



European SeniorWatch Observatory and Inventory -
*A market study about the specific IST needs of older and disabled people
to guide industry, RTD and policy*

www.seniorwatch.de

IST-1999-29086

Information gathering template for *country reports*

Relates to WP 4 - D4.1 Country Reports

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empirica

Partners:

WRC, STAKES, EURAG, NPOE



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- I. Country profiles for the basic structure of the health/care system**
- II. Country profiles for the Assistive Technology Sector**
- III. Contact details of potential national experts**

1 Introduction

This document provides an information gathering tool in the context of the SeniorWatch project. The project is being funded by the European Community under the “Information Society Technology” Programme (1998-2002). This programme supports EU policies, notably in employment, social cohesion and competitiveness; in fostering the convergence of information processing, communications and media, and in ensuring interoperability and coherence at a global level. In this sense, the term Information Society Technology (IST) is used as a synonym for Information and Communications Technology (ICT) and media technology in the broadest sense.

The SeniorWatch project is supervised by the unit for Information Society Technology (IST) applications for persons with special needs, including disabled and elderly persons. It has been designed as a market study about the specific ICT needs of older people (including older people with disabilities) to guide industry, RTD (research, technological development and demonstration) and policy. According to the project's work plan various empirical methods are being combined to arrive at an overall analysis of the market potential for the technologies in question. ***In this context country reports are to be produced*** for all European Member States plus Norway, the USA and Japan. This document contains a template to be applied in this context.

In the following chapter (chapter two) a brief description of the project's research background is provided to enable a better understanding of the its overall objectives as well as of the technical approach developed. This starts with a summary of the main challenges advanced societies will increasingly be faced with due to demographic developments in conjunction with developments in the field of ICT (section 2.1). Following to this (section 2.2), the current situation with regard to the match of demand and supply of ICT-based products and services relevant for older people (including older people with impairments) is briefly discussed. Against this background, the objectives (section 2.3) as well as the technical approach (section 2.4) of SeniorWatch are summarised.

For additional information on the SeniorWatch study, you may also contact our Web site at www.seniorwatch.de.

Chapter three provides instructions on how the research template is to be applied in order to generate a concise country report. The information to be gathered is specified in chapters four to eight. Here boxes are provided where information - mainly narrative text - is to be filled in. In some cases existing information is to be validated and - if necessary - supplemented. This information can be looked up in the Annexes (Annex I and II).

In view of given resource limitations, the completion of the text boxes provided in the chapters four to eight requires to apply a pragmatic approach. In some cases, the most efficient way to gather required information may be to collect expert opinions, e.g. through telephone interviews. As a starting point for identifying suitable experts and/or suitable sources of written information, some contact information is provided for each country in Annex III.

2 Research background

2.1 ICT-related societal challenges

The progress towards the so called Information Society (IS) represents the most significant socio-economic change since the Industrial Revolution. At the same time, Europe is facing dramatic demographic change through the ageing of its population. Against this background, the Information Society is expected to affect all areas of social and economic life, particularly in the industrialised countries. With particular regard to older people the following challenges and opportunities can be mentioned here:

The demographic challenge:

European society is ageing. By 1995 70 million people over the age of 60 were living in the Union, almost 20 % of total population. Till 2020, this figure will rise to 25 %; the number of people 80 years old and older will more than double. These trends have several implications: there will be more older people in absolute as well as relative terms, there will be considerably more older "old" people, there will be fewer family carers (i.e. informal carers), and there will be a smaller productive workforce to contribute to the financing of health and social services.

The care challenge:

These trends pose significant challenges to the organisation of health and social care services. There will be - also due to rapid progress in medicine - more frail and disabled older people in need of social, home and long-term care services at the same time as there are fewer informal family carers and increased cost-containment pressures on the formal services. ICT products and services, both main-stream and assistive technologies, have considerable potential to provide solutions that can meet these growing needs.

The market opportunity:

These trends present significant market opportunities. Already now about 20% of Europe's population, older and disabled citizens, represent a significant market segment. From a supplier's perspective it is important to note that other major countries are facing the same trends, some are "ageing" at the same speed (USA) or even faster (Japan). Terms such as "silver market" or "golden market segment" which have been adopted primarily in consumer industries so far reflect the strategic importance of these consumers. With regard to ICT, it is useful to distinguish

- the market for mainstream products and services from
- the market for more specific products and services.

In the market for main stream products (telecommunications and computer equipment, Internet online information and support services, electronic commerce, multimedia products, chat groups and social communications, etc.) older and disabled people are known to be as interested as any other user group - if they are properly informed. In view of the demographic development, European industry would miss huge business opportunities if these population groups were not appropriately targeted, e.g. by implementing design-for-all features.

In the more specific market - the so-called Assistive Technology sector - ICT products and services specifically aim at meeting particular requirements of older and disabled users. Here the situation is characterised by a high degree of market fragmentation and a preponderance of SMEs. In both cases there is a need to position European industries including SMEs to enter new markets, both inside and outside Europe, and particularly challenge current competitive advantages of US industries. These stem, for example, from the implementation of the *Americans with Disabilities Act* in 1990 and the *Telecommunications (Reform) Act* of

1996 which have placed responsibilities on industry to implement the "design for all" approach on a broad basis; and, e.g., the Universal Services Administrative Corporation is supporting telehealth services in rural areas.

The societal imperative:

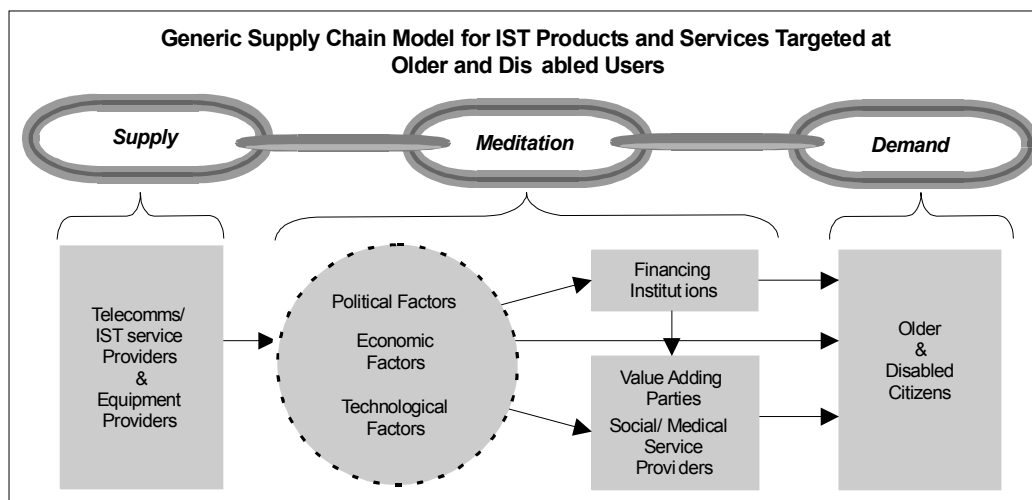
As reflected in the EU's recent paper on its eEurope initiative, there is a huge potential to enrich everyone's life, e.g. by bringing communities closer together or sharing knowledge. As also stated there, managing the transformation of the current society into an information society is both an economic and a social challenge. It needs to be ensured that the information society is cohesive and not divisive. This means that all Europeans are to be reached by the benefits that increasing application of ICT potentially offers, and not just those who are already digitally literate and live in good economic and healthy situations. This applies not the least to most older citizens as they merely missed the opportunity to gain experience with ICT technologies within their working or educational life. As revealed by recent research, older citizens are at particular risk to be left behind on the information highway. Disabled people also have much to gain from developments in the ICT sector. Accessibility technologies which address their specific needs can enable their participation and independence by facilitating many aspects of daily life including work, housing, mobility, care, etc. Therefore, measures need to be taken so that these societal groups are not isolated and have access to information and services like any other population group. For developing such measures policy must rely on up-to date and reliable data on the spread of ICT technologies among the groups in question. In the USA the risk of the so called "digital divide" has become the focus of special attention and is regularly monitored through the National Telecommunications and Information Administration of the US Department of Commerce, who's reports are regularly published.

2.2 The current situation regarding the match between demand and supply of ICT-based products and services relevant for older people

Clearly, ensuring access to ICT products and services for older citizens (including older disabled people) is becoming increasingly important as Europe progresses towards the so called Information Society. On the social side, it will be necessary to ensure that opportunities presented by ICT for independent living and home care become a reality, and that all aspects of the Information Society are accessible for all. On the market side, there are significant opportunities for the telecommunications services industry, for equipment providers and for online information and Internet services providers including eCommerce to expand their current customer base and develop new markets. Provision of as much choice as possible for the consumer is the best way to ensure the optimal achievement of both social and market benefits. In this regard, the current situation presents something of a paradox. On the one hand, a wide range of ICT-applications are emerging or already available which have great potential to support, integrate and improve the quality of life of the user groups in question. On the other hand, it is becoming evident that most of these applications are not being provided or taken up as rapidly as they might. This market failure urgently needs to be addressed in an adequate manner.

As illustrated by the generic model of the typical supply chain for ICT products and services for older and disabled users below, there are several mediating factors which influence demand and supply of ICT products and services for older and disabled citizens.

FIGURE 2-1



Source: SeniorWatch, 2001

- **Political factors:**

Policy must provide an appropriate regulatory and fiscal framework. There is much development of appropriate technologies going on, but take-up is slow. As revealed by recent research (e.g. MART, AOPiS, PROMISE) there are a number of issues which need to be considered in the political arena to facilitate the emergence of an optimal market for ICT products and services serving the needs of older and disabled users. Implementation of the "Design for All" principle, anti-discrimination legislation (ADA in the US, universal service definition, etc.), co-ordination between different policy lines (e.g. social and telecommunications policy) as well as standardisation are catchwords which have to be mentioned in this context. It needs to be carefully analysed which factors are crucial for facilitating or for constraining the development of an optimal market situation with regard to ICT products and services in the older and disabled people sector.

- **Economic factors:**

Many services and products potentially very useful for older and disabled citizens are currently not offered because potential providers have no focused information about the market volumes that can be realised. In mainstream industries, market research has become an ever more important part of daily business. It is time that older and disabled people are included as subjects of market research. Appropriate business models need to be developed which are based not just on more or less unfounded notions about needs and preferences of the targeted customers but on representative empirical information on these issues. However, the information currently available on the demand for ICT applications by older and disabled people has a number of deficiencies. On the one hand, official statistics have been processed to arrive at very general estimates of the size of those segments of the disability and older population which might benefit from certain applications (for instance under COST 219, TIDE's MART project and the INCLUDE initiative within the 4th Framework). Although this work has been undoubtedly useful, since it has put some initial scale on the potential demand for particular applications, the information presented is too coarse-grained to allow a market assessment adequate for establishing a business case. On the other hand, a number of user surveys have been carried out as part of the RACE project TUDOR. These aimed to analyse attitudes towards advanced communication technologies amongst a wide variety of older and disabled groups. Although these surveys were carried out in different European countries, the sampling approach applied and the data collected do not enable an Europe-wide

demand assessment to be carried out in the manner required. Somewhat similar work has been carried out in the US but again with very small and not representative samples.

- Technological factors:

In the field of telecommunications and informatics new services and facilities are being established at a rapid rate. Unfortunately this has often taken place with little or no awareness of a significant consumer group, namely older and disabled citizens. Newly emerging information technologies need to be continuously assessed with regard to their suitability to serve the needs and to meet the requirements of these users. European telecommunications industry, research bodies and policy makers must be kept aware of the potential benefits that new technological developments offer for older and disabled citizens. A targeted technology watch mechanism needs to be established in order to facilitate the development and implementation of appropriate ICT products and services. Moreover, users must be aware about the technological solutions which are available to meet their requirements. Otherwise the necessary levels of demand will not be generated in the market place. User organisations and lobby groups, in particular, have to relay on such information to be able to credibly promote a better provision to the groups they cater for. Technological access barriers are another factor determining the extent to which ICT products and services may be demanded by potential users. Depending on the technological requirements the particular ICT applications have, different access technologies (e.g. telecommunications networks such as PSTN, ISDN, broad band or mobile as well as terminal equipment such telephone, PC ,TV set, modem or set top box) may be required at the user's side. The extent to which such technologies are already available or might be available in future at the customers' premises has a strong impact on the development of a respective market.

Apart from the mediating factors described above, it needs to be considered that mainstream and assistive types of ICT products and services do not necessarily reach older and disabled users directly. In other words, the decision whether or not ICT products and services might be used by older and disabled people is not necessarily taken by the end users themselves. Particularly in the assistive technology sector mediating institutions have a strong influence in this regard. For instance, care service providers decide whether or not they incorporate ICT products and services into their own service delivery. By adding a specific value to ICT applications available at the market these can then become of interest for their clients (e.g. in case of remote care schemes). Moreover, different kinds of financing institutions (e.g. insurance schemes or social support schemes) can influence the decision whether or not particular ICT applications are used, e.g., by reducing cost-related access barriers for certain user groupings.

The extent to which the emerging Information Society will live up to the social and economic expectations described earlier ultimately depends on the extent to which the above supply chain can be optimised regarding a balanced relation between demand and supply. Overall, provision of as much choice as possible for the consumer seems to be the best way to ensure the optimal achievement of both social and market benefits, and different players must be able and willing to make their contribution to this. However, as seen above, there are fundamental information deficits which need to be overcome:

- Industry and SMEs need comparable and reliable information at a sufficient level of detail on the demand for ICT applications among older and disabled users if they are to address the market opportunities and needs.
- EU and national policy needs detailed, policy-focused information about both social and economic opportunities presented by ICT systems and services for older people and disabled people if an appropriate policy response is to be effected, especially the cross-cutting measures that are needed to really improve the situation
- End users and their organisations need more information about what is now possible with the support of ICT products and services, as well as information on how they can take

appropriate actions to encourage the availability, accessibility and affordability of useful products and services

- Mediating parties (social and health service providers, etc) need to know about the opportunities that are presented for improved quality and more cost-effective service delivery to their clients, and how to work with industry to ensure that appropriate products and services are made available.

Against this background, the need for stimulation and better matching of supply and demand for so called Information Society Technologies (IST) systems and services geared towards older people is not a regional issue but one which requires a pan-European perspective and approach. Therefore, the SeniorWatch study aims at providing descriptions and analyses of current and future demand and supply in Europe as a whole and across each of the Member States, and benchmarks this against the situation in the USA and Japan.

2.3 Objectives

The overriding objective of SeniorWatch is to support the development of a competitive industry and market across Europe for ICT related products and services, both designed-for-all and assisting older people in the 50+ age range, including the very old aged 75+. The main specific objectives are to:

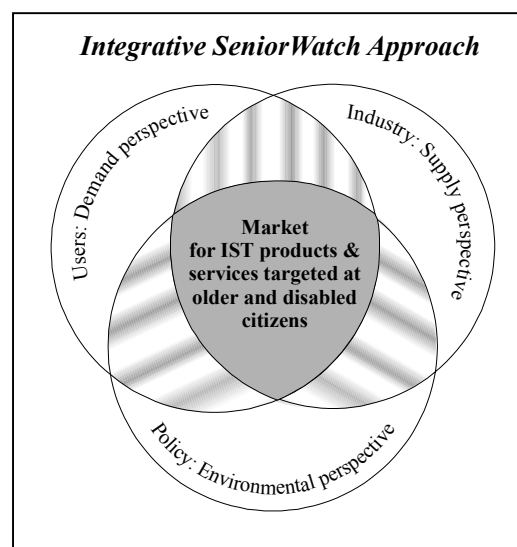
- Support European industry, including SMEs, to address global market opportunities
- Contribute to Information Society Standardisation (ISS)
- Empower older and disabled citizens, their representatives and health and social service organisations to articulate their views, needs and priorities
- Enable policy-makers at European and national levels to really influence the current situation
- Closely co-ordinate with IST Programme activities
- Develop a unique, integrative approach taking into account all relevant players
- Exploit and disseminate study results and recommendations to all actor groups and policy fields.

2.4 Technical approach

2.4.1 The role of the country reports within the overall project

As illustrated in Graph 1 below, SeniorWatch applies a comprehensive approach. It integrates a set of complementary research methods (representative European surveys of older and disabled people [50+ years old] and of decision makers in care services, leading edge technology and best practice case studies; technology watch work shops and trend reports, country reports) and the proactive involvement of all key actor groups to arrive at an innovative, holistic overview, to establish a technology and market observatory, and to derive policy recommendations to accelerate market development. The schema in Graphics 3 illustrates this holistic approach.

The uptake of IST among older and disabled people is not the least affected by environmental factors on a national level. It is, e.g., known that uptake of relevant applications varies depending on



the structure of the national social system, the geographic region, the economic development, national or regional policy priorities etc. Therefore, to obtain background information from an environmental and policy perspective and to understand different national environments, country reports are to be produced. This will also allow to better understand and interpret any country-specific survey results. Overall, country reports for 15 Member States (plus USA, Japan, Switzerland and Norway for benchmarking) are to be produced detailing for each country policy initiatives, industry/technology situation and trends, regulatory constraints, social system incentives and barriers etc. for the realisation of new/enhanced products, services and systems which can promote the independent living and access for all older persons.

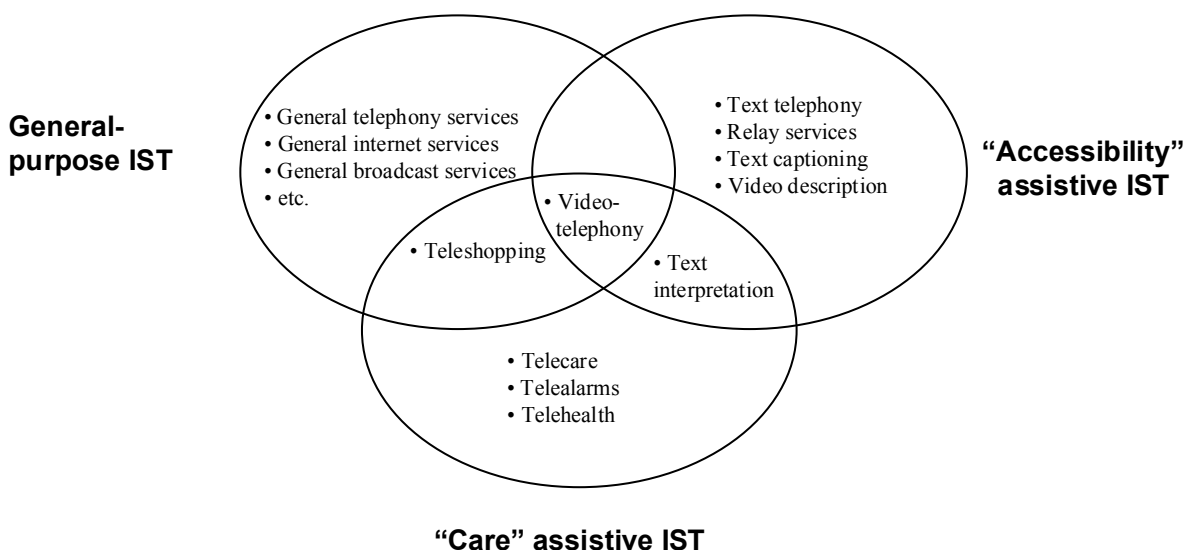
2.4.2 ICT applications to be investigated

For the purposes of SeniorWatch, we distinguish between three main ICT application domains to be investigated:

- **General purpose** applications are likely to be of interest (or not of interest) for older people to more or less the same degree as for any other age group; this category would include generic activities, carried out at a distance, such as communicating, shopping, getting information, working, learning, and so on.
- **Care-related** applications involve provision of care services, at a distance, such as social services, alarm/monitoring, and health care.
- **Accessibility-related** applications or features of applications address accessibility requirements resulting from disability and/or age-related functional changes, for example changes in vision, hearing, mobility, and so on.

In fact, as shown in Figure 2-2, these three categories are not entirely mutually exclusive and overlap in various ways.

FIGURE 2-2: OVERLAPS BETWEEN THE THREE CATEGORIES OF ICT



Source: SeniorWatch, 2001

The classification of services in the Figure is intended to be indicative rather than definitive, but it does serve to show the variety of ways that services can be offered and used. For example, some services (such as teleshopping) may either be general-purpose offerings that

are used for the same purposes as in other age groups, e.g. for convenience, or may be specifically deployed by care organisations to meet special needs of older people. A service like remote text interpretation of letters for blind people (for example by faxing to a reading service) might be classified as falling somewhere between care and accessibility ICT because it is an accessibility-oriented service offered as part of a care service. Finally, services such as video telephony are typically general-purpose offerings but may be offered by assistive technology service delivery systems as accessibility solutions for people who are deaf or by care services to clients to support telecare.

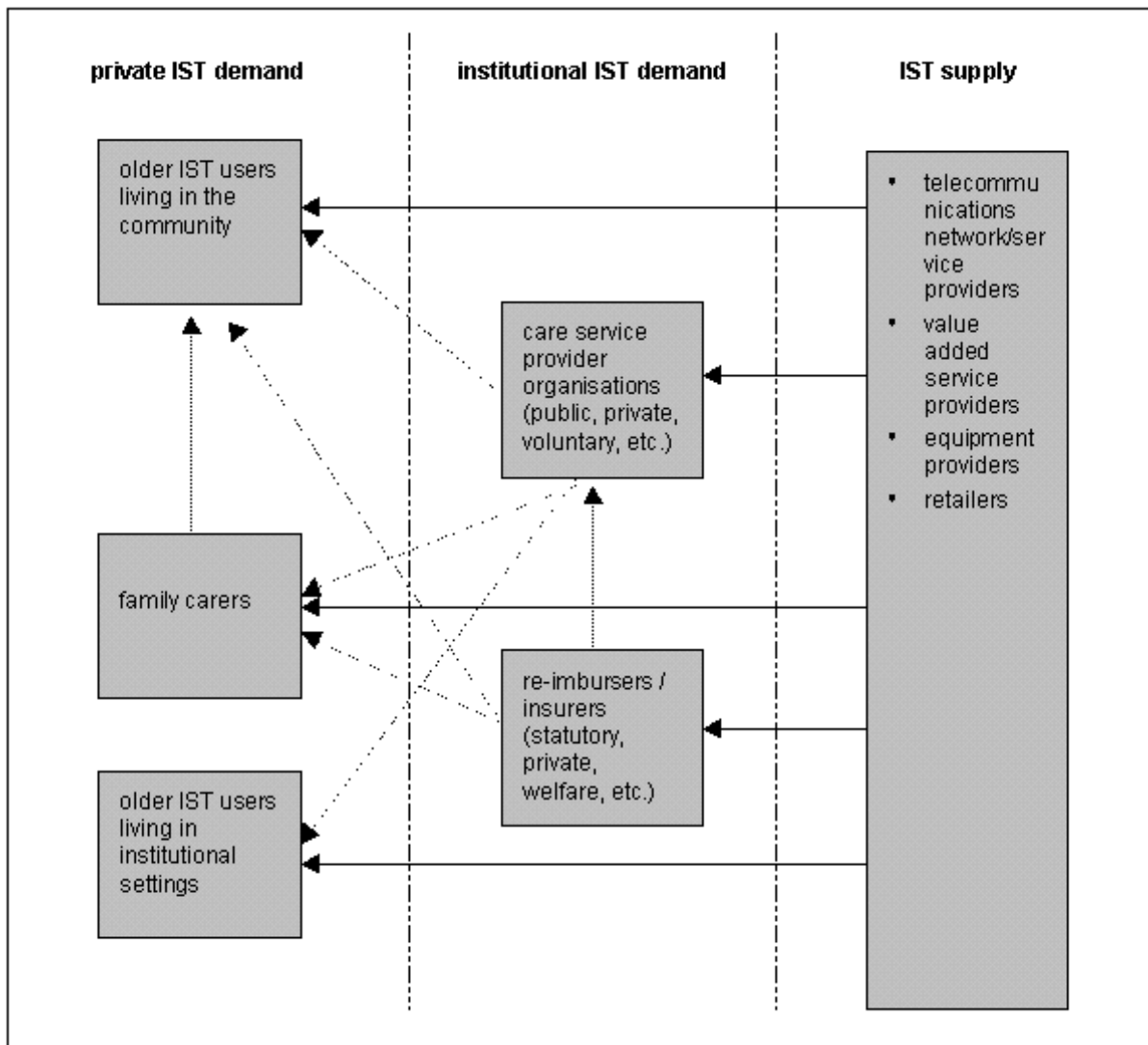
2.4.3 Two types of demand

As already mentioned, Information and Communications Technology-based products and services do not necessarily reach older users directly. In other words, the decision whether or not ICT products and services are going to be used by older people is not necessarily taken by the end users on their own. For instance, care service providers decide whether they incorporate ICT products and services into their service delivery processes. By adding a specific value to ICT applications available on the market, ICT can become of interest for their clients (e.g. in case of remote care schemes). Moreover, different kinds of financing institutions (e.g. insurance schemes or social support schemes) can influence the decision whether or not particular ICT applications are used (e.g. by reducing cost-related access barriers for certain user groups).

It is therefore necessary to determine what parties ultimately demand products and services from the ICT industry. For our purposes, it is useful to distinguish between individual/household ("private") demand and institutional demand. The generic model below (Figure 2-3) aims at structuring the demand/supply situation without considering national specifics. In reality, the mix between private and institutional demand can be expected to differ from country to country depending on the respective national environment (organisation of the social system, financing principles, etc.).

Demand is generated when a party seeks to obtain products and/or services from the ICT industry. In this sense, private demand is in the first instance generated by older people living in the community (independent of whether or not they receive some form of support) when they directly interact with the supply side (e.g. purchasing a PC with internet access). In this sense, older people living in institutional settings and family carers may in principle also generate private demand. Institutional demand is generated by a variety of organisations (commercial, non-profit, voluntary, statutory etc.) providing some sort of support to older people (care services, provision/financing of assistive technology or telecommunications equipment, etc.).

FIGURE 2-3: GENERIC DEMAND/SUPPLY MODEL FOR ICT-BASED PRODUCTS AND SERVICES RELEVANT FOR OLDER PEOPLE



Source: SeniorWatch, 2001

3 Instructions for completing the research template

With help of the following information gathering template, we attempt to gather some basic, but also some quite differentiated data on the utilisation and needs of older people and Information and Communications Technologies (or something like this) in your country. The same templates are applied in all 15 EU Member States, i.e. they cannot account for specific national peculiarities. The aim is to obtain an optimal overview taking into account the resources available, not to collect quantitative data through a primary survey. In the following, some general guidelines and instruction on how to apply this research template are specified

a) Take a pragmatic approach:

A pragmatic approach is to be adopted for information collection, given the resources available. For each country, an appropriate mix of information gathering methods is to be selected by the respective correspondent. This may include some or all of

- compilation of available information and/or data from
 - web sites and
 - policy papers, publications, reports,
- queries to statistical offices/reports and
- any other information source.

If secondary data/information is not readily available, please find a

- national expert
 - from the research field
 - from the relevant Ministry/Government, Older People Association or the like
 - from a journal specialising on older people

who can provide you with a rough estimate or educated guess on the issue in question. Indicate his/her best estimate and, if possible, the probable range of the "true" value.

b) Validate information already available to SeniorWatch

Some information on each country has already been compiled by the SeniorWatch team from available comparative studies and other such sources. This information is being made available to the national correspondents in the Annex for two main reasons - to help to brief the correspondent about their country before embarking on data collection and to provide material that should be validated during the course of the work.

c) Indicate the source of the information reported

The research template has been designed (in MS WORD format) as a series of boxes into which the information gathered (mostly qualitative text, in some cases quantitative data) is to be directly entered. **PLEASE do not create a new document but fill in the information in the spaces provided !.**

For each Chapter an additional box is provided where you are to indicate the source of information reported in the particular subsections. In all cases, it is essential that the main sources are indicated. In cases where you provide estimates please indicate whether these estimates stem from yourself or any external expert. In any case, please do not forget to indicate **the year for which any reported data apply** (note that even in recent publications rather old data may be used).

If there is no data available on a particular item, please indicate this. Accordingly, where information/data does exist, these should be referenced and not left empty. They should contain at least one of the following references:

- Specification of the information/data source
 - for paper-based publications please provide a complete reference using a recognised style, e.g., author, title., publisher, place/year of publication, journal title, vol. no., etc., page numbers.
 - for web-based publications please provide a complete reference using the following style: URL (WWW address), access date
 - for own estimates: "o.e."
 - for expert estimates: "e.e."
- Please provide the year to which the reported data apply, i.e. specify the respective year in brackets, e.g., "(1999)" [If no date/year is available/given in your source, please provide us with your best estimate to which year the data apply]
- If there is no information at all available on a particular item in a box specify "d.k." for "don't know"
- If a given topic/box does not apply at all to the situation in your country, please indicate this too with a short, clear sentence e.g., not applicable, etc.
- Please note: **NO box** is allowed to remain completely **empty** and without any input. It must be clearly indicated why the box is empty by following the above rules.

d) Concentrate on national information sources

Please use any national source of information deemed most appropriate by you or your expert colleagues. This may include national information available in the WWW, reports and studies readily available, journal articles and related material, national statistics, data from professional or older people associations, or industry and trade associations, information from national authorities/Ministries/Institutions, experts and researchers, etc.

Please note: We have attempted to identify as many supra-national sources of information as possible (OECD, EuroStat, WHO, international comparative studies and reports, and many others). Therefore, we strongly suggest you concentrate exclusively on national sources and national experts so as to not waste limited resources. And wherever we have data/information on your country available on the topics of this questionnaire, we have provided them for your convenience and in order for you to help us validate these data and information.

e) Utilise the initial suggestions for data sources/respondents for interview

Some initial suggestions for data sources and possible respondents for expert interviews are provided in Annex III. These may prove good starting points for information collection/expert interviews, or for using these people - in a snowball-like process - to identify *THE* national expert.

f) Do not hesitate to contact your SeniorWatch partner in case of any questions

Note: Each SeniorWatch partner to insert its contact details here before sending out the template

SeniorWatch Country Report:.....

(please insert your country details above as follows: country, date completed)

In the following, please read the text carefully and then insert the relevant information and data **ONLY** into the boxes provided. The boxes will enlarge automatically as you write into them. Please do not write outside of the boxes; in case you have additional information, caveats (information on the quality of the data or sources etc.), or any other notes please insert them in an additional paragraph at the end of the respective box!

Quite often you will note that information about your country will not fall neatly into one and only one box or under only one subject heading. It is impossible to cover within the limited context of our classification scheme all peculiarities of all European or other countries. Therefore:

- please use the boxes in a rather pragmatic fashion
- please insert information only once, i.e., do not insert the same information in two different boxes/places
- please insert information in the box under the heading which in your opinion best reflects your national situation.

However, please do not spend too much time on selecting the "right" box, rather spend your time on gathering *good quality* information.

Many thanks in advance for all your kind efforts, and enjoy your work!

The SeniorWatch Country Report Template begins overleaf.

4 General purpose ICT

4.1 Information and telecommunications [ICT]-related policies

Please note: We always try to differentiate in the following between

- policies/policy statements (what has been said, is planned, ...) and
- policy measures, i.e. concrete activities, regulations etc. to implement the stated policies. But, in your national situation, one may be difficult to separate from the other. In this case, please use the pragmatic approach suggested above and select the box which is, in your opinion, the most appropriate one!

4.1.1 ICT-related policy statements

Have national or regional telecommunications or information technology policy/strategy papers or programmes (also product and service *strategies* of public or private telecoms) concerned themselves with issues of relevance for older (and/or disabled) people, or for social/health care providers in relation to

1. the so called "digital divide" (exclusion of older, disabled, poor, less educated people or those living in rural areas etc. from the benefits resulting from the application of Information and Communications Technology (ICT),
2. universal access *for all* (a telecom connection at an affordable rate; perhaps also to advanced telecommunication services like ISDN or the Internet) or more general in relation to
3. the ageing population and their specific needs, attitudes and expectations or
4. any other issue relevant in your national context?

For the above, you should look at any telecommunications policies/universal service requirements, but also at policies/strategies to develop the Information Society in your country, related initiatives etc. and:

- a) briefly list and describe references/statements to Information and Communications Technology (ICT) in policy papers, programmes or similar documents,
- b) list the governmental or other institution(s)/telecommunications providers etc. that are responsible for drafting and/or implementing these policies,
- c) Is there any legislation on this, or have other (regulatory) measures been developed as a result of these policies?
- d) Has existing legislation, or have other rules and regulations formed a barrier for implementing these policies?
- e) What national/regional situation, or political pressure was THE dominating driving force for the policies described above? Are there any present or expected changes in the regulatory system that are driving or encouraging more usage of ICT-related products or services through older people, or by their carers (institutions, care services, family members, etc.)?
- f) What is the (expected) impact of these policies on the availability (e.g. through financial support; better access also in rural areas, improved marketing, etc.) and suitability (more user-friendliness, better adapted to the needs of older people, etc.) of ICT services/products with regard to older people and their carers ?

Please use the corresponding section in the table overleaf to fill in this data.

Reference to ICT in *information society/technology and/or telecommunications* policy statements, programmes, papers, etc.:

Institutions involved:

Implemented/planned legislation/regulations:

Legislative/regulative barriers:

Dominant driving force(s):

(Expected) impact on availability and suitability of ICT:

4.1.2 ICT-related concrete measures

Various concrete measures can be implemented to improve accessibility of basic (and advanced) telecommunications services or of ICT products for older and disabled people. Examples include:

- *Financial* support, flexible or *special tariff arrangements* for elderly and/or disabled users (e.g., who have low incomes or those with particular call patterns due to their disability)
- Text telephones or fax machines (for the very old, deaf, etc) available at the same costs as voice telephones (e.g. on a rental basis)
- Costs for text telephone calls to be the same as for voice calls
- alternative modes of access to basic facilities like directories (e.g. by text, display, video or tactile media)

- alternatives to complete disconnection for people "at risk" in the event of failure to meet bills.

List and describe any concrete measures to improve accessibility of basic (and advanced) telecommunications services or of ICT products for older and disabled people. *Please list also any other new/innovative measures/approaches implemented or under discussion in your country, e.g., with respect to access to the Internet, new interfaces to computers, set-top boxes for the TV etc.*

Concrete measures

4.2 General social (and labour market/welfare) policies

4.2.1 ICT-related social (and/or labour market/welfare) policy statements

Have *telecommunications and information technologies* applications (services, products) been referred to in "general" social or welfare policy/strategy papers/programmes, particularly in relation to older or disabled people. For example, the potential of such products and services for improving the quality of life of older people, for extending their working life/participation in the labour market, for improved quality of overall social and welfare services, more cost-effective/efficient services, better co-ordination of the activities of the different players, etc.

Are present or expected *changes in your national social system/policy* driving or constraining ICT usage by older people or their carers? Examples of such changes could include the adoption of a new policy concept such as "better government for older people", i.e. improved access to public/governmental services through the Internet/Web Sites, video and other advanced types of telephones, improved information on the rights of and (public, financial) benefits available for older/disabled people concerning access to modern Information and Communications Technology (ICT) products or services. Such changes may have occurred in the recent past, may be currently happening, or be expected/planned for the near future. List and describe any changes in the social system/policy that are driving or encouraging *more usage of ICT products and services* through older people and their carers. In the table overleaf, please:

- g) briefly list and describe relevant references/statements to ICT in policy papers, programmes or similar documents,
- h) list the governmental or other institution(s)/telecommunications providers etc. that are responsible for drafting and/or implementing these policies.
- i) Is there any legislation on this, or have other (regulatory) measures been developed as a result of these policies?
- j) Has existing legislation, or have other rules and regulations formed a barrier for implementing these policies?

- k) What national/regional situation, or political pressure was THE dominating driving force for the policies described above? Are there any present or expected changes in the regulatory system that are driving or encouraging more usage of ICT-related products or services through older people, or by their carers (institutions, care services, family members, etc.)?
- l) What is the (expected) impact of these policies on the availability (e.g. through financial support; better access also in rural areas, improved marketing, etc.) and suitability (more user-friendliness, better adapted to the needs of older people, etc.) of ICT services/products with regard to older people and their carers ?

Reference to ICT in *social (or welfare)* policy statements, programmes, papers, etc.:

Institutions involved:

Implemented/Planned legislation/regulations:

Legislative/regulative barriers:

Dominant driving force(s):

(Expected) impact on availability and suitability of ICT:

4.2.2 ICT-related concrete social or welfare policy measures

In the context of general social or welfare policies, various concrete measures can be implemented to improve accessibility of basic (and advanced) telecommunications services or of Information and Communications Technology (ICT) products for older and disabled people. Examples include:

- *Specific financial* support for elderly and/or disabled people to take advantage of/benefit from ICT products or services
- Similar financial support for ICT usage by carers, caring family members etc.
- (Support of) awareness campaigns, marketing activities by industry, care organisations, ...

List and describe any concrete measures to improve accessibility of basic (and advanced) telecommunications services or of ICT products for older and disabled people. Please list also any other new/innovative measures/approaches implemented or under discussion in your country in the context of social or welfare policies.

Concrete measures

4.3 Specific policies and activities for empowering *older people*

4.3.1 Policies focusing mainly on older people

Is there any *specific* policy *focusing* mainly on empowering older people in your country? Here we are talking about policies for older people as *a specific, separate policy field* (and NOT as a subsection of another policy field as in Chapters 2.2 and 2.3 above. Have *telecommunications and information technologies* applications (services, products) been referred to in "older people" policy/strategy papers/programmes? For example, by the government and/or consumer organisations or others. Is it a policy goal to improve, e.g., older people's ability to make use of advanced services like the Internet, ISDN, Interactive TV etc. Is it a policy goal to improve awareness rising, general training; teleshopping, telebanking, access to information on older people's rights and available supports, Web Portals for Senior People, improving interfaces to meet the requirements of older people, etc. Or with respect to other ICT-related aspects/issues of particular relevance for older people?

In the table overleaf, please:

- a) briefly list and describe references/statements to ICT in policy papers, programmes or similar documents,
- b) list the governmental or other institution(s)/telecommunications providers etc. that are responsible for drafting and/or implementing these policies.
- c) Is there any legislation on this, or have other (regulatory) measures been developed as a result of these policies?
- d) Has existing legislation, or have other rules and regulations formed a barrier for implementing these policies?
- e) What national/regional situation, or political pressure was THE dominating driving force for the policies described above? Are there any present or expected changes in the regulatory system that are driving or encouraging more usage of ICT-related products or services through older people, or by their carers (institutions, care services, family members, etc.)?

f) What is the (expected) impact of these policies on the availability (e.g. through financial support; better access also in rural areas, improved marketing, etc.) and suitability (more user-friendliness, better adapted to the needs of older people, etc.) of ICT services/products with regard to older people and their carers ?

Reference to ICT in "older people" policy statements, programmes, papers, etc.:

Institutions involved:

Implemented/Planned legislation/regulations:

Legislative/regulative barriers:

Dominant driving force(s):

(Expected) impact on availability and suitability of ICT:

4.4 Structural aspects

4.4.1 Number and scope of pressure groups for older people

Are there important pressure groups lobbying at the policy level (political parties, the government, industry, health/care services etc.) for older people and their specific needs and rights in your country? Please describe briefly their main structure/focus and, if possible, relative relevance in the national policy context.

Lobby groups for older people

4.4.2 ICT applications as an issue for these pressure groups

Have ICT products or services of benefit to older people been explicitly referred to in policy/mission statements/papers or practical work of these pressure groups ? Briefly describe any references to ICT applications in documents, submissions, etc. and/or practical measures/activities by these groups in your country. Examples would include provision of information on potential benefits of information and communication technology applications to older people, the initiation of awareness campaigns and training for computer usage, submissions on these issues to the government, or the initiation and support of research on IT-related issues. Please list also any other new/innovative measures/approaches implemented or under discussion by these groups.

ICT applications as an issue for lobby groups

4.5 Summary assessment

Please, briefly summarise the overall situation in your country with regard to the usage of *general purpose ICT-related products and services* by older people and care service providers. Focus on:

- *Key issues/policy initiatives, problems* and implementation barriers as publicly discussed, e.g., by the (central) government/responsible ministry; industry associations; care services/(public) health system, associations/ pressure groups representing older people, research institutes, or other key actors.
- Any suggestions under discussion about how to solve those problems or cope with new challenges.

Key issues and dominant problems

Possible solutions under discussion

4.6 Main sources of information

Please list in the following only the most relevant, main sources (perhaps not more than 5 to 7 items under each category) which could be of interest for the reader to explore the issues mentioned above in more detail. They should include the most important documents in your native language as well as - if possible - references to one or two documents in English (or French, Spanish, German, ...)

4.6.1 Literature and statistics

- Reference a
- Reference b
- etc.

4.6.2 Web sites

- URL a
- URL b
- etc.

5 Care-related ICT

For the purposes of SeniorWatch care-related Information and Communications Technology comprises all kinds of systems and devices that are (or at least could be) utilised to support older people who are in need of care. According to the project's overall concept here we concentrate on those systems and devices that enable provision of care services at a distance such as social services, alarm/monitoring and health care. On the one hand, this may includes systems and devices supporting older care recipients directly, e.g., through enabling them to remain in their own home environment despite their need for regular support. On the other hand, this may include Information and Communications-based

services and devices supporting formal (professional care service providers) or informal (e.g. family carers) care providers to deliver their services at the care recipient's home.

5.1 Policy fields related to care-related ICT

5.1.1 General health/care policy

Have national or regional health/care policy/strategy papers or programmes concerned themselves explicitly with issues of relevance for older (and/or disabled) people, or for social/health care providers ,e.g., in relation to improved quality of services, more cost-effective/efficient services, better co-ordination of the activities of the different players involved in care processes, consumer empowerment etc.)? Are changes in the health/care system/policy driving/constraining ICT usage among older people or their carers?

In the table overleaf, please:

- a) list and describe any reference to ICT in policy papers, programmes or similar documents,
- b) list the governmental or other institution(s) that are responsible for drafting and/or implementing these policies,
- c) Is there any legislation, or have other (regulatory) measures been developed and implemented as a result of these policies?
- d) Has existing legislation, or have other rules and regulations formed a barrier for implementing these policies?
- e) What national/regional situation, or political pressure was THE dominating driving force for the policies described above? For instance, are there any present or expected changes in the health/care system that are driving or encouraging more usage of ICT-related products or services in the context of care provision (formal care services, family carer)? The introduction of a statutory care insurance scheme complementing the existing health care insurance in Germany can be mentioned as an example here. Such changes may have occurred in the recent past, be currently happening or be expected/planned for the near future.
- f) What is the (expected) impact of these policies on usage, availability and suitability of care-related ICT services/products (e.g. improved effectiveness and/or efficiency of care services, stimulation of demand, more user-friendliness, services better adapted to the needs of older people, etc.)?

Reference to ICT in policy, programmes, papers, etc.:

Institutions involved:

Implemented legislation/regulations:

Legislative/regulative barriers:

Dominant driving force:

Impact on availability and suitability of ICT:

5.1.2 Specific policy on empowering family/informal carers

Have national or regional health/care policy/strategy papers or programmes concerned themselves explicitly with issues of empowering family/informal carers? Are changes in the health/ care system/policy driving/constraining ICT usage among family/informal carers?

In the table overleaf, please:

- g) list and describe any reference to empowering family/informal carers in policy papers, programmes or similar documents,
- h) list the governmental or other institution(s) that are actively involved in these policies.
- i) Is there any legislation, or have other (regulatory) measures been developed and implemented as a result of these policies?
- j) Has existing legislation, or have other rules and regulations formed a barrier for implementing these policies?
- k) What national/regional situation, or political pressure was THE dominating driving force for the policies described above? Are there any present or expected changes in the

health/care system that are driving or encouraging more usage of ICT-related products or services by family/informal carers? Such changes may have occurred in the recent past, be currently happening or be expected/planned for the near future.

- l) What is the (expected) impact of these policies on usage, availability and suitability of care-related ICT services/products (e.g. through financial support; improved effectiveness and/or efficiency of care services, stimulation of demand, more user-friendliness, better adapted to the needs of older people, etc.)?

Reference to ICT in policy, programmes, papers, etc.:

Institutions involved:

Implemented legislation/regulations:

Legislative/regulative barriers:

Dominant driving force:

Impact on availability and suitability of ICT:

5.2 Structural aspects of the health/care system

5.2.1 General structure of the medical/care system

The organisational structures of the care sector vary considerably throughout Europe. In some countries, e.g., a strong differentiation between health care and elderly care can be observed while in other countries both types of care are provided under one single

organisational scheme. What is the general structure of the health/care system in your country? Please validate and - if necessary - supplement the information from the table provided appendix I.

Please Note: For some countries no information is available at all from supra national sources. In such a case, please gather as much new information as possible in order to complete the table below. In this context, the information provided for other countries in annex I may be suitable to guide the information gathering process for your own country.

Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
	•	•	•	•

5.2.2 Organisations providing home care

Which types of organisation provide home care to older people in your country? Please estimate the respective market share (in %; please also specify how this information has been generated, e.g., specify the respective literature source or mark an expert estimate with "e. e.") for each type of organisation. For our purposes, we can distinguish between the following organisational types:

- Private/commercial organisations provide care in some countries. Legally, they take the form of an enterprise or firm. This may include large organisations with hundreds of employees as well as small firms with one or two people. Care service provision is mainly seen as a "normal" service offered in a competitive market to specific clients.
- In some countries the municipalities are the main provider of care to older and/or disabled people.
- According to the historical roots of some national social/care systems non-for-profit or welfare organisations play a major role in the provision of care. Different types of organisations can be mentioned here such as, e.g., the church, the Red Cross or self-help organisations.
- To a large proportion, family members and/or other informal carers provide care in some countries.

Home care Providers	Market share in %	Comments (any information that helps clarify the situation in the country) and source of information
Private/commercial organisations		
Municipalities		
Non-for-profit/welfare organisations		
Family carers /informal carers		
Other (please state)		

5.2.3 Financing of home care

How is home care financed in your country, i.e. who pays for the home care services available in your country? Please estimate the respective market share (in %; please also specify how this information has been generated, e.g., specify the respective literature source or mark an expert estimate with "e.e.") for each type of financing which can be observed in your country. For our purposes, we can distinguish the following types of financing:

- Sometimes, care service provision is directly financed by the recipients themselves, i.e. they directly pay the care service provider for received services (entirely or at least partially) out of their own pocket.
- Some cases, care services are financed through a tax-based system, i.e. the costs are taken by the tax paying community.
- Within insurance-based systems, an insurer pays for received care services, i.e. the care recipient finances the delivered services more or less indirectly through his/her insurance fee. This concerns voluntary insurance schemes as well as statutory insurance schemes.

Type of financing	Market share in %	Comments (any information that helps clarify the situation in the country) and source of information
Out of pocket expenses, i.e. private financing through the care recipients themselves		
Tax-based financing		
Insurance-based financing		
Other (please state)		

5.2.4 Financial provision for IT services and/or equipment in the context of home care

Are there any financial provisions for ICT equipment and/or services available in the context of home care? This would, e.g., include charge free provision/reimbursement of social alarm systems or other telecare services or equipment.

Financial provisions for ICT in the context of home care

5.3 Maturity of telecare applications

ICT offers the opportunity for a range of remote applications in the context elderly care. What are the most important applications and what are the emerging applications of information and communications technologies utilised by care service providers in your country? For our purposes the following application types can be distinguished:

- Active alarm services utilise remote emergency systems - usually telephone-based - which are installed at the flat of an older person. In case of an emergency situation a portable radio transmitter can be used to initiate an emergency call. The call is received in a service centre from where immediate support measures can be initiated, e.g. a physician or the emergency medical service is sent off to the older person's flat.
- Passive alarm systems react on defined danger-indicators without any action to be taken by the client himself. Such devices include sensors which are, e.g., able to recognise fire, downfalls or even the client's health data and send a emergency call automatically when a predefined situation arises.
- Remote support for care staff includes all kinds of telecommunications-based activities supporting the work of field staff. This may include mobile access to care/client-related data/information stored in a central data base at the local office, the submission from care/client-related data/information to the office or third parties, etc.
- Remote support for family carers includes all kinds of telecommunications-based activities to support family carers. This may include both informally arranged support facilities and more formally provided services, supported by telecommunication providing text and/or voice transmission. The former category includes networks of informal telephone support, group support systems based on chat lines or audio-conferencing, and the growing area of computer network based support groups. The latter category includes more formally arranged telephone support and re-assurance, as well as online access to information and support from social service agencies.
- Advanced services using video telephony include remote surveillance and video-based alarm services. The difference between remote check-ups and alarm services is that in the former, a connection is established by staff rather than by a client making a specific request on each occasion. Video-based alarms are very similar in structure and function to basic alarm services, the only difference being the additional capability for video communication. The same applies to home monitoring applications. A significant potential advantage of video-based alarms is that the additional information provided by being able to see the client can speed and increase accuracy of the diagnosis of the emergency situation. Another advantage is that the client can communicate with staff more effectively than with audio alone, especially where stress or other factors cause speech comprehensibility to drop. And the staff can exert a more effective calming influence, immediately and, if necessary, until further help arrives. Apart from alarm functionality as described above, further service components (e.g. active information, therapy/psychotherapy, access to expertise, support for carers) may be bundled within one overall service, designed to support independent living of elderly persons in their own homes.

For each application type specified above, please estimate % figures if possible or indicate the level of maturity, i.e. whether the application is widely used, only partially used, emerging/only in an experimental context, not at all in use. Please also specify how this information has been generated, e.g., specify the respective literature source or mark an expert estimate with "e.e."

Type of application	Level of maturity	Used/offered by x% of care service providers	Any comments clarifying the situation in your country and source of information
active alarm services			
passive alarm systems			

remote support of mobile care staff			
remote support of family carers			
advanced services using video			
Other (please state)			

5.4 Summary assessment

Please, briefly summarise the overall situation in your country with regard to the usage ICT in the care sector. In particular, please summarise:

- Key issues and dominant problems as seen, e.g., by the (central) government/responsible ministry; industry associations; care services/(public) health system, associations/pressure groups representing older people, research institutes, or other key actors
- Any suggestions under discussion on how to solve those problems

<p>Key issues and dominant problems</p> <p>Possible solutions under discussion</p>

5.5 Main sources of information

Please specify the main sources of information which have been used to complete this chapter of the country report.

5.5.1 Literature and statistics

<ul style="list-style-type: none">• Reference a• Reference b• etc.
--

5.5.2 Web sites

- URL a
- URL b
- etc.

6 Accessibility-related ICT

Assistive Technology (AT) devices and systems are usually provided under some kind of welfare scheme on a national level. Such schemes include provision of all kinds technical aids (products, instruments, equipment, technical systems) especially produced or generally available for preventing, compensating, relieving or neutralising impairments and disabilities. This section focuses on the question to what extent and under which circumstances Information and Communications Technology-related products and services are available to disabled people under national Assistive Technology provision schemes.

For our purposes, this application domain covers a range of ICT-based systems and devices designed for people affected by functional impairments such as blindness, deafness, etc. This would include:

- Means of access to Information and Communication Technologies (ICT);
- Integrated ICT-based systems supporting the activities of independent living, education, work, leisure, mobility and training;
- ICT systems for enhancing the efficiency and effectiveness of services supporting independent living;
- ICT-based applications of manipulation and control technology
- ICT supporting restoration and enhancement of particular functions.

6.1 Policy fields related to Assistive Technology

6.1.1 Anti-discrimination regulation/legislation

The principle of functional equivalent in telecoms is crucial for people with sensory, speech and other impairments that affect their communication options. This principle requires that basic communication functions, such as those provided by voice telephony to the majority of subscribers, are available to all. This means providing amplification, inductive coupling or tactile key pads to those who can make use of voice telephony, and offer equivalent services like text telephony and text telephone relay services for those who cannot.

A practical example for ICT-related policies would be an obligation that all public phones have to have tactile indicators for people with visual impairments. Also, some countries - such as the UK - now require the provision of relay services as part of the licensing agreement but this is not a widespread requirement across the other countries. In the USA, e.g., there is a requirement under the Americans with Disabilities Act (ADA) that each state provides a text telephone relay service and that all public broadcast announcements on TV are text captioned.

Are there any regulations or legislation or initiative in your country directed towards anti-discrimination of older and disabled people in the field of telecommunications?

Anti discrimination regulations/legislation:

6.1.2 "Design for all" regulations/legislation

Are there any regulations, legislation or initiatives directed towards accelerating the so called "design for all" concept with regard to information and communications technology in your country? The approach of this concept can be summarised as follows:

- to ensure that design of information and communication services and products is such that they are accessible for older people and people with disabilities,
- where this is not possible to ensure that they are capable of being so adapted,
- establish special services and equipment in cases where the above cannot be achieved in a successful way,

A practical example can, e.g., be found in the USA. Under regulations that recently came into force new government web pages will have to guarantee access to the blind, the deaf and other disabled people. If no explicit regulations have been implemented or are being planned, is there an implicit "design for all" policy or strategy ?

Initiatives directed towards accelerating the "design for all" concept:

6.1.3 Public procurement

The policy sector is a major purchaser of information and communications equipment and services, and can exert a significant influence on industry through its purchasing policy. Are there any procurement regulations or directives that require that equipment and services meet particular accessibility criteria for disabled people. As an example the regulations implemented by the US General Service Administration can be mentioned here. Government agencies have to ensure that they only buy those fax machines, photocopiers, cellular phones, computers and software that are friendly to their disabled employees.

If no explicit regulations have been implemented or are being planned, is there an implicit procurement policy or strategy ?

Public procurement policies/strategies:

6.2 Structural aspects of the Assistive Technology sector

6.2.1 General structure of the Assistive Technology sector

Provision schemes of Assistive Technology vary considerably across Europe. For instance, in Denmark the Social Assistance Act explicitly deals with this issue by legislation. In other countries - such as Belgium and Germany - the service delivery process is quite complex and numerous pieces of legislation and institutions are involved.

Please briefly summarise the Assistive Technology service delivery process in your country according to the main legislation, institutions and principles involved. For this purpose, please validate and - if necessary - supplement the information from the table provided in appendix II.

Overview of the Assistive Technology service delivery process:

6.2.2 Availability of selected ICT-based assistive technology services

Which telecommunications-based services are available for disabled people in your country? Please, validate and - if necessary - supplement the information from the table provided in appendix II. Available services may, e.g., include the following:

Text telephone relay	Service which allows a deaf person with a text telephone to "talk" to a hearing person with an ordinary telephone via a human operator
TV captioning	Provision of text captions on TV broadcasts using teletext or other methods
Electronic newspaper	Daily broadcasting of newspaper for "reading" via voice synthesiser (daily) or Braille display
Electronic books (dial-up)	Service providing electronic books which can be downloaded by modem and then read via voice synthesiser or Braille display
Audio description (TV)	Service providing a second audio component to TV broadcasts which describes what is happening
Remote reading of documents	Service where a visually impaired person can contact another person by fax or other telecommunications

means and ask them to read a document for them (e.g. a letter)

ICT-related Assistive Technology services available:

6.2.3 Availability of financial support for ICT equipment

Is financial support (from state, user organisations, voluntary organisations or other sources) available in your country for impaired people who wish to obtain ICT equipment for use in their homes? If yes, what form does the financial support take, e.g., provision of free equipment; contribution towards equipment costs or other form of contribution?

Please validate and - if necessary - supplement the information from the table provided in appendix II. Financial support may, e.g., be available for the following items:

Personal computer	Any model or brand of computer used at home
Internet browser	Any type of browser (e.g. a text-based) enabling a disabled person to use the WWW.
Voice synthesiser	Standalone device or computer add-on which translates text to synthetic speech and outputs the speech
Braille printer	Printer which prints outputs from the computer in Braille
Modem	Device for linking a personal computer to the telephone network
Decoder for broadcast	Decoder allowing broadcast text to be "spoken" by a voice synthesiser text (e.g. for talking teletext or electronic newspaper)
Decoder (audio description for TV)	Decoder allowing visually impaired person to hear the audio description of the broadcast programme
Text telephone	Purpose-built device for text communication by deaf people over the telephone network
Pager	Device for receiving messages on a mobile basis
Fax	Facsimile machine
Videophone	Telecommunications terminal allowing the parties to see each other

Availability of financial support:

6.2.4 Eligibility for financial support for ICT equipment

With regard to more specific aspects of eligibility for financial support for ICT equipment, eligibility can be affected by various factors such as:

- a "list" of equipment items which are eligible for financial support?
- disability classification (i.e. support only for certain types or degrees of impairment)?
- financial circumstances (e.g. eligibility only if below a certain income threshold)?
- usage context (i.e. eligibility only in particular settings such as occupational, educational, daily living, etc.)?
- type of "need" (e.g. only if necessary for a critical need rather than a "comfort")?
- price limits (i.e. support only provided up to a certain cost limit)?

Is eligibility for financial support for ICT-based Assistive Technology affected by one or more of these factors (or others). If yes, in what way is it affected? Please describe the main factors which would influence whether or not the person will receive such financial support? For this purpose, please validate and - if necessary - supplement the information from the table provided in appendix II.

Factors influencing eligibility for financial support:

6.3 Summary assessment

Please, briefly summarise the overall situation in your country with regard to the provision of ICT-related Assistive Technology. In particular please summarise:

- Key issues and dominant problems as seen, e.g., by the (central) government/responsible ministry; industry associations; care services/(public) health system, associations/pressure groups representing older people and/or disabled people, research institutes, or other key actors.
- Any suggestions under discussion on how to solve those problems

Key issues and dominant problems:

Possible solutions under discussion:

6.4 Main sources of information

Please specify below the main sources of information used for completing this chapter of this report.

6.4.1 Literature and statistics

- Reference a
- Reference b
- etc.

6.4.2 Web sites

- URL a
- URL b
- etc.

7 Stimulation and funding of R&D and innovation

7.1 Experimentation with Information and Communication Technology applications for older people and care service providers

Experimentation with Information and Communication Technologies is a corner stone in developing new ICT-related services and products which meet the requirements of older people and organisations providing care to older people. For instance, social service organisations can be encouraged to experimentation and to innovate in the use of information and communications services and equipment in service delivery. Also, life-long-learning of older people can, e.g., be stimulated through experimentation with information and communication technology, e.g., on a pilot basis.

Are there any research/pilot projects concerning the use of ICT by older people and/or organisations providing care to older people in your country? If yes what is their main focus? Briefly describe the main trends, as far as possible, according to following criteria:

- type of applications involved (remote home monitoring, remote social support, etc.)
- organisations involved in funding and conducting relevant research and pilot projects (government/government agencies, universities, commercial research organisations, welfare organisations, foundations, pressure groups/older peoples associations, etc.)
- facilitating/constraining factors for further implementations of telematics applications stemming from current project experiences, policy system/framework, national priorities, etc.
- national drivers (governments; pressure groups; equipment industry; telecoms, .research programmes, etc).
- significant national/regional/sectoral strategies re services dedicated to older people and/or their carers?

Application types involved:

Organisations involved in funding and conducting research/pilot projects:

Facilitating and constraining factors:

National drivers:

National/regional/sectoral strategies:

7.2 Summary assessment

Please, briefly summarise the overall situation in your country with regard to experimentation with and research on Information and Communications-based applications for older people and care service providers . In particular please summarise:

- Key issues and dominant problems as seen, e.g., by the (central) government/responsible ministry, industry associations, care services/(public) health system, associations/pressure groups representing older people and/or disabled people, research institutes, or other key actors.
- Any suggestions under discussion on how to solve those problems

Key issues and dominant problems:

Possible solutions under discussion:

7.3 Main sources of information

Please specify below the main sources of information used for completing this chapter of this report.

7.3.1 Literature and statistics

- Reference a
- Reference b
- etc.

7.3.2 Web sites

- URL a
- URL b
- etc.

Appendices

- I. Country profiles for the basic structure of the health/care system*
- II. Country profiles for the Assistive Technology Sector*
- III. Contact details of potential national experts*

I Country profiles for the basic structure of the health/care system

Belgium				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • social insurance system applies to nearly the entire population including retired people • financing through both, employers and employees together with subsidies from the state 	<ul style="list-style-type: none"> • week • medical treatment as well as care covered by health insurance • fixed lump-sum per day for stationary care 	<ul style="list-style-type: none"> • strong • medical services under the responsibility of health insurance • social services under the responsibility of municipalities 	<ul style="list-style-type: none"> • long term care institutions financed through lump-sum per day of the health insurance • hotel costs to be beard privately (in case of low income beard by the welfare benefits) • elderly homes usually privately financed or by the municipalities 	<ul style="list-style-type: none"> • organised by municipalities and by independent parties • care staff financed through health insurance • Financing of house keeping support through municipalities
Denmark				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health insurance applies to all habitants • mainly taxed-based financing 	<ul style="list-style-type: none"> • medium • both publicly financed • ambulatory and stationary treatment financed through health insurance on county level • long term care institutions and home care financed through municipalities 	<ul style="list-style-type: none"> • week • both services under the responsibility of the municipalities 	<ul style="list-style-type: none"> • long term care institutions financed through municipalities • hotel costs to be beard privately (in case of low income beard by the welfare benefits) 	<ul style="list-style-type: none"> • organised and financed through municipalities • care services and house keeping support with 24hours service

France				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • statutory health insurance applies to nearly all habitants including pensioners • financed through employers and employees with small subsidies from the state 	<ul style="list-style-type: none"> • wee • both covered by health insurance 	<ul style="list-style-type: none"> • strong • medical services financed through health insurance • social services financed through welfare benefits and partly through pension insurance fund • regulated under pieces of legislation 	<ul style="list-style-type: none"> • long term care institutions financed through health insurance (lump-sum per day) • hotel costs to be beard privately (in case of low income beard by the welfare benefits) 	<ul style="list-style-type: none"> • organised through regional authorities of the central state • medical services financed through health insurance • house keeping support financed through welfare benefits and pension insurance fund
Greece				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health service for all habitants 	<ul style="list-style-type: none"> • week 	<ul style="list-style-type: none"> • strong • medical services covered through national health service • social services covered through private households and independent parties 	<ul style="list-style-type: none"> • ? 	<ul style="list-style-type: none"> • ?
Germany				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • statutory health insurance applies to nearly all habitants including pensioners • financed through employers and employees 	<ul style="list-style-type: none"> • strong • medical treatment completely covered by health insurance • home health care partly covered by health insurance • even more differentiated through introduction of statutory care insurance 	<ul style="list-style-type: none"> • strong • medical services covered by health insurance • social services covered by care insurance and partly through welfare benefits provided by municipalities • social services are offered by independent parties 	<ul style="list-style-type: none"> • institutional long term care financed through care insurance (before its introduction not at all financed through the public) • only in case of low income beard by the welfare benefits 	<ul style="list-style-type: none"> • financed through care insurance (prior to introduction of care insurance partly financed through health insurance) • house keeping support financed only through welfare benefits • both services are offered by independent parties

Ireland				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health service • ambulatory treatment publicly financed only in case of low income • widespread voluntary insurance • for publicly provided services primarily tax-based financing 	<ul style="list-style-type: none"> • week • both covered through the national health service 	<ul style="list-style-type: none"> • medium • medical services through national health service • social services partly financed through national health services • provided by publicly subsidised independent home care service providers 	<ul style="list-style-type: none"> • public long term care institutions financed through national health service • private contribution through retention of retirement pension • for private long term care institutions subsidies only in case of low income 	<ul style="list-style-type: none"> • organised by municipalities • medical services covered through the national health service in case of low income • social services provided by publicly subsidised independent parties
Italy				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health service for all habitants • mainly financed through employers and general taxes 	<ul style="list-style-type: none"> • week • both under responsibility of the national health service • different financing rules for both fields 	<ul style="list-style-type: none"> • week • organisationally unified in local health units USL 	<ul style="list-style-type: none"> • public long term care institutions co-financed through the national health service • private contribution through retention of retirement pension 	<ul style="list-style-type: none"> • organised through local health units • financed through regional social funds with private contribution
Luxembourg				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • statutory health insurance including old age pensioners • financed through employers and employees with subsidies from the state 	<ul style="list-style-type: none"> • strong • health insurance finances only medical treatment • long term care of people with low income covered by national budget 	<ul style="list-style-type: none"> • strong • medical services financed through health insurance • social services financed through ministry of family affairs 	<ul style="list-style-type: none"> • health insurance covers only treatment costs within long term care institutions • hotel costs are to be beard privately • difference between hotel costs and overall costs covered by the state 	<ul style="list-style-type: none"> • only medical services covered through health insurance • house keeping support provided by independent parties and co-ordinated and subsidised by the ministry of family affairs • in case of low income welfare benefits

Netherlands				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • pluralistic social insurance scheme • health insurance for people with low income and old age pensioners • additional insurance scheme for extraordinary health care costs covering the entire population financed through employees 	<ul style="list-style-type: none"> • strong (theoretically) • medical treatment financed through health insurance • long term care financed through additional insurance scheme 	<ul style="list-style-type: none"> • medium • home care financed through the additional insurance scheme but organised by municipalities and provided by independent parties 	<ul style="list-style-type: none"> • long term care institutions financed through the additional insurance scheme with private contribution • old people's homes privately financed with subsidies from social insurance 	<ul style="list-style-type: none"> • up to a particular amount, financed through the additional insurance • provided by independent parties
Portugal				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health services for all habitants • mainly tax-based financing 	<ul style="list-style-type: none"> • week 	<ul style="list-style-type: none"> • strong • medical services financed through the health ministry • social services financed through the ministry of social affairs 	<ul style="list-style-type: none"> • long term care institutions publicly financed with private contribution from up to 70% of income • expanding private institutional long term care sector with high prices 	<ul style="list-style-type: none"> • partly financed through public social schemes with private contributions
Spain				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health services for all habitants • financed through general taxes, employers, and employees 	<ul style="list-style-type: none"> • week 	<ul style="list-style-type: none"> • ? 	<ul style="list-style-type: none"> • long term care institutions publicly financed with private contribution from up to 75% the old age pension 	<ul style="list-style-type: none"> • organised y municipalities and independent parties • in case of low income financed through municipalities

United Kingdom				
Basic type of the health system	Differentiation between medical treatment and care	Differentiation between medical services and social services	Stationary care	Home care
<ul style="list-style-type: none"> • national health service for all inhabitants • mainly tax-based financing 	<ul style="list-style-type: none"> • week • both organised through the national health service 	<ul style="list-style-type: none"> • strong • medical services organised through national health service • social services organised through municipalities 	<ul style="list-style-type: none"> • long term care institutions and geriatric hospitals financed through the national health service • costs of private care institutions in case of low income covered through the social system 	<ul style="list-style-type: none"> • community nurses employed and financed by the national health service • house keeping support provided and financed by the municipalities

Source: Alber and Schölkopf, 1999 (translated by empirica)¹

¹ Jens Alber and Martin Schölkopf: Seniorenpolitik - Die soziale Lage älterer Menschen in Deutschland und Europa. Amsterdam 1999, pp 344-349.

II. Country profiles for the Assistive Technology Sector

The following country profiles have been extracted from the MART study².

AUSTRIA

Overview of AT service delivery

A legal framework for rehabilitation services in Austria was defined in the Social Insurance Law 1976. Assistive technology services are mostly provided at the level of the nine federal social security departments and under social insurance provisions.

Provision and support for Telecommunications-based services

Findings from the survey suggest that community alarm services are widely available. There are also a number of telecommunications-based services available to visually impaired and deaf people in Austria. However, it appears that many of these services are restricted because they are only provided on a pilot basis or have few users. With the exception of visually impaired people, some level of financial support is provided to obtain the equipment necessary to access these services, however the level of support varies between the nine federal states. With regard to telecommunications costs, all three groups qualify for subsidies on telephone rental charges and in addition, visually impaired and deaf people receive reductions on monthly telephone call charges.

² Kevin Cullen and Nadia Clarkin: SOCIAL POLICY ISSUES OF IMPORTANCE FOR THE TELECOMMUNICATIONS-BASED ASSISTIVE TECHNOLOGY MARKETPLACE AND STRATEGIC OPTIONS FOR THE FUTURE. Project report produced by the TIDE project MART (TP 1113) - "Definition of an Environment to Maximise the Market for Telecommunications-based Assistive Technology" for the Commission of the European Communities, DGXIII, 1995.

BELGIUM

Overview of AT service delivery system

The AT service delivery process in Belgium is quite complex. Numerous pieces of legislation deal with the delivery of services and assistive technology to people with disabilities and also different systems of support are responsible for the provision of assistive technology depending on the origin or cause of disability. Belgium is divided into three communes and in each services are delivered through Public Centres of Social Welfare which are autonomous establishments decentralised to local level. Services may vary from commune to commune. Assistive technology is paid for either through social insurance, which is responsible for people who become disabled after an accident at work, or through social assistance, which is responsible for persons under 65 whose handicaps are not caused by accidents. People over 65 only receive help to obtain basic assistive technology (such as wheelchairs) which is generally financed by the municipality in which the person resides. The products which are available are limited to those on the "Nomenclature" or list, however, it is possible to obtain products not on the list if it is needed for social or occupational rehabilitation.

Provision and support for Telecommunication-based services

Indications from the survey are that community alarm services for elderly people are quite widely available and that number of services are available to visually impaired and deaf people in Belgium. However it seems that at present many of the services are only available on a pilot basis to a small number of users. The provision of equipment for deaf people and visually impaired people appears to be different. In the case of deaf people it seems that financial assistance for use at home is limited and varies according to the commune in which they live. Visually impaired people receive financial assistance towards the costs of Braille printers for home use but usually only if it is in connection with their work. All three groups receive subsidies towards telecommunications installation costs and deaf and visually impaired people receive financial assistance towards call costs.

DENMARK

Overview of AT service delivery

The provision of assistive technology for disabled people in Denmark is explicitly dealt with by legislation under section 58 of the Social Assistance Act. For persons with disability or impairment caused by permanent illness or old age financial support may be granted for assistive technology which is necessary for the person in question to carry out a profession, to counteract their disability and to make activities of daily living easier. In principal any product which helps a person lead a more independent life is provided free of charge and independent of financial circumstances. AT service delivery system is straight forward and transparent. There are 275 municipalities which are responsible for the practical supply of assistive technology and 14 Technical Aid Centres at county level which provide more specialised services and a number of specialist organisations. Assistive technology is funded by the State through taxes.

Provision and support for Telecommunications-based services

The indications from the survey are that community alarms services are widely available to elderly people and that a few telecommunications-based services are available to visually impaired and deaf people in Denmark. Services like the text-telephone relay service for deaf people appear to be well established and widely available while other services, like the electronic newspaper for visually impaired people, are only about to begin. In addition, financial assistance is available to all three groups to pay for telephone installation and rental charges. Reduced rates are also available to deaf people for call charges relating to text-telephone calls and a trial was recently started to offer a reduction on directory enquiry call charges to visually impaired people.

FINLAND

Overview of AT service delivery system

There are two main pieces of legislation in Finland which regulate the provision of services to disabled people, the Social Welfare Act, 1984 and the Services and Assistance for Disabled Act 1988. The responsibility for the provision of assistive technology lies with the municipality health care section. Services for disabled people and assistive technology are delivered by local health centres. Decisions about which items to provide are made at this level and are based on the resources available locally. Assistive technology is provided free of charge or on loan to those who qualify and is funded by each municipality from its tax revenue. In addition to this source of finance, municipalities also receive state grants towards the costs of their activities.

Provision and support for Telecommunications-based services

Responses to the survey show that community alarm services are widely available to elderly people and it there seem to be a lot of services available to visually impaired people. Although no survey response was received on the situation in Finland for deaf people, other sources confirm that there is a text telephone relay service. In the case of elderly people it seems that alarm equipment is provided to them free of charge. Visually impaired people only receive financial support to obtain terminal equipment for use at home if it is in connection with their occupation or education and it seems that deaf people receive text telephones free of charge if they cannot use ordinary telephones with amplification solutions. With regard to telecommunications access and usage costs, elderly people are eligible for financial support based on their income and it appears that there is no formal provision for visually impaired and deaf people to receive financial assistance towards these costs.

FRANCE

Overview of AT service delivery system

The 1975 Disability Act stipulates that measures should be taken to enable every person with a disability to reach the highest possible level of autonomy and social integration and a number of decrees have been established to implement this act. In France, only those products registered on the "TIPS" list are eligible for either partial or in full reimbursement. In general, assistive technology is financed by social security through Sickness Insurance National Fund (CNAM). Those not reimbursed by social security may be financed by organisations representing disabled people or through private insurance schemes. Assistive technology is either delivered at department level through offices of CPAM (a sub-division of CNAM) which is responsible for the lending, purchasing, repair or reprocessing of assistive technology, or purchased from approved retailers. It is important to note that assistive technology which may be regarded as a "comfort aid" rather than "critical aid" is not funded by the public authorities in the context of daily living.

Provision and support for Telecommunications-based services

Responses to the survey suggest that community alarm services for elderly people are available on a limited basis and a wide variety of telecommunications-based services are available to visually impaired and deaf people in France. However, access to some services appears to be restricted, for example the text telephone relay service for deaf people only covers a limited geographical area and the electronic newspaper for visually impaired people is a pilot service. However, it should be noted that in France a large number of deaf people have "Minitel" Dialogue terminals which enable them to have text communications and it has been suggested that this has reduced the need for a relay service. In general, terminal equipment is not on the list of reimbursable items in France and is only provided for home use to those people using the equipment as part of a work or study programme. Finally, it seems that assistance to cover telecommunications usage and access costs is only provided to elderly people living alone and in receipt of social security.

GERMANY

Overview of AT service delivery system

Under the 1974 Severely Disabled Persons Act people with disabilities of every age are entitled to benefits from the social security system. However, since the AT AT service delivery system in Germany is complex, it is often very difficult to establish which organisation is responsible for the provision of financial support towards the cost of assistive technology. As well as regional variations in the AT AT service delivery system, there are also a large number of different statutory and voluntary organisations involved in the provision of assistive technology. Funding for assistive technology comes from a number of sources and provision of funding tends to relate to the origin of disability. Also, funding agencies produce a catalogue of items of assistive technologies which are eligible for reimbursement and allocate a maximum amount which may be reimbursed for each item.

Provision and support for Telecommunications-based services

Findings from the survey indicate that community alarm services are quite widely available and a wide range of services are available to visually impaired and deaf people in Germany. The delivery of the electronic newspaper service was piloted using a PC and modem but, since the pilot ended, the newspaper is provided on diskette. While financial support is available to obtain terminal equipment for use in the home, it is at the discretion of the funding agency and a number of limitations exist as to what may be reimbursed and who is eligible for assistance. With regard to financial support towards the costs of telecommunications access and usage, some form of assistance is available to all three groups.

GREECE

Overview of AT service delivery system

The role of the state with regard to the rights of the disabled and elderly people is enshrined in the Greek constitution and a number of pieces of legislation deal with the provision of services and assistive technology for these groups. In Greece there is a unified scheme for the provision of assistive technology products and services which are either provided by public insurance organisations or directly by commercial outlets. It is compulsory by law that all Greek citizens are insured (in)directly and in general, public insurance organisations are responsible for the financing of assistive technology in accordance with specific legislation. The range of equipment available in Greece is limited and only items listed in the national register of assistive technology is eligible for reimbursement and at an official price. In general, users are required to contribute to the cost of assistive technology.

Provision and support for Telecommunications-based services

Responses from the survey indicate that few services are available to the elderly, visually impaired and deaf people in Greece. Community alarm services are only available on a pilot basis to elderly people in Athens and Thessalonika and there are plans to commence electronic newspaper and electronic book services for visually impaired people in the near future. It seems that there are currently no telecommunications-based services available for deaf people and that there are no formal provisions for financial support towards the cost of terminal equipment for home use for visually impaired and deaf people. In relation to financial support towards the costs of telecommunications usage and access, no information was available for elderly people and it seems that visually impaired people do not receive any financial assistance whereas deaf people receive some assistance towards telephone rental and call costs.

IRELAND

Overview of AT service delivery system

Under the 1970 Health Act the eight regional health boards are responsible for providing medical and surgical appliances to those who are fully eligible for free health services. In practice a mix of state and voluntary bodies supply assistive technology to users in Ireland. State provision is subject to income assessment and while there are no definitive product lists, the items available from each health board are subject to budget restrictions, costs of equipment and availability of equipment. Voluntary bodies are generally organised into groups representing different types of disabled people e.g. visually impaired people, deaf people and they provide services and advice on assistive technology to their clients. Funding for their activities comes mainly from fund raising, donations and in some cases a small contribution from the state.

Provision and support for Telecommunications-based services

Responses from the survey indicate that community alarms services are available to elderly people in some areas only and that a number of telecommunications-based services are available to visually impaired and deaf people in Ireland. The text-telephone relay service is relatively new and has not reached its full potential yet and the electronic newspaper is still operating on a pilot basis. In general, with the exception of a contribution towards the cost of a text telephone in the case of deaf people and some degree of financial support for elderly people to use alarm services, users have to finance terminal equipment themselves. With regard to telecommunications costs, deaf users receive a rebate on call charges and those elderly and visually impaired people who live alone receive telephone rental free of charge and are allocated a number of free call units per two month billing period. In addition, visually impaired people are entitled to free directory enquiry calls.

ITALY

Overview of AT service delivery system

Under the Health Reform Act 1978, every citizen or person who resides in Italy is entitled to health care services from the National Health Service (NHS). National level legislation defines the general framework of law, while regional administrative bodies are responsible for enacting detailed rules at municipal level. There are two distinct systems of service provision. One is for people who have a disability recognised as civilian and the other for people who have a disability due to a labour accident. Services are provided to people with disabilities classified as civilian by Local Health Units (there are 700 of these units) set up by the NHS. These units are based on size of population and pre-existence of other administrative institutions. To qualify for the provision of assistive technology people must be registered as disabled and there is a list of items which are eligible for reimbursement. Price limits apply to some products and in general, funding is provided by the NHS. People whose disabilities are related to labour accidents receive assistive technology from INAIL (which has 191 branches). This organisation publishes its own list of devices eligible for reimbursement and theoretically any device may be provided. These are financed through compulsory contributions from both employers and employees.

Provision and support for Telecommunications-based services

Community alarm services for elderly people are available in some regions in Italy and electronic newspaper services, and audio description of television programmes (via radio broadcast) are available to visually impaired people. It appears that while financial support is available to these two groups towards the costs of terminal equipment, in general restrictions apply. No information was available in relation to financial support for telecommunications access and usage costs for elderly people and it seems that for visually impaired people telephone installation is provided free of charge. Information was not available for telecommunications-based services and related costs for deaf people.

LUXEMBOURG

Overview of AT service delivery system

In Luxembourg several pieces of legislation deal with the provision and delivery of services to disabled and elderly people. A sectoral approach has been adopted with regard to the provision of assistive technology, where a separate division within the various different ministries is responsible for service provision. A number of voluntary organisations are also engaged in the provision of services to disabled people. Products eligible for reimbursement are contained in a list which is regularly updated to include new products. In general all products prescribed by doctors and included on the list are either totally or partially reimbursed. In the main, assistive technology is funded by the Ministry of Social Security. However, in some instances reimbursement for assistive technology, which are not on the list, may be received from the respective ministry responsible for the sector in which the problem arises.

Provision and support for Telecommunications-based services

Findings from the survey show that while community alarm services are widely available there are few telecommunications-based services targeted specifically at visually impaired people. No information was available with regard to telecommunications-based services and related costs for deaf people in Luxembourg. There does not appear to be any formal provision of financial support available for visually impaired people to obtain terminal equipment for home use and in the case of elderly people, financial support seems to be discretionary. In relation to telecommunications costs, only elderly people on low incomes seem to be eligible for financial assistance.

NETHERLANDS

Overview of AT service delivery system

In the Netherlands several pieces of legislation deal with the provision of services to disabled people. One piece of legislation provides specifically for the provision of assistive technology and under this act, all Dutch citizens have the right to equipment and technical devices if medically indicated. In practice, the system is very complex since different laws regulate each situation and it is difficult for the disabled person to access the system because of the number of institutions and offices involved. In general, services are financed by the state through Health Insurance which is allocated locally and through various private insurance schemes. There is a list of devices eligible for financial assistance and restrictions apply in that the products included on the list are selected as the most adequate at the cheapest price. Under the Health Insurance Act, disabled people usually receive either a free choice of technical aid with restricted budget or limited choice of technical aid fully paid for by the Health Assurance Association.

Provision and support for Telecommunications-based services

Findings from the survey indicate that community alarm services are widely available to elderly people and that quite a number of telecommunications-based services are available to visually impaired and deaf people in the Netherlands. In general, it appears that all three groups receive a contribution towards the cost of certain types of terminal equipment for use at home. With regard to visually impaired people, they receive assistance towards the costs of voice synthesis equipment and Braille displays for use at home, while deaf people receive a contribution towards the costs of text telephones, modems and fax machines. With regard to telecommunication access and usage subsidies, no subsidies seem to be provided to elderly people whereas visually impaired and deaf people receive subsidies towards telephone installation costs.

NORWAY

Overview of AT service delivery system

Under the National Insurance Act, all residents in Norway have the right to obtain assistive technology free of charge if their disability is long-lasting i.e. longer than 2 years and if the aid is necessary to improve function. AT service delivery in Norway is provided at county level by Technical Aid Centres (TACs) which are responsible for the provision, purchasing, storing, distribution and recirculation of assistive technology. Any product which can reduce disability will usually be provided. Items are provided free of charge and are available to people of all ages independent of their economic means. Assistive technology is financed by the National Insurance Administration through taxation.

Provision and support for Telecommunications-based services

Responses to the survey indicate that community alarm services for elderly people are widely available, but relatively few telecommunications-based services seem to be available to deaf and visually impaired people. Equipment for community alarm services is usually provided free of charge to elderly people. With regard to visually impaired and deaf people, if they can demonstrate a need for a piece of equipment, including high technology equipment, they will usually receive it free of charge from the municipality in which they reside. As regards financial assistance towards telephone running costs, it seems that no subsidies are provided to elderly people while deaf and visually impaired people receive financial support towards the cost of telephone call charges.

PORTUGAL

Overview of AT service delivery system

According to Portuguese legislation regarding disabled people, the State through the competent services must promote measures in the following areas: prevention, information and financing, medical and functional rehabilitation, special education, professional rehabilitation, assistive technology and accessibility and mobility for this group. There are a variety of AT AT service delivery systems and a number of organisations involved in provision of assistive technology. It seems that for disabled people in hospital, services are provided and funded by the National Health Service (NHS) and assistive technology is provided from a list approved by the NHS; insured people injured at work receive assistance from public insurance organisations, while the army and civil service has its own system of AT AT service delivery and a list of approved assistive technology receives financial assistance from representative organisations. Any remaining cases are dealt with by the Regional Centre of the Social Security Service which usually only pays the difference between the full price of the technical aid and the agreed reimbursement price.

Provision and support for Telecommunications-based services

Information on telecommunications-based services and related costs was not available for visually impaired and deaf people in Portugal and only a limited amount of information was available for elderly people. It seems that community alarm services are only available on a pilot basis at present, and that only elderly people below a certain income are eligible for financial support in relation to telecommunications usage and access costs.

SPAIN

Overview of AT service delivery system

Disabled people in Spain have a constitutional right to social, educational and occupational integration. There is legislation which regulates the education, appraisal, rehabilitation of disabled people and also the elimination of physical barriers in buildings and in transportation. The AT service delivery process appears to be poorly co-ordinated and numerous organisations are involved in the delivery of services to disabled people. People who qualify for health care under the National Health Service are entitled to those products listed in a catalogue and funding for these is provided by the state. Certain groups of Civil Servants have their own health care systems and the products and funding available to them is decided by their organisation. Those not entitled to help from the aforementioned organisations receive assistance from social services. ONCE (organisation for blind and visually impaired people) provides assistive technology and support for its members from its own funding. One of the significant problems with the Spanish system appears to be lack of finance.

Provision and support for Telecommunications-based services

Findings from the survey suggest that very few services are available to elderly, visually impaired and deaf people in Spain. With the exception of the provision of "Minitel" terminals and pagers for deaf people and in some cases alarm services for elderly people on low incomes, it seems that, in Spain, there is very little financial support to obtain terminal equipment for home use. There are no telecommunications access and usage subsidies specifically targeted at disabled and elderly people, however, all those on low incomes are eligible for reduced telephone rental charges.

SWEDEN

Overview of AT service delivery system

In Sweden, under the National Insurance Act 1962 and the Medical Services Act of 1983 health care authorities within the county councils are responsible for providing disabled people with assistive technology which can compensate for their functional impairments. Assistive technology is provided at county level through hospitals, clinics and primary health care centres. Technical Aid Centres (TAC) and the Swedish Handicap Institute (SHI) provide support services in relation to assistive technology. TACs purchase, supply and make adaptations to assistive technology and also provide specialist expertise, and the SHI are responsible for testing, R&D education and information on assistive technology. In principal, there are no restrictions on the types of product which may be supplied and these are provided free of charge and on loan to the user. Finance for assistive technology comes from taxes levied at local level and the state provides a contribution through National Health Insurance.

Provision and support for Telecommunications-based services

Indications are that community alarm services are widely available to elderly people and that a number of telecommunications-based services are available to visually impaired and deaf people in Sweden. In principal, support to obtain terminal equipment for use in the home is widely available and equipment is usually provided free of charge to the user, however, it seems that in practice availability varies according to local authority. In general, subsidies towards telecommunications running costs are not provided in Sweden since it is regarded that these charges are similar to those incurred by all households and also disabled people in Sweden receive a special allowance which helps them pay for additional costs associated with their disability. However, visually impaired people receive a subsidy in relation to directory enquiry calls up to a maximum of 7% per telephone bill.

SWITZERLAND

Overview of AT service delivery system

Assistive technology is provided to people in Switzerland under the Federal Disability Insurance Act 1959. In principal, insured persons who need assistive technology to carry out gainful activity or to work are entitled to receive them free of charge. Services are delivered by the Federal Disability Insurance Offices available in each of the 26 counties. Assistive technology for persons below pension age are financed by the Federal Insurance Office while assistive technology for those of pension age and over are financed by a state pension scheme. There is a list of product types available and assistive technologies are provided on loan to the user.

Provision and support for Telecommunications-based services

Indications are that community alarm services are quite widely available in Switzerland and that a variety of telecommunications-based services are available to visually impaired and deaf people. Financial support is available towards the costs of terminal equipment necessary to access telecommunications-based services at home, although, in the case of visually impaired people it seems that financial support is only available for PCs under certain conditions (e.g. if it is part of a scanner system). With regard to telephone running costs, subsidies are not provided towards telecommunications installation, rental or call costs with the exception of a subsidy towards the costs of the relay service for deaf people and financial assistance for telephone costs to those elderly people who need it.

UNITED KINGDOM

Overview of AT service delivery system

There are two main pieces of legislation dealing with the provision of services to disabled and elderly people in the UK, the National Health Services Act 1977 and the Chronically Sick and Disabled Act 1970. Under these Acts the social service departments of the local authorities are responsible for the delivery of services to these groups. Assistive technology is financed by the local authority and the provision of assistive technology varies according to the local authority budget and demography. The local authority also has the power to prioritise financial resources according to clinical need and accordingly to classify assistive technology as low or high priority. Some assistive technology is provided free of charge but the local authority may charge the client if s/he can afford it.

Provision and support for Telecommunications-based services

Community alarm services are widely available to elderly people and quite a wide range of telecommunications-based services seem to be available to visually impaired and deaf people in the UK. In general few items of terminal equipment are eligible for financial support for use at home. It seems that visually impaired people do not receive any financial support towards terminal equipment, deaf people receive text telephones free of charge and elderly people receive financial assistance towards community alarm systems. With regard to subsidies for telecommunications costs, deaf people receive a rebate on call costs, some visually impaired people are entitled to free directory enquiry calls and some elderly people living alone receive financial support from their local social service department in relation to telephone installation costs and telephone bills. Another scheme which is not targeted specifically at disabled or elderly people but which is useful to help them keep telephone running costs to a minimum is the low users scheme run by the BT which entitles subscribers to avail of reduced telephone rental and call costs.

III. Contact details of potential national experts

Country	Expertise	Organisation	Postal address	Tel.	Fax.	Contact person
Austria	Elderly	Pensionsverband Oesterreichs	Zentrale Alserbachstrasse 23, 1090 Wien	++ 43 222 25 40		
Austria	Government	Ministry of Labour, Health and Social Affairs	Geigergrasse, 1010 Vienna	++43 1 544 1597/318	++43 2 545 7000	
Austria	Home care	Österreiches Hilfswerk	Reichratstresse 11, A-1010 Wien			Mr W. Kerschbaum
Austria	Research	Universität Graz Referat für Generationsfragen der OH	Pointergasse 10.1, 8010 Graz	++ 43 316 303 769	++ 43 316 303 769	Kurz
Belgium	Elderly	Federation National des Pensionnés	13 Boulevard de l'empereur, 1000 Brussels			
Belgium	Elderly	Federation Indépendante de Seniors	rue des Fripiers 24, 1000 Brussels	++ 32 2 223 1000	++ 32 22 178 211	
Belgium	Government	Ministry of Public Health	Bischoffsheimlaan 33, 1000 Brussels	++32 2 220 2211	32 2 220 20 67	
Belgium	Home care	Vereniging van Diensten voor Gezins- en Bejaardenhulp van de Vlaamse Gemeenschap	St-Jansstraat 32-38, B-1000 Brussel			Mr R. Van den Bulcke
Belgium	Research	VLICHT	Tervuursevest 101, B-3001 Heverlee, Leuven			Ton Vanleeuwe
Denmark	Elderly	Pensionisternes Samvirke	Griffenfeldsgade 58, 2200 Copenhagen N			
Denmark	Government	Ministry of Health	6 Holbergsgade, DK-1057	++ 45 3392 3360	++ 45 3393 1563	
Denmark	Home care	Socialdirektoratet Copenhagen	Bernstorffsgade 17,2 sal, DK-1592 Kopenhagen V			Mrs L. Hollander
Denmark	Research	Danish Centre for Technical Aids for Rehabilitation and Education	Gregersenvej, DK-2630 Tastrup			Elisabeth Kampmann-Hanssen
Finland	Government	Ministry of Social Affairs and Health	Snellmaninkatu 4-6, POBox 267, 00171 Helsinki, Finland	++358 9 160 9842	++ 358 9 160 4482	
Finland	Home care	Central Union for the Welfare of the Aged	Malmin kauppatie 26, SF-00700 Helsinki			Mrs T. Helameri
France	Elderly	Union Francaise des Retraités	263 Rue de Boulogne, 75007 Paris	++ 33 1 4551 5728	++ 33 1 4555 2523	
France	Government	Ministry of Health	8 Avenue Segoe, 75008, Paris	++ 33 1 405 66000		
France	Home care	Federation Nationale des Associations pour l'Aide aux Méres et aux Familles à Domicile	80, rue de la Roquette, F-75011 Paris			Mr R. Darcel
France	Home care	Union Nationale des Associations	184, rue du Faubourg St-Denis, F-		++ 33 1 4456 33	Verny

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Country	Expertise	Organisation	Postal address	Tel.	Fax.	Contact person
		de Soins et Service á Domicile	75010 Paris / 108-110 Rue Saint Maur, 75011 Paris			
France	Research	Fondation Nationale de Gerontologie	49 Rue Mirabeau, 75016, Paris		++ 33 1 4524 6721	Rossignol
Germany	Elderly	Bundesverband der Renter und Pensionaere	Berliner Ring 28, 55576, Sprendlinge N-Breitensee			
Germany	Government	Ministry of Labour and Social Affairs	Rochusstrasse 1, 53123 Bonn, Germany	++ 49 228 5270	++ 49 228 3650	
Germany	Home care	Berufsverband Hauskrankenpflege in Deutschland	Vahrenwalderstrasse 205-207, D-30165 Hanover			Mrs M. Held
Germany	Home care	Paritätischer Wohlfartsverband	Heinrich-Hoffmann-strasse 3, D-60528, Frankfurt			Mrs. J. Arenz
Germany	Research	Centrum für Geriatrie und Gerontologie Freiburg der Albert-Ludwigs Universität	Lehener Strasse 88, 79106, Freiburg		++49 761 270 7072	Heiss
Greece	Elderly	Hellenic Association of Gerontology and Geriatrics	Kaningos 23, GR, Athene		++ 30 1 384 0317	Violaki-Paraskeva
Greece	Home care	Association Hellenique de Sions á Domicile	51 Botassi Street, Gr-18537, Piraeus			Mrs Angelica
Greece	Research	Forth	po box 1385, GR-71110 Heraklion, Grete			Constantinos Stephanidis
Ireland	Elderly	Age and Opportunity	Mario Institute of Education, Griffith Avenue, Dublin 9	++ 353 1 837 0570	++ 353 1 847 0591	Ryder
Ireland	Elderly	Irish association of Older People	Room G-02, University College Harolds Cross, Earlsfort Terrace, 2 Dublin	++353 475 0013	++ 353 475 0013	Hefferman
Ireland	Government	Ministry of Health	Hawkins house, Dublin 2	++ 353 635 4000	++ 353 635 4001	
Ireland	Home care	Eastern Health Board	Dr Steevens Hospital, Steevenslane, Dublin 8			Mr. E. Matthews
Italy	Elderly	Older women's Network	Via del Serraglio 10, 06073, 1-20146 Milano	++ 39 075 506 8006	++ 30 075 506 8006	Marziali
Italy	Home care	Radar Soc Coop	Via Machiavelli 7, I-34132, Trieste			Mrs G. Bon Trani
Italy	Industry	Innovative Devices and engeneering for Automatisaton	Via S Caterina 2, 56016, Pisa			Felice Fanizza
Italy	Research	Centro Studi Cure Domiciliari	Viale Montenero 26, I-20135, Molano			Dr. V. Noto
Japan	Home care	Foundation of social Development for Senior Citizens		8F No 33 Toranomom-Mori Building, Minato-		Mr Yasunari Nahajima

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Country	Expertise	Organisation	Postal address	Tel.	Fax.	Contact person
				Ku, Tokyo		
Luxembourg	Government	Ministry of Health 59 et 90	Bd de la Pétrusse, L-2935 Luxembourg	++ 352 296 835		
Luxembourg	Home care	Aide Famoliale-Aide Senior	29 Rue Michel Welter, L-2730, Luxembourg			Mr. G. Albers
Luxembourg	Research	ADAPTH c/o CRP Henri Tudor	6 Rue Coudenhove Kalegri, L-1359 Luxembourg			Fred Gille
Netherlands	Government	Ministry of Health	postbus 20350, 2500 EJ Den Haag	++31 70 3407738	++ 31 70 340 7372	
Netherlands	Home care	Landelijke Vereniging voor Thuiszorg	Postbus 100, 3980 CC, Bunnik			Mr. F. Clevers
Netherlands	Research	IRV	Zandbergsweg 111, 6432 CC Hoensbroek			Ch. Willems
Norway	Elderly	Norsk Pensjonistforbund	Henrik Ibsensgt 7, 0179 Oslo			
Norway	Industry	Telenor AS	pbox 83, N-2007 Kjeller	++ 47 63 848 400	++ 47 63 810 076	Simon Clatworthy
Norway	Research	Human Factors Solutions	Havnelageret Langkaia 1, 0150 Oslo	++ 47 23 35 89 83	++ 47 22 42 32 42	Bjorneby
Norway	Research	Centre for Industrial Research	Box 124 Blindern, N-0314 Oslo			Oivind Lorentsen
Portugal	Government	Ministry of Health	Avenida Joao Cristomo 9, 1000 Lisbon	++ 351 1 354 4560	++ 351 1 354 0302	
Portugal	Home care	Santa Casa Misericordia de Lisboa	Largo Trindade Coelho, Apartado, P- 1102, Lisboa			Mrs E. Casquilho de Costa
Portugal	Research	Instituto Superior Tecnico CAPS	Complexo 1, Av Rovisco Pais, 1096 Lisboa			Luiz Azevedo
Spain	Government	Ministry de Secretaria General Tecnica, Subdirection General de Relaciones Internacionales	P del Prado 18-20, 28071 Madrid	++ 34 91 596 1744	++ 34 91 596 1360	
Spain	Home care	Servei d'Ajuda Domiciliara "El Cedre"	Mas Xixell, E-08589 Perafita/Osona			Mrs S. Carbonell
Spain	Home care	Institute Catalana de la Salut	ABS Castelldefels, Dap Baix Llobregat-Litoral, CI Maradon cant Marconi s/n, E-08860, Castelldefels			Mr J-C Contel Segura
Spain	Home care	Caritas Espanola	San Bernardo 99 bis-7a Planta, 28015, Madrid		++ 34 1 593 3882	Angel Millan
Spain	Research	Saepat	Los Extremeños 1, 28038 Madrid			Pablo Gil de la Cruz / Manuel Lobato
Sweden	Elderly	Sveriges Pensionarsforbund	Box 22574, 10463, Stockholm			
Sweden	Government	Ministry of Health and Social Affairs	SE-103, 33 Stockholm	++ 46 8 405 3384	++ 46 8 10 36 33	

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Country	Expertise	Organisation	Postal address	Tel.	Fax.	Contact person
Sweden	Research	Stockholm Gerontology research Center	Box 6401, 11382 Stockholm	++ 46 8 690 5807	++ 46 8 335 275	Andersson
Sweden	Research	Swedish Handicapped Institutet	Box 510, S-16215 Vallingby			Susann Forsberg
United Kingdom	Elderly	TUC Pensioners Committee	Equality and social Policy Department Trade Union Congress, WC 1B 3LS, London	++ 44 171 636 4040		
United Kingdom	Elderly	Ageing Well	1268 London road, SW16 4ER, London	++ 44 181 679 8000	++ 44 181 6796727	Oldman
United Kingdom	Elderly	Help the Aged	16-18 St James's Walk, EC1R OBE London		++ 44 171 404 7203	Kohler
UK	Government	Department of Health	Richmond House 79 Whitehall, London SW1A 2NS	++ 44 171 210 3000		
UK	Home care	National Council of Domiciliary Care Services	149 High Street, Roydon, Essex CM19 5EQ			Mrs M. Humphrey
UK	Research	Centre for Policy on Ageing	25-31 Ironmonger Row, EC1V 3QP, London	++ 44 171 253 1787	++ 44 171 49 0 4206	Crosby
UK	Research	Design for ageing Network	p/a Helen Hamlyn Research centre Royal College of Art, Kensington Gore, London, SW7 2EU	++ 44 20 7590 4242		Roger Coleman
USA	Elderly	AARP	601 E street NW, DC 20049, Washington	++1 202 4342402	++1 202 4346494	Koster and Mullen
USA	Elderly	Int. Fed of ageing UN, NY	333 East 66 street #2E, NY 10021-6207 New York	++1 212 288 1836	++ 1 212 288 3515	Hamlin
USA	Government	Administration on Aging US dep of Health and Human Services	200 Independence Avenue, SW room 309 F, DC 20201, Washington	++ 1 202 401 4541	++ 1 202 401 7741	Beniot-Thompson
USA	Home care	Lower West Side Household Service Corporation	250 West 57th street Suite 1511, New York NY 10107			Mr L. Pons
USA	Industry	Microsoft	Microsoft Corp One Microsoft Way, WA 98052, 6399 Redmond	++ 1 425 9369185		
USA	Industry	Seniornet	121 Second street, 7th floor, CA 94105 San Francisco	++ 415 495 4990	++ 415 495 3999	Walton, Gilbert