Aging in Place in Portugal

Aging in Place, Envelhecimento em Casa
e na Comunidade em Portugal   *(PT: 21-39)*

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ABSTRACT

Aging in place means the ability to continue living at home and in the community over time, safely and independently. The promotion and enhancement of aging modalities at home and in the community is a model of social intervention currently favored by the World Health Organization as people get older (WHO, 2015). In this article we present the main data resulting from the collection and systematization of about eighty local initiatives, exploring how the concept of aging in place is operationalized in Portugal by public, private and associative entities. The initiatives identified are spread across the country and fall into twelve categories: support for caregivers; fight against isolation; gerotechnologies; home support; day and social centres; social intervention; leisure and learning; housing and physical spaces; health, nutrition and physical activity; safety; mobility; and psychological well-being. While some initiatives make more sense in a particular social context, others can be replicated anywhere, essentially because of their universal objectives, such as combating isolation or promoting mobility. All in all, we are looking at a good set of examples

of what can be done locally to make it easier for people who so desire to grow old at home and in the surrounding community, thereby preserving their identity and ensuring a sense of continuity in its life cycle.

Keywords: Aging in place, Aging, Portugal

RESUMO

Aging in place significa a capacidade de continuar a viver em casa e na comunidade ao longo do tempo, com segurança e de forma independente. A promoção e valorização de modalidades de envelhecimento em casa e na comunidade onde ela se insere é um modelo de intervenção social atualmente privilegiado pela Organização Mundial de Saúde à medida que se envelhece (WHO, 2015). Neste artigo apresentaremos os principais dados resultantes da recolha e sistematização de cerca de oitenta iniciativas de base local, explorando o modo como o conceito de *Aging in place* é operacionalizado em Portugal por entidades públicas, privadas e associativas. As iniciativas identificadas estão disseminadas por todo o país e dividem-se em doze categorias: apoio aos cuidadores; combate ao isolamento; gerotecnologias; apoio domiciliário; centros de dia e de convívio; intervenção social; lazer e aprendizagem; habitação e espaços físicos; saúde, nutrição e atividade física; segurança; mobilidade; e bem-estar psicológico. Embora algumas iniciativas façam mais sentido num determinado contexto social, outras há que podem ser reproduzidas em qualquer local, valendo essencialmente pelos seus objetivos de caráter universal, como combater o isolamento ou promover a mobilidade. Numa perspetiva integrada, estamos perante um bom conjunto de exemplos do que pode ser feito localmente, no sentido de facilitar às pessoas que assim o desejarem, a possibilidade de envelhecerem em casa e na comunidade envolvente, preservando dessa forma a sua identidade e assegurando um sentido de continuidade no seu ciclo de vida.

Palavras-chave: *Aging in place*, Envelhecimento, Portugal

1. Introduction

Aging in place means the ability to continue living at home and in the community over time, safely and independently. This concept requires an interdisciplinary approach, valuing interventions at different levels: national, regional, community and individual. Currently, in high-income countries, when the elderly begin to lose their autonomy and abilities, institutionalization is most often the option, whereas in low-income countries aging in place is not an option, but an inevitability given the limitation of social welfare systems and the lack of institutional alternatives.

Our perspective is that aging in place should not be seen as a resource, but as a first choice, for the benefits of social inclusion and emotional reward, which in most cases are associated with it.

To the question *"where is the ideal place to grow old?"* older people generally respond: *"the place I already know!"* In fact, aging in the place where one has lived for most of their life and where the main references to that life (relational and material) are, is an advantage in terms of maintaining a sense of life and preserving

feelings of security and familiarity. This is attained as much by maintaining independence and autonomy, as by their role in the place where they live. Thus, aging in place acts in multiple ways that should be considered when defining actions and policies aimed at older people.

In this article we present a collection and systematization of initiatives implemented in Portugal, which we classify as good practices in this field, keeping in line with those recommended by the World Health Organization, when it comes to aging in place as having the social support necessary to live safely and independently, at home and in the community, as you grow old (WHO, 2015). The aim is to go beyond acknowledging the importance of home care services by drawing attention to initiatives that, due to their innovative nature, can effectively constitute good practices in this field. In other words, highlighting the importance of aging in place as a comprehensive strategy to not only keep the elderly living in their own homes, but also participating in the life of their communities for as long as possible.

2. Aging of the population and the traditional response

We all know it already: the world is rapidly aging. According to World Health Organization estimates, globally the number of people over 60 could reach 22% by 2050 and reach 34% in Europe, which means that one in three Europeans will be 60 years or older.

Being part of the most aged region on the planet, in Portugal the trend of an aging population is even more pronounced, which makes Portugal one of the countries with the most aged population in the world (Fernandes, 2014). Given these data, it is inevitable to question traditional perspectives on old-age lifestyles and on the type of resources needed to respond to the challenges of an aging population.

In Portugal, the first universal response aimed at older people began to emerge after April 25, 1974, either through social actions (creation of services and facilities), or through the provision of economic support (in the form of subsidies and pensions). One of the most visible aspects of the social policy to support the elderly was, undoubtedly, the increase of social welfare facilities, with a focus on Day Centers (with an increase of 28% throughout the 1990s) and Nursing Home/Residences for the Elderly (from 600 in 1994 to 895 in 1996). Investment in such welfare facilities was accentuated in the following years, with an increase of 38% in the number of Nursing Homes/Residences for the Elderly and of 30% in Day Centers between 2000 and 2011 (Guedes, 2014).

Even though the number of people living in institutions makes up a small minority of the total Portuguese population, Residences for the Elderly have become

an icon of the social response to old age. They appeared to be associated with a sign of social development by meeting the needs of the elderly through permanent care services. It is true that residential care institutions are currently an essential response to situations of extreme vulnerability or when no other alternative is deemed sufficient to meet the needs of the elderly (which can range from social abandonment to the degradation of material living conditions). However, it is also no less true that being admitted into a residential care institution always causes a break in the person's previous life situation and almost always with the community to which the person belonged.

Despite the occupancy rate of Residences for the Elderly being close to 100% (frequently with waiting lists with the same number or even higher than the number of places available), it is neither possible nor desirable to continue the indefinite expansion of this type of response to the detriment of others that aim to ensure that the elderly remain in their homes.

To this end, the Home Support Service has been carving its path, and represents the social response with the highest growth rate in the 2000s (approximately 59%). Investment made in recent years regarding the dissemination of Home Support Services across the country and the diversification of services provided to the users has certainly contributed, discretely but effectively, to keeping a considerable number of elderly people in their usual living environment, delaying or even avoiding institutionalization.

3. Older people and the communities

Contrary to being *"a problem,"* the aging population represents a joyful point of arrival in human development. Living longer is a result of various achievements from a medical, technological and social perspective. However, the existence of an increasing number of healthy and active old people also represents a challenge to both urban and rural communities. As they age, people have the need to live in an environment that provides them with the necessary support to compensate for the changes associated with aging, some of which synonymous with the loss of abilities. The creation and maintenance of favorable and facilitating contexts for aging is an indispensable task to promote the well-being of the elderly and keep them autonomous and socially relevant for as long as possible.

The place where a person lives is not only their home, it is also the community to which that home belongs. Spatial organization, the type of building, the transportation network, the availability of services in the surrounding area of the house, all of these are variables that contribute to a real participatory aging or, in contrast, to a socially excluding aging process. As you age, maintaining a self-determined life and as close as possible to the one maintained for decades is only

viable if the created environment and the natural environment are prepared to respect the evolution of individual abilities, and thus preserve individual confidence and self-esteem.

If, in some cases, older people are the ones who claim and make opportunities for social participation to happen, in other cases, such participation has to be effectively promoted. For this reason, the design of programs and projects that encourage a truly participatory aging within the communities is important, in order to maximize the performance of many elderly people who would otherwise become passive or even dependent. It is not just a matter of making people's lives easier, but allowing them to fully and safely enjoy that which surrounds them, starting with physical space and ending with social relationships.

To this end, the possibility of living at home and extending that life to the surrounding community requires the consideration of various levels of intervention:

- The house must take into consideration that people's needs change as they age and, if we do not want it to become a prison, outdoor spaces are just as important as the house itself;

- The services and resources indispensable to daily life (health, transportation, shopping, leisure, etc.) should allow for the satisfaction of individual needs, but also the realization of social, civic and economic opportunities;

- So that aging at home and in the community are not synonymous with "watching time go by", a very common attitude in institutions, the social inclusion of the elderly must include participation in useful and socially recognized roles.

4. Aging in place, aging at home and in the community

The chance of *"aging well"* implies a constellation of factors that determine it. One of those factors, with strong influence in maintaining autonomy and control over the environment, is the relationship of the elderly person with the home environment, that is, with the house and the surrounding physical and social context. Concern with the definition of suitable environments for the elderly should take into account the weaknesses associated with the aging process, giving special attention to aspects related to mobility. Nonetheless, the current challenge goes even further and consists of finding solutions that correspond to the aim of promoting quality of life, namely through social integration.

What does aging in place mean? Aging in place means to live at home and in the community, safely and independently as you age (WHO, 2015). Understanding this concept implies the need to adapt the physical and social environments to

everyday life over time. Indeed, most elderly people wish to remain in a familiar setting, preferably, to remain in the same house and same community (Iecovich, 2014). The desire to control most aspects related to daily life (personal care, routines and other activities significant to each individual) is implicit here. This is to say, more than the literal translation of *"aging in place,"* aging in place reflects the desire to age in a familiar environment that adapts to the changes that the aging process entails. Given that, as a person ages, the individual spends more time at home and in the nearby community, this reinforces their relationship with the environment that surrounds them.

The aging in place process translates into a process of environmental adaptation with social, psychological and environmental implications. It is a completely contemporary concept, motivated by the social responsibility to protect the elderly, especially those most vulnerable, and reflects a paradigm shift in social policies to support the elderly by considering, as a priority, the elderly person's wish to remain in their family and community environment for as long as possible and independently, healthy and benefitting from social support. The fostering of independence and instrumental autonomy of older people, providing them with opportunities to maintain social interaction and access to various services is perhaps one of the main challenges to the general aging of the population, considering the demand of the elderly to keep a lifestyle where, apart from material comfort, an active social integration can be ensured. The concept of aging in place also represents an added challenge given the diversity of individual needs, as we are faced with the specific needs of each individual according to their resources, needs and preferences, which also vary over the aging process.

Hence the need for a complex approach to the different levels of intervention that the goals for aging in place entail. In the report of the 2nd World Health Organization Global Forum on *Innovation for Aging Populations* (WHO, 2015), five main areas of intervention in the aging in place process are identified: people, place, products, person-centered services, and social support policies (in the original, *the 5 P's – People, Place, Products, Person-centered services, Policy*). In addition to concerns with housing and outdoor spaces, it is necessary to develop programs of a social nature that consider, on the one hand, the progressive functional limitations of the individuals and, on the other, maintaining autonomy and participation in society. Along the same lines, implementation of home care programs, including tele-assistance, is important to reinforce autonomy with impact on quality of life. To summarize, this new reality that combines an increasingly aging population with the need for diversified responses, poses new challenges, expressed in a concerted manner in the areas of intervention defined by the World Health Organization.

According to Iecovich (2014), aging in place presents several related dimensions: a physical dimension (the house, village, neighborhood, city where one lives), a social dimension (involving relationships and interpersonal contacts), an emotional and psychological dimension (that has to do with a feeling of belonging and connection to a place), and a cultural dimension (related to values, beliefs and meanings people give to a certain space). Thus, when we talk about *place* we are not only referring to a physical place of residence, but to an entire context that allows the elderly to preserve the meanings of their life, including a social identity that can be maintained even when a person becomes disabled. In this perspective, the *place* reflects an extension of personal identity, allowing the preservation of integrity of the *'I'* and promoting a sense of continuity between the different stages of the life cycle.

The concept of aging in place also assumes that, as older people become more fragile or even ill, they can live safely in their own homes, as long as support and services adequate to their needs are made available. Remaining at home during aging and maintaining as much independence, privacy, safety, competency and control over the surrounding environment as possible, is the goal to attain, without forgetting that the term *place* refers not only to the place of residence of the individual but also to his/her community, made up by the physical (surrounding environment and local services available) and social environment (family, friends, neighbors). Usually, older people associate the idea of aging in place with the possibility of being able to make choices related to their life, having access to services (namely, health) and leisure (shopping, recreational opportunities), enjoying social relationships and interactions with other people, feeling safe and secure at home and outside, and above all else maintaining a sense of independence and autonomy (Iecovich, 2014).

What are the goals of aging in place? First, in the perspective of the elderly and their families, remaining in their homes and communities for as long as possible provides them with control over their lives and allows them to maintain a sense of identity, promoting well-being. Any relocation implies the loss of social relationships, changes in daily routines and lifestyles, and often loss of independence. Second, in the perspective of policymakers, institutional care is more expensive than providing care services to the community. This finding has inspired policymakers to implement measures that prioritize aging at home, and delivery of services in this area has proliferated, offering new options to those who need home care assistance to continue to live as independent a life as possible.

Nevertheless, if it is true that research provides us with proof of the benefits of aging in place, it is also true that environmental changes can generate positive results when promoting the human-environment adjustment by improving the

living conditions and personal control, reducing environmental pressure (Lawton, 1998). Aging where one has always lived can be negative when communities undergo socio-economic and demographic changes that disfigure them (due to such processes as gentrification), transforming once welcoming spaces into environments where the elderly feel insecure or permanently live with the feeling of being *out of place*. However, different groups of old people may react differently to changes in their surroundings; while some may effectively experience a feeling of exclusion, others may continue to experience a strong feeling of social inclusion, regardless of the changes that have occurred.

As people grow older they become more sensitive and vulnerable to their social and physical environment. According to the environmental docility hypothesis (Lawton & Simon, 1968), the influence of the environment increases as the functional state of the elderly person decreases. Lawton (1989) emphasizes the role of interaction between personal competence and physical environment in the well-being of the elderly, demonstrating how introducing changes at home (removal of obstacles or addition of mobility aids) can increase independence. The environmental press-competence model introduced by Lawton states that the interaction between personal competences and environmental, social and physical conditions determines the extent to which a person will be capable of aging in the place where he/she lives. According to this model, an adjustment between the available personal competences and the environmental pressure exerted by the context may result in positive consequences, whereas an incompatibility between competences and context may result in an unfavorable adaptation. Adaptation in an advanced age reflects the interaction between personal and environmental characteristics. Nevertheless, Lawton's theoretical model was criticized over time due to several limitations. First, it does not provide an accurate theoretical strategy to measure personal environment. Second, the model states that the environment controls the individual's behavior, but does not take into consideration individual attributes (such as personality) or how the elderly manipulate the environment as a resource to satisfy their needs. Third, this model is quite static and does not give due consideration to the changes that occur in the places, urban or rural, where the elderly live and grow old.

For aging in place to be possible, it is necessary to create "livable communities" (Iecovich, 2014), a concept that links physical design, social structure and the needs of all generations who share a common place. In later decades, the implementation of programs and services aimed at creating these communities has spread, in type and variety. Among these are various home support services, home health care, home hospitalization, home palliative care, nutrition programs and support services for caregivers and family members. In short, in the following dec-

ades, aging in place will be a common strategy used to meet the complex, varied and growing needs of the elderly, adapting the response and developing innovative models of care aimed at older people both independent and dependent.

Examples of this are recent technological innovations, such as tele-care, home tele-assistance and other devices with the objective of offering solutions to increase safety at home and promote independence, thus empowering aging in place. Many gerontechnologies are already available and others will assuredly be introduced in the near future, acting as compensatory mechanisms for the human-environment interaction and enabling older people to age more safely.

Another example is the *Age-Friendly Cities* project (WHO, 2007), aimed at promoting the physical and psycho-social well-being of older people and thus improving the quality of life of the entire community. This model incorporates all aspects of the natural built and social environment, and includes the assessment of needs related to social services, participation and inclusion, public transportation, provision of information, community support, recreational and social programs, civic participation and safety at home and in outdoor spaces. Making a city an age-friendly city requires that policymakers and service providers pay attention to several key-issues: planning, housing, transportation, health and social services, delivery of long-term care social activities and social integration of the elderly, enabling them to age in their homes and the communities in which they live.

In summary, aging in place is a common expression in current thinking on aging practices, generally meaning living at home and in the community with some level of independence, allowing older people to maintain autonomy and social relationships with friends and family. Aging at home also enables the continuation of social relationships with family and friends. Despite the majority of discussions about aging in place focusing on the home, it is increasingly acknowledged that other than the home, communities (neighborhood or village, whether referring to an urban or rural environment) are crucial factors in the value people attribute to aging in place. Although the objective conditions of the community where one lives and the functional ability of the individual are important, subjective feelings about said community may be a significant source of satisfaction, regardless of the objective aspects of adequacy or safety. To assist aging at home and in the community, it is necessary to consider not only housing options, but also transportation, recreational opportunities and services that facilitate physical activity, social interaction, cultural involvement and continuous education.

Wiles et al. (2012) explored the meaning of aging in place for the elderly in two communities in New Zealand. For the majority of elderly people who participated in the study, *"the home"* is the focus of the concept. Although factors associated with the home are the most important, other aspects are equally important when

people are given the opportunity to consider what makes the environment where they live pleasant. Of these aspects, the sense of community is worth highlighting; people were not only connected to a particular home, but also to a specific *"place"*, to a *"welcoming"* community. Although this can be viewed as ideal, the elderly are more likely to express positive opinions about the place where they live based on very pragmatic evidence: being greeted by other people on the street; feeling safe; shopping at the local supermarket; knowing the pharmacist's name. Those who one day left the community and later return seek precisely that familiarity, not of a house, but of people and places that convey a sense of welcoming. In this sense, the desire to age in the community is not only an internal or emotional state, but also has a material and tangible impact.

Finally, the meaning of concepts like "autonomy" vary significantly. In the study conducted by Wiles *et al.* (2012) some participants were autonomous, with no outside help, while others had the assistance of family. When we think about aging in place and ways of helping people "remain in place", we need to acknowledge that this *"place"* operates at different levels. This may mean thinking of "home" as merely a house or considering a home in a broader sense, by also considering aspects of the community: access to social networks, to transportation services, to health care and to occupational opportunities.

5. Collection of good practices

This research project was based on a collection of locally based initiatives made available to initially fill the data collection protocol. A face-to-face interview with the researcher was later conducted, enabling direct contact with selected initiatives and further exploring the data collected. At the time of this research (between October 2017 and April 2018), all initiatives identified were being implemented.

The collection of 81 good practices of aging in place was systematized into ten categories, each representing different expressions of the five main areas of intervention in the aging in place process according to the World Health Organization: people, place, products, person-centered services and policies (social support).

Support for Caregivers

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Support for caregivers	ADVITA - Associação para o Desenvolvimento de Novas Iniciativas para a Vida	Lisbon (and across the country)
Support in Dementia	Associação Alzheimer Portugal	Lisbon (and across the country)
Cuidar de Quem Cuida (Caring for the Caregiver)	Centro de Assistência Social à Terceira Idade e Infância de Sanguedo	Metropolitan Area of Oporto
CuiDem – Cuidados para a Demência (Care for Dementia)	Associação CASO50+	Northern Region
+ Cuidar	Municipality of Gondomar	Gondomar
Gabinete de Ensinos	Santa Casa da Misericórdia de Águeda	Águeda

Combating Isolation

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
A Vida Vale	Associação Odemira+	Odemira
Abraço Amigo	Grupo de Ação Social do Porto	Oporto
Chave de Afetos	Santa Casa da Misericórdia do Porto	Oporto
Combating Isolation	Santa Casa da Misericórdia de Vila Viçosa	Vila Viçosa
Coração Amarelo	Associação Coração Amarelo	Lisbon, Oporto, Cacém, Cascais, Oeiras, Sintra, Porto de Mós
Cuidar à distância	Liga dos Amigos do Centro de Saúde de Alfândega da Fé	Alfândega da Fé
Ludoteca Itinerante	Santa Casa da Misericórdia de Mértola	Mértola
Mais Proximidade Melhor Vida	Associação Mais Proximidade Melhor Vida	Lisbon
Na Rua com Histórias	Associação Histórias Desenhadas	Lisbon
Internship projects	School of Education of the Polytechnic Institute of Viseu	Viseu
Sorriso Sénior	Municipality of Alfândega da Fé	Alfândega da Fé
VintAGING 65+ felizes	Santa Maria Health School	Oporto
+ Laços	Parish Council of Câmara de Lobos	Câmara de Lobos

Gerontechnologies and Research

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
CordonGris	Santa Casa da Misericórdia de Lisboa	Lisbon
GrowMeUp	Cáritas Diocesana de Coimbra (within an international Consortium led by the University of Coimbra)	Coimbra
Impact of Delirium on the Elderly, Family and Health Care Professionals	Research Center for Health Technologies and Services. Faculty of Medicine of the University of Porto. S. João Hospital Center.	Oporto
Gerontological Plan Idanha-a-Nova	Polytechnic Institute of Castelo Branco and Municipality of Idanha-a-Nova	Idanha-a-Nova
+ TV4E	DigiMedia, University of Aveiro	Aveiro

Innovation in Home Support

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Night Home Care /Overnight Care	Associação Humanitária Social e Cultural de Pinhanços	Pinhanços (Seia)
Night Home Care/Overnight Care	Santa Casa da Misericórdia de Oliveira de Azeméis	Oliveira de Azeméis
Role of Volunteers in Home Support Services	Santa Casa da Misericórdia da Venda do Pinheiro	Venda do Pinheiro
Home Support Service of Santa Casa da Misericórdia de Esposende	Santa Casa da Misericórdia de Esposende	Esposende
Personal and Social Development and Support Service	Centro Social e Paroquial de Oliveira do Douro	Oliveira do Douro (Vila Nova de Gaia)

Innovation in Day Centers

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
S. João de Deus Day Center	Santa Casa da Misericórdia do Porto	Oporto
Parque de Reminiscências	Santa Casa da Misericórdia de Almada	Trafaria (Almada)

Intervention in Community Life

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
A Avó Veio Trabalhar	Associação Fermenta	Lisbon
Lar Aldeia	Sport Club Operário de Cem Soldos	Cem Soldos (Tomar)
Municipal Volunteer Program	Municipality of Lisbon	Lisbon
Ser Mais Valia	Associação Ser Mais Valia	Lisbon

Leisure, physical activity and lifelong learning

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Bibliomóvel (mobile library)	Municipality of Proença-a-Nova	Proença-a-Nova
Bibliófilo Vai a Casa	Municipality of Odivelas	Odivelas
Centro de Ativ'Idades	Municipality of Covilhã	Covilhã
Clique Sem Idade	Municipality of Palmela	Palmela
Espaços Maior Idade	Municipality of Ílhavo	Ílhavo
Lado a Lado	Associação Em Contato Tavira	Tavira
Mais Desporto Mais Saúde	Municipality of Rio Maior	Rio Maior
Promoting Active Aging	Municipality of Odivelas	Odivelas
Santo Tirso Ativo	Municipality of Santo Tirso	Santo Tirso
Teatro Sénior	Municipality of Silves	Silves

Improvement of Housing Conditions

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Municipal Support Program for Housing Adaption and Rehabilitation	Municipality of Pombal	Pombal
Bricosolidário	Municipality of Sabugal	Sabugal
Casa Aberta	Municipality of Lisbon	Lisbon
Oficina da Cidadania (Citizenship Workshop)	Municipality of Lisbon	Lisbon
Oficina Domiciliária (Home Workshop)	Municipality of Belmonte	Belmonte

Health, animation, nutrition and psychological counseling

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
Psychological counseling at home	AMI – Fundação de Assistência Médica Internacional	Lisbon
Social support and health care	Municipality of Vinhais	Vinhais
Beyond Silos - Cuidados Integrados ao Domicílio (Integrated home care)	Santa Casa da Misericórdia da Amadora	Amadora
Home Palliative Care Teams/ Units	Ministry of Health; Health Service of the Autonomous Region of Madeira; Regional Secretariat of the Autonomous Region of the Azores	Autonomous Region of the Azores, Autonomous Region of Madeira, Districts of: Beja, Bragança, Évora, Faro, Guarda, Lisbon, Madeira, Oporto, Setúbal, Viana do Castelo, Viseu
HIT – Home counseling Intervention Therapy	Faculty of Psychology and Education Sciences of the University of Coimbra	Coimbra
Home Hospitalization	Portuguese Oncology Institute - Porto	Northern Region
INCOGNUS – "Inclusão, Cognição, Saúde" (Inclusion, Cognition, Health)	Santa Casa da Misericórdia de Vila Velha de Ródão	Vila Velha de Ródão
Nutrition UP 65	Faculty of Nutrition and Food Science of the University of Oporto	Northern Region
Sol Poente Program	Community Care Unit Cubo Mágico da Saúde – ACES Baixo Vouga	Oliveira do Bairro
Promoting Health for the Elderly	Community Care Unit of Senhora da Hora; Community Care Unit of Matosinhos; Community Care Unit of S. Mamede de Infesta	Senhora da Hora, Matosinhos, S. Mamede de Infesta
Saúde + Perto	Associação Social Saúde + Perto	Ponte de Lima
Saúde.Come	EpiDoC Unit /Faculty of Medical Sciences of the University Nova de Lisboa	Lisbon and Tagus Valley Region
Saúde Sobre Rodas	Municipality of Vila Nova de Foz Côa	Vila Nova de Foz Côa
Mobile Health Care and Psychological and Social Support Unit	Mutualista Covilhanense	Covilhã
Volunteering Home Care	Faculty of Psychology and Education Sciences of the University of Porto	Oporto

Security, mobility and well-being

GOOD PRACTICE	PROMOTING INSTITUTION	GEOGRAPHICAL AREA(S)
10.000 Vidas	Associação Nacional de Cuidado e Saúde	Lousã
Support for the Elderly	Municipality of Almodôvar	Almodôvar
Support, Protection and Quality of Life	Municipality of Abrantes	Abrantes
Night Center	Centro Cultural e Social de Santo Adrião (Braga)	Braga
Night Center	Centro Social e Paroquial da Encarnação	Encarnação (Mafra)
Local Social Development Contract of Coruche	Cáritas Paroquial de Coruche, team CLDS3G / Municipality of Coruche	Coruche
Conversas de Gente Miúda e Graúda	Municipality of Mangualde	Mangualde
Envelhecer Bem, Envelhecer Ativo	Municipality of Miranda do Douro	Miranda do Douro
Guimarães 65+	Municipality of Guimarães	Guimarães
Protection for the Elderly	Municipality of Angra do Heroísmo	Angra do Heroísmo
Municipal Elderly Support Service	Municipality of Amarante	Amarante
Municipal Telecare Service	Municipality of Lisbon	Lisbon
Protection and Proximity Services for the Elderly	Municipality of Paredes	Paredes
Sintra Social	Municipality of Sintra	Sintra
Tele-assistance for Vulnerable People	National Republican Guard –Territorial Command of Guarda	District of Guarda
Flexible Public Transportation	Various	Alcanena, Almada, Anadia, Batalha, Beja, Barreiro, Bragança, Coimbra, Intermunicipal Community of Médio Tejo, Intermunicipal Community of Trás-Os-Montes, Funchal, Leiria, Lisbon (Alvalade), Loures, Ourique, Pinhel, Portalegre, Sousel, Viana do Castelo, Viseu

6. Conclusions

Some summary notes of this work:

- There is a clear commitment from different public and private institutions to make it easier for people who wish to age at home and within the community, thus preserving their identity and ensuring a sense of continuity in their life cycle;

- The initiatives, collected and systematized, are disseminated across the country, there is no predominance of urban or rural environments; even though some initiatives make more sense in a specific context, others can be replicated anywhere in the country, essentially valued by the objectives and methodologies followed;

- Some initiatives arise from policies designed by the promoters, whereas others result from the real perception that elderly people need different measures in order to continue living in their homes and in their communities; in the latter case, reality imposed itself and raised the need to create aging in place solutions;

- Home Support Services (SAD) could be a considerable source of support for aging at home and in the community; SAD that are more "prepared" from the point of view of differentiating service delivery and related human resources may be a basic and accessible resource for promoting real aging in place;

- The initial motivation that led to this work remains valid: it is important to make known — and in this way value — the most significant things that have been done to promote aging in place in Portugal, where the older population is the essence in large sectors of the country.

In conclusion, in later decades given the need to deal with the growing pressure of care services necessary for an increasingly aging population, a crucial priority defined by policymakers has been the preference of aging in place solutions rather than residential care. However, aging in place requires some specific pre-conditions, such as an active network of formal and informal support and an adequate housing context. Some future research questions may therefore be relevant:

1. Which housing contexts (considered in a triple dimension: characteristics of the house, characteristics of the building, characteristics of the surrounding environment where the elderly live) favor *versus*

impede the aging in place process, affecting the provision of care strategies for the elderly, particularly the most vulnerable?

2. What are the main risks associated with aging in place? Special attention should be given to the potential isolation of the most fragile elderly and those with mobility problems, with respect to psychological, social and material care.

3. What is the role of public policies in supporting aging in place practices? What innovations can help reduce the risk of isolation? In this case, call for attention is as much for innovation (social and technological) as it is for the implementation of "aging-friendly" policies with regards to housing, occupation and use of urban and territorial environments, and assistance and health care policies.

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