as well as the present bowling alleys and elderly spaces, listened to focus groups to understand the needs of the elderly from their specific point of view and pointed out some issues that are still useful to orientate possible actions by those who are in charge of the welfare of a community:

- the importance of well-being and quality of life;
- the perception of living in a safe place;
- the valorisation of the elderly as a 'social resource';
- the ability to consider social and health services as proximity services capable of meeting the needs of the territory;
- the need to improve the network between local and city institutions to make responses to citizens more efficient and effective;
- the possibility of implementing aggregation offers to improve socialisation and thus the 'feel good'.

B)present resources

In this panorama, the "light home care", which has been a consolidated activity in our territory for a long time now, and has been assumed since 2003 as an important part of the circumscription's protection of the elderly (it is configured as an activity of proximity and closeness through support interventions such as visits and telephone calls for company; accompanying people to medical visits, laboratory examinations and hospitalisation; supporting them in carrying out paperwork at offices and services; accompanying them to leisure activities; carrying out errands on behalf of the elderly person); The elderly neighbourhood spaces (via Morandi, via Candiolo and the Spazio FamigliE via Negarville, which hosts both elderly people and families with children in the same building), where people who are still self-sufficient but in need of greater protection, are welcomed for a few hours a day, overcoming isolation and marginalisation, with a view to offering initiatives that contribute to maintaining good health conditions, delaying recourse to more massive interventions at the welfare level. The partners in this activity are traditionally the parishes in the area and the voluntary associations SEA and Auser, which collaborate with the territorial social services in supporting the people highlighted with greater fragility and lack of social networks.

Cultural associations (e.g. the University of the Third Age) and recreational associations are also present in the area. In addition, the branch offices of the pensioners' union are important points of reference for elderly residents.

Project objectives

The general objective of this project is to **promote active ageing of the elderly through the adoption of healthy lifestyles, the collective performance of daily activities, and the development of mutual help paths.** The actions envisaged aim at providing the elderly with support and accompaniment in their active ageing and independent living at **neighbourhood** level. More specifically, this project aims at:

- improving health through the adoption of **healthy eating habits, physical activity and the maintenance and enhancement of cognitive faculties,**
- foster a sense of **belonging to the community** and maintain the physical, social and psychological connection established with one's neighbourhood,
- enhancing **social networks** among older people and facilitating encounters between older people and other population groups,
- ensuring an adequate level of **personal security** for the elderly.

The implementation of these actions will be concretely experimented on a portion of the territory specifically identified and chosen on the basis of some demographic indicators (e.g. high presence of lonely elderly people) and of access to social and health services of the territory, paying attention to the presence of those resources which are important to build a sustainable proximity; e.g. the bowling club/meeting centre/seniors' space/library or other aggregative place, green areas, the parish to be involved, pharmacies, associated medical offices, police headquarters, etc. The choice of the target population will be based on the favourable concomitance of factors considered positive for the reception and success of the project, on the ex-ante evaluation of being able to affect, through appropriate actions, changes in habits and lifestyles, favouring as much as possible the construction of solidarity and neighbourhood networks, considered as protective factors with respect to being able to live as long as possible in one's own living environment **(indicatively, the territory could be the one made up of the quadrilateral delimited by the following streets: Via Farinelli-Via Riboli, Strada delle Cacce, Via Barbera, Corso Unione Sovietica)**

Actions

This project envisages a series of **integrated and co-ordinated actions** aimed at meeting the needs of elderly people living at home with a **view to promoting health and improving their quality of life**. The project is based on an approach that focuses on the **participation of elderly people in community life** and their **social inclusion** as tools for prevention and promotion of health and well-being. In particular, the definition of actions took into account the priority areas of the WHO's Health 2020 programme for Europe, such as the promotion of physical activity, support for informal care and the prevention of social isolation and exclusion.

In addition, the actions envisaged were designed to comply with the principles of the Health 2020 programme, i.e.:

- **participatory approach** through the involvement of older people in the design and implementation of interventions,
- **individual and community empowerment** through the involvement of older people in interventions for and with the community,
- cross-sectoral through the definition of shared and transversal interventions concerning all determinants of active ageing,
- **sustainability** through the implementation of interventions that are economically and socially sustainable.

All planned actions are **free of charge** in order to guarantee **universal access** to the services offered by older people, as well as being feasible, organisable and practicable even in a context with limited resources.

Specifically, the actions envisaged concern:

- The creation of **neighbourhood networks among the elderly**: since many elderly people live alone or in conditions of isolation from the wider social community, it is important to encourage processes of **socialisation among peers** and the creation of **social networks among neighbours** that make it easier to cope with daily activities and any problematic situations. In this regard, it must be said that messages transmitted by peers are more effective because they use a language close to that of the recipients and are conveyed by individuals who have similar characteristics to those they are addressing. In particular, many elderly people speak mainly in **dialect**: being able to interface with a person with whom one shares one's own linguistic heritage and consequently also a certain culture made up of traditional customs and habits increases confidence in the message transmitted and the possibility of a change in behaviour and attitude. Therefore **8-10 active** and willing **seniors will** be identified to play the role of a **staircase or block contact person**. Depending on the urban structure of the area involved in the project and on the conformation of the houses in which the seniors live, the contact person will be able to play his or her role at staircase, block or apartment block level. These contact persons will act as an interface between the project team and the seniors targeted by the actions foreseen and will actively participate in the planning and management of the activities to be proposed to the seniors. Particular attention will be paid to the recruitment of these seniors, as it is fundamental to have seniors who are a resource for the area in which they live and who gradually become **sensors and reference points for those seniors in difficulty or in need of help or who are more fragile**. The elderly referents of a staircase, a block or a condominium will be recruited within the framework of existing territorial initiatives which foresee the involvement and active participation of the elderly. They will be specially trained in the methodology of **social animation** in order to acquire the necessary skills to involve elderly neighbours, to dialogue with them and with the project team, to fulfil their role as "social gatekeepers". During their role, they will be accompanied and supported by the project team who will provide them with guidance and support.

constant supervision in order to guarantee the success of the project and the achievement of the set objectives. Through a proximity and proximity work, the elderly referents of the staircase, condominium or block will carry out an action of **information and promotion of the activities foreseen** by the project, **orientation to the formal and informal resources of the territory, accompaniment** (e.g. errands, medical visits, processing of paperwork, purchase of basic necessities and medicines, etc.), planning and organisation of recreational and aggregation activities with and for the elderly (e.g. neighbourhood lunch, neighbourhood parties, etc.). They also **plan and organise recreational and social activities** with and for the elderly (e.g. neighbourhood lunches, neighbourhood parties, watching films, showing photographs, tournaments, readings, games, etc.). They will also promote self-help relationships by connecting people, monitor the situation of residents, listen to their requests and problems and report problematic situations to the project team. Staircase, block or condominium contact persons will carry out their work voluntarily and free of charge, but an incentive will be provided in the form of e.g. subscriptions to cinema or cultural events (exhibitions, theatre, concerts, etc.) or vouchers to be used at sports facilities.

- Promoting **healthy lifestyles**: given the health status of many older people, it is essential to change certain lifestyles, such as poor diet, sedentariness and lack of physical activity. The promotion of good eating habits and **physical** activity in the elderly should not only be seen as a means of improving health, but also as a means of enhancing socialisation opportunities. For this reason it is planned:

a) structured initiatives to promote group **physical activity** in order to improve the mobility of older people and to provide them with the opportunity to be together, to exchange ideas and to establish social relationships.

b) This is an organised activity in which a group of older people meet on a regular basis to walk with a trained instructor, initially along neighbouring pedestrian or green areas and then possibly also in areas far from their own neighbourhood or outside the city. Participating in the walking group together with their peers under the supervision of an instructor gives older people confidence and promotes their perception of being able to move independently. In order to prevent falls, additional sessions with **strength and balance exercises** could also be organised in public spaces or communal courtyards to maintain good balance and muscle tone. It is planned to activate at least 1 walking group per year of 12 weekly meetings of 2 hours each.

- **informative/educational meetings to promote correct eating habits** by operators of the proposing body who are experts in food and nutrition through interactive methodologies in which the following themes will be addressed:

- how to stay healthy at the table,
- the correct use of salt,
- the consumption of added sugars and fats in old age,
- which products to buy,
- how to spend less (e.g. by replacing animal proteins with vegetable ones),
- how to read the labels of products on the market.

In particular, the issue of **expensive shopping** is a key aspect when it comes to the elderly: following a healthy and proper diet is economically unsustainable for most elderly people. Therefore, low-priced wellness solutions will be studied and proposed to the elderly as well as tips and experiences on how to save money without giving up an age-appropriate diet (e.g. through a Financial Education Course).

- Improvement of the **perception of safety**: **informative/educational meetings** held by representatives of the Neighbourhood Watch are foreseen in order to provide the elderly with advice and guidance on how to behave and what precautions to take. As the elderly, especially if they live alone, feel more vulnerable, they tend to perceive the neighbourhood as unsafe and fear being cheated or deceived. For the elderly, the perception of living safely at home and in the

neighbourhood is essential for carrying out everyday activities and participating in the activities dedicated to them. It is planned to hold 2 meetings per year.

Main target groups

Two categories of recipients are envisaged:

- **Intermediate:** active elderly people who are available to act as a staircase, block or apartment block contact person. Active older people are people who are in good physical and mental condition and who do not need support from others. They are people who are interested in using their skills and learning new ones and are committed to improving the quality of life of the community. The actions carried out by these seniors within this project do not replace the normal operation of the services dedicated to the elderly, nor do they constitute an alternative service, but they represent an added value for the entire territory in that they favour the **enhancement of the potential of the elderly**, participation and active citizenship and the overcoming of the stereotype that sees the elderly as weak subjects in need of care. The requirements for becoming a staircase, condominium or block contact person are to be over 60 years of age, to be willing to give up their time and to participate in moments of mutual knowledge and learning. It is assumed that approximately **8-10 seniors will be recruited**. The recruitment of elderly people will take place in the places and contexts they frequent most, in cooperation with the local resources already committed to the elderly population and through the posting of posters, the distribution of information postcards and the organisation of meetings to present the initiative. These elderly people will be asked to participate in a training/experiential course characterised by interactive methodologies of social animation. At least 1 training/experiential course of 8/10 two-hour meetings for 8/10 seniors each is foreseen.
- **final:** elderly people living in the area covered by the experimentation. Although it is not possible to estimate in advance the number of participants to the single activities planned, it is assumed that, on the basis of the available resources, about **25-30 elderly people** will benefit from the actions implemented. The activities addressed to the final beneficiaries will be promoted through the referents of the staircase, condominium or block, public presentation meetings, sending information postcards and displaying posters in the contexts most frequented by them (e.g. elderly spaces and meeting centres, social services, general practitioners' surgeries, pharmacies, parishes, bowling alleys, libraries, etc.).

Control room

The implementation of the project foresees the setting up of a Steering Committee made up of District 10 (represented by the District Director or his delegate, the Social Services Manager or his delegate), ASLTO1 (represented by the Department of Epidemiology and Prevention and the District Management) and a representative of the Mirafiori Community Foundation. The director's office has the task of: defining the project's areas of intervention and the various phases into which it will be divided, on the basis of the budget available, planning the various initiatives and their publicity, defining the procedures for identifying the partners, i.e. the agencies/cooperatives/associations that will contribute operationally to the implementation of the project, identifying the indicators for verifying the results, monitoring the progress of the activities etc., taking care of the necessary links with the other subjects in the extended network etc..

Coordination table

The implementation of the project also envisages the setting up of a coordination table involving, in addition to the institutional members of the steering committee, all the other players who

associations, societies, cooperatives and parishes, which will have the task of managing the different parts of the project, the police, pensioners' unions, managers of any garrisons involved, etc.. The Coordination Table will be an opportunity to gather the needs of the different actors, to verify and monitor the implementation status, to share in a broader way the initiatives to be put in place, etc.

Implementing entity

In order to carry out the project it will be necessary to identify an implementing party, to be identified by the Fondazione Comunità di Mirafiori in collaboration with the district10 , involving associations/agencies/cooperatives active in the field of social research, experimentation and relating to the vast field of welfare. The future implementing body will have to be operational in the area, with its own personnel, both carrying out actions on its own and availing itself of the collaboration of the other actors present, in order to contribute to the planned actions.

The territorial network

In the implementation phase of the actions, the involvement of different public and private territorial actors of the involved neighbourhood will be foreseen, such as:

- senior citizen spaces, meeting centres and
- social services,
- general practitioners,
- university of the third age,
- pensioners' unions,
- neighbourhood watch,
- parishes, libraries and bowling alleys,
- voluntary associations,

Expected results

The expected results of this project concern the short and long term:

- the improvement of the state of well-being,
- increased perception of community belonging and safety,
- reduction of the perception of isolation and sense of loneliness,
- the increase of social cohesion at territorial level,
- the activation of forms of neighbourhood solidarity, with an implementation of the number of available and resident volunteers
- dissemination and awareness-raising on active ageing,
- increasing active participation as citizens by older people and people of all other ages,
- the design and testing of innovative ageing interventions

active.

Evaluation

Regarding the **monitoring of activities** and **process evaluation**, during the activities with seniors, the operators will collect seniors' opinions, comments and suggestions. The information obtained will allow them to introduce possible changes without altering the initial objectives of the project and to respond to unexpected needs and difficulties during the intervention. In addition, the operators will be asked to fill in a monitoring form of the activity carried out with the elderly in order to detect the number of elderly participants, the type of activity carried out and any criticalities which emerged. Periodical meetings of the project team are also foreseen in order to monitor the ongoing intervention and to check its progress (e.g.: "The project will be carried out with the elderly people"),

how the project is developing, how the seniors are involved, how the operators are conducting the actions, etc.) and the reactions of the seniors (e.g. what is the level of participation and adherence to the initiative, etc.).

With regard to the **evaluation of results and satisfaction**, **1 focus group** will be carried out **with the elderly** participants in the project in order to investigate the perceived well-being, health status, sense of belonging to the community, perceived social support, perception of safety and satisfaction with the initiative.

A **focus group** will also be carried out **with the operators** involved in the project to collect their experience, their experiences and emotions and to identify the strengths and weaknesses of the activities carried out.

The success of this project will be evaluated on the basis of the following indicators:

- in the short term:
 - number of elderly people participating in the proposed activities,
 - frequency and continuity of attendance at the proposed activities,
 - changes detected in the elderly by the operators,
 - level of interest and satisfaction of the elderly,
 - reactions of operators of other services dedicated to older people,
 - reactions of those with influence at local community level (e.g. stakeholders, local administrators, policy makers, etc.),
- in the long term:
 - self-organisation and consolidation of networks among older people,
 - spontaneous activation of initiatives with and for older people by people of all ages,
 - continuity over time and territorial dissemination of the proposed activities,
 - creation of networks between social and health services and territorial resources.
 - Increasing the number of senior volunteers

The results obtained will be communicated both to an expert audience (e.g. presentations at conferences and seminars, drafting of scientific articles, etc.) and to civil society (e.g. magazines dedicated to elderly people, local newspapers, meetings open to citizens, etc.). A final report on the activity will be drawn up.

Promotion of the initiative and external communication

The **promotion of the initiative** will take place during the start-up and implementation phase of the project and will be mainly aimed at involving intermediate and final target groups. Information material will be designed to provide information on the project and on how to join. Specifically, a **poster** will be created to be displayed in the contexts most frequented by elderly people in the neighbourhood and an **information postcard** will be sent to elderly people living in the area involved in the project and/or distributed in places where elderly people meet or pass through. **In** addition, **public meetings** will be organised to **present** the initiative to the project's target groups and to those who provide services to the elderly in various ways.

The external communication process will include a series of **transversal actions** throughout the duration of the project carried out in collaboration with the press office of the proposing organisation. These actions will be aimed at publicising the initiative, disseminating the results achieved, broadening the involvement and participation of the target group of the population, raising the awareness of the different actors involved in active ageing issues, informing the public about what is happening in their area, giving visibility to the support received by the funding body and what it is doing for the development of the territory and its citizens. External communication will take place through different modes and tools such as:

- design of a **graphic project line** (logo, letterhead, PPT presentation format, etc.),
- drafting **press releases** to be issued at key stages of the project,

- **dissemination of news** about the project at local and national level via websites, radio, mailing-list, etc.
- participation in **thematic meetings, conferences, seminars** at local and national level.

Duration

This project has a duration of 24 months, starting from the identification of the implementing entity and the

formalisation of the assignment

The project phases are described below:

- Phase I (0-6 months):
 - setting up the project group and building alliances and synergies
 - Recruitment and training of elderly staircase or block contact persons,
 - promotion of the initiative and external communication,
 - process monitoring and evaluation.
- Phase II (4-22 months):
 - implementation of the planned activities,
 - promotion of the initiative and external communication,
 - process monitoring and evaluation.
- Phase III (20-24 months):
 - evaluation of satisfaction and results,
 - dissemination of results,
 - external communication.

In fact, the duration of the project could go well beyond what is indicated above because, at the end of the project, the elderly will be able to continue to meet and talk to the community, interacting with the local resources present, fostering new forms of mutuality and solidarity and promoting innovative active ageing solutions. In this sense, this project is characterised by a good level of autonomy both in terms of sustainability, since it is based on resources actually available or that can be activated, and of replicability in time and space, since it can be extended to other territorial areas.

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