



**HELPS** HOUSING AND HOME CARE  
FOR THE ELDERLY AND VULNERABLE PEOPLE  
AND LOCAL PARTNERSHIP STRATEGIES IN CENTRAL EUROPEAN CITIES

# WP3: Catalogue of Practices

M. Mikeszová, Š. Pfeiferová,  
T. Dvořák, J. Havlíková,  
M. Lux, P. Sunega (eds.)



**CENTRAL  
EUROPE**  
COOPERATING FOR SUCCESS.



**EUROPEAN UNION**  
EUROPEAN REGIONAL  
DEVELOPMENT FUND

This project is implemented through the CENTRAL EUROPE  
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HELPS: Housing and Home Care for the Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities



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Jana Havlíková, Martin Lux, Petr Sunega (eds.)



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- Institute of Sociology of the Academy of Sciences of the Czech Republic (CZ)
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- Municipality of Debrecen (HU)
- Hungarian Charity Service of the Order of Malta (HU)
- Veneto Region, Department of Social Services, Unit for People with Disabilities (IT)
- Poznan Supercomputing and Networking Centre (PL)
- Slovenian Federation of Pensioners' Organizations (SI)
- Association of Towns and Communities of Slovakia (SK)
- Institute of Sociology Slovak Academy of Sciences (SK)
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<b>I</b>	<b>Introduction</b>	<b>7</b>
<b>II</b>	<b>Research Design and Methodology</b>	<b>9</b>
<b>III</b>	<b>Selected Findings from the Comparison of Practices</b>	<b>15</b>
	Types of Actors and the Scope of Best Practices	15
	The Structure of Management	16
	Participation of the Elderly in the Design and Implementation of Best Practices	19
	The Effectiveness of Best Practices	20
	Financial Sustainability	21
	Structure of Financial Sources	22
	The Strengths and Weaknesses of Best Practices	24
	Conclusions	26
<b>IV</b>	<b>Best Innovative Practices in the Area of Housing Accessibility</b>	<b>29</b>
	Summary	29
	DREAMING Project – PSP-ICT – acronym for elDeRly-friEndly Alarm handling and MonitorING (Italy)	30
	Supervised Flats Connected to the Nursing Homes of Samaritan (Austria)	34
	‘With the League against Barriers’ (Czech Republic)	39
	AlterLeben. ‘Mitalternde Wohnung’ – Living in an Age-Adjustable Flat (Germany)	44
	Elderly-Friendly Housing Model (Hungary)	47
	Urban Barriers Map (Poland)	51
	Electronic Guardian of Seniors (Slovakia)	55
	Dom IRIS – IRIS Smart Home (Slovenia)	58
<b>V</b>	<b>Best Innovative Practices in the Area of Housing Affordability</b>	<b>63</b>
	Summary	63
	24-Hour-Care by ‘Gut umsorgt’ (Austria)	64
	Housing Allowance for THE Elderly in RPG Dwellings (Czech Republic)	68
	The Bielefeld Model – Housing with Guaranteed Care (Germany)	72
	Normative Housing Allowance (Hungary)	77
	‘Nie Sami’ (‘Not Alone’) Programme (Poland)	80
	Apartment Building SENIOR – BDS (Slovakia)	84
	Rental Dwellings Designated for Pensioners and the Elderly (Slovenia)	87
<b>VI</b>	<b>Best Innovative Practices in the Area of Social and Health Care</b>	<b>95</b>
	Summary	95
	Social Caregivers in Milan (Italy)	96
	Home Emergency Call and Mobile Emergency Call including GPS Location in AT and SK (Austria)	99
	Zrcadlová pomoc – ‘Mirror Help’ (Czech Republic)	105
	SOPHIA – Franken GmbH & Co. KG (Germany)	111
	Emergency ALARM SYSTEM (Hungary)	115
	Cardiac Telerehabilitation (Poland)	119
	Community Work in the City of Dolný Kubín (Slovakia)	123
	Telecare (Slovenia)	125

<b>VII Best Innovative Practices in the Area of Community Building</b>	<b>131</b>
Summary	131
MuNuS – New Mutual Aid Forms of Town Solidarity (Italy)	132
Day Care in the Nursing Homes of Samaritan Burgenland (Austria)	137
Mutual Aid Exchange – ‘Burza vzájemné pomoci’ (Czech republic)	143
Together instead of Alone. Generation-Living in Arnstadt-Ost. (Germany)	148
Neighbourhood Programme for Strengthening Local Communities and Keeping the Elderly at Their Homes (Hungary)	151
Senioralni. Poznań (Poland)	155
InterGen Project (Slovakia)	158
Elderly for a Higher Quality of Life at Home (Slovenia)	160
<b>VIII Best Innovative Practices in the Area of Access to Information and/or Education</b>	<b>165</b>
Summary	165
Intergenerational Exchange and Active Ageing: New Relationship Areas (Italy)	166
Info TV – The In-House Information Channel of Samaritan Burgenland (Austria)	171
Senior akademie – ‘Senior – Academy’ (Czech Republic)	175
Information and Education Service for Senior and Disabled Housing Conversion (Germany)	181
SKYPE in Eldercare (Hungary)	184
‘Aktywni 50+’ (Active 50+) Fair (Poland)	188
Chain of Experience – Generations Bridge (Slovakia)	192
Festival for the 3rd Age (Slovenia)	195
<b>IX Annex: Structure of Practice Description and Evaluation</b>	<b>199</b>



HELPS (Housing and Home Care for the Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities) is a project operated in eight Central European countries under the programme 'CENTRAL EUROPE', priority 4, area of intervention 2 and concept 6, and it is financially supported by the European Regional Development Fund. Details on project goals and content are available at the following website: <http://www.helps-project.eu>.

This report represents one of the main outcomes from the research part of the HELPS project (Work Package 3) and it presents a catalogue of innovative practices in housing and care for the elderly and people with disabilities in Central European cities. This Catalogue of Practices refers to two other reports: the Main Findings Report and WP3 Working Paper. All the reports can be downloaded from the following website: <http://www.helps-project.eu>.

All the outputs from the research part of the HELPS project should build solid bases for the following two phases of the project, i.e. the introduction of pilot actions and the formulation of transnational recommendations. They should contribute to improving knowledge about housing and social care solutions in the context of an ageing society.

# I Introduction

This report presents a catalogue of innovative practices in housing and care for the elderly and people with disabilities in Central European cities. There are 12 partners and three associated partners from eight Central European countries (Italy, Germany, Austria, Czech Republic, Slovakia, Slovenia, Hungary and Poland) involved in the international HELPS project. Therefore, the catalogue focuses on the analysis of already existing, innovative best practices in housing and care for the elderly and people with disabilities in eight Central European countries. The aim of the best practice catalogue is to share experiences and inspire other European cities or regions to introduce innovative housing and care solutions for the elderly and people with disabilities with a view to increasing their autonomy.

In this catalogue, best practice examples aimed at improving the quality of life of seniors and people with disabilities are given within five areas: (1) housing accessibility, (2) housing affordability, (3) social and health care, (4) community building, and (5) access to information / education. Almost each of the eight Central European countries has one best practice in each area. In sum, 39 different best practices are presented in the catalogue. The objective of the catalogue is not only to describe innovative practices but also to evaluate them. The main criteria of evaluation were: efficiency, effectiveness, transparency, and sustainability. The description of the practices also focuses on management solutions as well as the participation of the elderly in the design of the practices. The aim of the review of practices is to identify innovative aspects of the practice that may be relevant for an international audience.

Due to the scope of the international comparison of practices (39 practices altogether, five practices in seven CE countries, four practices in Italy) and thanks to the standardisation of the main analytical tools for the description and evaluation of practices in comparative research (a detailed standardised questionnaire, elaboration of unified methodology) this research activity is unique among Central European studies of housing and care options for the elderly. The international comparison of practices therefore adds original and new findings to already existing knowledge.

The Catalogue of Practices is divided into two parts. The first part focuses on the global view of best practices. There are two sections: research methodology and selected findings from the comparison of practices. The second part presents a detailed description and evaluation of the 39 best practices in five sections based on the five areas covered: (1) housing accessibility, (2) housing affordability, (3) social and health care, (4) community building, and (5) access to information. Each section starts with a brief summary of the practices in the set area. All the practices are presented following the same structure: an annotation, the management and organization of the practice, participation of the elderly, an evaluation of effectiveness, financial sources, and SWOT analysis (for detailed information, see the Annex).





## II | Research Design and Methodology

The research was divided into the following two phases:

- (1) An international overview of the main contextual factors relevant for the assessment of innovative policies, such as:
  - basic contextual factors (demographics, macro-economics, institutions);
  - housing systems and policies (tenure structure, housing subsidies);
  - welfare and pension systems, social and social care policies.
- (2) An international comparative analysis of best innovative practices (measures) in the following five areas:
  - housing accessibility;
  - housing affordability;
  - social and health care;
  - community building;
  - access to information and/or education.

The reason for dividing the research activities into two phases was the fact that the social, economic, institutional, and housing contexts may determine the scope, design and implementation of particular practices in each country. Consequently, the possibility of a transnational transfer of know-how, forms and methods may be determined by diverse contextual factors, such as housing systems, cultural patterns or social policy traditions in each country. In other words, a practice effectively implemented in one context may not necessarily be effective in other contexts. By linking the contextual features to particular measures and practices the research may better consider effective transnational recommendations that could help the implementation of pilot actions in each country.

The project partners or the experts hired by project partners provided to the coordinator two types of information per country: (a) the description of the context of housing and social care (especially in their Preliminary Reports and the first, 'contextual', part of the Final Reports); and (b) description and assessment of five innovative best practices – five per country and one per area mentioned above (in their Final Reports). The country reports elaborated by project partners or hired experts used a standardised questionnaire to ensure the comparability of the findings. The templates for both reports are available at <http://seb.soc.cas.cz/projekty/helps.htm> and all the national Preliminary and Final Reports can be downloaded from the following website: <http://www.helps-project.eu>. Additional data on the national contexts were acquired by the coordinator from EU-wide international surveys (EU-SILC, SHARE), international statistics (EUROSTAT) and an in-depth literature review.

The HELPS project primarily focuses on helping elderly people and people with disabilities to remain in their existing housing, or at least a standard form of housing, for as long as possible and, consequently, to postpone the move to institutional care and decrease the time spent in health-care institutions. There are two complementary reasons for this orientation of the project:

- Despite the high quality of institutional care in many countries, different national and international attitude surveys indicate that the overwhelming majority of elderly people and people with disabilities want to stay in their current home or at least a standard form of housing for as long as possible;
- The high costs of institutional care together with the accelerated demographic ageing of the European population may end up as a serious financial burden upon public budgets, so it has become necessary to search for financially less demanding solutions that allow the elderly and people with disabilities to remain longer in standard forms of housing.

However, supporting ageing in place and living in standard forms of housing for the elderly and people with disabilities is not just a matter of housing affordability and accessibility. It presupposes also the availability of domiciliary social and health care, easy access to information about rights and options, and the integration of target groups into the wider community in order to avoid their social exclusion. Therefore, a description and in-depth analysis of at least one best innovative practice in each of the five above-mentioned fields has been requested for each country in the Final Reports. This Catalogue, which has been created on the basis of the country Final Reports, includes five practices per each country, eight practices per each area, and, consequently, 40 best practices in total. According to our knowledge, such an integrative approach has not yet been applied in this kind of project.

The selection of practices in each country was thoroughly discussed during two WP3 working group meetings. The following criteria were used for the final selection of practices:

- The practice is new in the country, i.e. has been introduced during past five years;
- The practice is innovative due to: (a) its integrated or innovative form of management and financing that includes both public and private sectors and finance; (b) its decentralised nature, respecting the specific (possibly unique) local needs and preferences of target group, identified often during the pilot or designing phase of the practice implementation; (c) other forms of innovations, such as technical innovations.
- The practice is highly evaluated as effective and efficient (see below for details);
- The practice helps the target population to remain in their existing home or, at least, in a standard form of housing (for the elderly, it supports ageing in place).

In terms of *housing accessibility* the practices focused on specific tools designed to improve the physical accessibility of housing for the elderly and people with disabilities, from small repairs to universal schemes, such as:

- home maintenance and security (small repairs, insulation, heating);
- modernisation, reconstructions and adaptations of dwellings (rails, stair lift or adapted bathrooms and kitchens);
- SMART homes;
- life-cycle architectural concepts, such as universal design or lifetime housing (dwellings are built in a way that they may be easily adapted to the needs of family in different phases of the life cycle).

In the field of *housing affordability* the practices were composed of financial tools or different supply- and demand-side public subsidies that make housing for the selected target groups more financially affordable, such as:

- housing allowances;
- housing allowances for informal care providers (friends, family members);
- tax credits;
- vouchers and grants;
- use of housing equity by the elderly – equity release mortgages.

With respect to the *social and health care* we searched for innovative practices in fields such as:

- domiciliary social care services;
- warden services (alarms calling ambulance/services in the case of an emergency);
- the use of technologies (ICT) for the elderly (telecare, telemedicine etc.);
- telephone/camera linked to remote operators that can call an older person to check his/her status, discuss problems, issues etc., and other kinds of supervision;
- help in access to medical care;

- advice and help with home maintenance;
- help after having been discharged from hospital care.

In the case of *community building*, the practices included volunteer organisations, day-care centres and networks for/among the elderly and people with disabilities providing:

- leisure activities;
- a befriending service;
- involvement in communities and organisations;
- arranging home visits, services of translators (for minority groups etc.);
- informal care.

Finally, in the area of *access to information and/or education* the following practices were described:

- the existence, use and access to specialised websites that focus on information for the elderly and people with disabilities;
- municipal (or local) activities, such as seminars and meetings organised in order to improve knowledge about available options in housing, health and social care, and other forms of education;
- advice on practical matters and floating support services (help with managing finances, advice and information in housing-related matters);
- the development of broadband internet access.

Many practices, especially those in economically more developed Central European countries, apply a so-called integrated approach, i.e. they try to consider multiple perspectives and fulfil several goals simultaneously. Such practices aim, for example, to increase housing affordability, housing accessibility, and the quality of social care at once. These integrated practices were especially welcomed and recommended for selection. However, the project partners or their hired experts were asked to decide what the main focus of the practice is, in their opinion, and to rank it within just one area. Consequently, in all cases the partners had to identify and describe five practices in each country, i.e. one per area.

Each innovative practice was not only described in detail but also thoroughly evaluated (see the questionnaire at the website <http://seb.soc.cas.cz/projekty/helps.htm>). The description of practices included, besides a definition of goals and the target population, information about the scope and form of involvement of the target population in the design and implementation of the practice, information about the management of the practice and the role of each partner involved, and a short description of the budget of the practice (costs and income).

In the second step, each partner was asked to make a neutral and critical assessment of the practice, especially from the perspective of sustainability, efficiency and effectiveness (but also transparency or administrative simplicity). In spite of the fact that the practices were selected as 'best practices', the responsible persons were asked to consider not only the good sides of the practice but also possible, though minor, deficiencies, deficits, and limits in different fields to its implementation, such as deficiency of design (sub-optimal satisfaction of needs), unsustainable financing, an incomplete legal framework, unclear responsibilities in its management, the high costs of administration etc. At the end of the questionnaire, each partner or the hired expert made a SWOT analysis clearly stating not only strengths of the practice but also its weaknesses and risks. The SWOT analysis summarised the information issued from a more detailed assessment of the sustainability, efficiency and effectiveness of the practice provided in detail in previous parts of the questionnaire.

Sustainability was understood as the capacity to endure. It was assessed on the basis of a cost-income analysis, level of subsidisation and its political support, the duration of the practice and plans for its duration (extension) in the future.

The methods of *New Welfare Economics* (studies by W. Pareto, J. Hicks and others) were used to evaluate the efficiency and effectiveness of the practices. *Efficiency* was defined through a Pareto lenses: if any alternative allocation of goods increases the utility resulting from consumption for at least one actor in the market and at the same time does not decrease the utility from consumption for other actors, then we can say that such an allocation is inefficient and there is room for improvement in the performance. This is called Pareto optimisation or Pareto improvement. An example of this inefficiency may be the existence of public subsidies (state interventions) that crowd out private investments, impede lower taxation and distort efficient market functioning. Another example, which points to our main interest, is the situation where the state (municipality, region) spends money collected from taxpayers to produce and allocate goods or services that could be allocated similarly by private entities.

*Effectiveness* is closely associated with the idea of equity, social justice, and the welfare state; it relates to that part of social welfare studies that focuses on 'fair' distribution. As such, it is closely connected with particular welfare state regimes, particular social norms, and particular redistributive policies. The concept of effectiveness is not left to a vague 'definition infinity'. The concept has, at least partially, been generalised into the commonly shared assumption that whatever system of state redistribution of wealth is ultimately applied, it should decrease social inequality, that is, redistribution policies should help the worse-off at the expense of the better-off. The scale of wealth redistribution may be limited (residual welfare state regime) or extensive (social-democratic welfare state regime), but in either case all modern concepts of social justice share the assumption that wealth should be redistributed from high-income to low-income members of the society.

Welfare economics distinguishes two kinds of effectiveness: 'vertical' and 'horizontal' (Barr 1998). Vertical effectiveness measures the degree of redistribution of income, consumption and wealth from the rich to the poor. In the case of particular subsidies it measures the extent to which such subsidies are actually allocated to those who really need help, that is, to low-income households. It measures as well whether the subsidy ultimately decreases social and income inequality. Horizontal effectiveness is connected with the assumption that all needy (poor) households have equal and unrestricted access to subsidies, that is, none of the poor (needy, low income) are excluded from such redistribution. In the case of a particular subsidy it measures whether any needy (poor) household is eligible to apply for the subsidy. Some needy households can be excluded from subsidies if, for example, the programme has been set up in an inappropriate way or the potential claimants are not well-informed (or may be afraid of potential social stigmatisation).

Consequently, to evaluate practices we defined a set of assumptions that derive from the definitions of efficiency and effectiveness stated above.

In terms of *effectiveness* the assumptions are as follows:

**Assumption 1:** Effective subsidies assist lower-income (needy) households more than higher-income (less needy) households (vertical effectiveness).

**Assumption 2:** Effective subsidies do not exclude any lower-income (needy) household (horizontal effectiveness).

In the case of *efficiency* the main assumption is as follows:

**Assumption:** Subsidies are efficient when it is not possible to meet redistributive goals in a less costly way, that is, under an alternative setting of subsidies.

These assumptions say only the following: public spending should be directed at those in need and no needy households should be excluded from public assistance. Policies should not waste public money and should offer real value-for-money. It was not possible to conduct any more detailed quantitative analysis of effectiveness and efficiency, such as comparing the costs per unit of the service or

a comparative analysis of the share of implicitly or explicitly excluded households belonging to the target population. Such an analysis would require far more extensive research activities and specific surveys than those presupposed by this project.

However, the fact that practices were not only described but also critically evaluated in a comparatively standard form makes the outcomes from this research relatively unique and valuable. Especially if we take into account the fact that there is very little information about the situation in post-socialist states in recent scientific literature – the Main Findings report and this report attempt to fill in this gap, as five of the eight countries in the sample are post-socialist countries.



### III Selected Findings from the Comparison of Practices

There are a number of different practices applied in the eight CE countries. There are differences in the type of actors that participate in operating the practice (municipalities, NGOs, regional authorities, central government, health authorities or the private sector); the scope of the practice (integrated, i.e. it tries to meet multiple diverse goals at once, or it is strictly targeted); structure of management; sustainability; funding schemes or level of participation of the elderly in the design and implementation of practices.

The practices in the more developed CE countries substantially differ from the practices applied in the post-socialist countries. A wide range of complex social services and housing options for the elderly is typical for the more developed countries while in the post-socialist states the scope of selection is much more limited. Therefore, in some post-socialist countries the experts were unable to make a real selection of ‘best practices’ because only one practice was found within the defined area. However, the practices in the post-socialist countries usually represent a completely new and original practice while the practices selected in the more developed countries represent rather a standard scheme in the country.

#### Types of Actors and the Scope of Best Practices

The German and Austrian best practices were most often directed by well-established NGOs with a long history of activity. By contrast, with most practices in the post-socialist countries municipalities typically place an important role; an example being Slovakia, where all practices are municipally led. In Poland, NGOs also take part in the implementation and operation of practices, but the role of the municipality is still crucial. The weak position of NGOs in the post-socialist countries is the result of the socialist legacy, because during socialism responsibility for social policy lay exclusively with the ‘omnipotent’ state and volunteer activities were banned or severely limited. Since the fall of socialism, the number of NGOs has grown progressively. However, they have remained politically weak and dependent on short-term public grants and volatile donor funding; they usually have no property of their own and have not acquired a substantial role in society (with the exception of church charities and NGOs in some countries, such as Poland or Hungary).

Another common feature of the majority of best practices in the post-socialist countries is their narrow scope. Most practices are implemented by a few actors (from one to three actors, public or private) and target one specific goal. By contrast, the practices in Germany or Austria often follow an integrated approach (target multiple goals at once) and a large number of private and public actors are involved in their implementation. For example, the Bielefeld model (a German best practice) aims to increase housing affordability, housing accessibility, and the quality of social care and community at once. However, it is fair to note that according to the evaluation of best practices made by the experts in their Final Reports, the weakness of the integrated approach and the inclusion of many different actors in the implementation process can sometimes lead to a lack of transparency – to a situation where the elderly do not know whom to turn to if they have a problem because the division of responsibilities is not clear to them (see Table 1).

The larger number of actors involved also requires more personal engagement during the practice management and relatively higher administration costs for consultation and mediation. Next to this, the implementation of integrated and inclusive practices presupposes specific experience with this



type of management, and the courage and skills to manage complex financial flows and budgets, the management skills to lead effective cooperation among the many actors involved, mutual trust among actors and tolerance of other people's perspectives and views. The actors in the post-socialist states active in the field of social care or not-for-profit housing learn these necessary skills only gradually and it is therefore logical that it takes many years before such new arrangements can appear in these countries.

**Table 1 The strengths and weaknesses of practices using an integrated approach – Bielefeld practice (Germany)**

STRENGTHS	WEAKNESSES
<p>Housing project: normal, affordable housing for people in severe need of care, mixing old and young with and without need of care, with or without disability, low cost provision, no extra premium for general services.</p> <p>Surrounding area: the 'Bielefeld' project example stands out for its focus on the residential care area which includes a 24-hour service. The guarantee of care could be applied not only to the tenants of the special housing project but also to those residents living in the BGW residential area.</p> <p><i>Combined provision of all relevant services i.e. affordable, accessible housing, care and social assistance, mixed community.</i></p>	<p>Housing project: although the aim is to provide normal housing, the housing projects are sometimes seen as something like an 'old people's home'.</p> <p>Surrounding area: services and the guaranteed care are only provided for a small area and <i>the coordination of services in the wider residential area is only rudimentarily available</i>. There is a gap in the financing of coherent residential area management and social support. The existing financing used in the Bielefeld model is restricted to groups of people with care requirements on a low income. In addition, <i>the financing system is very complicated</i>.</p>
<p>Integrated approach, broad participation, modular design enables individual adjustments according to individual needs</p>	<p>Communication and mediation is strongly needed → high efforts and personnel engagement</p>

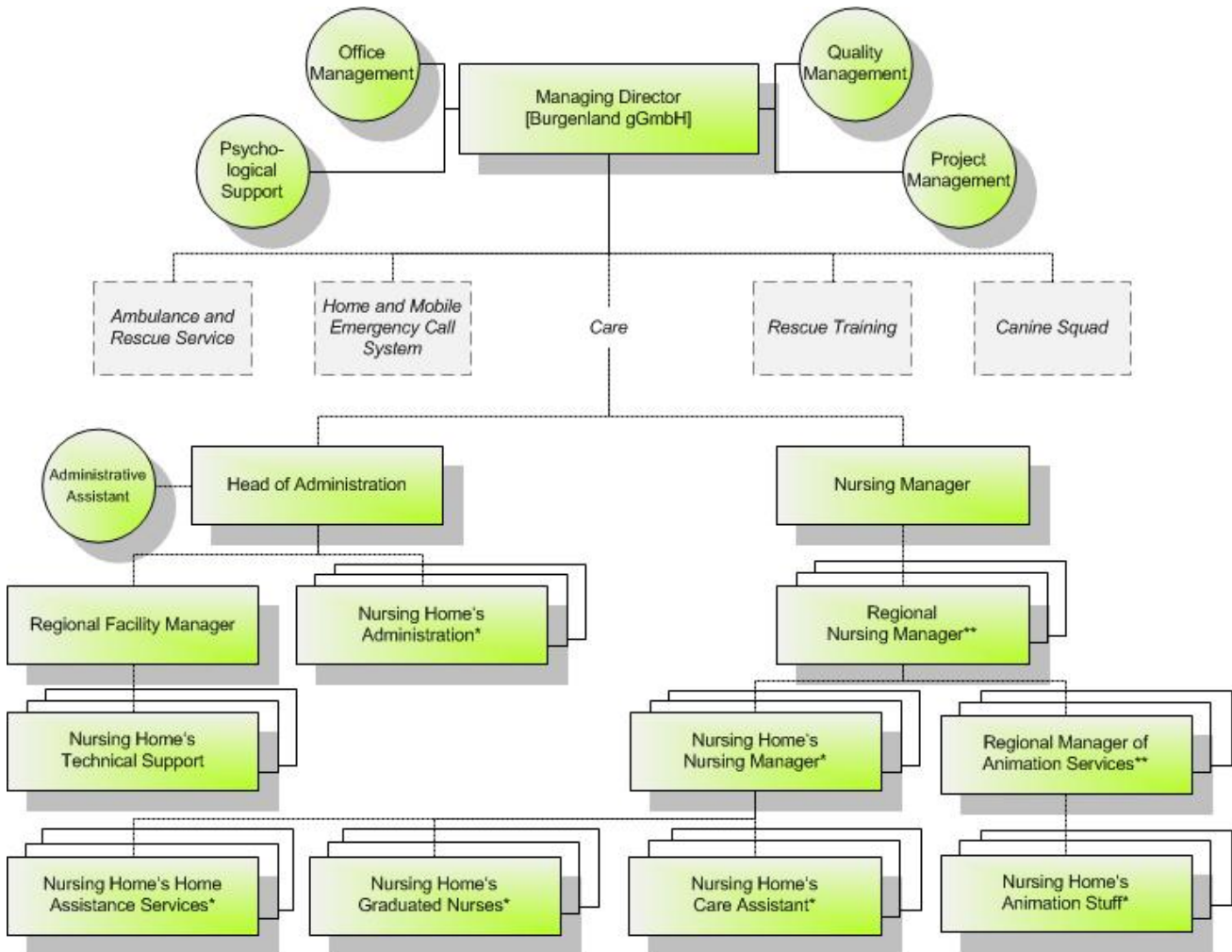
Source: Authors' research, cited from the completed questionnaire – SWOT analysis section.

The unstable and insufficient financing of NGOs, the lower level of management skills and the lack of experience on the part of their representatives compared to Western European countries, but also the socialist legacy (the leading role of the state, the legacy of universalistic schemes, mistrust of civil society movements, a lack of skills on the part of some state civil servants) or the relatively higher general social mistrust present in all transition societies are factors that could explain why more complex and highly innovative practices appear only occasionally and gradually in these countries.

## The Structure of Management

Another significant difference between the best practices in the developed countries and those in the post-socialist countries is the type of management structure. Best practices in the developed countries use a relatively complex organisational structure (German, Austrian and Italian practices). They have a well-established organisational structure where the tasks and responsibilities of all the actors and employees (or co-workers) are defined in detail. There are also special manuals and internal rules on practice management (for communication, for example). Usually, the leading organisations have a larger number of employees and co-workers than the leading organisations in the post-socialist countries.

**Diagram 1 Organisational structure of Samaritan Burgenland (NGO), day-care in the nursing homes of Samaritan Burgenland (Austria)**



\*) Nursing Homes: Neufeld, Siegendorf, Draßburg, Lackenbach, Weppersdorf, Oibendorf, Strem

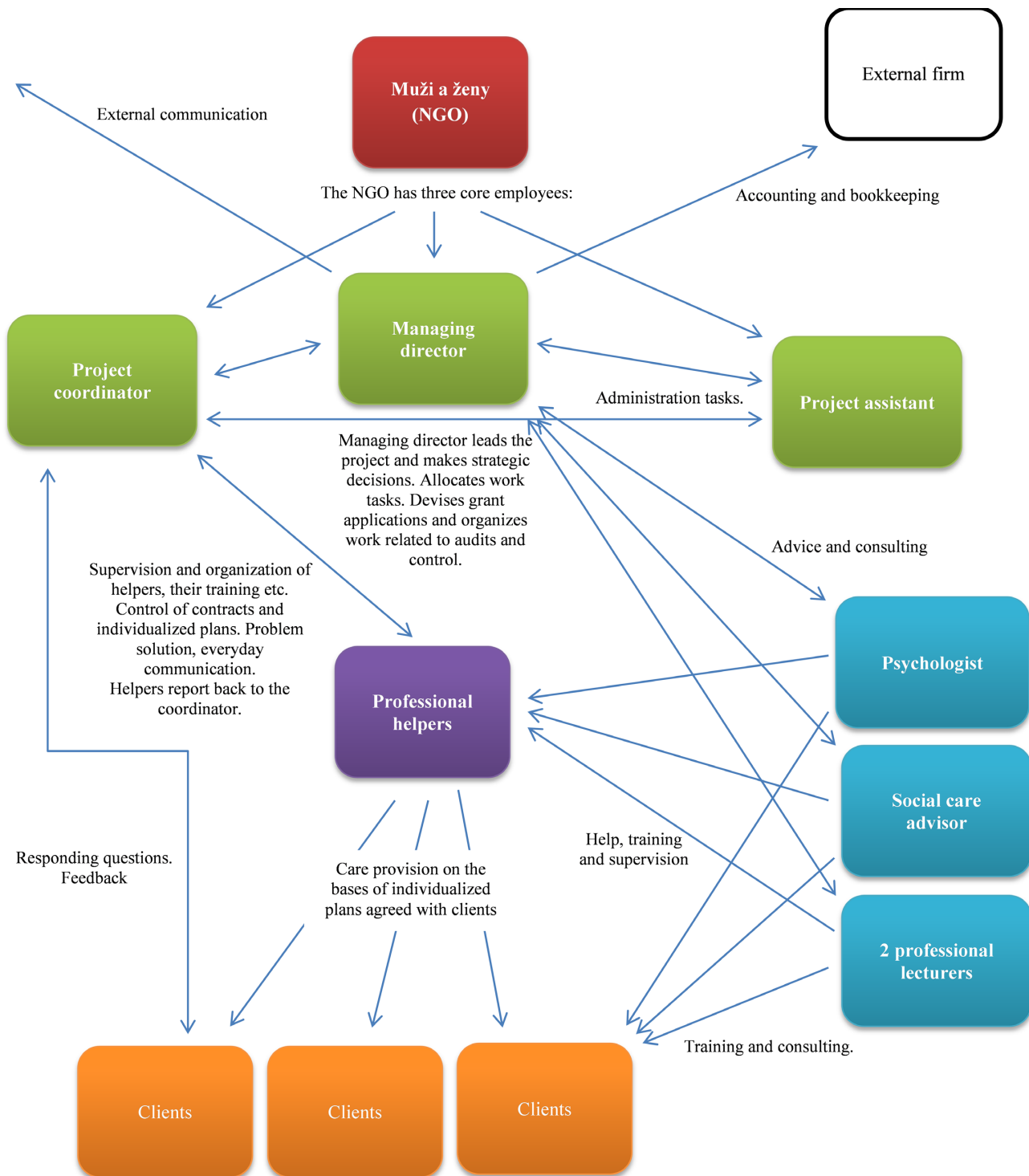
\*\*\*) Areas: North: Neufeld, Siegendorf, Draßburg, Lackenbach, South: Weppersdorf, Oibendorf, Strem

The organisational schemes for best practices in the post-socialist countries are characterised by a simple management structure, a small number of co-workers and a weak division of tasks and responsibilities ('everybody does everything'). The management of the practice is flexible and innovative; the workers come up with new ideas that are easily and quickly implemented. However, the success and sustainability of the practice often depends on a few highly motivated persons – their exit from the management structure can therefore lead to the termination of the practice.

By contrast, in the organisational schemes for best practices in the developed countries, the exit of one co-worker (employee) does not have a fatal effect on the sustainability of the practice. However, as mentioned above, the complicated organisational structure creates the risk of ineffective communication between actors and the risk of misunderstandings. A comparison of two different models of organisation is displayed in Diagram 1 and Diagram 2. The organisational structure of Samaritan Burgenland in Austria (Diagram 1) includes a range of employees in different organisational sections. By contrast, the Muži a ženy NGO (Diagram 2) in the Czech Republic has only three core employees.

Some best practices also draw on the work of volunteers. Despite the many advantages of volunteer work (such as the high motivation of the workers, lower costs, community building, etc.) the evaluation of practices showed that the inclusion of volunteers requires the establishment of a system of training and advice to serve them. Within the simple organisational structure common for best practices in the post-socialist countries, this could be difficult due to a lack of capacity.

**Diagram 2 Muži a ženy (NGO), Zrcadlová pomoc ('Mirror Help') (Czech Republic)**



Another weakness of volunteer work is the possible abuse of the practice by criminals to enter the houses or flats of the users (clients) of the practice. Therefore, special steps to prevent this situation are necessary. The Slovenian best practice called ‘The Elderly for a Better Quality of Life at Home’ is an example of a practice based on volunteer work. In 2011, there were 3,307 volunteers participating in the practice. A weakness of such practices is that the quality of the service relies on the quality of the volunteers. Table 2 shows the strengths and weaknesses of this particular Slovenian best practice.

The integration of mutual assistance among the elderly into best practices should not be difficult from a managerial point of view and simultaneously it leads to the re-activation of the elderly and their greater involvement in the community and gives them the feeling that they are useful. For

**Table 2 Strengths and weaknesses of practices using volunteer work**

STRENGTHS	WEAKNESSES
Large number of volunteers.	<p>Small number of professional staff, lack of training, lack of data analysis, lack of know-how about the administration of funds on the local level. No systematic measurement of the satisfaction rate of the users.</p> <p><b>THREAT</b> Lack of professionalism by the volunteers, lack of control of the volunteers. Susceptible to abuse.</p>

*Source:* Authors' research, cited from the completed questionnaire – SWOT analysis section.

example, in the Bielefeld model (Germany), tenants can help by being involved in community activities/services or helping to prepare meals; the best practice 'Mutual Help Exchange' led by the NGO 'Veselý Senior/Lucky Senior' (Czech Republic) is based on the mutual exchange of experiences, skills and knowledge among the elderly. Programmes of mutual assistance between the elderly and young people are also welcome due to their integration potential (for example, the Hungarian practice 'Skype for the Elderly' or the Slovak practice 'Chain of Experience – Generations Bridge').

## Participation of the Elderly in the Design and Implementation of Best Practices

The participation of seniors in the design and implementation of practices is obviously one of the important features of successful practices. The possibility to influence the design of practices not only contributes to the fact that the needs of the elderly are better satisfied and more effectively met but also increases their community involvement, the activity of seniors and, as a consequence, maintaining of their mental skills. There are basically two models of participation of the elderly:

- (1) In the more complex practice management structure (Austria, Germany), the organisations have sophisticated internal rules for gathering and using the elderly's opinions, such as complaint management, special manuals, regular surveys, consultations, discussions or meetings. On the one hand, this model provides relatively strong certainty that the complaint or the suggestion will be answered or taken into account. On the other hand, the system can have low flexibility; the term between a request and an answer could be long.
- (2) The second model is typical for simple management structures. There are no special institutional processes for collecting complaints or suggestions. The elderly can express their opinions via ad-hoc satisfaction surveys, accidental meetings, or if they meet anyone from the staff. This system is more flexible but depends on the availability and skills of the staff.

Among some best practices included in the Catalogue of Practices, there is no real (or very little) participation of the elderly in the design and implementation of the practice, such as the best practice 'Info TV' (Austria) or the best practice 'Emergency Alarm System' (Hungary). Low participation of the elderly is considered a weakness of the practice. It may lead to decreasing satisfaction among users and a lower demand for the practice. According to the overall evaluations of all the best practices, the inclusion of the observation of the particular needs, wishes and opinions of the elderly and people with disabilities is essential to the long-term sustainability of the practice. Table 3 presents an international comparison of the types of participation of the elderly in defining the design and the provision (implementation) of the practice. There are no huge differences among countries, but the lowest participation rate was found in Hungary.

**Table 3** Participation of the elderly in defining the design and provision of the practice

Forms and characteristics of participation		no participation	regular meetings with management	regular questionnaire	accidental, informal	others	internal rules	weakness – insufficient participation
Area of practice	community building	<b>0</b>	4	4	2	2	2	<b>0</b>
	housing accessibility	<b>0</b>	2	2	2	3	5	<b>0</b>
	housing affordability	<b>2</b>	2	2	2	1	1	<b>0</b>
	social and health care	<b>2</b>	2	0	0	4	1	<b>0</b>
	access to information	<b>1</b>	1	2	2	0	3	<b>2</b>
Country	Slovenia	<b>0</b>	2	2	0	1	2	<b>1</b>
	Hungary	<b>2</b>	1	0	1	1	0	<b>0</b>
	Germany	<b>1</b>	4	1	1	2	2	<b>0</b>
	Slovakia	<b>0</b>	3	2	0	1	2	<b>0</b>
	Austria	<b>0</b>	1	2	3	1	4	<b>1</b>
	Poland	<b>1</b>	0	2	0	2	0	<b>0</b>
	Czech Republic	<b>1</b>	0	1	3	2	2	<b>0</b>

*Note:* The figures represent the number of practices in the respective areas / countries in which the particular forms and characteristics of participation were identified.

*Source:* Authors' research, cited from the completed questionnaires, Section F.

## The Effectiveness of Best Practices

Since these practices were selected by HELPS project partners or their hired experts as examples of best practices, it is logical that almost all of them were evaluated as being effective (i.e. well targeted). The practices assist lower-income (needy) households more than higher-income (less needy) households; and they do not exclude lower-income (needy) households. Despite these positive evaluations, we found several limitations to the effectiveness of practices.

For some best practices, eligibility is limited by specific conditions, such as living in special housing stock or a pre-defined locality. And even within these limitations, it is clear that the practice cannot satisfy the demand from all eligible households. For some best practices, especially in the case of different systems of accessible and affordable housing for the elderly, the demand for the practice exceeds the supply; examples are 'Rental Dwellings Designated for Pensioners and the Elderly' (Slovenia), 'Apartment Building SENIOR' (Slovakia) or 'Nie sami/Not Alone' (Poland). It is clear that in these cases it is not possible to meet fully the demand, but it is not so clear whether or not there is a risk of some eligible households receiving privileged treatment over others.

If the practice requires financial participation from its users, it may also lead to the exclusion of low-income households, especially if the fee is relatively high. Few best practices integrate special

subsidies to help low income people to cover their financial participation. Nevertheless, applying for such an allowance can be too complicated in some cases, such as for the practice ‘Day Care in the Nursing Homes of Samaritan Burgenland’ (Austria). Exclusion can also result from the inability (or difficulty) of transport to the place where the practice is realised, such as for the practice ‘Senioralni, Poznan’ (Poland). However, there are always some limitations and barriers, and basically the managers of all best practices in all the countries made a maximum effort to include as many low-income, needy households as possible.

Practice implementation can also be limited by insufficient ‘marketing’ of the practice. If the practice is not well-known among the target group, uninformed potential users are excluded. For example, DOM IRIS (Slovenia) is a demonstration apartment and clinical research facility where various technical aids and technologies can be viewed and tested in order to find solutions for independent life in the home environment. At the beginning of the project, physicians in Slovenia were not informed about the existence of this service and they did not know that it is part of the public health service network and that the service is therefore covered by health insurance and is free for clients.

## Financial Sustainability

Almost in all cases, the biggest threat to the sustainability of best practices is the stability of funding. There is a clear, and somewhat natural, trade-off between using an innovative and locally specific approach and financial stability: the more innovative and locally specific to better meet specific local needs the practice is, the less stable its financial sources. Consequently, the implementation of new and original local practices requires not only highly motivated staff but also a certain financial history, stable donors and capital from the practice leader. As mentioned above, NGOs in the post-socialist states have none of these and their weaker position is reflected in the limited number of good examples.

Therefore, best practices in the post-socialist countries are most often financed from just one source, basically the public budget; the financing is usually short term and often depends on the varied interests of changing political representatives. For example, the main threat to the practice ‘Active 50+ Fair’ (Poland) is the uncertainty of public financing for further editions of the event. The most essential to the long-term sustainability of the fair is continued financial support of the co-organising local authorities. Support requires confirmation in annual local budgets and strongly depends on commitment from public authorities, where changing political priorities are a risk.

By contrast, some practises, especially in developed countries, typically draw on a number of financial sources: this eliminates the financial uncertainty but increases the demands on administration and management. The advantage of established NGOs from developed countries is the possibility to have their own financial sources (capital), financial history (important to possible lenders) or own property; moreover, they often have a reputation which puts them in a strong position for negotiations with public authorities.

The lack of finance is reflected in the design of practices. Many practices in the post-socialist countries are very inspiring for their original ideas, low costs, and relatively simple application, such as the best practices ‘Skype in Eldercare’ (Hungary), ‘Mutual Help Exchange’ (Czech Republic) or ‘Chain of Experience – Generations Bridge’ (Slovakia). However, the scope and goals of such best practices are logically limited. Italian practices demonstrate another important aspect: the danger of ambitious practices with an extensive management structure that are financed, however, through term-limited sources from special projects, so the practices are then not fully sustainable in the long term ( ‘Social Caregivers’ in Milan or ‘DREAMING PROJECT-PSP-ICT’ in Italy).

## Structure of Financial Sources

Most of practices are strongly dependent on the availability of public finance. Many practices are fully financed only from public grants (for example, almost all best practices in Slovakia). Several best practices combine public and private finance sources. Some best practices are also completely (or almost completely) financed by the provider; in the case of NGOs examples are ‘Info TV – The House-Own Information Channel of Samaritan’ (Austria), ‘Mutual Help Exchange’ (Czech Republic) or ‘Skype in Eldercare’ (Hungary). For the most part private sources include: client fees, rents, donations, and revenue from the provider’s own activities. In the evaluation of practices with a large share of private capital, the threat of commercialisation of the practice was sometimes mentioned; for example, for the practice ‘Festival for the 3rd Age’ (Slovenia).

**Table 4 Strengths and weaknesses of practices concerning ICT systems for the elderly**

	STRENGTHS	WEAKNESSES
<b>Slovenian model (Telecare)</b>	<ul style="list-style-type: none"> <li>• Strong interdisciplinary coordination, national coverage, which means that the service is accessible/available (geographically) to anyone</li> </ul>	<ul style="list-style-type: none"> <li>• Even if the price is lower according to the previous service, the service is still expensive and for that reason not affordable (financially) for anyone; the service is not recognised as part of the public network.</li> </ul>
<b>German model (SOPHIA – Franken GmbH &amp; Co. KG)</b>	<ul style="list-style-type: none"> <li>• Flexible and affordable social component for a broad range of tenants</li> <li>• No basic investments are required</li> <li>• No complicated legal hurdles are involved in the implementation of the practice</li> <li>• Symbiotic system of technical and psychological support</li> <li>• Transferable to other regions</li> <li>• No public spending necessary, economically self-sustainable</li> </ul>	<ul style="list-style-type: none"> <li>• Housing companies need to show their will to implement SOPHIA, otherwise the application of the system is not feasible.</li> <li>• Complicated franchise system that later had to be modified in order to provide a business model to attract new partners</li> <li>• The need to increase acceptance among the elderly that a housing company is responsible for health and social care services. Consequently, the SOPHIA System often meets with refusal.</li> <li>• No inexhaustible market as housing companies do not regard the complex installation of the SOPHIA system as economic beneficial</li> </ul>

**Table 4 (continued) Strengths and weaknesses of practices concerning ICT systems for the elderly**

<b>Slovak model (Electronic guardian of seniors)</b>	<ul style="list-style-type: none"> <li>• The practice is not aimed exclusively at the elderly; it can be used also for children and adults with ill health.</li> <li>• The project uses a tool whose functionality is not limited to the client's household and therefore does not create mobility barriers.</li> <li>• The pilot project was approved by actors as a beneficial instrument of social and health care.</li> <li>• The practice cannot be abused due to a very thorough examination process, which would detect almost all potential abusers, but this also limits total number of users; any abuse would be detected immediately (low number of users, rather close contact between users and operators).</li> </ul>	<ul style="list-style-type: none"> <li>• Exists at the local level in the City of Martin</li> <li>• Client's financial participation covers the practice costs only partially. The rest is funded by the municipality.</li> </ul>
<b>Austrian model (Home Emergency Call and Mobile Emergency Call including GPS location in AT and SK)</b>	<ul style="list-style-type: none"> <li>• Innovative home and mobile emergency call system</li> <li>• Upgradeability of the system with additional products</li> <li>• Total service portfolio, especially an emergency service</li> <li>• Assistance-competence, professionally trained emergency service staff</li> <li>• Range of the product (single households, supervised flats, nursing homes)</li> <li>• Existing infrastructure such as a control centre (trained staff)</li> <li>• Extensive supply (cooperation with emergency service providers)</li> <li>• The content and technically dual system</li> </ul>	<ul style="list-style-type: none"> <li>• Language-barriers between Samaritan Burgenland and the project partner because of the different native language</li> <li>• Financial burden, no financial aid for clients by through the legal social insurance</li> <li>• Hardwire systems are tied to one place</li> <li>• Reaching the target group</li> </ul>
<b>Polish model – telerehabilitation (Cardiac telerehabilitation)</b>	<ul style="list-style-type: none"> <li>• Sustainable, tested technical solutions</li> <li>• Part of a complex teleconsultation centre</li> <li>• Designed, developed and implemented by a top reference centre in cardiology in Poland, with much influence on cardiology operations in the country</li> </ul>	<ul style="list-style-type: none"> <li>• No direct recognition as a medical procedure by the National Health Fund</li> <li>• Only implemented by one institution at the current stage (access limited to patients referred by the Institute of Cardiology)</li> </ul>



**Table 4 (continued) Strengths and weaknesses of practices concerning ICT systems for the elderly**

<b>Hungarian model (Emergency Alarm System)</b>	<ul style="list-style-type: none"> <li>• Easy to use technology</li> <li>• Linked to social eldercare</li> <li>• Creates equal opportunities by targeting the group at social risk</li> <li>• Incorporated into the system of social regulations</li> <li>• Improves the security, quality of life of the target group</li> <li>• Indirectly improves the quality of life of family members</li> </ul>	<ul style="list-style-type: none"> <li>• The presence of two different market types (one purely technical, the other also providing a service) creates opportunity for abuse.</li> <li>• The partial financing of the market segment is a danger – erosion of financing leads (can lead) to the withdrawal of the market actor.</li> </ul>
<b>Italian model (DREAMING PROJECT – PSP-ICT – acronym for eDeRly-friEndly Alarm handling and Monitoring)</b>	<ul style="list-style-type: none"> <li>• New attitude to telemedicine and positive working atmosphere</li> <li>• Info on the web portal ! and ++ professional integration (ASS1 + TTL: meetings, collaboration, etc.) to solve problems</li> <li>• User satisfaction (despite some problems with the use of devices)</li> <li>• The majority of older participants feel safer in their home thanks to the Dreaming equipment</li> <li>• Positive change of mind in health professionals about the DREAMING Project: a good experience for the future, increased professional use</li> </ul>	<ul style="list-style-type: none"> <li>• Imperfect selection of frail participants</li> <li>• The thresholds of type 1 alarms are too low and have no real clinical impact or relevance for clinical decisions</li> <li>• DLS line connections (some criticisms, mainly solved; costs)</li> <li>• Difficulties for many with being trained to handle/use the devices (both for operators and subjects)</li> <li>• Difficulties with the set-up of the video conference – Older users remain doubtful about the use of videoconferencing</li> </ul>

Source: Authors' research, cited from the completed questionnaire – SWOT analysis section.

A special group is represented by best practices providing an emergency call system for elderly and disabled people (including cardiac telerehabilitation). Despite the evident strengths of these practices, all the practices face financial problems after the pilot phase. Table 4 presents the strengths and the weaknesses of this type of practice. The implementation of an ICT system has usually been funded by a public grant (examples are the practices in Germany, Austria, Italy, Poland and Hungary); public grants make up from 85% to 100% of the total costs. However, after the first phase of the project (pilot action), the practice turns into a private scheme independent of public finance (with the exception of the Polish and Hungarian practices which are still financed by public finance). Since this kind of care is not included in the system of public subsidies for social and health care, there are problems with balancing between the relatively high costs of the service and keeping it affordable for the people in need. Usually, the financial participation of the local authority is needed.

## The Strengths and Weaknesses of Best Practices

Many best practices could be an inspiration for other countries. However, the evaluation of the practices shows that the strengths of practices are always countered by weaknesses and therefore it is necessary to look at both sides of the coin. Table 5 summarises the main findings from an international comparison of best practices: the main strengths and main weaknesses of different settings of the best practice. As has been demonstrated in previous sections of this report, contextual factors, such as the

**Table 5 Summary of the main strengths and weaknesses of best practices**

	STRENGTHS	WEAKNESSES
<b>Cooperation of different actors</b>	<ul style="list-style-type: none"> <li>• Innovative approach</li> <li>• Integrated approach</li> </ul>	<ul style="list-style-type: none"> <li>• Possible communication problems</li> <li>• Unclear definition of responsibilities among different actors</li> </ul>
<b>Sophisticated structure of management</b>	<ul style="list-style-type: none"> <li>• Sustainability – independent of departure of one highly motivated worker/employee</li> <li>• Integrated approach</li> </ul>	<ul style="list-style-type: none"> <li>• High personnel costs</li> <li>• Lack of communication between employees</li> <li>• Misunderstanding who is responsible for what</li> </ul>
<b>Simple structure of management</b>	<ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Low cost</li> <li>• Informal relations with elderly</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent on a few capable and highly motivated employees/workers – the exit of a crucial team member may threaten the practice implementation</li> </ul>
<b>Volunteer work</b>	<ul style="list-style-type: none"> <li>• Low costs</li> <li>• Highly motivated workers</li> <li>• Community building</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of training of volunteers</li> <li>• Lack of control of volunteers</li> <li>• Susceptible to abuse by criminals</li> </ul>
<b>Participation of the elderly</b>	<ul style="list-style-type: none"> <li>• Long-term sustainability</li> <li>• Increase of the activity of elderly</li> </ul>	
<b>One source of financing</b>	<ul style="list-style-type: none"> <li>• Transparent financial flows, easy financial management</li> </ul>	<ul style="list-style-type: none"> <li>• Financial uncertainty</li> <li>• Dependence on actual political priorities</li> </ul>
<b>Multi-source financing</b>	<ul style="list-style-type: none"> <li>• Financial sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative-intensive</li> </ul>
<b>High share of public finance</b>	<ul style="list-style-type: none"> <li>• No fee for service</li> </ul>	<ul style="list-style-type: none"> <li>• Dependence on actual political priorities</li> <li>• Risk of financial unsustainability in the case of public finance cuts</li> </ul>
<b>High share of private finance</b>	<ul style="list-style-type: none"> <li>• Financial sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of commercialisation</li> </ul>
<b>Financial participation of the clients</b>	<ul style="list-style-type: none"> <li>• Financial sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusion of low-income people</li> </ul>

Source: Authors' research, cited from the completed questionnaire, authors' summarisation.

housing system, also play a crucial role in the effective transnational transfer of know-how. The success of a particular practice in one country does not have to repeat itself in another country due to the different contextual arrangements, fewer opportunities to obtain public subsidies, the non-existence of strong NGOs or the lack of rental housing.

Policy transfer can take both 'soft' and 'hard' forms: ranging from the 'hard' transfer of the details of a policy to the 'soft' transfer of the ethos underpinning it (Stone, 2010). 'Hard' transfers often require a change in legislation or, at least, changes in the main government policy strategies and priorities.

Soft ‘horizontal’ transfers can take place without the formal intervention of the state, for example, between NGOs anxious to learn from one another, and do not require major changes in the legislative and institutional framework.

A comparison of best practices in the selected five areas of intervention under the HELPS project clearly revealed that soft transfers are especially possible in fields where the specific housing, social, economic and institutional contexts do not matter so much, and there are two such areas in particular: community building and access to information/education. The practices in these two fields are not so dependent on the specific contexts and are, moreover, financially not so demanding.

The most difficult softer transfers are possible in fields where the specific context has a stronger deterministic effect and policies are often related to national legislation and policies, i.e. especially in the area of housing affordability. Most often, the transfer will consist of only a few inspiring elements of a specific model taken from one country and applied in another country. The areas of housing accessibility and social and health care occupy a middle place between easy and difficult soft transfers. The different forms of home and urban surrounding (public spaces) adaptations have the greatest potential for transnational transfer in the area of housing accessibility. Analogically, different ICT solutions have the greatest potential for transnational transfer in the area of social and health care.

## Conclusions

The evaluation of best practices shows that there is no one universal best practice. The strengths of the practices are always countered by its weaknesses and before implementing the practice it is necessary to look at both sides of the coin – the weak and strong sides of the innovative practice.

Innovative cooperation among many different actors requires higher personal engagement in the practice management and relatively higher administration costs for consultations and mediation. The most often described factors for the successful implementation of practices were good cooperation among the actors involved and finding financial support. The implementation of integrated practices requires management skills to lead effective cooperation among the many actors involved and the skills to manage complex financial flows and budgets. The unstable and insufficient financing of NGOs, insufficient management skills and a lack of experience on the part of their representatives, but also the socialist legacy or the relatively higher general social mistrust found in all transition societies are factors that could explain why more complex and highly innovative practices are only occasionally found in these countries.

The strength of the organisational schemes for best practices in the developed countries, characterised by a sophisticated structure of management, is the long-term sustainability of the practice. However, this complicated organisational structure presents a risk of ineffective communication between actors. By contrast, a simple management structure is more flexible to changing needs but the success and sustainability of the practice often depends on a few highly motivated persons – their exit from the management structure can therefore lead to the termination of the practice.

The possibility for the elderly to influence the design of a practice contributes not only to the better and more effective satisfaction of their needs but also to their greater community involvement, increased activity and, as a consequence, stimulates their mental resources. Moreover, the participation of the elderly is not financially demanding. Therefore, the practice should involve eligible households already in the design and implementation phase of the practice. Despite the strengths of volunteer work, the inclusion of volunteers requires the establishment of a system of training and advice to serve them. In the case of the inclusion of volunteers, the additional cost should be taken into account in the budget of the practice.

The stability (or the instability) of funding of best practice represents the most common threat to their sustainability. The implementation of new and original local practices requires not only highly

motivated staff but also a certain financial history, stable donors and capital from the practice leader. The combination of a number of financial sources, most often found in the developed countries' model of best practices, eliminates financial uncertainty but increases the demands on administration and management. By contrast, having one source of financing makes the financial management transparent but leads to financial uncertainty, which is typical for the best practices in the post-socialist states. Most practices are strongly dependent on the availability of public finance. If there is no public finance, the financial participation of the clients is often required. However, the higher the assumed contributions from eligible households, the greater the chance is that low-income households will be excluded from using a particular practice. Therefore, all practices involving contributions from eligible households should have a scheme guaranteeing financial support for low-income households.

The comparison of best practices in the selected five areas of intervention under the HELPS project made it clear that soft transfers are especially possible in fields where the specific housing, social, economic and institutional context does not matter so much, and there are two such areas in particular: community building and access to information/education. The most difficult soft transfers are possible in fields where the specific context has a stronger deterministic effect and the policies are often related to national legislation and policies, i.e. especially in the area of housing affordability. Most often, the transfer will consist of only a few inspiring elements of a specific model taken from one country and applied to another country.

The areas of housing accessibility and social and health care occupy a middle place between easy and difficult soft transfers. The different forms of home and urban surrounding (public spaces) adaptations have the greatest potential for transnational transfer in the area of housing accessibility; while different forms of special housing for the target population that mostly reflect the specific national housing system and traditions have the least potential for transfer in this area. Analogically, different ICT solutions have the greatest potential for transnational transfer in the area of social and health care.



## IV Best Innovative Practices in the Area of Housing Accessibility

### Summary

The best innovative practices in the area of housing accessibility include eight different practices designed to improve the physical accessibility of housing for the elderly and people with disabilities. Two practices (Italian and Slovak) represent the use of ICT for the elderly; they focus on the area of social and health care as well. The Austrian practice ‘Supervised Flats Connected to the Nursing Homes of Samaritan’ involves barrier-free flats whose inhabitants can use different services from the nearby nursing homes. The German practice ‘Living in an Age-Adjustable Flat’ is a concept for the modernisation, reconstruction and adaptation of dwellings to facilitate self-dependence in the domestic sphere. Likewise, the Hungarian practice the ‘Elderly-Friendly Housing Model’ is a tool to make the homes of the elderly obstacle-free in various settlement types and various housing types at a relatively low cost. The Czech practice ‘With the League against Barriers’ focuses on counselling on barrier-free (re)construction and flat adaptation. ‘IRIS Smart Home’ (Slovenian practice) is a demonstration apartment and clinical research facility (ambient assisted living lab) where the clients can try using various assistive technologies. The Polish practice ‘Urban Barriers Map’ is a database that gathers information on architectural barriers in the public spaces of the City of Sopot. The aim of the database is provide advice about barriers and the continuous elimination of these barriers. Table 6 presents a brief overview of all the practices in the field of housing accessibility.

**Table 6 Review of best innovative practices in the area of housing accessibility**

Name of practice	Country	National / Local level	Brief description / characteristics
Dreaming Project	Italy	Local	<ul style="list-style-type: none"> <li>ICT; user friendly technology for new integrated home care assistance to delay the need to move to nursing or elderly homes and to reduce the incidence and duration of hospitalisation episodes</li> </ul>
Supervised Flats Connected to the Nursing Homes of Samaritan	Austria	Local	<ul style="list-style-type: none"> <li>Barrier-free flats</li> <li>The use of different services from the nearby nursing homes</li> </ul>
With the League against Barriers	Czech Republic	National	<ul style="list-style-type: none"> <li>Counselling on barrier-free (re)construction and flat adaptation</li> </ul>
Living in an Age-Adjustable Flat	Germany	Local	<ul style="list-style-type: none"> <li>A concept for the modernisation, reconstruction and adaptation of dwellings to facilitate self-dependence in the domestic sphere</li> </ul>
Elderly-Friendly Housing Model	Hungary	National	<ul style="list-style-type: none"> <li>A tool to make the homes of the elderly barrier-free in various settlement types and various housing types at a relatively low cost</li> </ul>

**Table 6 (continued) Review of best innovative practices in the area of housing accessibility**

Urban Barriers Map	Poland	Local	<ul style="list-style-type: none"> <li>• A comprehensive database gathering information on architectural barriers in the public spaces of the City of Sopot</li> </ul>
Electronic Guardian of Seniors	Slovakia	Local	<ul style="list-style-type: none"> <li>• ICT; a tool that enables the transmission of a distress call from anywhere thanks to GSM technology together with a voice transmission</li> </ul>
IRIS Smart Home	Slovenia	National	<ul style="list-style-type: none"> <li>• A demonstration apartment and clinical research facility (ambient assisted living lab) fitted with various assistive technologies</li> </ul>

## DREAMING Project - PSP-ICT - acronym for eIDeRly-friEndly Alarm handling and MonitorING (Italy)

### ANNOTATION

DREAMING brings together a set of services which, packaged together, allow the elderly to extend their independent life while providing them with an equivalent level of safety as what they would enjoy in a protected environment such as an elderly home and offering them a way of staying in touch with their loved ones even when the latter are away. In addition, the DREAMING services enable the management of chronic conditions at home.

### WEBSITES

- <http://www.dreaming-project.org>

### TARGET GROUP

The project targets participants aged 65 years or older who fit one or more of the following eligibility criteria:

- 'first choice' criteria: a diagnosis of chronic heart failure, diabetes mellitus, or chronic obstructive pulmonary disease;
- 'second choice' criteria: a history of myocardial infarction, stroke, or falls within the last two years, hospitalisation during the last two years;
- 'third choice' criteria: advanced aged (> 80 years) can be considered.

Participants are not enrolled if: they are not willing to participate (e.g. they do not sign an informed consent form), are unable to use the DREAMING equipment, suffer significant impairment of language comprehension or expression (aphasia), have a diagnosis of dementia, or are complete dependent on others for the activities of daily living.

### COVERAGE OF THE PRACTICE

60 elderly participants were selected for a local trial and then allocated randomly in a control group (30) and an intervention group (30).

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The real-life trial lasted three years, it was international, it took into account the opinions of all the final users (elderly people, formal and informal care givers and professionals), and it allows for the sharing of clinical/environmental data between professionals.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The real-life trial with DSL connections started on September 2009 and finished on March 2012 without interruption. The follow up to the pilot is another project proposal on the EU ICT PSP call, just approved in November 2012. The planned experimentation in the new project will enable the wider dissemination of the pilot implemented in the DREAMING project, and will be applied to different areas in the Friuli Venezia Giulia Region, such as urban, rural and mountain areas. This means that other municipalities will be involved beyond the City of Trieste.

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

Key factors: Positive and active collaboration between all the professionals involved and the constant presence and activity of local coordinators and a monitor; the active participation of most elderly users.

Barrier: The selection of participants was imperfect: the users were too fragile; the alarm thresholds of Type 1 were too low, with no real clinical impact, and with no clinical decision required; the ADSL lines were difficult to implement and were expensive; several difficulties affected the set-up of videoconferencing; elderly users were consistently sceptical about the videoconferencing.

How were these barriers overcome: For weak users home care service was made more present and active; for the Alarm 1 threshold the contact centre agreed with the case managers on the cases in which to intervene; to avoid the cost of the licence fee of SIM card we migrated the profile of the cards to a prepaid type of SIM card for cell phones to localise the alarm.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Azienda per i Servizi Sanitari n.1 Triestina	Azienda per i Servizi Sanitari n°1 Triestina (ASS1) – the Local Health Authority of Trieste – is a public authority part of the Friuli Venezia Giulia Regional Health System. The staff comprise about 1,700 professionals (nurses, MDs, psychologists, 240 GPs) and it is organised in four health districts, one mental health department (with four mental health centres), one department for drug addiction, one department for prevention, one centre for cardiovascular disease and one for oncology, plus a system for emergencies (118–112). ASS1 has the responsibility to cover all outpatient services (outpatient clinics, as well as home and residential care), with a strong connection to social services in the municipality (integrated care).
Tesan – Televita srl	Tesan-Televita S.r.l. is a private company that manages the public Telecare service for the Friuli Venezia Giulia Region (FVG) on behalf of the Health and Social Policies Directorate of the Regional Government. It also offers delivery of pharmaceutical products to the home, a telephone service to reminder clients to take their drugs, solutions for domestic emergencies providing e.g. electricians, plumbers, the safekeeping of house-keys and emergency intervention in the main towns of the FVG Region (Trieste, Udine, Gorizia, Pordenone). Since the company was founded, the number of assisted people has grown to the current level of 4,200 people – mainly the elderly, the fragile and people at social-health risk.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The trial in Trieste was run by the existing system of home care services under the four health districts of Azienda per i Servizi Sanitari n°1 Triestina, (ASS1) and with the contact centre operators of Tesan-Televita srl (TTL). The nurses coordinate the daily work in collaboration with medical staff and the client's personal GP. DREAMING is thereby added to the existing workflow of the nurses. The primary



addition to their normal workflow is that the nurses are able to avoid some home visits for taking the measurements of some vital signs and have the opportunity to monitor the situation of elderly patients by actively checking the portal or can be alerted by the contact centre of TTL.

*Planners, financial staff and management:* The staff involved in the DREAMING Project belong to the ASS1 Supply (procurement) Department and the Finance Department.

*Health & social care staff:* In general, approximately 12 medical doctors and 12 nurses belonging to the four health districts were especially devoted to the preliminary phases of the trial, in order to select eligible subjects and to obtain their voluntary informed consent. Afterwards, the clinical staff of the four districts started the follow-up to each case, according to the usual care protocol used both for controls and for intervention for group participants. In addition, every participant took advantage of follow-up care performed by his/her GP. A bi-monthly coordination meeting – held in ASS1 – between all the professionals was continuously carried out to create good cooperation between the health districts' staff and the TTL Contact Centre coordinator and operators. The meetings were valuable for raising and solving problems and integrating the operators; a special meeting was held with the head of the local emergency system: a list of the study group subjects and their medical records was given to the '118 Emergency System' in order to facilitate intervention in the case of an emergency.

*Technical staff:* Technical support (installation and technical assistance at home) is offered by technicians of EMB / TBS Group (Group which includes TTL). The company already provides ASS1 with a service for the administration and assistance of medical devices and aids for the elderly and the disabled. The technical staff is made up of three technicians for installation, configuration and technical assistance. There are also three TTL operators for the first level of the Help Desk. Moreover, for each DSL connection at the users' homes there are three technicians from the external provider (Fastewb). The technicians from the EMB/TBS Group, Help Desk personnel and the Contact Centre operators from TTL were directly trained beforehand by the providers (HIS and TMR). The TTL Contact Centre operators carried out further internal training courses during the first period of the trial. After one year two new operators were trained.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Identify the main purposes of telemedicine at home: To gather vital signs in order to adjust treatment in due time and to adapt clinical decisions on the basis of a set of data or to discover emergency, life-threatening situations (at home!) accompanied by the prompt intervention of services; consequently an accurate distinction between alarm types is needed; users/patients must be carefully selected; innovation in self-care must be sought and patients/care givers/informal carers empowered; identify your goals: quality of life? The appropriate use of services? A reduction of costs? Bridging health and social inclusion; take into account that training to use devices, both for users and professionals, is very demanding and needs continuous refreshing/supervision of the efficiency of the devices; check the accuracy/precision of the system's devices; set protocols and a flow chart with a personalised threshold of alarms; help frail people to really understand how the devices are used and make them more active and the operators more pro-active; look for the spontaneous participation of professionals; maintain rigorous constant feedback with all the final users.

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management, representatives of AGE Platform Europe participating in all the project meetings to make their contribution.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No. Participants did not pay anything to participate in the practice.

### FINANCIAL SOURCES

All the costs were from public finance – the total cost of the practice was covered by EU grants that funded the DREAMING project:

- 250,000 EUR for personnel costs,
- 280,000 EUR direct costs,
- 50,000 EUR for indirect costs.

*Costs of administration: 8%.*

### SWOT ANALYSIS

#### STRENGTHS

- New attitude to telemedicine and a positive working atmosphere
- Info on the web portal! and ++ professional integration (ASS1 + TTL: meetings, collaboration, etc.) to solve problems
- User satisfaction (despite some problems with the use of devices)
- The majority of older participants feel safer in their home thanks to the Dreaming equipment
- A positive change of mind in health professionals about the DREAMING project: good experience for the future, increased professional use

#### WEAKNESSES

- Imperfect selection of frail participants
- The thresholds of type 1 alarms are too low and have no real clinical impact and relevance for clinical decisions
- DLS line connections (some criticisms, mainly solved; costs)
- Difficulties for many with being trained to handle/use the devices (both for operators and subjects)
- Difficulties with the set-up of the video conference – older users remain doubtful about the use of videoconferencing

#### OPPORTUNITIES

- Networking (within & between us)
- Collecting additional data interpreted by specialised professionals for more personalised decisions and programmes of care FOR THESE FRAGILE SUBJECTS
- The opportunity to improve new integrated home care
- Breakthroughs for knowledge translation into action and information for an evidence-based policy
- Pride in USEFUL innovation
- Emphasis on new home care that can outweigh the obsolete primacy of hospital and residential care (and avoidable related expenses)
- A reappraisal of the real-life evaluation of costs/benefits

#### THREATS

- Not identifying the main purposes for telemedicine at home
- The wrong selection of patients
- Not spending enough time training patients and operators
- Not checking the accuracy/precision of system devices
- Not setting the protocols and flowchart with a personalised threshold of alarms
- Non-voluntary participation of both operators and patients
- Not maintaining rigorous, constant feedback with all the final users

## Supervised Flats Connected to the Nursing Homes of Samaritan (Austria)

### ANNOTATION

More and more supervised flats that are monitored by Samaritan are being built at the request of municipalities and building project organisers. These supervised flats are connected to the nursing homes of Samaritan. The staff, as required and on request, care for the residents. Elderly people on the one hand have the possibility to live an autonomous life in a safe and barrier-free flat and on the other hand are able to make use of different services from the nursing homes.

### PROVIDER

Samaritan Burgenland (NGO)

### WEBSITES

- <http://www.pflegekompetenzzentrum.at>

### TARGET GROUP

The main target group are elderly people who cannot or do not want to live in their own home anymore for different reasons but who want to remain in their usual environment. The residents of supervised flats must still be independent and autonomous. The level of the care allowance is not relevant unless the care needs are beyond the scope of the agreement, to the extent that the enormous amount of time and the costs for care can no longer be covered. It is also possible for an elderly couple move together into a supervised flat.

### COVERAGE OF THE PRACTICE

Samaritan supervises a total of 39 flats throughout Burgenland (39 flats attended by 5 nursing homes). There are 4 flats and another 8 flats not connected to a nursing home that are currently under construction.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The flats supervised by the nursing homes of Samaritan were selected as a best practice because they are built barrier-free and are affordable even for low-income people. Positive progress is that the municipalities are starting to create opportunities for elderly people who cannot or do not want to live in their own home anymore but do not want to leave their usual environment. This is a good way to avoid moving to a nursing home for as long as possible. Furthermore, elderly people can feel safe and be sure that they will get services if they need them. In the framework of the pilot action the plan is to equip the flats with innovative AAL-solutions (ambient assisted living) to enable residents to feel even more safe and to live an autonomous and independent life for as long as possible. The various existing AAL-solutions make the possibilities for supporting elderly people living in supervised flats very flexible.

Elderly people can also engage in their usual activities or meet friends and family members. They can withdraw whenever they want to or if they need more privacy, but they can also take part in an activity programme or events organised at the nursing home. Many people are very lonely in their own home and lose their social contacts and their skills. This can be avoided in the supervised flats because social contacts and the mental and physical abilities of the residents are maintained within the framework of the daily animation and activity programme in the nursing homes.



© Supervised Flats Connected to the Nursing Homes of Samaritan

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The first supervised flat was built in Weppersdorf in 2008 together with the first Samaritan nursing home. Owing to the big demand, more and more nursing homes with connected supervised flats were then planned and built.

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

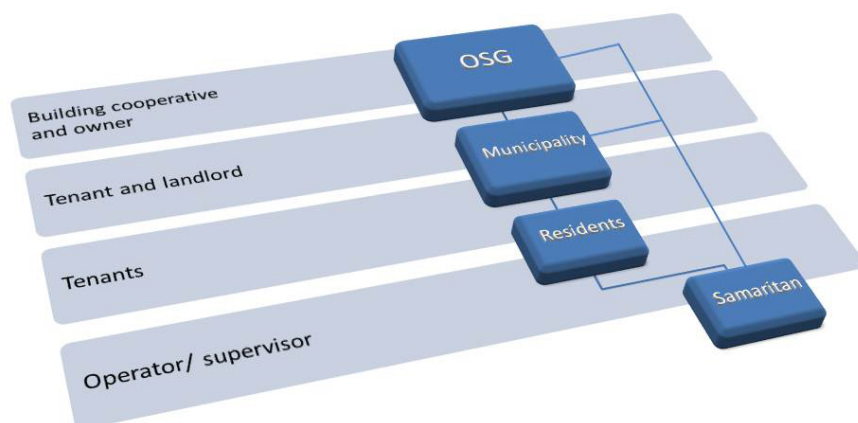
The key factor for a successful implementation was good cooperation between all the partners involved. One of the most important things was that everyone had the same goal in mind. This goal was to give elderly people the new possibility of remaining in their usual environment while still allowing them to receive support. In addition, cooperation between non-profit organisations (Samaritan and the building cooperative) and the municipalities had a positive consequence for elderly people because this option is affordable even for low-income people. Finding the right cooperative cannot be cited as a barrier because the municipality decided together with the building cooperative to build these supervised flats. The flats were/are built by OSG because many municipalities do not have the financial resources to afford to do so themselves. During the implementation period fields of responsibility were clear and regulated with different contracts.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Managing director	The managing director of Samaritan Burgenland is the head of the organisation and is responsible for rescue service and all the social services provided. Furthermore, he is responsible for ensuring adherence to the regulatory framework. He has to oversee the economic side of the organisation. Since Samaritan Burgenland is a non-profit organisation, it is the duty of the managing director to pursue social and socio-political aims and objectives.
Nursing home's nursing manager	The nursing home's nursing manager is responsible for one nursing home. As well as being the regional manager for care, she has to control and ensure the quality of care/nursing and the nursing-organisation in the respective nursing home. Other responsibilities are similar to those of the regional manager. She makes the duty roster for the staff, but needs approval from the responsible superordinate person. The nursing home's nursing manager leads the team and in most cases is the first contact person for residents, relatives and staff. She forwards suggestions to the responsible person if she is not able or allowed to deal with them by herself.
Nursing staff (qualified nurses + care assistants)	The nursing staff care for the elderly and vulnerable residents of the nursing home and day-care guests according to their qualifications and responsibilities. They also carry out services ordered by the residents of the supervised flats.
Nursing home's administration	The administrator of every nursing home is responsible for systematically dealing with administrative issues (accounting of received services, post, inform people about options etc.)

<p>Animator</p>	<p>The animator is responsible for the animation and activities of the residents of the nursing home and the supervised flats and day-care guests. She/he tries to motivate them to engage in different activities. The animator has to make an animation plan for the whole month as well as for the whole week and adapt it to the needs and wishes of the residents and day-care guests continuously. She/je helps the nursing staff by collecting biographies from the residents and day-care guests by talking with them etc. She/he is responsible for the decoration of the accommodation and for this purpose involves the residents and day-care guests. The animator also helps to organise and prepare events and maintains good cooperation and teamwork with volunteers.</p>
<p>Quality management</p>	<p>The quality manager and the quality management staff are responsible for maintaining an active quality management system and the day-to-day improvement in quality. The aim is to optimise in-house processes together with the responsible person of the respective sector. On a regular basis, the responsible person carries out internal quality audits.</p>
<p>Psychologist</p>	<p>The function of the in-house psychologist is to exonerate staff within the framework of supervision and therefore enhance job satisfaction, which in turn should have a positive effect on residents and day-care guests. Furthermore, it is her aim to reduce psychosocial stress factors and to enhance the satisfaction of the staff, residents, day-care guests and relatives within the framework of psychological conversations, supervision and support.</p>
<p>Municipality/ Mayor of the municipality</p>	<p>The mayor of the municipality, together with the managing director of the building cooperative, creates the idea of building supervised flats and connecting them to the nursing homes of Samaritan. Furthermore, the municipality sometimes provides the property and carries out administrative issues. The municipality, if a flat becomes vacant, is responsible for choosing the next resident. Municipalities are the main tenants of the flats and sublet them to interested people.</p>
<p>Non-profit housing association/ building cooperative</p>	<p>The building cooperative (OSG) gets/got subsidies from the federal state for building these supervised flats. This association is the owner of the flats and at the same time the lessor for the municipality.</p>

MUTUAL RELATIONS BETWEEN ALL THE ACTORS



### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The first and foremost necessity for the long-term sustainability of these supervised flats is that they are affordable. If this condition is not met, it would be very difficult for a broad group of elderly people to afford this flat. Also essential is that the privacy of the resident is respected and ensured. They should be allowed to live independently but should always know that support and special services are available to them if they need them. On the other hand, residents should always have the feeling of being welcome in the nursing home. By making use of the activities offered and the animation and motivation programme, their mental, physical and social skills should be maintained for as long as possible. Also essential to long-term sustainability is good cooperation and communication between all the partners involved.

### PARTICIPATION OF THE ELDERLY

- questionnaires; ad hoc if the residents meet anyone from the staff they can express their opinion

The needs and wishes of the residents and day-care guests are considered in the daily routine. It is very important for Samaritan to adapt the daily activity/animation plan, care and daily routine to an individual's wishes, needs and biography to enable elderly and vulnerable people to benefit as much as possible from the situation. If somebody has a wish or a request, he or she may apply to the nursing home's nursing manager, to the in-house psychologist or make use of the complaint-management procedure. An effort is made to consider the wishes and needs of residents and day-care guests as much as possible and are taken seriously. They are discussed at meetings with the management of the organisation but also at so-called executive meetings at which the nursing managers of every Samaritan nursing home participate. This is an opportunity to discuss all important issues and all the nursing homes can profit from the results. The outcomes and findings of these complaints, concepts and processes can be used to update and adapt conditions to meet the wishes and needs of the residents. Other opportunities for residents, day-care guests, relatives and staff to influence goals are the annual interviews. Residents, day-care guests, relatives and staff may answer questions about different topics but also have the possibility to make suggestions or requests. At the end of the year, the goals for the next year are defined. The results and outcomes from conversations between the psychologist or the management and the residents and day-care guests, and results from interviews and the complaint-management system are integrated into the goals for the next year.

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Quality assurance and the continuous improvement of quality is one of the most important things for Samaritan Burgenland. For this reason it has its own quality management, which sets up different regulations or procedures to ensure structured and regulated operations (e.g. procedures for the daily care of people, for entry into the nursing home etc.). The rules for gathering and using the opinions of the elderly are described in detail in the 'complaint-management' procedure, the procedure for 'interviewing residents/day-care guests', or the procedure for making 'suggestions for the improvement of management'. The results of the interviews and written or oral complaints or suggestions are communicated to the respective responsible person, who checks traceability and correctness and tries to find the best solution.

### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

It is necessary that people who are interested in moving to a supervised flat have the financial resources to pay the monthly rent and the ordered services. Since Samaritan Burgenland and the building contractor are both charitable organisations, the rent is cheap. As mentioned before, if residents still cannot afford the monthly rent and the services, they have the ability to apply for housing benefits

from the federal state. It is not possible to get this benefit if the person gets the 'minimum collateral' or the flat is bigger than 50 m<sup>2</sup>.

Another important aspect is that the person should be autonomous and should not need around-the-clock-care because he or she would make use of the services too much and staff resources for that amount of service are not available. In addition, this is not the original objective of the practice.

#### FINANCIAL SOURCES

In Burgenland, funding for supervised flats (and other dwellings with more than two accommodation units) is a supply-side subsidy and is equal to a fixed amount of 590€/m<sup>2</sup> floor space. Additional subsidies for building a barrier-free dwelling of 3% of the proportional loan amount for every barrier-free dwelling are available. For this, some conditions have to be met to ensure the construction of flats without any barriers. The building cooperative receives these subsidies because it is the builder and owner of the flats. The cost of one completed flat is around € 100,000. From that, the municipalities pay about €10,000 per flat (but it depends on the region and the basis for negotiation).

#### *Building cooperative:*

The building cooperative gets rent from the residents of the supervised flats of between €350 and €550 (depending on the size of the flat and the municipality). The flats are between 45 m<sup>2</sup> and 74 m<sup>2</sup> and the operating costs are included in the monthly rent.

#### *Samaritan nursing homea:*

Basic care package: €15 per month

Other costs: Cable television or SAT television: €4.95 per month; waste disposal: €6 per month; qualified nurse: €7.68 per ¼ h; care assistant: €6.08 per ¼ h; home help service: €6.08 per ¼ h; technician: €6.08 per ¼ h; breakfast: €3.30 per breakfast; lunch: €6.60 per lunch; dinner: € 3.30 per dinner; meal package (breakfast, lunch, dinner) for one month: €12 per day; meal package lunch for one month: €6 per day; drycleaning: €28.60 (one time); wash laundry: €4.40 per wash; ironing: €6.08 per ¼ h; telephone service: €7.70 per month ; telephone fee: €0.096 per unit; internet service: €11 per month; cleaning the flat: €7.50 per ¼ h.

All the costs are adjusted annually.

As noted above, if a person is unable able to afford it, they can apply for housing benefits. Because the costs of the flats are not overpriced, as yet there have been no problems of anyone being unable to afford this service.

## SWOT ANALYSIS

## STRENGTHS

- The municipality coordinates and administrates flats for people interested in them and residents
- People can remain in their usual environment
- The flats are cheap and affordable; on the other hand there are subsidies for low-income people
- Elderly people can live autonomously and enjoy their privacy
- They can take part in the activities offered in the nursing home
- The residents' social contacts are maintained as are their mental and physical abilities within the framework of the animation and activities programme
- People can order services they need and thus they can feel safe

## WEAKNESSES

- Elderly people/ residents often don't know where to refer when they have problems (often don't know area of responsibility of different actors)
- The occupied services aren't evident at a glance during the month; residents may underestimate the occupied services
- The personal resources of the nursing homes do not target unexpected changes of the state of health of residents; short-term changes of the state of health of residents may be compensated

## OPPORTUNITIES

- Stay in a nursing home can be delayed or prevented
- Existing resources may become maintained and lost resources reactivated
- Residents do not have to lose usual habits
- Residents can take pieces of furniture or beloved objects and memories with them into the new flat

## THREATS

- There are similar facilities that also provide similar services and call themselves 'supervised flats', which they aren't in reality

## 'With the League against Barriers' (Czech Republic)

## ANNOTATION

The practice focuses on counselling in the field of housing accessibility and the adaptation of flats: it provides counselling on barrier-free construction and practical help with ensuring housing accessibility for people with reduced mobility; simultaneously, the local building authorities and employment bureaus (who distribute the Benefit for Special Compensatory Aids) are addressed to increase their awareness of the issue of barrier-free housing, and to provide them with counselling in barrier-free public construction and accessible public space. All the counselling is for free.



© 'With the League against Barriers'



#### PROVIDER

'Liga vozíčkářů' – The Wheelchair Association (NGO)

#### WEBSITES

- [www.ligavozic.cz](http://www.ligavozic.cz)

#### TARGET GROUP

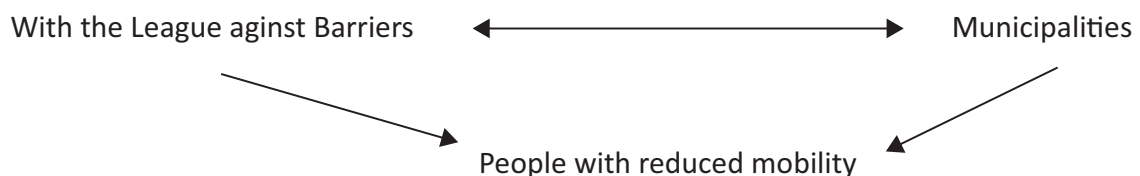
In accordance with the goals of the practice, there are two main target groups: (1) public institutions (local authorities, employment agencies); (2) individuals with reduced mobility – this means not only people with physical handicaps but also the elderly, mothers with prams etc. No other eligibility criteria have been set down.

#### COVERAGE OF THE PRACTICE

Long-term cooperation with clients on flat reconstruction or with institutions involving around 100 cases a year.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

- The practice focuses not only on individual clients but also actively works to establish ties with municipalities and their building authorities so that they are known to their staff (who are usually not experts in removing barriers etc.) who can ask the practice for advice when reconstructing public buildings or when they are unsure of how to help their citizens with reduced mobility. The aim is to increase the quality of work of the local authorities in the field of barrier-free construction and counselling required by their citizens. Therefore, the innovativeness of this practice is not only its direct targeting of people with reduced mobility, to adjust their environment, but also its indirect targeting through cooperation between the League and the municipalities, as the majority of the target group turns to the municipalities first for advice.



- The project helps to involve people with reduced mobility in ordinary society, decreases the risk of the social exclusion of these people and enables them to remain in their current dwellings.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice has been going on uninterruptedly since January 2010. No limit has been set. However, severe reductions in the scope of the practice will result should one day the Ministry not support the grant application or should the Ministry change the rules of the grant scheme.

#### IMPLEMENTATION

The key factor was that the Ministry for Regional Development announced a grant scheme that is suited to the main activity of the practice. Previously it had been impossible to obtain any money from public grants as counselling on barrier-free housing and the public space is not a social service under Czech legislation and there is a presumption that such counselling is not necessary as the modification of flats for people with handicaps is something any project architect can do; this unfortunately it not confirmed by reality.

The main barrier or complication turned out to be finding appropriate project architects who are experts in barrier-free housing and construction and the diverse compensatory aids used by people with handicaps and simultaneously would be able to communicate appropriately with the target groups of the project and additionally would be willing to work for a comparatively low wage, which is typical for NGOs. Out of all the applicants for this position only one person was fully suitable and she was hired. The project coordinator claims that she could not imagine what they would have done if this person had not applied for this job.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

The Wheelchair Association (NGO)	The actor who created the project 'With the League against Barriers' and is responsible for carrying out the practice.
The Ministry for Regional Development of the CR	Provides 70% of the funding and controls budget spending.
External firm	Annually financial audit of the whole organisation.
Private donators and foundations	Provide 30% of the project budget.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are two main people in the NGO responsible for operating the project and three others who work on supportive tasks for the project.

##### *The main staff:*

*Project coordinator* (part-time – 0.2% of her capacity): She is responsible for passing the grant applications to the Ministry and other foundations every year. Further, she checks the budget spending and is responsible for the work of the staff of the project – i.e. the one professional counsellor. She also prepares promotional leaflets etc.

*Professional counsellor* (full-time – 1.0% of her capacity): She is a civil engineer by profession, but she is an expert in the field of barrier-free housing. Therefore, she is responsible for carrying out the project activities, which means: she makes contact and ensures collaboration with the local authorities, is in direct contact with individual clients (assesses their needs, limitations and capabilities; designs architectural plans for reconstructions; helps with obtaining a building permit; is able to submit a tender for a construction firm; offers advice in the field of compensatory aids; helps with searching for financial resources for financing reconstruction when necessary; supervises building operations and deals with the local building authority), she wrote a guidebook and gives evening lectures.

##### *Support staff (a small part of their work is paid for with money from this project):*

*Director of the NGO:* As the statutory representative s/he signs the project proposals and the final accounts report of the project.

*Project manager:* S/he communicates with the Ministry of Regional Development while administering the monitoring and final reports of the project.

*Fundraiser:* S/he looks for additional financial sources to cover the 30% of the budget.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The key issue seems to be how the practice is founded; the NGO should think about alternative financial sources to that of the Ministry of Regional Development.

#### PARTICIPATION OF THE ELDERLY

- ad hoc, if clients meet anyone from the staff they can express their opinion

According to the project coordinator, it has not been necessary to change anything in the design of the practice until now. She believes that this fact indicates that the practice has been well set up since its founding.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

The organisation uses special PC software which, for example, can record unsatisfied requests from clients. From time to time the coordinator of the project goes through these records to see if there are any recurring issues and then meets with the expert worker seek to find a solution.

#### ARE ANY LOW-INCOME (SOCIALLY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No. The counselling is provided for free, as are other activities.

#### FINANCIAL SOURCES

In this area, the budget composition of the practice has been the same since its beginning: 70% is covered by a grant from the Ministry of Regional Development) and 30% must be covered from other funds – in 2011 these were solely private (i.e. income from published print advertisements); in 2012 the NGO will seek to cover expenses from private charitable foundations.

Yearly budget structure (in EUR, EUR/CZK = 1/25.595) for 2011:

- Total operational costs: 21,425
  - Personnel costs: 16,490 (77- Administrative costs: 4,935 (23%)
- Total capital costs: 0

Yearly budget structure (in EUR, EUR/CZK = 1/25.595) for 2012:

- Total operational costs: 17,000
  - Personnel costs: 13,620 (80- Administrative costs: 3,380 (20%)
- Total capital costs: 0

The budget for 2012 reflects the lower level of the subsidy from the Ministry of Regional Development compared to 2011. In 2012, there were, for example, cuts made in travel costs.

Costs of administration: 20% (includes rent, power, and a proportional part of the salary of the administrative staff).

Yearly structure of incomes (in EUR, EUR/CZK = 1/25.595) for 2011:

Total: 20,043 — Grant from the Ministry of Regional Development: 14,964 (75- Own resources (income from print advertisements, private donations): 5,079 (25%)

This means that the practice had a financial loss of EUR 1,382, in 2011.

Yearly budget structure (in EUR, EUR/CZK = 1/25.595) for 2012:

Total planned income: 17,000 — Grant from the Ministry of Regional Development: 11,721 (69- Planned own resources (income from private donations); however, as of August 2012 none of this money had been collected yet and the NGO has been awaiting the result of other grant applications it submitted: 5,270 (31%)

This means that there is a danger that the practice will have a financial loss again in 2012.

## SWOT ANALYSIS

## STRENGTHS

- The practice does not fit under the legal definition of social services in the CR so the target group is defined according to the issue/problem (i.e. barrier-free re/construction increasing the quality of life and social integration of people with any kinds of reduced mobility) rather than according to some artificially pre-defined target groups used in social services. This allows the practice to deal with the issue more complexly and at the same time it is easier to persuade the local authorities that barrier-free buildings and public spaces are important not only for a narrow group of people with disabilities but for approximately 30% of population and that as a result the elimination of architectural barriers is really in the public interest.
- Another strength is the fact that the counselling is free, so it is easily accessible to low-income people (i.e. usually people with disabilities, some elderly, lone mothers, etc.) as well as to the staff of smaller municipalities which typically have no extra money for such consultations.
- Of importance for carrying out the practice is simple administration and cooperative relationships among the staff of the NGO, so that only one and half persons are able to ensure the broad scope of activities of the practice.
- Finally, the staff are able to develop and innovate the practice continuously which contributes to the increasing impact of the practice in the field of removing architectural barriers (cf. q 80).

## WEAKNESSES

- A weak point is the financing of the practice. It is provided for free, so it has no independent income, besides one exception in 2011 (the income from an advertisement) and so it is completely dependent on public grants.
- The practice is totally dependent on the presence of the professional counsellor in barrier-free constructions and the departure of the current counsellor could lead to the collapse of the practice as there are very few professionals appropriate for this position (cf. q24).

#### OPPORTUNITIES

- The main opportunity is that besides individual counselling the practice targets the local authorities and from 2013 will cooperate with the university (the Faculty of Architecture and the Faculty of Civil Engineering) as well. Therefore, there is great potential for the gradual mainstreaming of the issue of architectural barriers and the practice itself, which could result inter alia in easier access to financial resources – e.g. the municipalities may recognise this counselling as so important for its citizens that they would be willing take part in its founding, etc.

#### THREATS

- As the experience of the NGO shows there are very few suitable grant schemes for the project's activities in the CR (as the practice does not qualify as a legally recognised social service) and changing the founding priorities (or topics) of the Ministry of Regional Development could be damaging for the practice. Nevertheless, the project coordinator claimed that in such a situation the NGO would like to continue the project but the scope would be restricted.

## AlterLeben. 'Mitalternde Wohnung' - Living in an Age-Adjustable Flat (Germany)

#### ANNOTATION

An adjustable flat is a concept that aims at finding (pilot) solutions to allow users' independence in the domestic sphere. It was developed within a network of housing cooperatives, research firms and enterprises. Micro-system technical solutions and accompanying services are the focus. Flexibility in terms of (elderly) people's changing needs is guaranteed by the concept's modular design.

The concept of adjustable flats enables people to live for as long as possible in their own flat in a self-determined way. The focus is not only on the flat itself but also on the housing environment.

#### PROVIDER

Verband Sächsischer Wohnungsgenossenschaften e. V.

#### WEBSITES

- <http://alter-leben.vswg.de>

#### TARGET GROUP

Single persons, families, elderly people who are or will become a member of a housing cooperative who are looking for accessible, affordable housing and an attractive residential environment.

#### COVERAGE OF THE PRACTICE

If possible, around 10% of the housing cooperative's flats in Saxony shall be converted into adjustable flats (approx. 30,000 flats)

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

It is a symbiosis of scientific and practical solutions which strongly reflects individual needs.



© AlterLeben. 'Mitalternde Wohnung'

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The duration of the project was from August 2009 to June 2012; pilot modules were also implemented during that time (2009–2010 – pilot). Thus, the concept could always be adjusted to new developments and experiences. The project findings suggest that about 30,000 flats can gradually be adjusted.

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

The very early integration of potential users is essential, already during the conceptualising phase. Interdisciplinary cooperation, the implementation of solutions and concrete pilot projects under ‘real’ conditions are also important for successful operations. The nature of a housing cooperative is such that it is about supporting togetherness by implementing an integrated approach. Thus, it is not only attractive for elderly people who might need support in terms of special services or technical assistance but also for younger tenants and families.

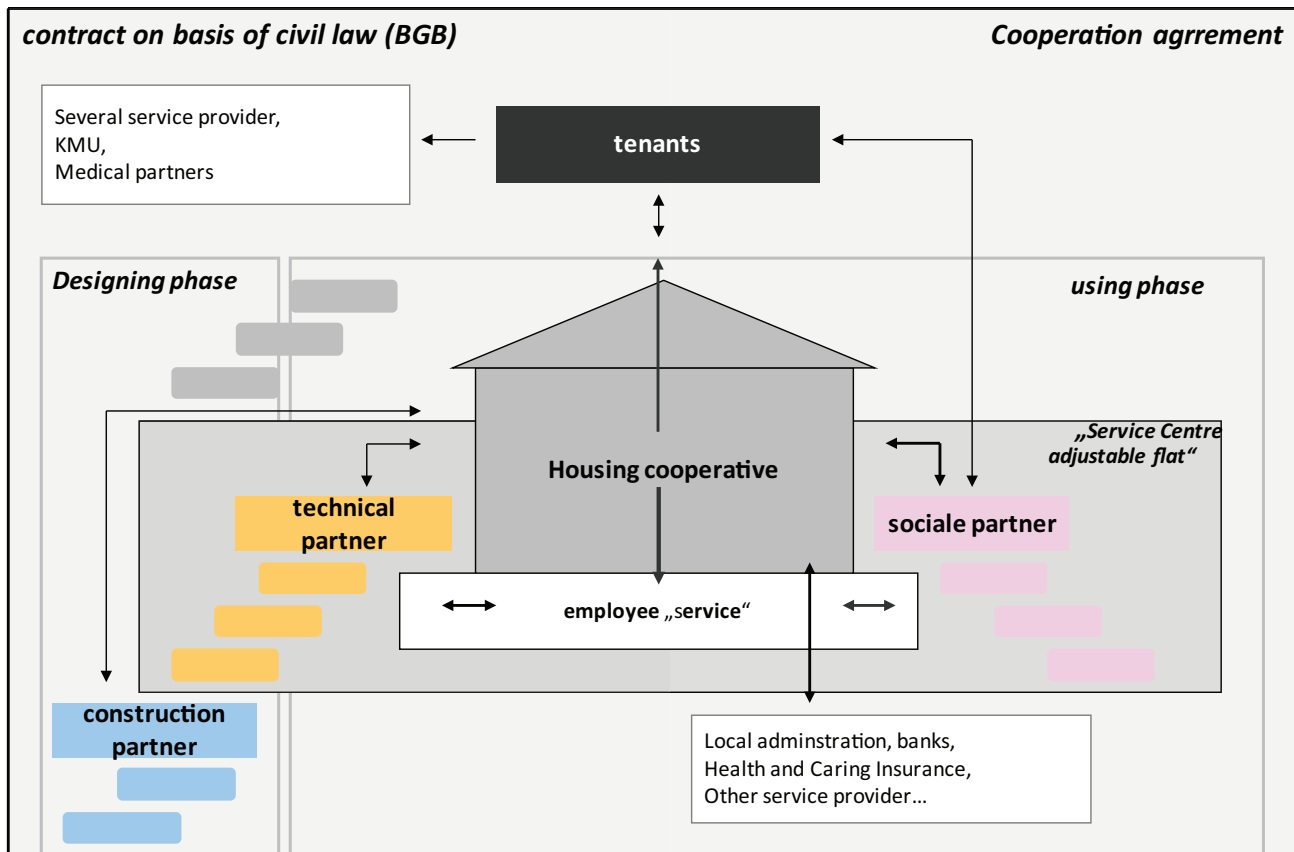
Up to the stage of final confirmation the project application was long and very demanding on personnel. Once confirmed, networking is one of the most difficult tasks. Problems have to be solved and various interests can sometimes lead to conflicts. However, all the actors involved believed in the ‘product’ and worked for its success. Strong management is needed to implement the project: mediation, flexibility and expert knowledge have to come together to master problems within the daily work sphere.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Verband Sächsischer Wohnungsgenossenschaften Project management  
e. V.

Pilot housing cooperatives: e.g. Burgstädt eG, Fortschritt Döbeln eG, LebensRäume Hoyerswerda eG, eG Penig, UNITAS eG Leipzig	Implement the concept of adjustable flats via a combination of technical and social services; finance the basic variant and parts of the first expansion stage
Advisory Board	A committee to discuss the parameters for the sustainable implementation of the adjustable flat out of different perspectives.
Housing cooperative’s service centre	Advising on services and facilitating technical support
Social actors: neighbours, volunteers, family members, transport services, social communities	Guaranteeing social integration
Health service actors: e.g. doctors, pharmacies, nursing service, emergency medical services	Supporting and providing medical and health service
Funding actors: health insurance fund, care insurance fund	Consulting and cost absorption
Construction-related and technical actors: architects, IT-specialists etc.	Construction, ICT solutions

THE COOPERATION MODEL



HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The project management was performed by one person working full time. Several external workers served to support the delivery of input.

ESSENTIAL TO LONG-TERM SUSTAINABILITY

Networking is essential. It requires very hands-on management and ‘caretakers’. This facilitates informal communication, the critical discussion of ideas, and generates confidence. Demand-driven offers can be provided. Only then is long-term sustainability possible. Sufficient financial and personnel resources are needed. Changes in personnel have a negative impact on established networks and should be minimised.

PARTICIPATION OF THE ELDERLY

- regular meetings with the management, questionnaires
- each flat is individually adjusted, according to the needs of its user

INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

The housing cooperative’s objectives are as follows: self-management, participation, co-property, grant orders. Thus, each member, regardless of his/her age, counts.

ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No. Each tenant is a member of the housing cooperative. Once a member, the rents are low. The cooperative assumes a rent of 6€ per m<sup>2</sup>. This is rather low and should be affordable even for low-income people.

## FINANCIAL SOURCES

Public funding was spent only on the project's conceptualisation, not on the adjustment of flats. 100% of personnel costs were covered under the conceptualisation.

### *Costs of reconstruction:*

Pilot flat completely adjusted (Burgstädt housing cooperation is given as an example):

- upgrading 16,280 EUR
- standard electronic work 3,317 EUR + 4,100 EUR for the assistance system- painting 2,847 EUR
- installation costs (heating, water, bathroom) 15,857 EUR
- technical assistance system 14,708 EUR → total costs 57,109 EUR Basic version of a flat:
- upgrading 14,360 EUR
- standard electronic work 3,300 EUR + 3,732 for the assistance system
- painting 2,499 EUR
- installation costs (heating, water, bathroom) 13,202 EUR
- technical assistance system 8,216 EUR → total costs 45,309 EUR

The later following pilots are available from 2,000 to 5,000 Euro, depending on the existing facilities.

The user pays a monthly rent (6.70 EUR/m<sup>2</sup>), including technical assistance and barrier-free facilities. Additional services are paid extra on an individual basis. This concept tries to respond to the changing needs of existing or new tenants. For this, the housing cooperative was ready to invest parts of its own capital and use credits. The monthly rent is relatively low and aims to attract new tenants as well. The concept can thus be seen as an investment in the future. If this is ultimately successful it must be carefully evaluated. It is a valuable concept with exemplary potential for the implementation of others.

## SWOT ANALYSIS

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Integrated approach, broad participation, modular design enables individual adjustments according to individual needs</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Communication and mediation is strongly needed → extensive effort and commitment from personnel</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• New fields for economic activity can be opened as the project is a model for future developments that need action</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Architectural adjustments are always more expensive than technical solutions</li> </ul>

## Elderly-Friendly Housing Model (Hungary)

### ANNOTATION

Making the homes of the elderly barrier-free in various settlement types and various housing types at a relatively low cost with the aim of ensuring that the elderly can continue to live safely at home, avoiding accidents that often result in hospitalisation, especially hip fractures, which can result in mortality, and avoiding or postponing admission to a residential home.

### WEBSITES

- <http://www.maltai.hu/?action=program&programid=18>
- [http://www.maltai.hu/data/nodes/5/file/ldosek\\_otthon.pdf](http://www.maltai.hu/data/nodes/5/file/ldosek_otthon.pdf)
- <http://www.maltai.hu/?action=subpage&subpageid=1102>



**TARGET GROUP**

Persons aged 65+ who have one of the following types of aid: (a) home help, (b) home care with an alarm system, (c) elderly persons cared for by a family carer who is paid a nursing allowance; mainly persons living alone, or in the case of needy persons living with one other person.

**COVERAGE OF THE PRACTICE**

The number of successful applicants in a national call for applications announced for persons over the age of 65 (2009) was over 700.

**WHY CAN THIS BE CONSIDERED AS A BEST PRACTICE WITHIN THE RESPECTIVE AREA?**

It became clear that the removal of a few barriers at a relatively low cost (eliminating differences in levels, providing non-slip floor coverings, changing the level of objects, etc.) and larger alterations made to meet basic needs result in a positive change in the quality of life.

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

The model programme was carried out in 2003–2004 (the pilot phase). The results were published in a book in 2006. In 2009 the opportunity came up to apply for state funding to create barrier-free housing for recipients of home help. From 2011 a local government incorporated financial sources within its social policy that it reserved for making alterations (barrier-free homes) to the flats/houses of older people.

**IMPLEMENTATION – KEY FACTORS AND BARRIERS**

Key factors:

- (1) Persuading the ministry of the importance of the programme, obtaining financing, finding an actor capable of carrying out the implementation (MMSZ), adhering to the complex procedure;
- (2) Analysing findings to include a new settlement type (village) and a new housing type (family house);
- (3) Expansion in 2009 after lobbying the Ministry for Social and Labour Affairs, which then announced the Elderly-friendly Housing Programme with substantial funding (250,000,000 HUF, approx. 1,100,000 EUR).

The main barrier was financial support. It took one year to obtain funding (2002); it was difficult to persuade the ministry responsible for social affairs to extend financial support to an area (housing) that falls under the competence of another ministry. This barrier was overcome by persuading the ministry with estimates of cost-savings: fractures resulting from accidents lead to the need for the hospitalisation of the elderly or placement in a residential home. It was calculated that the relatively small cost of a one-off alteration is only half of the cost of a one-week hospital treatment for a hip fracture and less than half of the cost of a one-year stay in a residential home operated with state-normative funding.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

**All actors behind the innovative activities (the actors interact closely on several other innovative activities):**

Hungarian Maltese Charity Service (MMSZ)	One of the biggest NGOs in Hungary, it has played a leading role in elaborating and implementing innovations in eldercare since 1992.
Ministry of Youth, Family and Social Affairs and Equal Opportunities	Governmental body

Institute of Sociology, Hungarian Academy of Sciences (ISO)	A research institute of the Hungarian Academy of Sciences providing a scientific background for the many innovative solutions to the ageing problem, among them eldercare based on international and national research projects
<b>Role in the practice:</b>	
Ministry of Youth, Family and Social Affairs and Equal Opportunities	(1) Pilot phase financing; supervisor of the programme; (2) negotiations with[?] the ISO, as the ISO, based on former research results, that persuaded it to finance the practice; (3) 2009 preparing for tendering (with the MMSZ), in both cases the supervisor and controller of the programmes.
Institute of Sociology, Hungarian Academy of Sciences (ISO)	Pilot phase (1) responsibilities: elaboration of the innovative solution, participant in the programme, legal commitments: negotiation with the ministry; obligations: reporting (together with the MMSZ), publishing; (2) expert in the judging committee for the 2009 tender.
Hungarian Maltese Charity Service (MMSZ)	(1) Pilot phase responsibilities: participation in the planning of the research; planning the practical implementation, the actor responsible for implementation and finances; legal commitments: subcontracting with the ISO, contract with the ministry (to publish a book on the results); obligations: a reporting obligation to the ministry together with the ISO, publication of the results; (2) 2009 tender: legally binding contract with the Ministry of Social and Labour Affairs for announcing the call for tender for barrier-free housing, responsibilities: elaboration of the tender procedure, judging tenders (the selection of contractors, control, implementation and its supervision); obligations: to report and submit accounts; (3) used own funds to make another ten homes barrier-free; (4) further expansion of the practice.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

To find financial sources at the macro and at the local level (local governments). To convince them that a barrier-free home environment can increase the quality of life of older people and at the same time reduce the cost of health and social institutions. If there is a lack of public financing, to convince older people and/or their families to start alterations using their own financial resources. To involve the MMSZ to evaluate and monitor implementation, control the proper use of the funds provided, and prevent any abuses. To disseminate the results in society and to show that with quite simple solutions and low one-off cost input it is possible to change the home environment and by doing so to increase the safety of the elderly and enable them to engage in their usual daily activities.

#### PARTICIPATION OF THE ELDERLY

The barrier-free project would not have been successful without the input of the opinions of the elderly persons themselves, because they did not always request the technically most modern options that were the best solutions in that respect. As a result there were three types of solutions: (a) technically modern solutions (if they were accepted by the elderly person); (b) solutions adapted to the knowledge and earlier demands of the elderly person but that were not the most modern; (c) mental help, explaining the technical solution (often a time-consuming procedure). In the course of the alterations it was often necessary to apply solutions from the (b) category.

For example, in a number of cases the elderly persons did not want a shower cabin in place of a bathtub that represented an obstacle, either because they were not accustomed to one or because in the housing-estate flats people dry their clothing on a frame over the bath, so there would have been no place for this after the installation of a shower cabin. In all cases a solution adapted to the given situation had to be found. For example, steps had to be built into the bath or a seat placed in it.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The applicants had to be recipients of care in a functionally poor state.

#### FINANCIAL SOURCES

100% public in the case of the model programme and the 2009 applications, and in the case of the local government. The MMSZ was the source of financing for the homes it made barrier-free.

The model programme was financed by the ministry: 20 million HUF (approx. 78,000 EUR) in two parts. 15 million HUF (approx. 60,000 EUR) for the actual alterations to homes (50 homes / 300,000 HUF/home). 5 million HUF for the following: questionnaire survey (with a contract for the performance of particular tasks), small business contracts with engineers and subcontractors to perform particular tasks, a budget to cover necessary travel. In a few cases elderly persons contributed their savings to have their home/living environment made entirely barrier-free (e.g. by also removing smaller obstacles outside the home that could not be done using the available funds).

2009 applications 250,000,000 HUF (approx. 1,000,000 EUR), 2,441 homes, an average of 400,000/home (1,600 EUR).

*Costs of administration:* There was an automatic deduction of 5% overhead to cover the administration costs of the model programme when the money was transferred to the Institute of Sociology. Its expansion was part of the administration of the MMSZ. The formal judgement of applications was done over 6 days by an average of 6 persons (a total of 9 employees of the organisation), working 8 hours a day.

## SWOT ANALYSIS

## STRENGTHS

- Elderly persons in need of care are able to continue living safely in their own homes for a longer time or until the end of their lives and need less help from others.
- The relatively small costs of the one-off alteration.
- The procedure enables controls and guidelines are available for expansion of the practice.
- The practice aims beyond the mandatory services set out in various acts and regulations, it improves the quality of life of local communities and expands the possibilities of the institutional system serving the elderly
- The success of the practice is able to win over local decision-makers (see remark).

## WEAKNESSES

- Because of the lack of public funds the socially needy could be excluded from the system.

## OPPORTUNITIES

- Stronger dissemination
- Emphasis on the combined benefits of cost effectiveness and improved quality of life
- Persuading decision-makers (see remark)
- Communication in the media
- Incorporation into the curriculum of the Social Work Department of university colleges

## THREATS

- The economic crisis (lack of funds in the public sphere)
- Lack of political interest
- Dwindling financial resources of families/the elderly

## Urban Barriers Map (Poland)

## ANNOTATION

The Urban Barriers Map is a comprehensive database that gathers information on architectural barriers in the public spaces of the City of Sopot. The Map covers the whole city and all public spaces, also including objects such as phone booths or cash machines located in public spaces, but not belonging to the municipality. It is intended for use primarily by municipal institutions responsible for redesigning, repairing and investing in the urban infrastructure in the city.

## PROVIDER

Municipality of Sopot

## CONTACT

Mr. Maciej Kochanowski, [Maciej.Kochanowski@um.sopot.pl](mailto:Maciej.Kochanowski@um.sopot.pl)

## TARGET GROUP

The final beneficiaries of the map are all disabled and elderly citizens of the City of Sopot (and any disabled and elderly visitors to the city). There are no criteria of eligibility in the case of this practice

as it is intended for all and any urban infrastructure modifications directly related to all disabled and elderly citizens.

#### COVERAGE OF THE PRACTICE

The practice is intended for all elderly and disabled people residing in the city. The elderly (M 65+, F 60+) number 9,345 people out of the total population of 36,605.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice is an attempt at a comprehensive municipal policy to eliminate architectural barriers in order to improve the quality of life in the city for the elderly and the disabled. While it is loosely connected with 'housing accessibility', the accessibility of urban areas is the core paradigm of this practice. The information from the barriers database is targeted to be used by all relevant municipal agencies in any future reconstruction of public spaces, including public use areas in neighbourhoods at the local level. Improving the accessibility of public use areas, such as sidewalks, bus/train stations and other facilities close to local neighbourhoods has an indirect effect on improving the accessibility of houses located in these neighbourhoods. Improving the accessibility of public spaces plays an important role in creating accessible living spaces in combination with accessible dwellings and houses. An accessible living space (accessible houses/dwellings plus accessible public use areas, including accessible routes and public transportation) influences the independence of the elderly and disabled individuals and increases their participation in communities. The availability of accessible facilities and services in public use areas has effect on the well-being and quality of life of the elderly, especially the disabled.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The pilot questionnaire was conducted in May/June 2010, and the prototype database was implemented until March 2011. The identification and description of barriers throughout the city was performed in May/June 2011. This activity was performed using the final version of the questionnaire. The city was divided into 11 areas. The NGO, which acted as the municipality's subcontractor, sent one person to each of these areas to gather information on barriers.

The final database was completed in September 2011.

The database has not been updated since then due to a lack of financing to update the information on existing barriers, similar to the initial information-gathering campaign described above.

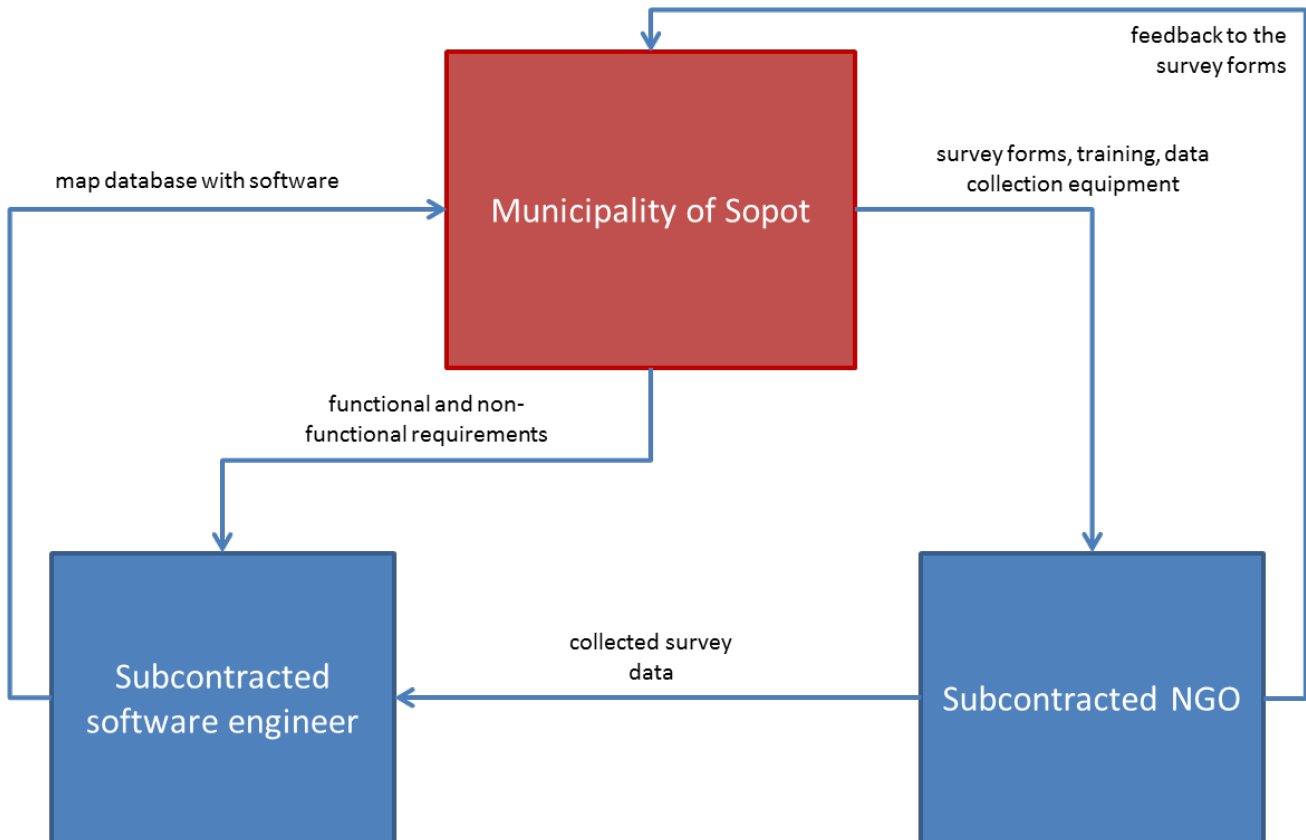
#### IMPLEMENTATION – KEY FACTORS

The key factor leading to successful implementation was to engage the right consortium at the international level, where grant financing for the practice implementation was developed and received.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Municipality of Sopot	Design, development, implementation of the Map; primary user of the map
Subcontracted NGO	The subcontracted NGO specialises in the problems of disabled persons – its role was to perform a survey of architectural barriers.
Subcontracted software engineer	The contracted software engineer was actually an employee of the municipality. He was responsible for the development of the database containing information on the identified barriers.

## THE MUTUAL RELATIONS OF ALL THE ACTORS



## HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The implementation of the practice involved a three-person team from the municipality (a project manager, a financial manager and a software engineer). The main responsibility of the project manager was to design the solutions and the questionnaire and to train the persons performing the survey. The financial manager was responsible for the appropriate use of the financial resources, including the use of adequate legal tools to select the subcontractors. The positions of project manager and financial manager were later filled by one person (the person served as the financial manager prior to this occurring). The software engineer was responsible for designing and developing the database which is the core element of the Map. The NGO performing the barrier survey was selected in public tender. The NGO provided 11 persons, each of whom was responsible for collecting information in one selected city area.

All the people involved in the practice application and implementation are part-time employees hired to perform tasks within this practice.

## ESSENTIAL TO LONG-TERM SUSTAINABILITY

Funds for updating the database are the most important factor for the long-term sustainability of the map.

## PARTICIPATION OF THE ELDERLY

Two of the eleven persons conducting the survey were disabled persons. The disabled persons performing the survey influenced how the questionnaire was constructed (i.e. they suggested modifications to the prototype questionnaire prepared by a non-disabled person).

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

**ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

No

**FINANCIAL SOURCES**

100% public (85% Central Europe programme, 15% Municipality of Sopot)

Only capital costs are relevant as the Map does not generate any operational costs (capital costs fall within the Q-Ageing project):

- Pilot survey: 8,000 ZL (1,950 EUR – exchange rate = 4.11)
- Final survey: 35,000 ZL (8,500 EUR)
- Equipment (for performing the survey): 2,500 ZL (610 EUR)
- Database development: 3,000 ZL (730 EUR)

Total project budget for the Municipality of Sopot in Q-Ageing: 76,000 EUR. (the costs of administration within the Q-Ageing project – 16% of overall costs)

Future operational costs could include a survey of barriers to update the database. The estimated cost of such a survey is around 30,000 ZL (7,300 EUR)

**SWOT ANALYSIS**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"><li>• Comprehensive information on architectural barriers made available to the municipality</li><li>• The community has a tool to monitor the elimination of architectural barriers in public spaces during reconstruction work (the Map has been advertised publicly)</li></ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"><li>• The database is a snapshot from a given period of time – no update is foreseen</li></ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"><li>• The Map creates an opportunity to eliminate all architectural barriers in public spaces over time</li><li>• The Map creates an opportunity to develop new e-services based on the developed database (e.g. providing a route to find services for the disabled, such as the blind)</li></ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"><li>• No threats identified</li></ul>

## Electronic Guardian of Seniors (Slovakia)

### ANNOTATION

Electronic guardian of seniors represents a modern form of social care using telecommunications technology. It is a tool with which a distress call can be broadcast from anywhere using GSM technology and voice transmission, which can help the operator to identify whether the distress signal was real or fake. The GPS module can localise the person who contacted the operator and the impact module allows information to be sent automatically.

### PROVIDER

City of Martin

### WEBSITES

- <http://www.ymsgroup.com/sk/riesenia/lokalizacia-osob/elektronicky-strazca-seniorov>

### TARGET GROUP

The practice is not aimed exclusively at the elderly; it can be used also for children and adults with ill health.

### COVERAGE OF THE PRACTICE

In November 2012 the practice was used by 21 clients.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice uses state-of-the-art technology and was awarded the 2011 IT Project of the Year. It uses a tool whose functionality is not limited to the client's household and therefore does not create mobility barriers.

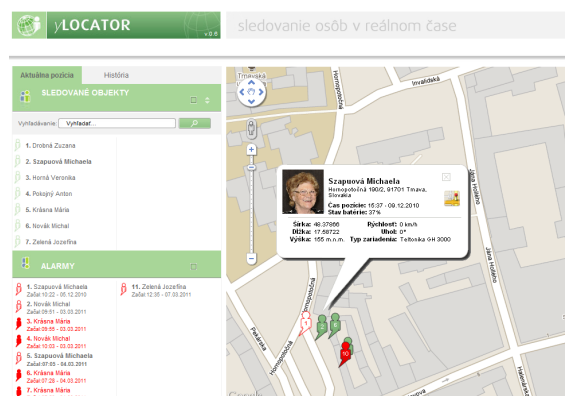
The practice has a unique position in the market. It provides quality and fast services if the dependent client, whether at home or outside, needs help. The client is identified and the operator localises his/her position, which helps to decrease the time required to provide help. The tool is easy to use and the elderly can use it without difficulty after some training. The tool's battery is charged the same way as one in a cell phone; the tool must always be turned on so that the dispatchers can possibly locate the person even if he/she is not using any services.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The first contracts with clients were signed in November 2011 and the first devices were distributed in December 2011.

### IMPLEMENTATION – KEY FACTORS

A key factor was the extraordinarily good cooperation between the project actors and the shared interest in providing citizens with this tool. The City of Martin passed amendment no. 2 to municipal directive (VZN) no. 78 on providing social services, which included this practice as a new type of social service.



© Electronic Guardian of Seniors



## MANAGEMENT AND ORGANISATION OF THE PRACTICE

City of Martin	The local authority responsible for the successful implementation of the practice and the use of this tool by the citizens
YMS	The company responsible for technical aspects of the practice
Orange	Mobile operator that maintains the operation of the practice

### *Task of the social worker in the execution of the practice:*

*Social worker* = social department official who provides counselling to clients and explains the handling of the device; if clients are interested the official provides them with a request for services using telecommunication technology – the Electronic Guardian of Seniors (EGS). He registers the client's request, properly completed, or asks the client to provide additional required information and documents. The official draws up a contract for providing EGS and documentation. The official secures the transfer of the client's information to an intermediary company and asks the department director for approval of the contract. The device itself is provided by the technical department official. The social department official, in cooperation with the IT department, provides the client with a bill for the service.

### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are no other specialised employees than members of the municipal police. Its members maintain the non-stop operation of the system; this activity is only a part of their duties.

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Satisfaction of all the actors, especially the clients' opinions on services and price.

The practice is sustainable in the long term if the balance between the cost of the practice and the services provided to the clients.

### PARTICIPATION OF THE ELDERLY

The elderly demand this social service, which is a service that does not limit them, for example, by making them dependent on another person (carer), and which just provides them with the opportunity to call an ambulance if they fall, have an accident or have another emergency. In this way they shaped the aims of the practice. The elderly took part in the pilot project – testing the practice. The conditions for the target groups and the deadline were determined by the elderly during the pilot project.

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Twice a year, clients complete a questionnaire on social services, in which they can express their opinions on the EGS.

### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The price is the same for all users – 8.90 EUR per month.

### FINANCIAL SOURCES

Public sources – 100%: the creation of the service, software, devices, the wages of the metropolitan police members, which provide services for the clients (identifying the location of the client, communication with the client, sending help).

Overall yearly costs (projected for the year 2012) including wages, taxes and other expenditures (like computers, communication between operators and clients) are 25,425.85 EUR. Most of the expenditures are related to wages and taxes of employees responsible for maintaining the service.

*Costs of administration: 5%.*

Clients' monthly payments cover 8.79% of total expenditures. All these payments are transferred to Orange, which as of September 30 had received 1,014.60 EUR. The difference between income and costs needs to be covered by the system's providers. According to preliminary expenditure estimates, each of the clients would have to pay 101.19 EUR per month to cover all the costs (in reality, each client pays only 8.90 EUR).

## SWOT ANALYSIS

### STRENGTHS

- The practice is not aimed exclusively at the elderly; it can be used also for children and adults with ill health.
- The project uses a tool whose functionality is not limited to the client's household and therefore does not create mobility barriers.
- The pilot project was approved by actors as a beneficial instrument of social and health care.
- The practice cannot be abused due to a very thorough examination process, which would detect almost all potential abusers, but it also limits the total number of users; any abuse would be detected immediately (the small number of users, the rather close contact between users and operators).

### WEAKNESSES

- It exists at a local level in the City of Martin.
- The client's financial participation covers the practice costs only partially. The rest is funded by the municipality.

### OPPORTUNITIES

- Extraordinarily good cooperation between the project actors and a shared interest in providing citizens with this tool
- Requests for the implementation of the practice came from the elderly, who demanded this type of social service.

### THREATS

- Financial sustainability: due to the relatively small number of users, this system partially depends on public financing (a larger number of users and a system for several cities could solve this problem).

## Dom IRIS - IRIS Smart Home (Slovenia)

### ANNOTATION

The IRIS Smart home is a demonstration apartment and clinical research facility (ambient assisted living lab) located on the ground floor of the main building of the University Rehabilitation Institute. IRIS is an acronym for Independent Residing enabled by Intelligent Solutions. The apartment is fitted with various assistive technologies that assist persons with different disabilities as well as the elderly.

The IRIS Smart home is a demonstration apartment and clinical research facility (ambient assisted living lab) located on the ground floor of the main building of the University Rehabilitation Institute. IRIS is an acronym for Independent Residing enabled by Intelligent Solutions. The apartment is fitted with various assistive technologies that assist persons with different disabilities as well as the elderly.

### PROVIDER

University Rehabilitation Institute Soca

### WEBSITES

- <http://www.dom-iris.si/en/index.php>
- <http://www.ir-rs.si>

### TARGET GROUP

- Persons with disabilities and the elderly and their relatives, who are their (potential) carers
- The professional public – medical experts, builders, architects, other experts, for educational purposes and for planning specific activities for users
- Medical students and students of social and technical studies
- The suppliers of medical equipment and technological solutions
- General public

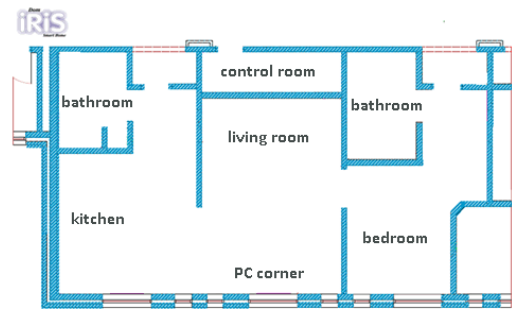
### COVERAGE OF THE PRACTICE

At first, the Health Insurance Institute of Slovenia covered treatment for 200 persons, since 2012 for 220 persons.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

It can be considered a best practice for several reasons:

- Assures greater independence and safety for persons with disabilities and the elderly living in their home environment.
- Lowers the costs of home nursing (health care, home care, home assistance, etc.).
- Reduces the need for transferring persons with disabilities and the elderly into nursing homes or other institutions.



© Dom IRIS

- Prepares modular solutions, from the simplest to the most technically advanced, which can be transferred to the users' living environment (homes, social institutions, nursing homes, etc.).
- Introduces new technologies for persons with disabilities and the elderly.
- Improves e-accessibility and e-inclusion

In the field of housing accessibility

- Home maintenance and security: small repairs that improve security (alarms), insulation, heating etc.
- Adaptations: improved mobility around the house (lift, rails), stair lift or adapted bathrooms and kitchens.
- Life-cycle concepts – universal design, lifetime housing: houses built in such ways that are suitable for all generations; for all stages of the life cycle (after minor adaptations).

In the field of social and health care

- Warden services: the use of alarms that in the case of an emergency call ambulance/services etc.
- Use of technologies (ICT) for the elderly (telecare, telemedicine, SMART schemes, broadband internet access at home/on the cities etc.): telephone/camera linked to remotely located operators who can call the older person to check his/her status etc.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The first proposal was made in 2003, the IRIS Smart home was opened in December 2007 and the first users came at the beginning of 2008. The first users were mostly hospital clients from other departments of the University Rehabilitation Institute. In the first two years after opening many activities focused on the promotion of the practice so personal physicians were informed about the possibility of referring their patients to the IRIS Smart home as a part of the public health service. After that, outside users started to join in.

The practice is now a part of the public health service scheme and is permanent and publicly financed.

#### IMPLEMENTATION – BARRIERS

- (1) Initially much effort focused on persuading the Health Insurance Institute of Slovenia that the service, which would be offered in the IRIS Smart home, be recognised and financed as a public health service included in the national health scheme.

The barrier was overcome through extensive communication with the national Health Insurance Institute of Slovenia. Several meetings were held during which different stakeholders presented their points of view, mostly medical experts from the University Rehabilitation Institute and user NGOs

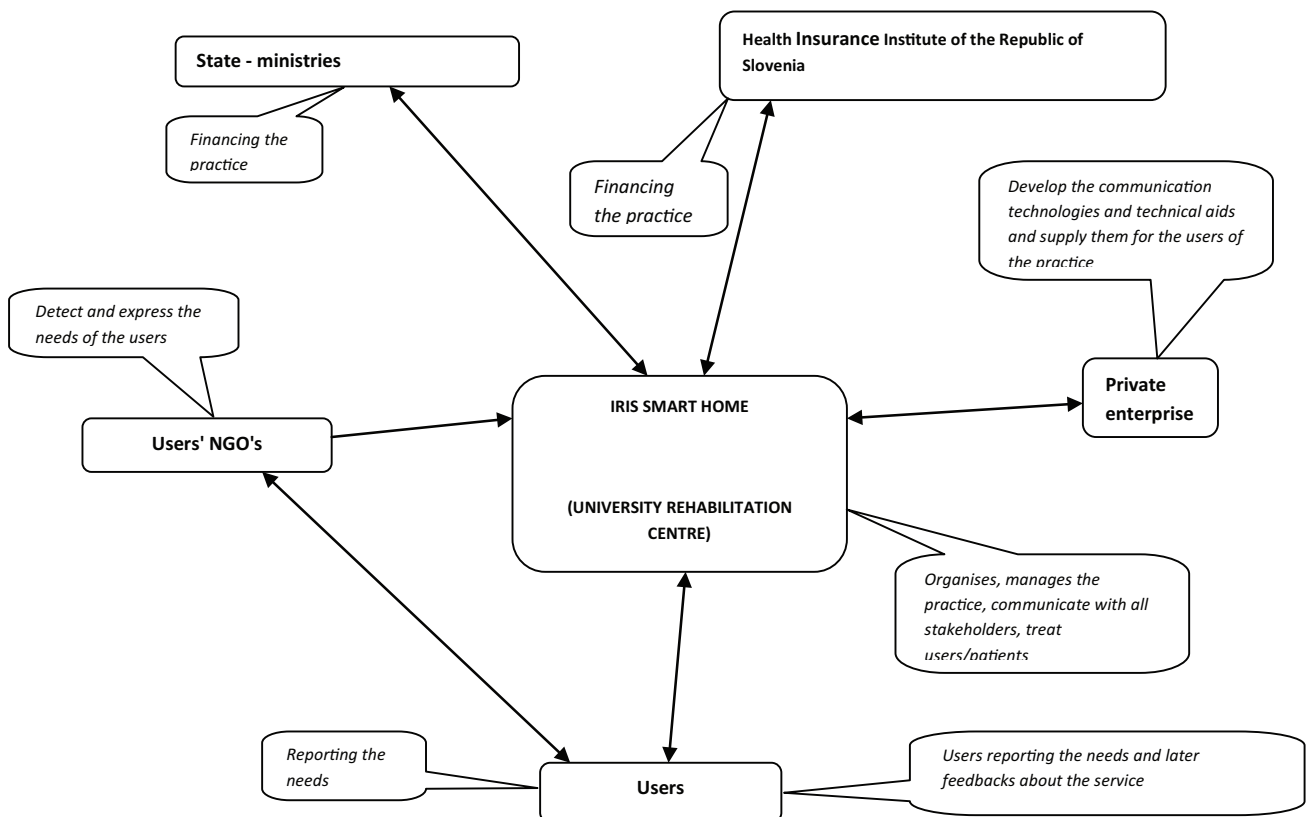
- (2) The second barrier at the beginning of the project was that physicians in Slovenia were not informed about the existence of this service (IRIS Smart Home) and consequently they did not know that it is a part of the public health service network, so that clients can be appointed if they are insured.

One of the main activities in the first period was promoting the service and the IRIS Smart home.

MANAGEMENT AND ORGANISATION OF THE PRACTICE

<p>University Rehabilitation Institute, Republic of Slovenia</p>	<p>The founder of the practice and the main actor at all levels – they initiated the proposal, they implement the practice, organise and manage the practice, and bring together different actors.</p>
<p>Health Insurance Institute of Slovenia</p>	<p>Health Insurance Institute of Slovenia is the main financier of the activities as it finances the treatment for 220 users per year.</p>
<p>Private sector – Enterprises</p>	<p>The private sector has two roles. Some private enterprises are developing technology, which will enable more independent living. Others provide medical and technical aids so that clients can try them out and then sell medical and technical aids.</p>
<p>NGOs</p>	<p>NGOs participate in the project from the pre-proposal period and they had the biggest role in the starting phase. They expressed the needs of the potential users and they now cooperate with the working team on the University Rehabilitation Institute.</p>
<p>The State – ministries</p>	<p>The state through public financing – enabled the opening of the IRIS Smart home.</p>

MUTUAL RELATIONS BETWEEN ALL THE ACTORS



There is one leader, Prof. Zupan, who is also the coordinator of the practice. He is an expert physiatrist. An occupational therapist is also part of the team and serves also as a contact person. The third team-member is an electrotechnical engineer, who is responsible for the technical aids and communication appliances. This is the core group or structure of the practice. As this practice represents one of the activities of the University Rehabilitation Institute, the other administrative and logistical tasks (accountant etc.) are administered within the Institute.

When the potential user contacts the IRIS Smart Home, he/she is individually treated based on the assessed needs; other experts may also be included in the treatment (speech therapist, physiotherapist etc.). Other experts are co-workers from the other departments of the University Rehabilitation Institute.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

3 full-time employees (physician, occupational therapist, electrotechnical engineer). Also, students of occupational therapy join in and cooperate as well as other students (medicals).

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The main strength is that all the relevant stakeholders participate in this practice, users as the most important are included in all stages.

The main disadvantage is that the practice is financed only from one source – while several actors participated in the process of designing and implementation (see previous questions) – the medical treatments of the users are now financed only by the Health Insurance Institute of Slovenia.

The strength is that there are three professional profiles, which enables an integrated approach. The structure enables continuous work. Regular education and trainings are also seen as important, so that each team member is up-to-date with innovations and knowledge.

Being a part of a bigger structure (the Institute) also relieves the IRIS Smart Home of the need to search for administrative personnel elsewhere (for instance, the accountant, secretary etc.)

#### PARTICIPATION OF THE ELDERLY

- Via regular meetings with management; within their associations (NGOs) patients of the University Rehabilitation Institute asked questions and sought information; they participate actively in making their own individual plan or treatment.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Each user can give feedback face-to-face, by telephone or by e-mail. But the most valuable is concrete information about how useful the technical or communication appliance is that they are using; how helpful they find it. This is the most important feedback.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The users do not pay for this service.

#### FINANCIAL SOURCES

It is fully covered from public sources. The users do not pay for this service – the whole treatment is funded by the Health Insurance Institute of Slovenia based on the individual needs of each user; for some, a few days of living in the IRIS Smart Home is needed, while others can borrow technical appliances from the IRIS Smart Home to try them out in their home environment.

## SWOT ANALYSIS

### STRENGTHS

- The strength is that the set goals are achieved. Also, a strong point is communication – the core working group communicates with the external partners constantly. They follow the innovations and new knowledge in the field of assistive technologies and smart homes equipment. The practice really functions well. Each user gets multidisciplinary treatment, so the quality of the service is very high.

### WEAKNESSES

- The financial dependency – it is financed only from one source (public).

### OPPORTUNITIES

- One of the main opportunities comes out of the cooperation with the Health Insurance Institute – the IRIS Smart Home team can always propose new assistive technology.
- The scope and the way this practice is organised enables participation in many different domestic and international projects.

### THREATS

- It is impossible to know whether the financial crisis will result in a diminishing of the scope of the practice.

# V Best Innovative Practices in the Area of Housing Affordability

## Summary

The aim of the best innovative practices in area of housing affordability is to make housing for the selected target groups (such as the elderly and people with disabilities) more financially affordable. Two practices (the Czech and Hungarian ones) use housing allowances. The Austrian practice ‘24-Hour-Care’ focuses on the option of 24-hour-care at home supported by public finance. Other practices (such as the German, Polish, Slovak, and Slovenian practices) offer a special form of social housing for the elderly. Table 7 presents a brief overview of all the practices in the field of housing affordability.

**Table 7 Overview of the best innovative practices in the area of housing affordability**

Name of the practice	Country	National / Local level	Brief description / characteristics
–	Italy	–	
24-Hour-Care by ‘Gut umsorgt’	Austria	National	<ul style="list-style-type: none"> <li>Offering 24-hour-care at home supported by public finance</li> </ul>
Supplemental housing allowance for the elderly in RPG dwellings	Czech Republic	Local	<ul style="list-style-type: none"> <li>A supplemental housing allowance provided by a private landlord if state support is insufficient</li> </ul>
The Bielefeld Model – Housing with Guaranteed Care	Germany	Local	<ul style="list-style-type: none"> <li>‘Normal’ housing with a 24-hour service</li> <li>Services for everyone with care needs who live in flats of the BGW housing association or in the close surrounding area</li> <li>Affordable housing and care</li> </ul>
Normative housing allowance	Hungary	National	<ul style="list-style-type: none"> <li>State housing allowance</li> </ul>
The ‘Not Alone’ programme	Poland	Local	<ul style="list-style-type: none"> <li>Assisted housing fully accessible for people with mobility difficulties with social assistance (a safety alarm system, nursing service, integration activities)</li> </ul>
Apartment building SENIOR	Slovakia	National	<ul style="list-style-type: none"> <li>Apartments for senior citizens and disabled persons with social care</li> </ul>
Rental dwellings designated for pensioners and the elderly	Slovenia	National	<ul style="list-style-type: none"> <li>Housing designated for and rented out to the elderly</li> </ul>



## 24-Hour-Care by 'Gut umsorgt' (Austria)

### ANNOTATION

Many people need around-the-clock care but want to remain in their own home anyway. In such a case, the possibility for 24-hour-care exists in Austria and became regulated under a new law in 2007. Under certain conditions, 24-hour-care can be financially supported by public sources. The option of 24-hour-care was created to enable people with high care needs to remain in their own home.

### PROVIDER

Samaritan Burgenland (NGO)

### WEBSITES

- <http://www.gutumsorgt.eu/24-stunden-betreuung.html>

### TARGET GROUP

The main target group for 24-hour-care are elderly and vulnerable people in need of care who do not want to leave their own home. There are different rules for subsidies for 24-hour-care in every federal state. The explanation of the rules for subsidies in this questionnaire applies to the rules of Burgenland. In order to get subsidies for 24-hour-care, the following conditions have to be fulfilled:

- The person in need of care has to require at least a degree 3 care allowance
- The need for 24-hour-care has to exist; if a person receives a care allowance up to degree 5 the assumption is that the need for care is established. People who receive degree 3 or 4 care allowances have to obtain expert confirmation from a doctor that 24-hour-care is necessary
- A care relationship according to the terms of home-care law has to exist

### COVERAGE OF THE PRACTICE

At the moment, about 25 people are making use of 24-hour-care under 'Gut umsorgt' (with an increasing trend).

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

Most people in Austria want to remain in their home for as long as possible. Many services for different needs of care are provided in Austria. The biggest problem is that family members are often overstrained with care, but many of them (people in need of care or their relatives) do not have the financial resources to afford special social services. With subsidies for 24-hour-care, people with a high need of care do not have to move to institutional care and may remain in their own home. Carers procured outside the Slovak agency have detailed requirements concerning working hours, place of work and procedures. Furthermore, care is checked regularly and the abuse of a relationship can thus be prevented. If the person in need of care or their relatives have any complaints, wishes or proposals, they can always appeal to the responsible staff at 'Gut umsorgt', which tries to find solutions together with the agency.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The idea of providing 24-hour-care was developed in August 2011. In December of the same year, the first person in need of care made use of 24-hour-care provided by an administrative assistant from 'Gut umsorgt'. Since that time, 24-hour-care has been provided continuously.



© 24-hour-care by 'Gut umsorgt'

**IMPLEMENTATION – KEY FACTORS AND BARRIERS**

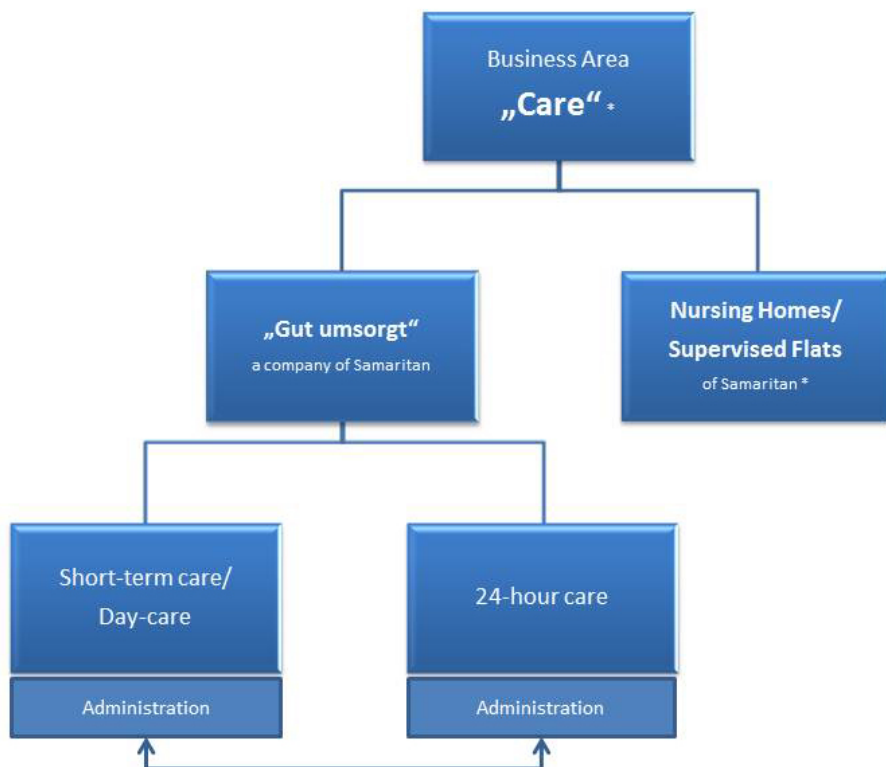
One key factor/milestone for the successful implementation was the good cooperation and communication between Samaritan and the Slovak agency and thereby the signing of the agreement.

Because of the fact that the carers were initially registered in Slovakia and not in Austria, the price for 24-hour-care from ‘Gut umsorgt’ was lower than from other providers. However, one big problem was that the carers did not as a result have social insurance. Together with the partner-agency it was arranged that the carers had to be registered in Austria in order to have social insurance. Thus, the costs could not be kept down, but the carers were insured.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Management Samariterbund Burgenland	The management of Samaritan is the ‘author’ of the practice and got into contact with the partner agency from Slovakia.
Agency ‘Consilatio’	Consilatio is a Slovak agency that searches for a suitable carer with the help of the collected information. They have a base in Austria (Vienna) to enable carers to register in Austria and have social insurance and to provide available contact persons in urgent cases.
Administrative assistant	The respective administrative assistant for the ‘24-hour-care’ sector is the contact person between the person in need of care, the relatives and the Slovak agency. She coordinates various matters and anyone interested can apply to her for information about existing possibilities.
Staff from ‘Gut umsorgt’ and ‘Samaritan’	Qualified nurses from Samaritan are responsible for quality checks and nursing rounds. Furthermore, the respective person introduces the carer into the new workplace and supports the first contact between the carer and people in need of care. The respective qualified nurses took part in the application of the practice and provided nursing inputs.

**MUTUAL RELATIONS**



\* See the „Organigram“ of Samaritan Burgenland

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The organisational structure is clearly defined and the fields of responsibilities are known. Because of the quality management, every employee knows his working area and field of responsibility. For the long-term sustainability of the 24-hour care provided by 'Gut umsorgt' it is very necessary that it will continue to be like this in the future. Because the practice only started in December (and because of the number of participants) the disadvantages are not yet clear. But if the number of participants rises, as is expected, and the practice extends into other regions, the areas the qualified nurses are responsible for will have to be more precisely defined to avoid misunderstandings. At the moment, two staff members are responsible for visits; one for Lower Austria (the nursing manager of 'Gut umsorgt') and another one for Vienna and Burgenland. The idea was that if the demand increases and more people from Burgenland want to make use of 24-hour care, quality checks would be carried out by the nursing manager from the nursing home in the immediate environs of the person in need of care's home. This could for example become a problem if ten people in one region need 24-hour-care and in the next region not a single person.

Also relevant for long-term sustainability is that the subsidies for 24-hour care must continue to exist in the future. Many people would be unable to afford the service if they had no financial support from the federal state.

#### PARTICIPATION OF THE ELDERLY

- Ad hoc, if they meet anyone from the staff they can express their opinions

If the person in need of care or the relatives want to communicate something they may turn to the responsible staff member of 'Gut umsorgt'. This person either forwards the information, opinion or complaint to the responsible department/person or if she is authorised, or handles the problem on her own. If the opinion or the complaint of the older person or their relative concerns the caring person, the responsible staff member from 'Gut umsorgt' immediately contacts the agency, who solves the problem. 'Gut umsorgt' is the contact point for everyone involved.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

As mentioned in the 'day-care' practice, Samaritan Burgenland offers a large and multilateral quality-management system. There are internal rules on how to handle opinions or complaints from the elderly and their relatives. At the moment, the management system has only been introduced in the nursing homes. The internal rules and procedures can be seen as guidelines and support in special situations in 24-hour-care.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The main target group for 24-hour-care are elderly and vulnerable people in need of care, who don't want to leave their own home. There are different rules for subsidies for 24-hour-care in every federal state. The explanation of the rules for subsidies in this questionnaire applies to the rules of Burgenland. To obtain subsidies for 24-hour-care, the following conditions have to be met:

- The person in need of care has to receive at least a degree 3 care allowance
- There must exist a need for 24-hour-care; if a person receives a care allowance up to degree 5 the assumption is that the need for care is established. People who receive a degree 3 or 4 care allowance must obtain expert confirmation from a doctor that 24-hour-care is necessary
- A care relationship according to the terms of home-care law has to exist.

## FINANCIAL SOURCES

At the moment, the fee for a carer is 1,950 EUR/month (65 EUR/day), which includes regular quality checks by qualified nurses, food, accommodation and travel costs for the carer and a contribution for the social insurance that carers have to pay. If another person in the household also needs support (a two-person-household), the fee amounts to 2,250 EUR/month (75 EUR/day). If another person in need of care lives in the same household, the fee amounts to 2,550 EUR/month (85 EUR/day).

A first-time brokerage cost of 600 EUR must also be paid but only to begin. This covers the first consultation, an assessment of the care needs of the elderly or vulnerable person, and the introduction of the carer into the private household. If necessary and on request, the brokerage cost of every further carer is 300 EUR. The brokerage costs that amount to 600 EUR is received by 'Gut umsorgt'. The agency 'Consilatio' gets 15 EUR/day from the monthly costs that are paid by the people in need of 24-hour care.

The costs for 24-hour care are not met by income but there are subsidies from the federal state. A subsidy is only granted if the monthly income of the person in need of care does not amount to more than 2,500 EUR a month. This income limit increases by 400 EUR for every dependent family member and by 600 EUR for every disabled dependent family member. However, the grant of a subsidy is independent of the total fortune of the person in need of care. Subsidies from the federal state to employ a dependent carer amount to 550 EUR if one person is employed. If a self-employed carer is employed, the federal state makes financial contributions of 537.78 EUR for employing two caring people and 275 EUR for employing one carer.

## SWOT ANALYSIS

### STRENGTHS

- People can remain in their own home
- also people with a high need of care may also be cared for at home
- Financial support from the federal state
- Regular quality controls and controls of the care provided
- Information from the staff of 'Gut umsorgt'
- A staff member from 'Gut umsorgt' is the first contact person and manages the affairs
- Individual wishes and needs are considered independent of the fortune of the person in need of care
- In the framework of nursing rounds the responsible qualified nurse also talks to relatives and the carer

### WEAKNESSES

- The application for a subsidy is too complicated if the carers are insured in Slovakia
- The costs higher are now that they are registered and have social insurance in Austria
- Harassment of carers by the people in need of care/relatives (seldom, but it has happened)
- If carers change their mind in the short term and do not want to come to or stay in Austria anymore, it is often difficult to find a new carer in this short time
- Language barriers (at the beginning of the application of the practice); the ability to speak German is a condition of 'Gut umsorgt' for being allowed to care for clients – some carers indicated they could speak German but had done only one language course, which was insufficient in practice

#### OPPORTUNITIES

- If people in need of care are not satisfied with their carer, they can make a request for another carer and the staff from 'Gut umsorgt' try to find the best solution
- Contact people are available via telephone (an administrative assistant) and in person (in the framework of the quality checks and nursing rounds)

#### THREATS

- If the federation/federal states abolish subsidies for 24-hour-care, people will not be able to afford it anymore

## Housing Allowance for THE Elderly in RPG Dwellings (Czech Republic)

#### ANNOTATION

RPG, a private landlord, provides a supplemental housing allowance (in the form of rent reductions) for elderly who are at risk of housing unaffordability because of increasing living costs. The aim of the practice is financial affordability for the elderly living separately in flats owned by RPG. Firstly, RPG provides information about the possibility to apply for a housing allowance in the framework of state social support. Secondly, if the person is eligible for the housing allowance but the housing allowance is insufficient to cover housing costs, the person (over age of 60 and living alone) is entitled to apply for a supplemental housing allowance provided by RPG. The level of the benefit is set as the difference between housing costs and prescriptive housing costs set by law, to a maximum of CZK 500 per month. The period in which the supplemental housing allowance is paid is limited to the period of the housing allowance payment.

#### PROVIDER

RPG Byty (Private landlord)

#### WEBSITES

- <http://www.rpgbyty.cz>

#### TARGET GROUP

The elderly (over age 60) living alone in RPG flats whose real housing costs are higher than the prescriptive costs set by law even if they receive the state housing allowance. The eligibility criteria are:

- (1) The applicant is a recipient of the state housing allowance (Note: Tenants registered as permanently resident in that property are entitled to a state housing allowance if 30% (in Prague 35%) of family income is insufficient to cover housing costs and at the same time this 30% (in Prague 35%) of family income is lower than the relevant prescriptive costs set by law.);
- (2) The applicant is over the age of 60;
- (3) The applicant is the sole occupant of the flat;
- (4) The applicant has no rent debts. The entitlement to reduced rent expires three months after the date to which the supplemental housing allowance and the state housing allowance apply. Then the elderly person has to apply again.

#### COVERAGE OF THE PRACTICE

In 2012 the number of recipients of the supplemental housing allowance for the elderly was almost 1,000 tenants – about 2% of all the tenants in flats owned by RPG Byty. From 2011 to June 2012, the

total amount of supplemental housing allowances paid in the form of rent reductions was 175,816 EUR (EUR/CZK = 1/25.595).

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice is innovative for the cooperation between three different actors: the state as the provider of the housing allowance, a private landlord as the provider of the supplemental housing allowance, and an NGO as the guardian of tenants' interests. In the Czech Republic, there are minimal options for the elderly to improve housing affordability besides state social support. This practice is one way of avoiding housing unaffordability as well as being a programme for the elderly provided by a private landlord. On the one hand, the Housing Allowance for the Elderly in RPG Dwellings supplements the state housing allowance if state support is insufficient. On the other hand, it is in the interest of RPG Byty in a region with a lack of tenants with good references for the elderly to stay in the flats of RPG Byty for as long as possible because the elderly in particular tend to be 'good' long-term tenants. Therefore, the reduction of rents for the elderly could it seems be even higher than they are now.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice was introduced in 2011. It has continued uninterrupted to date and there is no set time limit. Possible changes to the practice depend on changes to the system of payment of the state housing allowance in the future.

#### IMPLEMENTATION – MILESTONES AND BARRIERS

A milestone was the decision made by the management of RPG Byty to implement the programme; the next steps were the only administrative operations. A barrier was the minimal knowledge about the system of state housing allowances for the elderly and the lack of information on how to apply for state housing support. Hence, RPG Byty organised an information campaign to inform all elderly tenants. RPG also provides guidance for elderly applying for the housing allowance.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

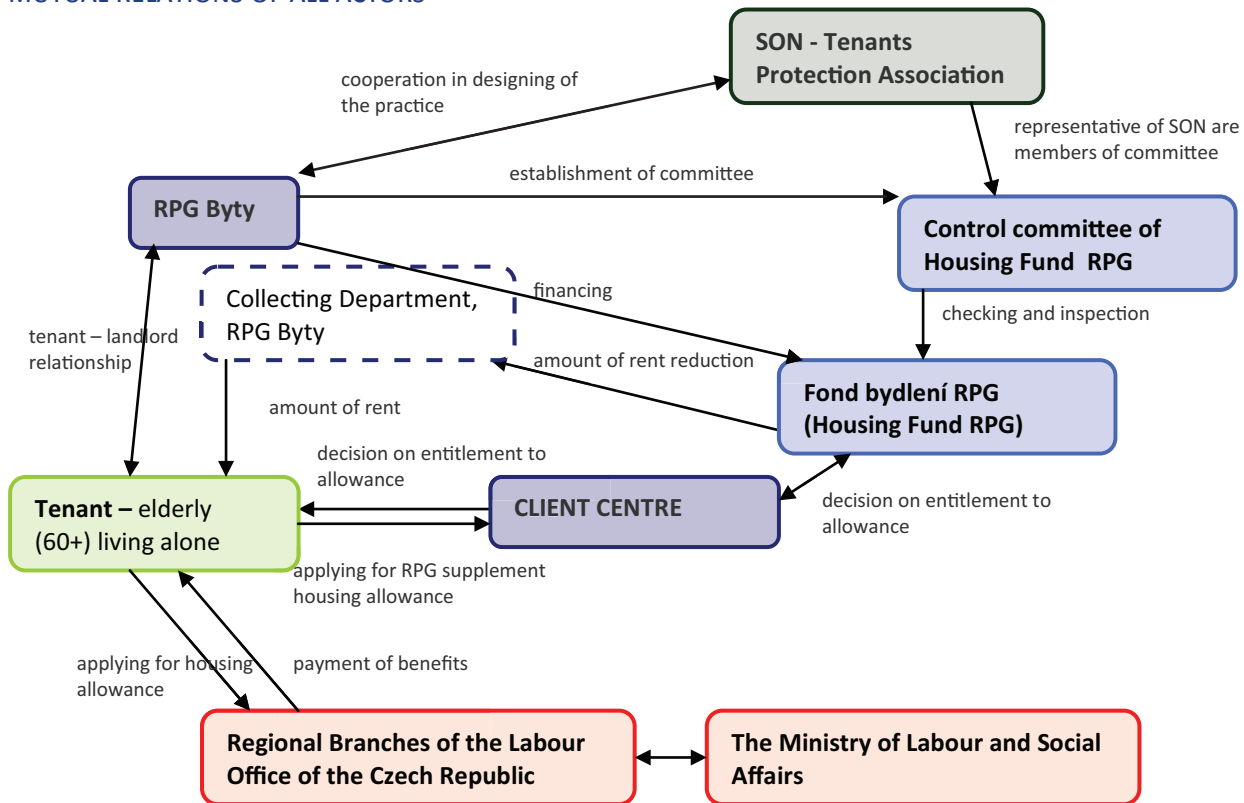
RPG Byty, s.r.o.	Private landlord: the largest residential real estate owner in the Czech Republic. The residential portfolio of RPG consists of approximately 44,000 apartments located in the Moravia-Silesia Region of the Czech Republic. Over 100,000 people live in flats owned by RPG Real Estate. The supply of flats The provider of the supplemental housing allowances of RPG dwellings
Fond bydlení RPG (RPG Housing Fund)	A financial resource that is used for the supplemental housing allowances of RPG dwellings.
Control Committee of the RPG Housing Fund	The main activity of the committee is to check the process of allocation of the supplemental housing allowances of RPG dwellings. Members of the committee are representative of RPG and SON.

SON – Tenants Protection Association

The NGO that protects the rights and interest of tenants. It provides advice, advocacy and education for tenants.  
Cooperation in the designing of the practice and consultations

The Ministry of Labour and Social Affairs (MoLSA) Provides state social support – the housing allowance and the housing supplement.

MUTUAL RELATIONS OF ALL ACTORS



HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

Top management of the company: responsible for the decision to implement the practice (a very small part of their work capacity)

Head of the Department of Administration: responsible for the implementation of the practice (a very small part of this person’s work capacity)

Head of the Collecting Department: responsible for the implementation of the reduction for the recipient in the accounts system (a very small part of this person’s work capacity)

Social services worker: responsibility for the PR of the practice, education, and consultation for the elderly (full time)

ESSENTIAL TO LONG-TERM SUSTAINABILITY

Long-term sustainability depends on the preservation or extensive changes to the conditions of entitlement to the state housing allowance. If the existing system of state housing support continues, RPG is prepared to continue in a long-term perspective.

PARTICIPATION OF THE ELDERLY

No

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The target group is low-income elderly households. According to estimates of a representative of RPG Byty, a large number of tenants (around 4,000) never apply for the RPG supplemental housing allowance or the state housing allowance even though they are eligible for the benefits. The reasons are unknown.

## FINANCIAL SOURCES

100% financed by private sources – RPG Byty, s.r.o.

From 2011 to June 2012, the total amount of supplement housing allowances provided in the form of rent reductions was 175,816 EUR (EUR/CZK = 1/25.595).

The average monthly amount of RPG supplemental housing allowance is 440 CZK (17 EUR). The maximum amount is 500 CZK (19.5 EUR).

Personnel costs: one social service worker who works full time on the practice; small work capacity provided by administrative workers

Other administrative costs (including postage, telephone, etc.) cannot be calculated separately.

The costs of the practice are met by rents.

The average monthly rent (without other housing costs such as energy costs) in the flats of recipients is 3,600 CZK (141 EUR). The average monthly rent in the region is from 4,000 CZK to 6,000 CZK (from 156 EUR to 231 EUR).

*Costs of administration* – impossible to calculate; part of the administration of the company as a whole.

## SWOT ANALYSIS

## STRENGTHS

- Cooperation between a private landlord and the Tenants Protection Association, which protects the interests of tenants
- The housing allowance for the elderly in RPG dwellings supplements the state housing allowance if state support is insufficient – for the elderly living alone in relatively big flats.
- A measure designed to avoid housing unaffordability as well as being a programme for the elderly provided by a private landlord (even by the municipality) is rare in the Czech Republic. Although the elderly rank among the more reliable and long-term tenants.

## WEAKNESSES

- Even after receiving the benefit some elderly are at risk of housing unaffordability
- The interest among many eligible elderly is small.
- It is in the interest of RPG Byty that the elderly, who are usually very reliable tenants, stay in the RPG flats (especially in a region with a lack of tenants with good references) so the rent reduction for the elderly could be even higher.



#### OPPORTUNITIES

- Addressing groups of the elderly who are eligible for benefits but do not apply for them
- Expansion of the programme to increase the housing accessibility of the elderly
- The supply of possibility of adjusting flats according to the elderly's needs

#### THREATS

- Cuts in the state housing allowances
- If living costs increase the amount of the RPG benefit will be insufficient and the elderly will have no other option but to find smaller and cheaper housing
- A change in the plans of the company, for example, – to focus on other groups of tenants or other uses of real estate

## The Bielefeld Model - Housing with Guaranteed Care (Germany)

#### ANNOTATION

The 'Bielefeld Model' project example stands out for its focus on residential care, which includes 24-hour service. A 'service point' in a housing project serves all those with care needs who live in the close surrounding area of the BGW housing association. In Bielefeld 13 such BGW projects have so far been established in close cooperation with a care service. The BGW Bielefeld not-for-profit housing association wanted to improve and expand upon its services for the elderly and those in need of care by supplying a guarantee for care and more social contact. The guarantee of care should not only apply to the tenants of the special housing project but also to those residents living in the BGW residential area. Goals: Affordable housing and care, safe 'normal' housing through locally available care.



© The Bielefeld Model – Housing with Guaranteed Care

#### PROVIDER

Bielefelder Gemeinnützige Wohnungsgesellschaft mbH (BGW)

#### WEBSITES

- <http://www.bgw-bielefeld.de>
- Cooperating partner: <http://www.altundjung.org>

#### TARGET GROUP

Mix of people in the housing project: (1) People of different ages and with different care needs are housed in self-contained flats all around the building; (2) The care services are not only dedicated to the elderly, but to all those in need of support with a special focus on young people with disabilities. Other non-care specific services are offered – social assistance, help around the house and general measures to improve social life in the community; (3) Most of the people cared for are eligible to social benefits or social insurances: people in need of care (old and young), dementia sufferers, disabled people (old and young), poor people (household benefits, care benefits).

#### COVERAGE OF THE PRACTICE

An estimated 500 people currently receive care in all 13 areas of Bielefeld (pop. 320,000), where for approx. 10,000 inhabitants care is guaranteed if needed.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The 'Bielefeld model' project example stands out for its focus on the residential care area which includes a 24-hour service. A 'service point' in one of the housing blocks serves all those with care needs who live in the housing project or the surrounding area. The strengths of the practice are:

- self-contained flats for people with high care needs in the housing project;
- the core of the care area is the 'residential café' in the housing project;
- good cooperation between the housing association and care service as well as municipality
- participation of citizens both from the project and the area;
- the 'minder' responsible for overseeing the project is the housing association who also protects the interests of the tenants in case they have complaints about the quality of the care service;
- the housing association also provides for the adaptation of 'normal' surrounding housing but keeps the rent at an affordable level;
- the care service is very flexible in terms of working hours, tasks and financing, providing all services needed in the area, decentralised organisation, working on a free-lance basis;
- the financing of social support and community work (Gemeinwesenarbeit) mainly through a great variety of social benefits.

An outstanding feature of this practice is the special way in which the care provision is organised. However, the affordability of the housing and the care and the accessibility of the housing are crucial preconditions for the success of the project.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

16 years since the first project, with its extension into other regions, e.g. the German states of Thuringia, Bavaria, Hesse, Lower Saxony.

#### IMPLEMENTATION – BARRIERS

Political and financial support for such concepts by the local government, mainly through the payment of welfare benefits to people with little income, and by the regional authority, mainly through the payment of disability benefits, was not as effective in the beginning as it is now. It took time to reach an agreement on the proposition that both older and disabled people are better cared for outside institutions. But even today there is not enough money, particularly for financing social support and community works.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

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Bielefeld not-for-profit housing association Ltd.– BGW (Bielefelder Gemeinnützige Wohnungsgesellschaft mbH)	Project provider: The BGW is the largest housing association in Bielefeld and is mostly owned by the municipality. It covers a large region spread over many different local areas in Bielefeld. The BGW assumes the main responsibility for the projects and offers its residents a counselling service and a handyman service. Five BGW service teams dotted around the town help with these services. The BGW feels it is responsible for representing the needs of its residences vis à vis out-patient care services and is in close contact with them, for example, through its biannual residents meetings. The housing association chooses the care provider and rents the space to them. An important part of the project is that 'general' housing is also made accessible. The housing association helps to achieve this.
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‘Southwest Old and Young’ Association (‘Alt und Jung Süd-West e.V.’) – an out-patient care service	The main cooperating partner: The care concept was devised with the help of ‘Old and Young’, an out-patient care provider that has many years of experience in this field. The care service is organised into local area teams. Founded in 1981, ‘Old and Young’ had already implemented communal forms of housing. It initiated and helped to run non-institutional care groups. They wanted to find an alternative to this type of housing that offered little private space and minimal personal choice; i.e. an option where even those with severe care needs could live independently in a proper flat. The care services are not just for the elderly, but for all those in need of support with a special focus on young people with disabilities.
Support: Municipality	Political support, social benefits, social support
Support: regional authority	Disability benefits
Support: social care insurance	Financing care and some social support
Support: other insurances	E.g. accident insurance, disability benefits

**HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?**

	‘Heinrich Street’	‘Vennhof Avenue’
Professional staff	29	32
‘Full-time equivalent’	approx. 15	approx. 16
Volunteers	11 (+9 ‘Dance school’)	17
Of which are project tenants	3	–

**ESSENTIAL TO LONG-TERM SUSTAINABILITY**

As regards the needs of people, the model is very future-oriented. It is implemented with experienced, economically sound partners. However, it is not certain whether the supporting financing conditions of the municipality and other cost carriers can be maintained.

**PARTICIPATION OF THE ELDERLY**

- regular meetings with the management, and ad hoc opportunities to express opinions when meeting anyone from the staff

For example, residents in one of the housing projects complained in a meeting to the housing association about the overly dominant behaviour of the care service staff. As a consequence, the housing association set up rules for the care service to avoid this. Generally the different wishes of residents regarding meals are taken into account in that dining hours are very flexible.

**INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY**

There is a written agreement between the housing association and the cooperating care service about how best to serve the interests of the tenants and other clients

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No exclusion. Most tenants of the housing projects receive social benefits, mainly because of their low income, care need, and disabilities. Eligibility is controlled by the relevant authorities such as the municipality or care insurance.

### FINANCIAL SOURCES

The share of public finance can vary from nearly null, if the clients are able to pay for all the costs (apart from the care insurance money, not means-tested), to nearly 100% if the clients are very poor and are eligible for the full range of social benefits. A particular policy of the Bielefeld municipality in terms of social benefits is that it also agrees to cover the costs of care services even if they are – in an individual case – much higher than the costs for institutional care (in nursing homes).

#### *Staff costs of the care service:*

A minimum of six project residents with care needs are required for the care service to function properly. In order to ensure this happens, the care teams can make suggestions to the housing association when it comes to allocating the residents. Tenants of the housing project and residents in the surrounding area do not have to pay a surcharge for this service to be available 24- hours a day. Requested services are paid for on a pro rata basis.

In order to financially secure a 24-hour service, the care services must make at least 30,000 EUR per month. This corresponds to about 30–40 clients per project area. On average, the monthly turnover per project is about 50,000 EUR. The ‘Heinrich Street’ project / ‘Paulus area’ team’s latest figures show this monthly sum comes to 70,000 EUR. At ‘Vennhof Avenue’ it is 50,000 EUR.

#### *Initial costs for the care service:*

Around 150,000 EUR in start-up costs per project were required before the minimum number of clients were attained.

The costs of social assistance within the housing project and for community work can to a large extent be covered by public financing. How much the tenants pay depends heavily on how many social benefits they are eligible for. In 2009 in ‘Vennhof Avenue’, all tenants (bar one) were receiving welfare benefits.

#### *Housing costs:*

##### *Rent for unsubsidised housing*

Rent excluding bills: 7 EUR/m<sup>2</sup> (renewed, all flats in Vennhof Avenue), 8.50 EUR/m<sup>2</sup> (newly built, Heinrich Street, other half subsidised). Here the rent is comparatively high because of the high building standards and corresponding investment. For the BGW housing 8.50 EUR/m<sup>2</sup> is the maximum rent. This relatively high rent level should not be compared just with normal housing in Bielefeld or the BGW housing stock, but also with special housing for older people such as ‘assisted housing’ (‘Be- treutes Wohnen’) where the rent (apart from a surcharge) can be much higher.

##### *Rent for subsidised housing*

‘Subsidised housing’ (also called “social” or “council” housing) is an object financing, which means that the building costs are subsidised by the government. Unlike freely financed (unsubsidised) housing the rent level is controlled. In addition only tenants with low income are eligible and the size of the flat is limited. However, the trend in housing policy is that such object financing is increasingly being replaced by “subject financing” where tenants with lower income can receive individual “housing benefits” (Wohngeld) in order to reduce their rent costs.

Within the BGW housing stock subsidised rent costs 4.85 EUR/month excluding bills (price in the year 2012)

*Average rent within BGW housing and in Bielefeld:*

On average, BGW flats cost 4.95 EUR/m<sup>2</sup> excluding bills. This average is lower than the average rent in Bielefeld of 5.80 EUR/m<sup>2</sup> excluding bills (prices in the year 2012).

*Affordable accessibility standards in BGW housing:*

Apart from (the rather few) new buildings BGW tries to adapt as much of its existing housing stock to accessibility standards as possible, but to do this in a way that its tenants can still afford the rent.

The increase after renewal is usually not more than 1.2/m<sup>2</sup>. Usually extensive adaptation measures are only taken in conjunction with general renewal measures. Adaptations in the case of individual needs are at first financed by the BGW (apart from subsidies such as from care insurance up to 2,500 EUR). In exchange, the tenants have to pay a higher rent. This rent increase should not be more than 15–30 EUR/month for a flat.

*Living costs:*

4 daily meals: 210 EUR/month, a single meal: 4.20 EUR/lunch

*Cost reductions for the housing project:*

- The BGW does not collect rent for the residential cafe and equipped the kitchen free of charge.
- Common-room furniture is partly paid for by donations.

SWOT ANALYSIS

STRENGTHS

- The housing project: normal, affordable housing for people in severe need of care, mixing old and young with and without need of care, with or without disabilities, low-cost provision, no extra premium for general services.
- Surrounding area: the 'Bielefeld' project example stands out for its focus on residential care which includes a 24-hour service. The guarantee of care not only apply to the tenants of the special housing project but also to those residents living in the BGW residential area.
- The combined provision of all relevant services i.e. affordable, accessible housing, care and social assistance, people need to grow old or live with disabilities in their residential area, yet remain as independent as possible.

WEAKNESSES

- Housing project: although the aim is to provide normal housing, the housing projects are sometimes seen as something like an "old people's home".
- Surrounding area: services and the guaranteed care are only provided for a small area and the coordination of services in the wider residential area is only rudimentarily available. There is a gap in the financing of coherent residential area management and social support. The existing financing used in the Bielefeld model is restricted to groups of people with care requirements on a low income. In addition, the financing system is very complicated

**OPPORTUNITIES**

- The model contains many opportunities for residential area development.
- Consciously limiting care services to a small radius around the housing project and involving only two main partners allow such projects to be carried out with relatively little organisational effort. This is true even in locations where residential area concepts have not yet been implemented.
- As another opportunity, the Bielefeld model can be geared towards expanding the service offered throughout a residential area and establishing local area management by incorporating more players. This model has the potential to help restructure the care of older and disabled people towards the provision of integrated services in residential areas where old and young people live together and where professionals and citizens work together in creating and providing services. This includes the opportunity to create better environments for families with children.

**THREATS**

- One threat is that even the very limited financial support in favour of social support and residential area management now provided by municipalities may decrease due to chronic budget deficits and the opportunities inherent in the described approach may not be exploited.

## Normative Housing Allowance (Hungary)

**ANNOTATION**

The normative allowance refers to the financial support given to families in need to help them cover regular housing expenditures. The normative allowance is primarily provided in the form of material support. Eligible are those persons in households where the monthly income does not exceed 250% of the minimum old-age pension rate per unit and where none of the household members owns property (monthly income per unit equals to ratio of household income and number of units).

**WEBSITES**

- <http://www.kormany.hu/hu/nemzeti-eroforras-miniszterium>
- <http://www.csaladitudoakozo.hu>

**TARGET GROUP**

Those households that have a monthly income per consumption unit not exceeding 250% of the legal minimum of the old-age pension (28.500 HUF/00 EUR) and none of the members of the household owns any kind of possessions are eligible for normative housing allowance. The consumption unit expresses the share of each member within the structure of the household where (a) the first adult member has a ratio of 1.0, (b) the second adult member has a ratio of 0.9, (c) additional adult members have a ratio of 0.8, (d) the first and second minors (under-age) members have a ratio of 0.8, (e) other minors (under age) have a ratio of 0.7.

#### COVERAGE OF THE PRACTICE

In 2010, 361,076 persons received such help. The ratio per 10,000 inhabitants: 361.1, the number of beneficiaries per 1000 households: 83.0.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

As far as the contribution to housing expenses is concerned, the only available services are those provided by the national social protection network. We can only mention the 'housing allowance' since we know of no other pilot projects or local, regional or national programmes.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

It was introduced by the Social Services Act of 1993 and it has been available since then.

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

The allowance was extended to those entitled to debt management services and the regulations take into account specific life situations, such as the disability allowance, increased family allowance etc.

Barrier: The amounts of the contribution are low and they are not sufficient to remedy housing issues in the long term.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

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Government of Hungary	<ul style="list-style-type: none"><li>• Legal framework</li><li>• Financing of the provision</li><li>• Supervision of the training of employees</li><li>• Quality control</li><li>• Monitoring the field</li></ul>
Local municipalities	<ul style="list-style-type: none"><li>• Formulating a local municipal decree based on the Social Services Act</li><li>• Examining eligibility, transferring the contribution to service providers, ensuring the opportunity to appeal</li><li>• Providing other support for resolving housing issues e.g. providing a fuel coupon</li></ul>

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#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The desk officials of the local municipalities are responsible for examining and checking eligibility, for transferring the contribution to service providers and for appeals. There are no available data on the number of officers involved. The size of the municipalities and the number of applicants determine this figure.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The form of cooperation derives from the method of social administration and from the structure of the social services.

#### PARTICIPATION OF THE ELDERLY

No

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Eligibility criteria are laid out in legislation, so everyone who meets the criteria will receive the allowance (regardless of the applicant's age). This form of support is state fund-allocated on a per capita basis (normative housing allowance). Beneficiaries receive the granted amount for one year.

Since the amount of the contribution is small, it cannot solve problems in the long term, so it does not improve the quality of life of families and persons in need.

Since local municipalities have scarce economic resources, there is little room for other forms of support.

#### FINANCIAL SOURCES

100% public finance. In 2010 total payments amounted to 19,284 billion HUF (65.8 million EUR). This is 53,408 HUF (182 EUR)/year per capita.

#### SWOT ANALYSIS

##### STRENGTHS

- Available nationwide
- Criteria are described in regulations, there is room for appeal, and therefore the system is predictable. The rules apply for officials, municipalities, communities and the state.
- Automatically received by people participating in a debt management scheme.
- No fee to apply.
- Financed by public sources
- Decision valid for one year
- Funds are allocated 'normatively', i.e. everyone is entitled to support if he/she meets the criteria set out in legislation. the law
- To calculate the amount of the contribution special life situations such as disability or an increased amount of family allowance are taken into consideration.
- The applications are considered locally, which allows for speedy administration.

##### WEAKNESSES

- Only the most vulnerable are eligible
- It does not constitute a long-term solution to housing issues
- Monthly and yearly amounts per capita are low
- An increasing number of applications (in 2009–2010 there was a 2% increase in funds allocated)
- Since service providers receive the transfer instead of the applicant, those in need do not have freedom of choice
- In the process of deciding about eligibility cases that would require special consideration are excluded, extraordinary situations are not dealt with
- There is a possibility of unintended selection if access to information is imperfect
- There are no sufficient data on impact and efficiency
- Relatively high administrative costs.

##### OPPORTUNITIES

- Increased amount of contribution
- More in kind contribution provided by municipalities
- Extending the range of eligibility, e.g. automatically involving persons receiving a disability allowance, cases of dementia and the elderly under home care, as is done for recipients of debt management services
- Studies of impact assessment, opinion polls and extended data collection

##### THREATS

- It does not give real support, it is only a minor remedy
- Municipalities cannot provide additional money and in kind contribution due to their limited financial capacity
- Without providing inhabitants with quality information (leaflets written in simple language, trained and up-to-date officials), many are excluded from the scheme



## ‘Nie Sami’ (‘Not Alone’) Programme (Poland)

### ANNOTATION

The programme provides assisted housing to elderly citizens of the City of Stargard Szczecinski. The housing is provided in a newly constructed housing complex, and is fully accessible for people with mobility difficulties. Social assistance includes a safety alarm system, a nursing service, and integration activities. The house was built through the TBS (social housing association) model.

### WEBSITES

- <http://www.tbs.stargard.pl>

### TARGET GROUP

The target group are the elderly citizens of Stargard Szczecinski. The dwellings are rented through the TBS system. They can only be rented by persons aged 55+, or in the case of a married couple where at least one of the spouses is aged 55+. The developer and administrator of the house is Stargardzkie TBS Ltd. (the company is 100% owned by the municipality). Two models of renting are possible and exist: (1) free recruitment, where any elderly person is eligible to participate as long as they contribute up to 30% of the dwelling construction cost, according to general TBS scheme regulations (people with moderate income); (2) sublease by the municipality as part of the municipal housing stock, where the municipality covers 30% of the participation cost, and the dwelling is available to persons with low income, municipality residents on the waiting list to be allocated municipal housing.

### COVERAGE OF THE PRACTICE

The first of the housing complexes built and used provides 23 dwellings currently occupied by 27 elderly citizens.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The ‘Nie sami’ operational programme is part of a wider assistive housing programme in effect under the local housing policy of the municipality of Stargard Szczecinski. The local housing policy is closely coupled with the local social welfare policy. Other assistive housing operational programmes developed by Stargardzkie TBS Ltd. include: ‘Bez Barrier’ (‘Without Barriers’) – for the physically and mentally disabled; ‘Na start’ (‘For the Start’) – ‘incubators’(programmes) for 14–17 year-old orphanage pupils with a programme to provide final dwellings; ‘Nasz dom’ (‘Our Home’) – for ‘family homes’ where children from orphanages live in regular families.

The Stargard Szczecinski example is the only comprehensive use of the TBS system and assistive housing in Poland. Polish law regulates only one category of housing for vulnerable people (disabled, elderly, orphans, adult orphanage alumni etc.). This is ‘sheltered housing’. As of the end of 2011 only 480 sheltered dwellings (with 2,297 places) had been created across all of Poland. In comparison, Stargardzkie TBS developed 91 assisted dwellings in the City of Stargard Szczecinski (which is about 19% of the total number of sheltered dwellings in Poland) with a total of 166 places (that is 7% of the total number of places in sheltered dwellings in Poland as of the end of 2011). At the same time the population of Stargard Szczecinski (pop. nearly 70,000) amounts to only 0.16% of the total Polish population.



© ‘Nie Sami’ (‘Not Alone’) Programme

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The housing complex was first inhabited in 2009. Two more housing complexes are planned to be built within the 'Nie sami' operational programme. Local development plans have been adopted by the City Council. The next step is to secure appropriate financial resources in the municipal budget to cover municipal participation for the dwellings to be subleased to people with the lowest income; as yet no political decision has been taken.

### IMPLEMENTATION – KEY FACTORS

The key factor for successful implementation was mutual understanding and the will, even at the political level, to implement a housing policy that reflects the social challenges encountered in the Municipality of Stargard Szczecinski. This resulted in a smoothly designed concept adopted as part of local legislation and the development of current assistive housing.

### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Stargardzkie TBS Ltd.	Housing developer within the TBS system, owned by the Municipality of Stargard Szczecinski. A TBS developer in Poland is a non-profit organisation (usually a company) that builds houses with flats provided to tenants under regulated rents scheme. TBS developers are usually owned by the municipalities and the TBS system is an almost twenty-year-old programme for increasing housing stock availability for low- and middle-income tenants. TBS requires participation: up to 30% of the dwelling construction costs (tenants' own funds, municipality funds, NGO funds etc.). Participation gives a person the right to become a tenant of the dwelling. The role of Stargardzkie TBS has been to design the concept of assistive housing, develop the housing complex and administer it thereafter.
Municipality of Stargard Szczecinski	The role of the municipality was to design and adopt adequate housing policy allowing the development and provision of assistive housing to the most vulnerable groups residing in the municipality, to provide financial resources to cover participation in TBS housing for later subleasing, and to provide adequate financial support for tenants with low income (rent reductions, housing allowances)
NGOs	NGOs that are active in the field of supporting the elderly or representing their interests cooperated as consultants on the programme and currently provide some assistance (integration activities, volunteers).
Subcontractors during the housing design and development process	Subcontractors included the architectural designer and construction companies, who were responsible for providing services in their respective fields of expertise.
Volunteers	Volunteers include housing complex residents, youth from the nearby 'Nasz dom' housing complex, and other residents of the neighbourhood. Their role is to support the elderly residents, especially in performing daily activities (e.g. shopping).
Bank Gospodarstwa Krajowego	A state-owned bank responsible for providing funding for projects of social or economic importance to Poland.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

Two employees are directly involved in the coordination of the programme: one executive officer from the TBS company and a house administrator – they both work part time for the ‘Nie sami’ programme, with the house administrator dedicating 1/2 of her work time to the housing complex for the elderly. Other employees are involved part time on one of the ‘regular’ tasks connected with the development and administration of the TBS housing stock in the municipality of Stargard Szczeciński.

#### ORGANISATIONAL STRUCTURE



#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Retaining the current housing policy in the municipality is essential, with further extensions applied to it in the future as social needs arise.

One of the strengths of the organisational structure is the fact that the programme has a dedicated house administrator fully responsible for the operations of the housing complex. Also, a dedicated executive officer coordinated the ‘Nie sami’ programme as part of the whole strategic programme for the provision of assistive housing. The delegation of assistance to external entities whose current activities support the elderly is also an advantage in terms of long-term sustainability.

#### PARTICIPATION OF THE ELDERLY

The elderly participate in the organisation of integration activities. An example is the preparation of food/meals for integration events.

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Persons with low-income who do not own a dwelling are eligible to live in the housing complex through a sublease of the dwelling for which the tenant participation costs have been previously covered by the municipality (i.e. the municipality is the formal tenant of the given dwelling). Such a person is not required to recover that cost of participation.

All elderly persons are eligible to become tenants if they cover the tenant participation costs on their own.

The difference between these two types of residents is that persons to which a dwelling has been subleased do not participate in TBS, that is, they do not possess the right to indicate the tenant(s) of the dwelling. This right (i.e. participation) is also subject to inheritance.

## FINANCIAL SOURCES

Development of the housing complex:

70% is provided through the National Housing Fund managed by Bank Gospodarstwa Krajowego, 30% is provided by Stargardzkie TBS Ltd. from the residents' participation (subleased dwellings whose participation is provided by the municipality) and own financial resources.

Municipality of Stargard Szczeciński is the formal participant for half of the dwellings in the constructed housing complex (this amounts to around 48.6% of the total dwelling area in the housing complex). The municipality's participation in these dwellings was around 25% of the development cost of these dwellings. The share of public finance in the total costs of the development of the housing complex was therefore around 12.15%.

*The cost of development of the housing complex: 4,215,425 ZL (about 1,025,000 EUR)*

*Costs of house complex operation are 5.74 ZL (1.32 EUR) per square meter of usable dwelling area – it is not possible to provide a division into cost categories.*

*Estimated costs of administration (for the investment part) – around 10 % of overall costs.*

The costs are met based on the rent paid by the tenants. For tenants various levels of rent are available depending on their income. The difference is covered by the municipality (Stargardzkie TBS Ltd. receives the full rent from the municipality, the municipality later sets the rent for individual tenants based on current national and local regulations). Residents with the lowest income can additionally apply to receive a housing allowance according to separate national regulations. The participation of the municipality in the operation costs of the area rented by the municipality to low-income residents is 5.39 PLN (1.25 EUR) per m<sup>2</sup>, which amounts on average to about 94% of the house operation costs per m<sup>2</sup>.

*The full rent price for the 'Nie sami' housing complex is 11.50 PLN per square meter. This price is paid by persons who contributed their own resources to participate in the TBS and who are not entitled to any additional social support to meet their housing needs (such as a housing allowance). The actual rent paid by tenants with the lowest income, supported by the municipality as described above (through a housing allowance and rent reductions), may be as low as slightly over 6 PLN per m<sup>2</sup>. The market price of rent is around 21 PLN per m<sup>2</sup> (an estimated average based on an analysis of the local market in Stargard Szczeciński).*

## SWOT ANALYSIS

### STRENGTHS

- Explicitly linked to local housing and social welfare policies
- Well-defined cooperation among key stakeholders
- Well-defined regulations governing the participation of tenants

### WEAKNESSES

- Further extension of the programme dependant on the available municipality budget
- Assistance based mostly on the house administrator provided by Stargardzkie TBS Ltd.
- Support for elderly residents in their daily activities is not part of the core business of the house's administration

### OPPORTUNITIES

- Further involvement of NGOs possible to improve the assistance experience for tenants
- Open-minded management interested in applying modern and innovative technical assistive solutions (e.g. ICT-based solutions)

### THREATS

- Possible changes to the TBS scheme at the level of central regulations having a bad influence on the further extension of the programme

## Apartment Building SENIOR - BDS (Slovakia)

### ANNOTATION

In 2011, the City of Nitra introduced a newly built BDS, which provides 53 apartments for senior citizens and disabled persons. For interested clients, BDS can provide social services – nursing in the clients' apartments or food in the local dining room – and can accommodate other clients' needs in the laundry and a day-room. The four-storey building contains 15 one-bedroom apartments, 3 apartments designed for disabled people and 42 bachelor flats.

The main goal of the municipality is to accommodate the senior part of the population, so that their low income and social care dependency do not put them at risk of homelessness. At the same time, it creates an opportunity to accommodate young families in the city in apartments freed up by the elderly.

### CONTACT

Bytový dom SENIOR, Krčméryho 2/C, 949 01 Nitra, tel. +421 37 77 22 223

### TARGET GROUP

Senior citizens and disabled persons over the age of 50

### COVERAGE OF THE PRACTICE

Apartments are only available to local citizens. In September 2012, BDS accommodated 57 inhabitants (all of them were elderly).



© Apartment Building SENIOR – BDS

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

In the area of housing (leaving aside standard residential social facilities operating under the Social Act) there is a lack of examples of innovative practices. Since the vast privatisation of the housing stock, cities and municipalities have only a limited number of adequate rental apartments that can be used as secure housing for seniors. The construction of new rental housing on a non-profit basis helps provide a solution to the growing group of seniors, insufficient number of flats adequate for seniors, the financial unaffordability of commercially built flats, and this makes it innovative.

It reflects current needs in housing, the insufficient capacity of facilities and the absence of housing types that represent something between ‘living in the natural home environment’ and ‘living in residential social service facilities’.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice has been operating continuously since November 2011. The first inhabitants moved in on 1 December 2011 and currently all the apartment units are fully occupied.

### IMPLEMENTATION – KEY FACTORS AND BARRIERS

A key factor was the intention of the municipality to exchange an inadequate building – which could still be used for different purposes – for the construction of a new building on terms convenient to both sides (spending cuts in the municipality and business opportunities for a private company). The analysis revealed to the municipality the needs of the elderly and the demand for this type of housing. This analysis was confirmed by the huge demand for apartments after the construction of BDS. It was necessary to modify a municipal directive on apartment allocation and to create a method for this allocation (queue). A new municipal directive focusing on low-income groups was also created.

The main barrier was the inadequate location proposed for the construction of the building. It is essential for the municipalities to prepare an area for this type of construction in advance. As the intention was to create a sustainable project, this barrier was overcome by active communication with the construction company and the active participation of the municipal leadership in the process. The municipality also looked to other funding possibilities from public sources.

### MANAGEMENT AND ORGANISATION OF THE PRACTICE

City of Nitra	Public sector
LL Real Invest, s r. o.	Private sector
Službyt Nitra	Company owned by the municipality

BDS is a building with rental apartments that does not require a specialised organisational structure. The company Službyt Nitra rents the apartments, signs contracts with the tenants and provides building maintenance. One flat serves the caregivers, who are available at specific hours and provide nursing services and assistance in the local dining hall.

### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

BDS has 4 employees (1 administrator + 3 caregivers), who are employed by the municipal organisation that provides social services (SZSS).

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The most important factor is the long-term philosophy of housing development and the city’s programme for economic, social and societal development. Other important aspects include the Land Use Plan, the demand for certain types of services and the plan for the development of social services for the elderly.

## PARTICIPATION OF THE ELDERLY

- questionnaire

Input from the elderly influenced the preparation of the project and the construction of the building (the size of the apartments, accessibility of services inside the building). Their opinions confirmed municipal intentions to offer the local elderly modern comfortable housing with all the necessary services.

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

During the process, the municipal authorities established internal rules to evaluate input from the elderly.

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Experts at the municipal authorities prepared a new municipal directive to allow low-income groups to take part in the practice. The financial rules of BDS are set up in a way that makes them acceptable to low-income elderly. This group is not excluded from participation; on the contrary, the project helped them to solve their problems with housing.

## FINANCIAL SOURCES

The biggest expenditure was the purchase of a new building. The estimated value of each exchanged building was almost 1.5 million EUR; the buildings were exchanged without any further financial compensation from any of the participants. Information about other costs is not available, but according to the municipality these costs are covered by income from rent. Income from rent (1.5 EUR per m<sup>2</sup>) covers all the expenditures related to the maintenance of service.

## SWOT ANALYSIS

### STRENGTHS

- The newly-built building, acquired in exchange for an old one that no longer met requirements.
- The municipality conducted a survey among inhabitants of the original building to modify the BDS project.
- The practice fulfilled its original objectives.
- Experts at the municipal authorities prepared a new municipal directive to allow low-income groups to take part in the practice.
- According to available data, the level of satisfaction of clients is very high.

### WEAKNESSES

- At the moment all the apartment units are currently fully occupied.
- A possible negative effect is potential clients who could not be accommodated.

**OPPORTUNITIES**

- Since the vast privatisation of the housing stock, municipalities have only a limited number of adequate rental apartments that can be used to provide seniors with secure housing.
- The municipality plans to introduce housing for young families in the area to improve the intergenerational aspect of the project.
- The huge demand for this type of service.
- The municipality has several suitable locations where it could expand and improve a project like BDS.

**THREATS**

- Continuation of the practice depends on the satisfaction of its beneficiaries: insufficient value for money could lead to the end of the practice.

## Rental Dwellings Designated for Pensioners and the Elderly (Slovenia)

**ANNOTATION**

The purchase, maintenance and management of housing stock designated for and rented out to pensioners and the elderly. The practice is implemented by a legal entity, i.e. the Pension Real Estate Fund Ltd. (the Fund) in close cooperation with associations for the elderly and local communities.

**PROVIDER**

Pension Real Estate Fund Ltd.

**WEBSITES**

- <http://www.ns-piz.si>

**TARGET GROUP**

Pensioners and the elderly. All aspects of the rental (conditions, criteria, payments, procedure, users etc.) are set out in the 'Regulation for the Allocation of Rental Dwellings for Pensioners and the Elderly'.

Eligibility criteria:

- pensioner or an elderly person normally over the age of 65
- medical conditions that allow for independent living
- financial ability to pay rent and maintenance (income threshold)
- no outstanding rent (only for those already in non-profit dwellings)

Criteria for being shortlisted for a particular dwelling:

- housing status and current housing conditions of the applicant
- health conditions
- status of the old-age pensioner
- age
- location of permanent residence (favourable if in the same area as a particular dwelling available for renting)
- waiting period for the Fund's dwellings



© Rental Dwellings Designated for Pensioners and the Elderly



A different number of points are assigned within each criterion.

#### COVERAGE OF THE PRACTICE

2,917 rental dwellings with an average size of 37m<sup>2</sup> occupied on average by 1.4 persons; a total of 4,084 tenants represent 1.2% of the population aged 65 and over; the average tenant is 69.8 years old, 72% of tenants are women, 28% are men.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice is considered a best practice because of its comprehensive consideration of housing provision for the elderly through:

- intensive and extensive cooperation among all the actors involved in the housing field (from municipalities to policy makers);
- cooperation with end-users and their associations (tenants; local associations of pensioners);
- the monitoring of the quality of the existing housing stock and adaptations to new needs and standards;
- the development of new forms of cooperation and integrating new projects and networks in the operations of the Fund (e.g. with 'Elderly for a Higher Quality of Life')
- its educational role by informing the elderly about opportunities for the improvement of their quality of life, including informational support to relatives of the elderly;
- the constant consideration of the economic conditions of end-users and efforts to maintain rents at a level affordable for tenants;
- the development of a marketing strategy and the promotion of rental dwellings by using new technologies and opportunities (e.g. the internet), but also in a manner more familiar to the elderly, who are not necessarily high-tech orientated (personal calls, meetings, radio);
- the monitoring of new trends and forms of housing provision and services for the elderly and the adequate adaptation (or adaptation plans) of its own practice.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

There are two important dates:

In 1991 the rental dwellings designated for the elderly were excluded from privatisation and became the property of the IRDI;

In 2001 the Pension Real Estate Fund Ltd. was established to provide rental dwellings designated for pensioners and the elderly.

#### IMPLEMENTATION – BARRIERS

In some cases the municipalities do not cooperate in the construction of new dwellings for the elderly in their areas. In such cases the investment costs for the Fund are higher, which raises the rent. Barriers were surmounted through extensive negotiation and coordination with project partners. The Fund is trying to introduce new forms of public-private partnership.

## MANAGEMENT AND ORGANISATION OF THE PRACTICE

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Local pensioners' associations	The housing committees of pensioners' associations participate in the allocation procedures for housing located in the area of their jurisdiction. They are active in informing potential tenants in the local area about rental opportunities in the Fund's dwellings. They collect applications to reside in the Fund's rental dwellings and they prepare annual shortlists of applicants.
Municipalities / local housing funds	The cooperation of municipalities and local housing funds with the Fund is vital in the establishment of a building title and/or in the reduction of the communal tax. Through this kind of cooperation the investment costs for the construction of rental dwellings for the elderly are decreased and consequently the rent charged to the elderly can be lowered (i.e. made affordable). In some cases the municipalities take the role of co-investor. Sometimes the Fund can swap dwellings that are less suitable for the elderly but still adequate for younger residents with the municipalities for building lots. In this case the municipalities gain rental dwellings for the needs of local residents and the Fund gains lots for the construction of rental dwellings for the elderly.
Housing managers	The management of the housing fund is outsourced – contracted to licensed managers/companies. Given the dispersed location of the Fund's dwellings it would not be rational to have a centralised management model. The managers are responsible for maintenance and the preparation of maintenance plans, initiatives for renewal and other technical issues, and in some cases also for communication with tenants (concluding contracts, rent collection etc.). In 2010 the Fund had 30 contracted managers. The managers are well informed about the conditions of the individual property and are acquainted with tenants, which has a positive influence on the Fund's operations (for further evaluation see Section L of the SWOT)

### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are 19 persons employed in 4 organisational units:

- real estate investment: preparation and implementation of renewal and new construction
- real estate management: organisation and coordination of rentals, management, maintenance
- finance and accounting: management of assets and accounting services
- legal and general management: organisation, coordination and implementation of activities relating to legal, human resources and general issues.

**ORGANISATIONAL STRUCTURE**

**Management of the Fund**

Director

Real estate investment unit	Real estate management unit	Finances and accounting unit	Legal and general affairs unit
Head Project manager I Project manager II Maintenance organiser	Head Marketing manager Commercial manager I Commercial manager II Commercial manager III	Head Accountant Fin. accountant Tangibles accountant	Head Legal advisor Office clerk Fund's secretary

**ESSENTIAL TO LONG-TERM SUSTAINABILITY**

- the rent that the Fund is allowed to collect should not be lower than cost rent
- the rent has to be affordable: the possibility to obtain subsidies for tenants
- the housing stock must be specifically designated for the elderly
- the present legal and organisational form of the Fund must be maintained for operations throughout the territory of Slovenia
- regular maintenance of dwellings and the adaptation of dwellings and buildings for the elderly

**PARTICIPATION OF THE ELDERLY**

- (1) Cooperation with pensioners' associations (surveys among the elderly; annual meetings, consideration of their opinions, suggestions, comments in the area of maintenance and the allocation of dwellings and in general the quality of housing of the tenants).
- (2) Discussions with tenants; conducting surveys; meetings with tenants; events
- (3) Through the management authorities: a representative of pensioners/the elderly is a member of the Supervisory Board (proposed by NGOs of the elderly); one-third of the Assembly of the Fund are pensioners or elderly persons.

**INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY**

The opinions and suggestions of the elderly (associations of pensioners; tenants and representatives in the management authority) are taken into account in the preparation of annual programmes of maintenance of the housing fund and in the preparation of programmes for the adaptation of buildings/dwellings to the needs of the elderly

**ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

The criteria to be shortlisted for a tenancy in one of the rental dwellings prioritise the economically less able (e.g. those elderly who do not own property), but they still have to meet the criteria of being able to pay not-for-profit rent and maintenance costs for the rented dwelling, etc.

## FINANCIAL SOURCES

*The Fund has the following sources of income:*

- Income from rents collected from rental dwellings designated for pensioners and the elderly;
- Income from rents collected for sheltered housing (activity not included in description of best practice);
- Income from selling existing elderly rental dwelling units unsuitable for the elderly;
- Income from investment in construction and the selling of new dwellings;
- Income from capital investment from funds obtained from housing privatisation.

The current (2012) not-for-profit rent is between 3.5 EUR/m<sup>2</sup> and 4 EUR/m<sup>2</sup> for older dwellings, and between 5 EUR and 7 EUR/m<sup>2</sup> for newer ones. Not-for-profit rent does not differ very much between Slovenian cities, while market rent does. Market rent is the highest in Ljubljana and in tourist and other attractive places (Piran, Izola, Kranjska Gora). It is estimated that the average market rent in Ljubljana is 10.8 EUR/m<sup>2</sup>, while it is considerably lower per m<sup>2</sup> in smaller cities (Kranj 7.2 EUR; Novo mesto 7 EUR, Celje 6.7 EUR; Maribor 6.4 EUR).

*Estimates for the costs of building (buying) a dwelling plus operational costs:*

Estimated construction costs for construction by the Fund are 1,150 EUR/m<sup>2</sup> net area (without equipment and incl. VAT); 1,550 EUR/m<sup>2</sup> revised for a location such as Ljubljana city centre). The estimated communal infrastructure accounts for an additional 370 EUR/m<sup>2</sup> or 550 EUR/m<sup>2</sup> revised for a location such as Ljubljana city centre). Operational Cost (management costs, insurance, maintenance) are 11 EUR/m<sup>2</sup> annually.

The average price for buying the dwellings is highest in Ljubljana and in attractive tourist areas on the Adriatic coast. In September 2011 asking prices in Ljubljana ranged from 2,497 EUR/m<sup>2</sup> for a three-room dwelling to 3,079 EUR for a studio, with nearly matching prices in the coastal region of South Primorska. At the other end of the scale, the lowest prices are in the northeast parts of Slovenia in the Pomurska Region (from 1,061 EUR/m<sup>2</sup> to 1,224 EUR/m<sup>2</sup>) Source: <http://www.slonep.net/>

## SWOT ANALYSIS

### STRENGTHS

#### *In general*

- The largest owner and provider of rental dwellings designated for the elderly;
- Knowledge of general and local housing markets
- Widespread cooperation network
- Involvement in all stages of housing provision for the elderly – from the preparation of the legal framework to implementation
- a high level of loyalty and level of identification of the Fund's employees
- Specific knowledge and extended experience of the staff
- Good relationships between employees

#### *Regarding rental procedure and cooperation with pensioners' associations*

- Good knowledge of the local environment and the needs of applicants;
- Personalised treatment of applicants;
- Involvement of the elderly in the process of selection in the allocation procedures and in general in the Fund's operations
- Accessible information for the elderly
- Help for the elderly in the application procedure
- Maintaining a shortlist of applicants

#### *Regarding the management and performance of maintenance works by contracted managers*

- Good knowledge of the housing fund (e.g. technical characteristics, value, location, problems, specifics)
- Good coordination with contactors when maintenance works are performed, which shortens the duration of work and lessens the inconvenience to tenants
- Familiarity with the tenants and local circumstance enabling good coordination with tenants when temporary relocation is needed to perform larger maintenance works
- Well established communication with contracted long-term housing managers
- The Fund is preparing guidelines and instructions for managers

#### *Regarding the reconstruction, renewal and improvement of the existing stock*

- Improved accessibility (like adding elevators) increases the quality of life of the elderly and makes the dwellings more attractive to rent
- A larger stock of dwellings adapted to the needs of the elderly

### WEAKNESSES

#### *Regarding rental procedure and cooperation with pensioners' associations*

- The allocation process can be lengthy
- Compliance with the rules established by the Fund is sometimes demanding for Housing Committees
- Considerable administrative work for Housing Committees

#### *Regarding the management and performance of maintenance work by contracted managers*

- Monitoring and controlling capacities are low
- The selection of subcontractors is performed by managers and thus not always optimal for the owner (i.e. the Fund) – different perspectives on standards and prices

#### *Regarding the reconstruction, renewal, and improvement of the existing stock*

- The costs of improvements are not (entirely) reflected in the rent (for an explanation see: Q35 on problems with non-profit rent)
- When elevators are added, the maintenance costs become higher for the Fund and also slightly for the tenants
- The investment procedure may take a long time because the buildings are inhabited
- Increasingly stricter building regulations make it difficult to intervene in existing buildings
- Technical renovations to the building sometimes lead to a reduction in the number of dwellings

**OPPORTUNITIES***In general*

- To increase the influence on decisions relating to housing provision for the elderly
- With its experience and knowledge the Fund can be actively involved in the preparation of strategic national documents such as National Housing Programme, and of the national strategy for the care of the elderly, intergenerational solidarity, cohesion and quality ageing.

*Regarding rental procedure and cooperation with pensioners' associations*

- To improve the involvement of housing committees in the Fund's fields of work
- To establish links with the project Community Building: THE ELDERLY FOR A HIGHER QUALITY OF LIFE AT HOME (SLO best practice 1)
- To disseminate information about dwellings for the elderly

*Regarding the management and performance of maintenance work by contracted managers*

- to improve quality of maintenance works

*Regarding the reconstruction, renewal, and improvement of the existing stock*

- With more flexible legislation improvement interventions (and investment) could be reflected in rent

**THREATS***In general*

- The long-term financial sustainability of the Fund and its practice of rental dwellings designated for pensioners and the elderly are endangered if the rent that the Fund is allowed to collect continues to be below cost rent.
- The non-profit rent most often – especially when location is considered – does not cover the operational or investment costs. The extent of private investment in non-profit dwelling is consequently very low or nil, while the demand is relatively high. If more non-profit rental dwellings are to be built, the current legislation regarding non-profit rent should be reconsidered. Support for those unable to pay rent that covers the costs should be secured from other sources.
- Collected non-profit rent does not cover management and maintenance costs, the renewal of older property, and cannot meet the new costs of compliance with contemporary standards regarding the rational use of energy.

*Regarding rental procedure and cooperation with pensioners' associations*

- Privileged treatment of applicants
- Exposure of members of housing committees
- A decreasing interest of members of housing committees to work for the Fund due to poorly paid service

*Regarding the management and performance of maintenance work by contracted managers*

- Bankruptcy of contracted managers with unpaid obligations to subcontractors executing maintenance work

*Regarding the reconstruction, renewal, and improvement of the existing stock*

- Extensive investments without a subsequent rent increase can endanger the financial viability of the Fund



## VI Best Innovative Practices in the Area of Social and Health Care

### Summary

The best innovative practices in the area of social and health care consist of the use of technologies (ICT) for the elderly or special social care services for the elderly and people with disabilities. Five practices (from Austria, Germany, Hungary, Poland, and Slovenia) present different ICT models. The Polish practice is unique for its cardiac telerehabilitation model. The Czech practice ‘Mirror Help’ is based on a group of professionally trained helpers (themselves elderly or disabled), who provide help to the elderly and the disabled who do not have support from their relatives to deal with everyday issues and problems. The Italian practice ‘Social Caregivers in Milan’ represents a network of professional caregivers that work in neighbourhoods and act as antennae to read the needs of the community. The Slovak practice ‘Community Work in the City of Dolný Kubín’ focuses on visiting citizens to promote different types of social services provided by the municipality. Table 8 presents a brief overview of all practices in the area of social and health care.

**Table 8 Overview of best innovative practices in the area of social and health care**

Name of the practice	Country	National / local level	Brief description / characteristics
Social Caregivers in Milan	Italy	Local	<ul style="list-style-type: none"> <li>• A network of professional caregivers that work in neighbourhoods and act as antennae to read the needs of the community</li> <li>• Caregivers receive requests for intervention from citizens; they organise visits to homes to uncover unexpressed needs</li> </ul>
Home Emergency Call and Mobile Emergency Call including GPS location	Austria	National	<ul style="list-style-type: none"> <li>• Home Emergency Call and Mobile Emergency Calling device (based on GPS technologies)</li> </ul>
Zrcadlová pomoc (‘Mirror Help’)	Czech Republic	National	<ul style="list-style-type: none"> <li>• A group of professionally trained helpers (themselves elderly or disabled) who provide help to the elderly and the disabled who do not have support (or support is insufficient) from their relatives to deal with everyday issues and problems</li> </ul>
SOPHIA – Franken GmbH & Co. KG	Germany	Local	<ul style="list-style-type: none"> <li>• A ‘tele-guard’ system (a particularly designed bracelet) which is connected to a service centre complemented by a net of volunteer workers for direct social care</li> </ul>
Emergency Alarm System	Hungary	National	<ul style="list-style-type: none"> <li>• An Emergency Alarm System connected to a 24-hour control centre</li> </ul>



**Table 8 (continued) Overview of best innovative practices in the area of social and health care**

Cardiac telerehabilitation	Poland	National	<ul style="list-style-type: none"> <li>Advanced electronic devices, teleinformation systems and medical methods to introduce innovation in the cardiac telerehabilitation of patients of the Institute of Cardiology in Anin (Warsaw)</li> </ul>
Community work in the city of Dolný Kubín	Slovakia	Local	<ul style="list-style-type: none"> <li>Visiting citizens to promote different types of social services provided by the municipality via field, ambulant and residential services</li> </ul>
Telecare (Teleoskrba)	Slovenia	National	<ul style="list-style-type: none"> <li>SOS at Home (social assistance using a stationary phone), SOS Mobile (social assistance using mobile phone) and SOS Doctor (a 24-hour health service over the phone)</li> </ul>

## Social Caregivers in Milan (Italy)

### ANNOTATION

'Social Caregivers' is an initiative of the Municipality of Milan. It has been activated in every social housing neighbourhood. Professional caregivers work in neighbourhoods and act as antennae to read the needs of the community. They operate in two ways: at a 'front desk', to receive requests for intervention from citizens; organising visits to the home in order to reveal unexpressed needs.

### TARGET GROUP

Communities living in a social housing neighbourhood. The initiative does not just target the elderly, but the vast majority of the recipients are elderly.

### COVERAGE OF THE PRACTICE

Data for 2011: 7,426 users; 70% of users are female; 14.6% are young or adult people; 76.8% are > 65 years old and 20.6% are > 85 years old.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

This kind of service makes it possible to identify new needs that do not emerge through traditional (and institutional) procedures.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice was introduced in 2000 as an experiment of Home Care Social Assistance. There have been three continuous stages of development: the pivotal stage (from 2000 to 2006), the extended stage (from 2006 to 2010), and the strengthening of the practice (since 2010).

### IMPLEMENTATION – KEY FACTORS AND BARRIERS

A relevant key factor is the integrative dimension of the project. The service was initially seen as an elaboration of existing social services, but in recent years the Municipality of Milan, governed by a new mayor and left-wing coalition, is trying to strengthen the area-based character. The outcomes should be more integrated.

A relevant barrier is the municipality's administrative structure, which seemed unprepared to support an integrated action. We can thus observe a contradiction between the integration of the service

and the separation of municipal departments. The problem seems to be that there is a difficulty developing the project as an autonomous service because it experiences the same difficulties of any integrated project that clashes with the sectorial organisation of the public administration.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Family, Education and Social Policies Department of Milan Municipality	The municipality promoted and coordinated the project.
ALER (Regional Social Housing Agency)	ALER is the owner and the administrator of the regional social housing settlements. Since the project targets social housing neighbourhoods, ALER provides caretakers in each building who are present daily and work in very close cooperation with social caregivers. Moreover, ALER provides spaces in which social caregivers can work locally.
ASL (Regional Health Care Agency)	In the early stage, ASL was one partner in the creation and initial implementation of the Social Caregivers Project.
Social Cooperative 'Filo d'Arianna' (Onlus)	'Filo d'Arianna' is a social cooperative which had an important role in the first stage of the project. It presented the municipality with the proposal for a pilot project for a social housing neighbourhood in Milan, which was the first step towards the Social Caregiver Service. Currently it is involved in the project as a partner of the group of cooperatives that is managing the service.
'Don Gnocchi' Foundation	In the early stage, the Don Gnocchi Foundation was one partner in the creation and initial implementation of the Social Caregivers Project. In the following stages, Don Gnocchi became the leader of one of the groups that locally implement the project.
Three groups of cooperatives of (the leaders are: 'Don Gnocchi' Foundation, 'San Francesco' Foundation, Spazio Aperto Services)	The Municipality of Milan divided Milan neighbourhoods into three big areas and announced a tender for implementation of the project. It found three groups of cooperatives – one for each area – and these groups implement actions locally and provide the Social Caregivers working in very close cooperation with all the subjects involved (above all the local municipality) and with the beneficiaries of the actions.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The organisational structure provides the following figures:

- A representative person, who belongs to the Central Direction Department, with the role of general management of the service;
- 3 coordinators of the service (one for each area in which the service is articulated), with the role of a 'link' between the Department's goal and its articulation in the three different areas. The coordinators are also involved in local data collection and processing, such as in the project evaluation process.
- 9 local coordinators (one for each administrative zone of the city), with the role of monitoring local social caregiver actions.
- 16 representative welfare workers, who take charge of individual users, starting from their specific problems, defining a solution and evaluating the action.
- 152 social caregivers with different functions: monitoring and controlling neighbourhood conditions, observing and gathering population needs, acting as the link to the welfare worker, referring the problem to the appropriate service, reporting on developed activities through specific information instruments.

All these figures involved in the 'practical' implementation of the service closely interact with other subjects who contribute to the implementation of activities: The City Development Department, ALER representatives, 198 ALER caretakers, the representatives of each local group of social caregivers.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

It can be useful to provide specific training to the social caregivers so that they are ready to work more on understanding needs and less on service supply. Currently, social caregivers are operative figures and this requires a lot of time and economic resources. If they really act as 'antennas' and fulfil the role of understanding and focusing on the service system, the project could reduce the number of social caregivers or support a larger population, effectively integrating this kind of service supply into the existing system of social service.

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Low-income elderly people are implicitly considered because the service is active in social housing neighbourhoods.

A critical aspect of the practice is the target of the service and the kind of problem it addresses. The declared objectives conceive the social caregiver as a local antenna, able to identify, interpret and, sometimes, solve a wide variety of problems, caring both for elderly people, families and children. The extension of the target was one of the declared objectives. But the observation of current data shows that the services mainly target elderly people, who in Milan actually make up the majority group in the city (25% of the Milan population is over the age of 65).

#### FINANCIAL SOURCES

The practice is completely financed by public funds – by the municipalities. The project cost has been around 10 million EUR in the last two years.

## SWOT ANALYSIS

## STRENGTHS

- A service designed to innovate the way in which social services are provided in social housing neighbourhoods.
- A service that tries to reconsider the relationship between the supply and the demand of social services, aims to cope with emerging needs according to a model of strong proximity to the target groups, and reports them to the social service departments of the Municipality of Milan

## WEAKNESSES

- Costly, far above initial ambitions, needs to be organisationally redefined

## OPPORTUNITIES

- To try to reconsider the rationale of social services based on an integrated and localised approach

## THREATS

- The municipality's declining financial resources, the reduction of a potentially innovative service to a routine practice

## Home Emergency Call and Mobile Emergency Call including GPS Location in AT and SK (Austria)

## ANNOTATION

The practice focuses on the elderly and people with special needs as well as on people who want to enjoy outdoor activities safely by being accompanied by a Mobile Emergency Calling device. The devices are intended to provide caregivers and individuals with the most advanced, innovative personal GPS location-based technologies available while providing a network of support for those who care for special needs individuals.

## PROVIDER

Samaritan Burgenland (NGO)

## WEBSITES

- <http://www.heimnotruf.eu>

## TARGET GROUP

People with a health disability, impairment, the elderly and people who look after these people. As regards the elderly, it is often those after injury or surgery who do not have anybody to look after them.

## COVERAGE OF THE PRACTICE

At the moment, the practice has about 2,500 recipients of hardwired service and 50 recipients of the mobile service.

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© Home Emergency Call and Mobile Emergency Call Including GPS Location in AT and SK

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

This practice is highly innovative. It meets several goals together and enables the target group to remain living in their own environment. To create redundancy and backup solutions, this project was driven by Samariterbund in Burgenland as a Lead Partner and the Samaritan Association of the Slovak Republic (ASSR) in SK. Like in Austria there have already been several experiences to build on, know-how has been transferred to the cross-border region to enable services in new areas and to ensure technology-based redundancy and backup solutions for different locations. Due to the new Care Centre Operator's Hard- and Software the quality of service has been raised. These features cover, for example, a personal profile (such as the name and address, health status, medication, key code) of the carers, both volunteers and professionals; equipment management and extensive information about telecare equipment; a list of procedures per type of call; automatic background registration of actions; an extensive registration form with determinable lists; searches; the fast and advanced call up of client data cards; a call session report in pdf format via email and a call session report direct to the printer. Additional steering tools were implemented, like call-holding, transfers, three-way conversations, and release; direct contact with carers at the click of a mouse; volume control, half or full duplex mode and 'door open' steering.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

2007/2008 – the application phase (not counted in the timespan of the practice); 2008–2010 – preparation development; 2010 – management strategies, business model; 2010–2011 pilot actions. The practice has been running for three years. No limit has been set. Financial support from the EU ended in autumn 2011, but the plan is to continue the practice, although with a restricted budget.

#### IMPLEMENTATION – MILESTONES AND BARRIERS

Six milestones could be identified:

- (1) Partnership agreement
- (2) Product portfolio established
- (3) Business model established
- (4) Requirement specifications established
- (5) System go-live
- (6) Service provided to the target group

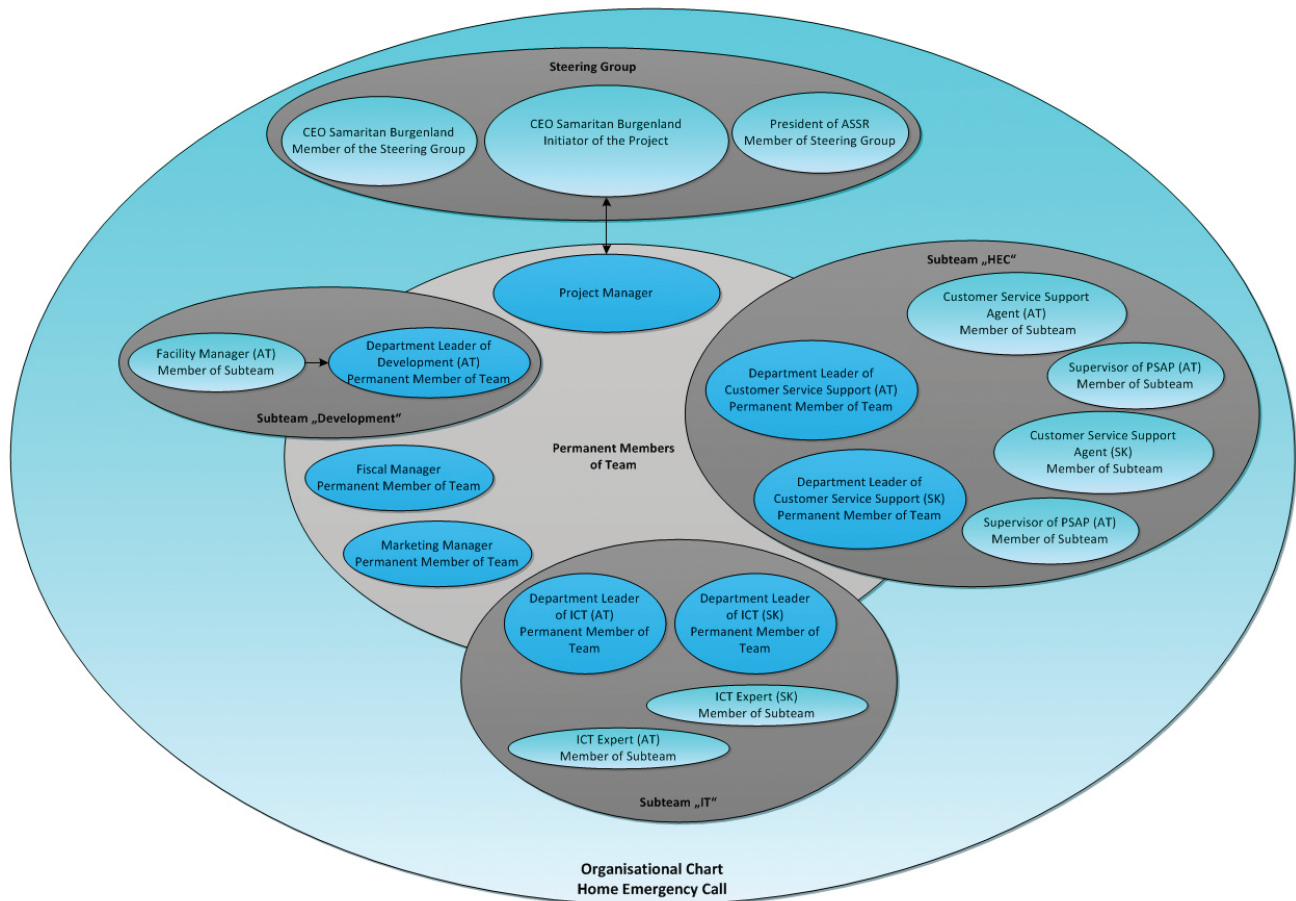
Barriers:

- (1) Insufficient financial resources, because the programme does not supply preparation costs and the payments are always made after the reporting periods.
  - the barrier was overcome by loans
- (2) A lack of experience of being the Lead Partner in a project of this kind
  - experience grew with the tasks that had to be fulfilled to succeed
- (3) Language barriers (AT/SK)
  - the relationship grew during the project period – people got to know each other better and the working language improved (English)
- (4) Slow response from official bodies
  - patience...

## MANAGEMENT AND ORGANISATION OF THE PRACTICE

Samaritan Burgenland	<ul style="list-style-type: none"> <li>● Actor responsible for carrying out the practice</li> <li>● Author of the practice</li> <li>● Project lead</li> <li>● Main applicant</li> </ul>
Asociácia samaritánov Slovenskej republiky	<ul style="list-style-type: none"> <li>● Project Partner</li> <li>● Co-author of the practice</li> <li>● Applicant</li> </ul>
Regionalmanagement Burgenland	<p>This Regional Body provides support, both technical and administrative, to the project partners and applicants.</p> <p>The body also acts as a first-level control</p>
Slovak-Austrian cross-border cooperation programme 2007–2013 – Joint Technical Secretariat (JTS)	<p>The Joint Technical Secretariat supports the Managing Authority in setting up and implementing the procedures to run the programme in compliance with the requirements of the European Commission.</p> <p>The JTS also provides technical support to project partners and applicants. The JTS is established with the purpose to provide sufficient technical support for the cross-border programme.</p> <p>The body also acts as a second-level control</p>
Federal Chancellery of the Republic of Austria	Auditing authority
Metis Ltd.	Auditing authority
The Ministry of the Economy and Construction of the Slovak Republic	<p>This regional body provides support, both technical and administrative, to project partners and applicants.</p> <p>The body also acts as a first-level control</p>
EU funds	European Regional Development Fund – provides the funding and controls budget spending.
Local interest group(s)	Close relationship to target group(s)
Municipalities	Cooperation was negotiated, some cooperation was ultimately established.

## ORGANISATIONAL STRUCTURE



### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

- 1 full-time: Project Manager
- 12 part-time: Department Leader of Development; Facility Manager; Fiscal Manager; Marketing Manager; Department Leader of ICT (AT); Department Leader of ICT (SK); Department Leader of Customer Service Support (AT); Department Leader of Customer Service Support (SK); Customer Service Support Agent (AT); Customer Service Support Agent (SK)
- Supervisor of PSAP (AT)
- Supervisor of PSAP (SK)

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

In this case the strong hierarchy is to be counted as a strength because particularly the close relationship between the partners and their FLC (First Level Control) or the relationship between the LP (Lead Partner) and the JTS (Joint Technical Secretariat) shortens communication paths. Even when necessary in some cases this set up cannot be changed and could slow down decision-making processes. Long-term sustainability is guaranteed by the large selection of mobile alarm units and tracking-and-tracing equipment, which are being developed currently and exceed the basic functions described. The practice laid the foundation for these new ongoing developments.

### PARTICIPATION OF THE ELDERLY

- interviews and conversations with clients and the provider

For the development of a joint management strategy interviews were conducted with clients and the provider. The interlocutors have been the mayors of the respective municipalities where the home

and mobile emergency call system was implemented, different interest groups (like retiree associations, hospitals etc.) or anyone interested. In the framework of those conversations, people became informed about the emergency call system, the process, possible additional products etc. They also had the possibility to express their opinions, needs and wishes, which were taken into consideration.

Furthermore, anyone involved or interested can always turn to the responsible staff from Samaritan Burgenland to express their opinion.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

There are no specific rules for gathering and using the opinions of the elderly. They can always contact and apply to the staff of Samaritan, where the wishes, needs and opinions of the elderly and vulnerable people are considered and taken seriously. At the moment, the quality management of Samaritan Burgenland is only responsible for nursing and care. However, for the future the plan is to expand this quality system to other areas of responsibility. This would, for example, enable clients or anyone interested to express their opinions or needs within the framework of complaint management or the suggestion scheme. These systems already exist in nursing and care and there are also internal standards and procedures.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

There was no fee owing to the funding during the practice and the pilot action.

#### FINANCIAL SOURCES

- SK: 85% public resources (EU grant) and 15% private resources
- AT: 85% public resources (EU grant) and 15% payments from the state
- SK: 303,950.00 EUR Comment:
  - internal costs: 133,950.00 EUR
  - external costs: 115,000.00 EUR
  - investments: 55,000.00 EUR
- AT: 218,550.00 EUR Comment:
  - internal costs: 131,400.00 EUR
  - external costs: 38,400.00 EUR
  - investments: 48,750.00 EUR

Administrative costs – about 20%



## SWOT ANALYSIS

### STRENGTHS

- Innovative home and mobile emergency call system
- Upgradeability of the system with additional products
- Total service portfolio, especially rescue service
- Assistance-competence, professionally trained emergency service staff
- Range of the product (single households, supervised flats, nursing homes)
- Existing infrastructure like a control centre (trained staff)
- Extensive supply (cooperation with emergency service providers)
- Concerning the contents and technically dual system

### WEAKNESSES

- Language-barriers between Samaritan Burgenland and the project partner because of the different native language
- Financial burden, no financial aid for clients under social insurance
- Hardwire systems are tied to one place
- Reaching the target group

### OPPORTUNITIES

- Extension of the product portfolio
- Implementation of mobile emergency calls and location pinpointing was possible
- Networking and cooperation with market partners
- Job creation

### THREATS

- After-effect of the economic crises
- Helpfulness of the personal environment (contact-person)
- Acceptance of the product (use of technical support)

## Zrcadlová pomoc - 'Mirror Help' (Czech Republic)

### ANNOTATION

The practice focuses on the elderly and disabled people who do not have support (or support is insufficient) from their relatives to deal with everyday issues and problems. The practice is based on a group of professionally trained helpers (themselves elderly or disabled), who provide help with running the household, shopping, help with dealing with the authorities, and provide information and companionship in free-time activities.

### PROVIDER

Muži a ženy – 'Men and Women' (NGO)

### WEBSITES

- <http://www.muzaizeny.cz/cs>



© Zrcadlová Pomoc – 'Mirror Help'

### TARGET GROUP

People with a health disability, impairment, the elderly and people who take care of a disabled family member. As regards the elderly, it is often those after injury or surgery (in-patient care), who do not have anybody (family member) to look after them. The practice has, strictly speaking, two distinct target groups (although this distinction was developed after the pilot project). First, it is professional helpers who are themselves elderly and/or disabled and trained who provide the care. They are also the ones who provide care for the second target group of recipients. The second target group consists of disabled or elderly people who purchase the care. Originally, it was expected that this second group of people would gradually move to the first group. The recipients would also become the providers of care.

### COVERAGE OF THE PRACTICE

At the moment, the practice has about 10–15 professional helpers in 10 locations (cities). There are also 20 sole recipients of the service.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

This practice is highly innovative. As mentioned in Q7, it meets several goals at once: it enables the target population to remain living in their own environment, it creates job opportunities for the target group, and it fosters social inclusion and tackles the issue of social exclusion. The main strength of this practice is its very diversified sources of funding. It is not dependent on one financial source, but is based on many different sources. This system of funding allows some flexibility in the programme design. This is important and essential in the times of financial crisis and budget restrictions. When there is strong and significant state support in terms of subsidies or grants from the EU, the service is extensive and of better quality (more training of professional helpers, more services provided, more accessibility – cheaper service, etc.). Nevertheless, when there are fewer financial resources available, the service shrinks, but does not cease to exist, because it can still use state support to employ the disabled and the income from the provision of the service to the recipients. Therefore, the practice as such is sustainable in the long term from a financial point of view. Budget restrictions pose a limit only in terms of the extent, quality and scope of the service.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

2008 – preparation phase; 2009 – pilot project; 2010–2012 – project operating fully. No discontinuity. The preparation phase lasted for two years. The practice has been running in its full scope for another two years. No limit has been set. Financial support from the EU ended in autumn 2012. Continuation of the practice is planned, but with a restricted budget.

#### IMPLEMENTATION – MILESTONES AND BARRIERS

Three milestones can be identified: The first was the grant support given by the EU. This made the whole project possible, as without these financial resources the project would not be conceivable. The second was the successful recruiting of the 12 professional helpers that provide the care. The third was the pilot project that revealed some weak points of the project and the idea.

##### *Barriers:*

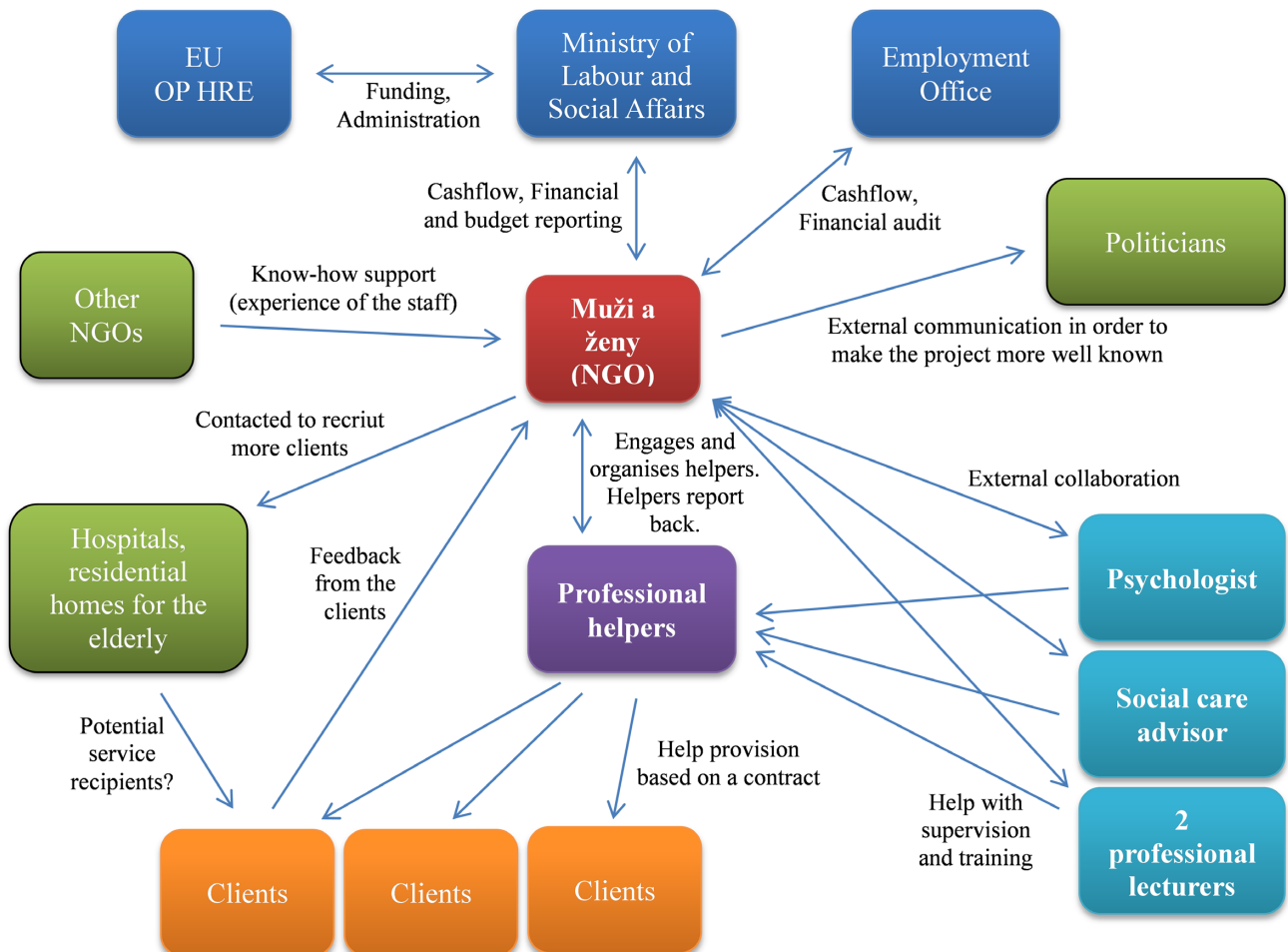
- (1) A lack of financial resources at the beginning of the project.
  - Overcome by gaining a grant from the EU Human Resources and Employment Programme.
- (2) A lack of experience running a project of this kind – the idea of the practice is brand new. Although the founders had experience with NGO work and had experience with projects dealing with social care, there was still a lack of experience.
  - Overcome by running the pilot project. Some issues were consulted on with professionals experienced in social care provision.
- (3) A lack of knowledge and experience as to how the training of the professional helpers should be done. A lack of knowledge as to how to select the ‘right’ professional helpers.
  - This was dealt with during the pilot project. Help was provided by a psychologist who helped with the screening process of prospective professional helpers.
- (4) A lack of recipients – a lack of clients for the care, willing to purchase it, and a lack of information on where to find them. Frequently also difficulty persuading the clients to be willing to pay for the service.
  - This issue has not yet been satisfactorily resolved. This is one of the biggest challenges the project still faces. The existing recipients were only found with considerable difficulty. A considerable barrier is that the service is purchased, which is not easily accepted by potential clients.
- (5) There is also an ongoing problem with the cash flow. This was not just an issue in the implementation phase, as it continues to be an issue at present. Since the NGO continuously and regularly does not obtain financial support in time, it has a debt of around 1 million CZK (approximately 39,000 EUR) at the moment.
  - This issue has not yet been resolved. The issue of cash flow is still very essential, but the prospects of an improvement of the situation are not big.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Muži a ženy, o.p.s.	The founding NGO. The actor responsible for carrying out the practice.
Other NGOs	Informal (also personnel) support from other NGOs working in the same field (e.g. Creative Bazaar)
EU funds	Operational Programme Human Resources and Employment (OP HRE): It provides the funding and controls budget spending. Main responsibility: audit and control.

Hospitals and residential houses for the elderly	Provided help with finding recipients for the service. They did not see the service as competition.
Municipalities	Although some form of cooperation was negotiated, no cooperation was ultimately established. This is due to the exaggerated expectations of the municipalities.
The State	Grants of financial support for employing the disabled and the elderly. The Office of Social Security and the Employment Office of the Czech Republic also run audits and controls.
Social care provision experts	These were important in the starting phase of the project. They provided know-how, training and supervision. There is also a consultant that provides legal advice.

MUTUAL RELATIONS OF ALL ACTORS



HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are three core employees in the NGO Muži a ženy: the director (part time), the project coordinator (full time), and the project assistant (part time). Besides, the NGO actually engages 10–15 professional helpers, but these workers do not have any fixed number of hours worked. The extent of

work is flexible and depends on the agreed number of hours of the service with the client. See Q.37 for a detailed list and description of all the posts.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The key point is to ensure that there is a sufficient number of professional helpers and clients and that both of these groups receive feedback, supervision and training (sometimes even clients have to undergo training – they have to know how to ask for help). This of course can be rather difficult when financial resources are limited. The service as such may be financially stable for a long time, however, the dissatisfaction of the professional helpers and their clients due to the lack of other supporting services may in the long run threaten the service's sustainability.

#### PARTICIPATION OF THE ELDERLY

A contract and individualised plans are made where the extent and scope of the service is defined. So the elderly (generally any recipient of the service) define when and where they want to receive the service, including nights or on weekends. So even the allocation of the service is influenced by the elderly. However, within the limits and boundaries set by the contract and the plan of the service.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Since the service is purchased, those excluded are anyone who does not have the financial resources to purchase the service. The current price of the service is as follows:

- 2.8 EUR per 1 hour of direct work with the client (e.g. help with hygiene)
- 2.2 EUR per 1 hour of indirect work with the client (e.g. shopping)

Obviously ethnic minorities (usually worse off) and those with lower income are excluded. In the case of minorities exclusion can be also due to the fact that both the professional helpers and the clients can choose the person to care for or to be cared by, and minorities are rarely chosen. But others excluded include people in small towns where the money required for the service represents a higher value. So there may be a locational element to this exclusion. According to the management of the service, another problem is that the unwillingness of the potential care recipients (especially the elderly) to purchase the service stems from the conviction that such a service should be free of charge and that the state should take care of it.

#### FINANCIAL SOURCES

There have been substantial changes in the ratio of the public/private sources of funding.

- In 2010 it was: 85% public resources and 15% private resources (a 'gift-sponsorship' from the founding members).
- In 2011 it was 80% public resources (EU grant and payments from the state) and 20% payments from the clients.
- For 2013: 60% public resources – state support for employing the disabled; 30% private resources from clients who purchased the service; 10 % private donations.

The ideal situation according to the NGO representatives would be: 30% public resources, 20% private gifts and resources, 50% service payments from the clients.

*Data on the planned budget for 2013:*

*Yearly budget structure of costs (in EUR, EUR/CZK = 1/25.595):*

- Total operational costs: 50,457
  - Personnel costs (salaries and insurance): 47,420 (94- Administrative costs: 3,037 (6%))
- Total capital costs: 0

Monthly operational costs (in EUR):

- Total personnel costs: 3,952
- Total administrative costs: 253
  - accounting costs – 96 (38%);
  - rent (the office) – 80 (32%);
  - services – 20 (8%);
  - travel expenses – 20 (8%);
  - office material – 16 (6%);
  - telephone – 16 (6%);
  - postal services – 6 (2%);
  - direct costs of administration: 6%

*Yearly structure of incomes (in EUR, EUR/CZK = 1/25.595):*

- Total: 50,532
  - Sponsorship: 5,579 (11- Money from the service purchase (paid by clients): 14,347 (28- Support from the state for employing the disabled: 30,606 (61%))

Compared to the total yearly costs (50,457 EUR), the income should sufficiently cover the costs.

## SWOT ANALYSIS

### STRENGTHS

- The main strength is that the practice is innovative: it combines several aims, including not only social care and tackling social exclusion, but also creating job opportunities. Another strength is the fact that the sources of funding are so diversified that even substantial cuts should not mean the end of the service. Cuts and budget constraints would mean limitations and a decrease in the quality of the service, but not that it would have to be abolished.

### WEAKNESSES

- The main weaknesses are the problematic cash flow and administrative complexity in reporting. The dependence on public funding and frequent delays in public funding result in problems with the cash flow, delayed payments to employees etc. Administrative difficulties and complexity cause serious inefficiencies. Time spent on administrative reporting could be used much more efficiently.
- Another weakness is the limited extent and reduced scale of services provided, which means that the service is not accessible to everyone interested in it (e.g. in different localities) and not appropriate for a considerable group of clients with special needs (i.e. requiring specialised health care).
- Finally, it is quite difficult to find both target groups due to the long screening procedure and high demands on helpers on the one hand and the unwillingness to pay for the service by clients on the other. One of the reasons is that in most cities the practice faces competition from other NGOs and charities that provide the services for free. Therefore, the elderly are often used to not paying for the care.

### OPPORTUNITIES

- The main opportunity is that the service can grow without relying on a growth in public resources. This is because it relies more and more on private payments for the service. The idea of mutual support is also essential with respect to the issue of population ageing. The problems with population ageing could in particular be tackled by services which, like this one, promote mutual care. Thus, for example, home care services for the elderly could be provided by other (less disabled) elderly. This also opens up more employment opportunities for the elderly.
- As regards the financial cuts, when there is less money available, the NGO may also specialise in service provision and focus only on some types of care or only on some types of clients.

### THREATS

- The main threat is a lack of financial resources which would hinder the education, training and supervision of the professional workers and thus reduce the extent, scope and quality of the service. This may result in the fact that clients as well as the professional helpers may be dissatisfied, conflicts may occur, and clients could abandon the service. Since the service is very much based on the professional helpers, this represents a serious threat.

## SOPHIA - Franken GmbH & Co. KG (Germany)

### ANNOTATION

'SOPHIA Franken GmbH & Co. KG' is a north Bavarian private company that provides an emergency call system for the elderly. The system includes both a technical dimension and a social dimension. Through a 'tele-guard' system (a specially designed bracelet) which is connected with a service centre, the sense of security among elderly singles can be increased. The technical approach is complemented by a net of volunteer workers for direct social care.



### WEBSITES

- <http://www.sophia-franken.de>

### TARGET GROUP

SOPHIA requires no eligibility criteria. The main target group are elderly singles with a higher need for daily security and a need for more minor help during the day. Currently the average client of SOPHIA is 82 years old and female. Usually the clients of SOPHIA are singles, without relatives, or with relatives that live far away. The technical support and services are useful for the elderly that do not yet need full-day support. However, SOPHIA does not exist in rural areas with a low-density population, as the lack of necessary infrastructure facilities hinders the implementation of the SOPHIA system (e.g. technical problems with internet connections and an insufficient stock of volunteers).



© SOPHIA – Franken GmbH & Co. KG

### COVERAGE OF THE PRACTICE

SOPHIA Franken GmbH & Co. KG has around 1,500 users in north Bavaria with around 100 volunteer assistants.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The SOPHIA model is known nationwide. The concept developed in a pilot phase has proved its economic sustainability. The model was discussed at a national expert meeting organised in September 2012 by DV. The opinion of the majority of experts was very positive. In the area of social and health care the SOPHIA approach can be regarded as a good practice, as it is an innovative approach that provides a low-cost care and medical security service affordable to a broad range of people. The installation of the technical equipment is easy to handle and requires just some technical features like an internet connection and a television. Compared to other practices the investment costs are pretty low. The practice can also be regarded as effective since it has already been transferred to other cities and regions like North-Rhine Westphalia, Berlin and Hesse and thus its application in different areas has been demonstrated. Furthermore, the technical application is well designed for the elderly (SOPHIA uses communications via television – an apparatus the elderly are familiar with). The social component of volunteer workers for personal and psychological assistance and conversation additionally provides a save feeling beyond the purely medical dimension.



**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

- 2002–2004: pilot
- since 2004 to the present: autonomous company (SOPHIA – Franken GmbH & Co. KG)

**IMPLEMENTATION – BARRIERS**

Some initial technical problems with ICT technology led to a dispute with the project partner. No agreement with this project partner could be achieved (in particular concerning the refinancing). Consequently, future cooperation was neglected by the partnership. This led to the delay of the whole project start by 6 months.

Quality management revealed the following problems: the test person was afraid to switch on the connection box; the noise of the technology; cable chaos; a change in IT provider led to a fear of higher costs; the telephone ringtone was not as loud as before; a general fear of technical equipment (e.g. the remote control for the television for video contact to the service centre does not have an elderly-friendly design). However, the elderly were happy to participate in an interesting project but due to technical problems it led to frustration and anger.

The interim aim of having more than 100 participants was not reached. The reason was that the promotional brochure is not self-explanatory. Thus, direct promotion events helped to overcome this problem.

Another challenge was the application of the technology. Potential customer had to know how to use it (the TV, the e-bracelet). However, when an elderly person is able to use the project’s technology they tend to be in such mental and physical shape that they do not actually need the emergency system. Consequently, a major challenge was making technical adjustments to enable easy installation and utilisation of the technical equipment.

In the last month of the pilot activity, it was extremely relevant to maintain the motivation of the volunteer worker. Questions were often raised as to whether their extensive efforts would in time lead to the fruitful development of SOPHIA.

The logic of a pilot project does not merge with an effective company structure (hierarchy, effectiveness, development of the project idea). Thus, another challenge involves structural issues, such as how to combine the social attitude of SOPHIA with a necessary economic component. SOPHIA invited further housing companies, the response was positive and Sophia Pilot was turned into a business model.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

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ASB (Arbeiter Samariter Bund) Köln e.V.	Arbeiter Samariter Bund is an independent welfare organisation. It performs different tasks, ranging from social services to emergency calls, provides social care, health care, emergency transport. ASB Köln e.V. is a partner of SOPHIA and provides care services.
<hr/>	
Municipal Housing companies	‘NUWOG- Neu Ulm’ is a municipal housing company and a franchise partner of SOPHIA for its housing stock, ‘GEWOBA Erlangen’ is also a municipal housing company – and a franchise partner of SOPHIA; ‘WBG Ilmenau’, ‘WBG Coburg’, ‘Wohnbau Nürnberg’ are franchise partners of SOPHIA.

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Joseph Stiftung Bamberg	Joseph Stiftung is a church-based housing foundation, a developer of SOPHIA and a founder of the SOPHIA Holding GmbH together with VIVAVEST. Joseph Stiftung is a founder and a business partner of SOPHIA living network GmbH Bamberg.
Church institutions	Caritas is a welfare association of the Catholic Church that is partly public funded. Like the 'Arbeiter Samariter Bund', Caritas provides comprehensive packages of ambulant care services (meals on wheels etc.). For SOPHIA Franken there are five local Caritas branches that are contracted partners of SOPHIA (Fürth, Marktredwitz, Neumarkt, Neustadt/Aisch, Haßberge). Along with two Diakonik care foundations the Protestant Church is also a partner of SOPHIA.
Stadtbau GmbH Bamberg	Stadtbau GmbH Bamberg is the municipal housing company of the City of Bamberg and a partner of SOPHIA living network GmbH
Private care services	Alongside church and public institutions with VISIT Ambulante Pflege, RAD (Regensburger Stationäre und Ambulante Dienste), Herzblatt Pflege Ansbach, Pflege zu Hause e.V. and Firmengruppe Hudetz, a bunch of smaller and mid-sized private care companies are contracting partners of SOPHIA providing their services to SOPHIA franchise partner and clients.

SOPHIA's business model is organised via a multilevel franchise system. The SOPHIA Holding GmbH participates with other housing companies at the SOPHIA-Franchise-Master. The holding company awards a licence to the Franchise Master who manages the regional SOPHIA Head Office. The franchise partner makes a contract with local housing companies that are actually the franchisees. The local housing companies ultimately make a contract with tenants (clients) who pay a monthly fee to the housing company. The holding company has deals with the SOPHIA care system throughout Germany and supplies the regional branches with the respective technical equipment and knowledge. The regional service headquarters have several regional partners that provide services like emergency transport, ambulant daily care or pastoral care.

On a regional level the respective service is provided by permanent staff and volunteer workers who provide personal conversations and smaller everyday services. The volunteer worker has a permanent office in the regional centre (4–6 alternately share one desk and computer) with their own email address. The volunteer staff receive intensive skills training and determine themselves how many hours they would like to work. The volunteers are never alone in the central office and help and support from permanent skilled staff is always available. Monthly meetings offer volunteers an opportunity to obtain news and exchange experiences. Additional and vocational training, e.g. on dementia, is being provided to all staff members. Group activities (coffee breaks, barbeques) strengthen the corporate sense of all staff members. Volunteer staff have been working for SOPHIA Franken for nearly ten years and close friendships have been established with the clients.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

10 permanent staff members and about 60–70 volunteer workers for SOPHIA Franken GmbH & Co KG.

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Long-term sustainability derives from the strong involvement of the volunteer worker. They are an important cost reducer. By combining the technical dimension with a personalised care concept based on continuous contact with volunteers, SOPHIA found a market niche and a unique feature in the housing area, since a demographic change is not conceivable.

A disadvantage could be the franchise system, as it has remained complicated.

In order to implement the SOPHIA system an interest from housing companies is needed, which was the case when the model was transferred to North Rhine-Westphalia, as there the housing companies implemented SOPHIA on their own initiative.

However housing companies (in other west German areas) have enough tenants. They do not need to provide extra social services, thus the backing of the housing companies is limited. Another reason why other regions do not adopt the SOPHIA model is that on the one hand housing companies want to keep elderly tenants in their own housing stock (the elderly cause fewer problems, they pay the rent in time, they do not disturb neighbours with noise and they look after the housing environment). On the other hand, it remains a question for the housing companies whether it is worth installing a complex system (not only the technology but also the involvement of volunteer workers, service providers, etc...), for potential customers (80+) that have a remaining life expectancy of on average 3 years.

### PARTICIPATION OF THE ELDERLY

- regular meetings with the management

Evaluations and quality management using interviews and questionnaires during the pilot phase contributed to the design and development of the service package and the fine-tuning and conception of the technical equipment.

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Although the price of 20 EUR per month for the basic package is very low, there are several elderly persons that are not able to pay the monthly fees. In that case SOPHIA has a foundation that supports the elderly financially. In the area of SOPHIA Franken there are two municipalities that provide support for vulnerable customers with the monthly fee.

### FINANCIAL SOURCES

100% private sources

The budget is composed of fees from the tenants (users) in the range of 20–40 EUR per month (for 1,500 users). Additionally the housing companies pay 400 EUR per month/1000 housing units. The final budget depends on the year and varies annually +/- 5,000 EUR. At the end of the year the balance should be zero in the budget.

## SWOT ANALYSIS

## STRENGTHS

- Flexible and affordable social component for a broad range of tenants.
- No basic investments are required
- No complicated legal hurdles to overcome for the implementation of the practice
- Symbiotic system of technical and psychological support
- Transferable to other regions
- No public spending necessary, economically self-sustainable

## WEAKNESSES

- Housing companies need to show a will to implement SOPHIA, otherwise the application of the system is not feasible
- A complicated franchise system that later had to be modified in order to provide a business model to attract new partners
- Acceptance among the elderly that a housing company is responsible for health and social care services needs to be increased. Consequently, the SOPHIA system often meets with refusal.
- No inexhaustible market, as housing companies do not regard the complex installation of the SOPHIA system as economically beneficial

## OPPORTUNITIES

- Long sustainability,
- Further development is possible and planned
- A housing market for younger elderly with a new technological design could have broader potential for new customers

## THREATS

- As soon as the housing companies are not interested in the SOPHIA model, the company concept is in danger

## Emergency ALARM SYSTEM (Hungary)

## ANNOTATION

The Emergency Alarm System elaborated by the Hungarian Maltese Charity Service (an NGO) could be used by the elderly to summon help in the case of a crisis, e.g. a fall at home. Technical solution: a device worn by the elderly sends signals to a 24-hour control centre. The person operating the control centre then takes appropriate action.

## WEBSITES

- <http://www.maltai.hu>

## TARGET GROUP

Persons in need because of their health status and social situation: (a) persons over the age of 65 living alone; (b) two-person households over the age of 65; (c) people living alone with a serious disability or mental illness. (Under a separate regulation, evidence must be provided of need in the case of a serious disability, mental illness and health status.) From January 2007 it



© Emergency Alarm System

was made compulsory to provide care centres for persons in need in settlements or micro-regions grouped together with a population exceeding 10,000.

#### COVERAGE OF THE PRACTICE

2012: 1.4% of 65y + received the service.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The complexity of the practice and the diversified effects of the innovation described above clearly show the possibilities of providing a complex care, ensuring the social inclusion of excluded, frail older people, adaptations to different circumstances, the importance of a comprehensive approach (including an interdisciplinary team, suitable adaptations, etc.). However the most important thing is that the initiatives of an NGO can generate a fundamental change in the structure of eldercare, introduce new elements into the public sphere and combine social care with technology to ensure safety and improve the quality of life of frail older people. It is the only Hungarian NGO that has made a change that due to its successful implementation was incorporated into the Social Welfare Act in 2004.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

Pilot: 1993–1994

It has been operated without interruption for 18 years.

#### IMPLEMENTATION – BARRIERS

The original goal of the research was to incorporate the innovation into public home care. However, this sphere exhibited considerable resistance. The innovation was first offered to another local government in Budapest. However, after half a year of trying it had to be abandoned because of the strong resistance at every legislative level of local government even to ensuring financing. The MMSZ was the only organisation who undertook the risk to try to test the idea. Even in subsequent years it faced the mistrust of the public sphere. The reasons differed; for example, a fear of something new, a fear of success of an NGO, etc. After overcoming these obstacles and reaching a successful period, a new, very important obstacle appeared. The financing structure changed, and in 2009 normative support (costs in 2008 of 1 billion HUF/ approx. 3,389,830 EUR) was replaced by support in the form of grants, and the full sum was paid only to those whose applications were successful. The sum available for this new form of support in 2009 remained the same as in the previous year. By 2012 there had been a substantial decline in the annual support (to 720,000,000 HUF/approx. 2,573,000 EUR); the support in 2012 amounted to only 76% of the sums paid in 2008–2009 (but within this overall sum there was an increase in the supplementary normative amount paid to micro-regional groups).

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Institute of Sociology (ISO)	The owner of the innovative practice, together with the Budapest Centre of the Hungarian Maltese Charity Service
Budapest Centre of the Hungarian Maltese Charity Service	Elaboration of the model programme with the ISO, its permanent development, responsible for quality assurance (elaboration of the methodology), lobbying for legal regulations and the provision of funding
Ministry (Ministry for Social Affairs and Welfare)	Creating the legal frames, providing financing
Local governments, micro-regional groups of their institutions	Providing services

Market	Entering into contracts as service/technology providers (with local government, micro-regional groups, institutions).
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#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

In 2011 around 2,500 persons provided care either in employment or on contract. Some of these were employed in a 'mixed' status. They worked full time as home carers and on contract for the alarm system with home help (e.g. on night duty). At least 50% of the carers must have professional (health/social) qualifications, but in the various care centres the proportion is generally much higher than this at well over 80%.

There are over 1,000 token fee volunteers, generally on night duty, or on duty for the alarm systems connected to homes for the elderly. Under the law, carers who receive a token fee are exempt from tax up to a certain annual sum (180,000 HUF/630 EUR). Due to the nature of the token fee, this task is generally carried out by retired nurses, consequently close to two-thirds of the token fee volunteers have professional qualifications (mainly in health care), and many of them work on night duty.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The macro level must be made to see that with the change/partial withdrawal of support for the alarm system linked to home help incorporated into the public service system a gap has again arisen in services because those who have fallen out of the system will not turn to the market. We are witnessing a partial return to the earlier problem: some people do not receive rapid help in an emergency. The macro level must be brought to recognise that those who have fallen out of the system will sooner or later enter the higher-cost service system of health care or the social welfare sphere (hospital, residential home). In the extreme case, falling out of the system can have a negative demographic impact (a rise in mortality). It must be made clear that while partial withdrawal of the social sphere from the service reduces the expenditure of this sector and substantially increases health-care expenditures.

#### PARTICIPATION OF THE ELDERLY

No

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

There could be. Local governments are concerned with setting the fee to be paid by the recipients of care as prescribed by law to a maximum of 2% of the income of elderly people, but they may also provide the service free of charge. The problem is that because of recent financial constraints several local governments have not been able to continue this practice. Elderly people who have been receiving the service often are not able to pay the low amount either.

Yes, if the fee of 2% is too high for them and the local government (lack of financial sources) cannot provide the service free of charge any more.

#### FINANCIAL SOURCES

The great majority of the bodies maintaining the service (local governments/micro-regional groups/social institutions) contract the service out to market service providers and pay them a sum equivalent to 30% of the normative amount. Local governments are concerned with setting the monthly fee to be paid by the recipients of care to a maximum of 2% of their income (as prescribed by law) (but they may also provide the service free of charge). The market actors receive 30% of the basic state normative

amount. They had to shape their business policy accordingly. If they have a certain number of clients they break even, if they have a larger number they are able to make a profit.

A concrete investigation would be needed to answer this. According to the findings of the Methodological Centre, the providers who operate with very low personnel costs (low wages of public service workers or a large share of volunteers receiving a token fee) are able to operate the service with the available funding, and in some cases local governments in a better financial situation supplement the state support to a substantial extent. Accordingly, at present the operational costs of the alarm system currently range from 30,000 to 120,000 HUF (approx. 100–407 EUR) a year, while the expenditures for residential homes are 1.2 to 3.5 million HUF (approx. 4,067–11,864 EUR /exchange rate 1 EUR = 295 HUF).

#### SWOT ANALYSIS

##### STRENGTHS

- Easy-to-use technology
- Linked to social eldercare
- Creates equal opportunities by targeting groups at social risk
- Incorporated into the system of social regulations
- Improves the security and quality of life of the target group
- Indirectly improves the quality of life of family members

##### WEAKNESSES

- The presence of two different market types (one purely technical, the other also providing a service) creates an opportunity for abuse.
- The partial financing of the market segment is a danger – the erosion of financing leads (can lead) to the withdrawal of the market actor.

##### OPPORTUNITIES

- Return to the original normative-based structure of eldercare
- Setting an even lower payment fee for the elderly,
- Persuading them of the importance of the emergency alarm system as being in their own interest.

##### THREATS

- The constantly changing regulations slow down or prevent development.
- With the partial withdrawal of the state some of the target group falls out of the system.
- The efficiency of the system can quite clearly be reduced by the restriction of available funding and by the fact that, due to a lack of development funds, the service providers are unable to keep pace with the steadily improving technical background. Another problem is that because not all areas are covered and capacity is limited, not all those in need have access to the service.

## Cardiac Telerehabilitation (Poland)

### ANNOTATION

The practice uses advanced electronic devices, teleinformation systems and medical methods to introduce innovation in cardiac telerehabilitation of patients of the Institute of Cardiology in Anin (Warsaw). Thanks to the use of telemedicine, patients may perform their rehabilitation in their own homes, while being monitored and supervised remotely by medical professionals located in Warsaw.

### PROVIDER

Institute of Cardiology

### WEBSITES

- <http://www.teleintermed.pl>

### TARGET GROUP

The main target group of the telerehabilitation are cardiac patients of the Institute of Cardiology in Anin (Warsaw). While the service does not target the elderly in particular (i.e. it is open to patients of any age), most of the recipients originate from this population group. Hospitalisation for heart failure patients rises with age: from under 5 in 1,000 patients aged 54 and less, to 10 for patients aged 60–64, nearly 15 for patients aged 65–69, to over 20 for patients aged 70–74. All patients in Poland are eligible to receive the telerehabilitation service, based on the normal rules regulating access to public healthcare and thus at the Institute of Cardiology. All patients are eligible to receive the service, depending on their health condition.

### COVERAGE OF THE PRACTICE

over 500 total (incl. the elderly) in the years 2007–2011 within the project, plus 100 financed by ZUS, 15 persons can be served concurrently.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The described practice may be considered a best practice in the area of health services for the elderly because it is a complex, well-designed approach to improve the quality of life of patients. It maximises the time the patients may remain at home. This is extremely important especially for the elderly. The practice uses advanced, modern information and telecommunication technologies and changes the way in which medical service is delivered to the final recipient – the patient.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice has been running continuously since 2008–2009 (launch of the telerehabilitation service) to the present.

Pilot project – Institute of Cardiology and around 20 patients – financed by the POLCARD programme (Ministry of Health) for one year, and by a research grant from the State Committee for Scientific Research (KBN) for two years. The end of the project's implementation – 2011.

### IMPLEMENTATION – BARRIERS

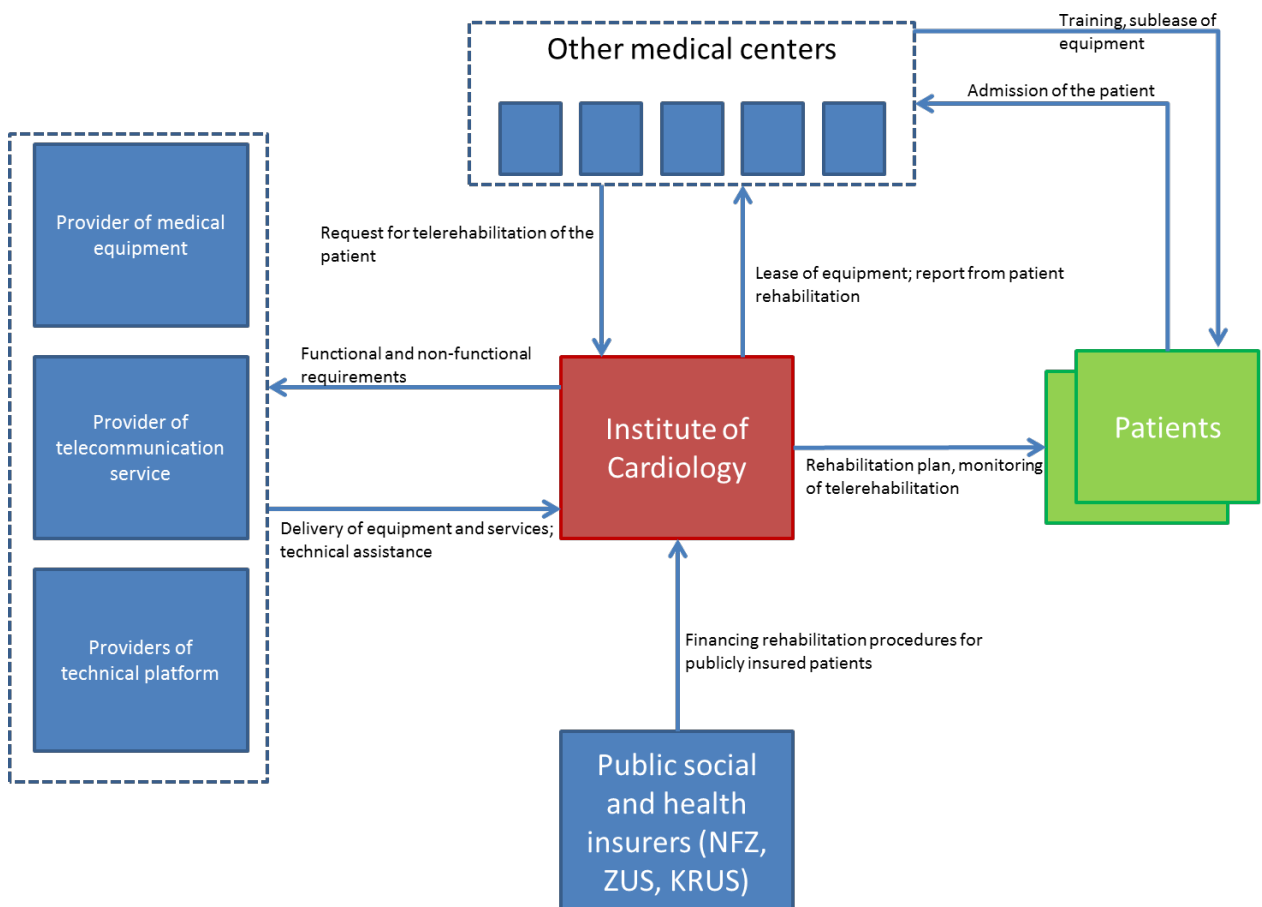
The main barrier was the limited available funds in the existing subsidy programmes. A special grant application was prepared with the involvement of experienced telemedical experts from Norway.



MANAGEMENT AND ORGANISATION OF THE PRACTICE

Institute of Cardiology	Implementing institution, provider of the service, owner of the practice; According to the EEA Financial Mechanism rules the Institute of Cardiology is legally obliged to provide the service for at least five years after the completion of the project's implementation.
Providers of technical solutions/services	Subcontractors, providing services connected with the delivery of medical equipment, technical assistance for the technical platform, and the telecommunication service.
Other medical centres	Responsible for referring patients to the Institute of Cardiology
Public health and social insurance institutions	Health insurance provider for patients (National Health Fund), social insurance companies: ZUS (Zakład Ubezpieczeń Społecznych) and KRUS (Kasa Rolniczego Ubezpieczenia Społecznego – social insurance for persons employed in the agricultural sector)
Patients	Final recipients of the telerehabilitation service

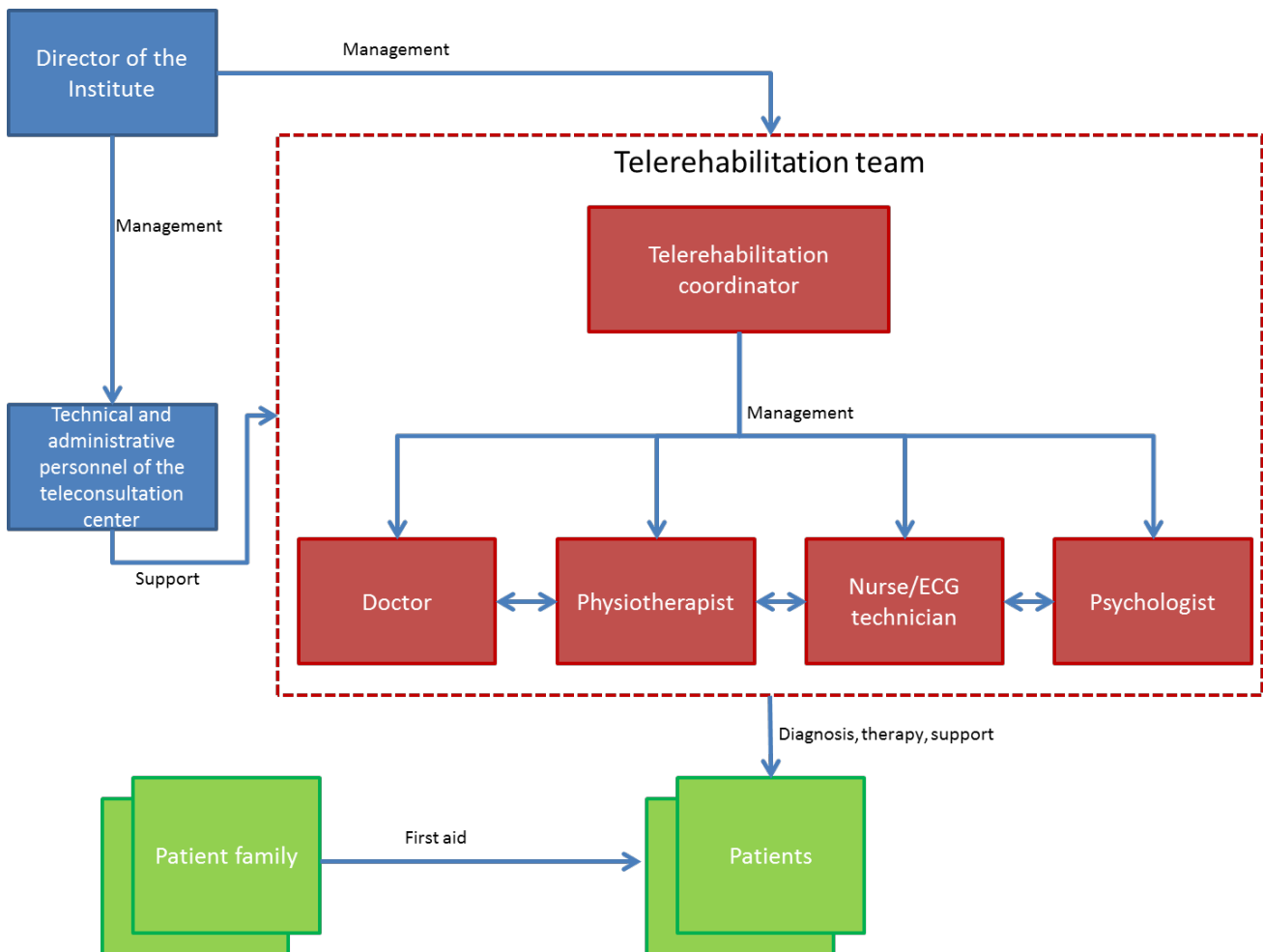
MUTUAL RELATIONS OF ALL THE ACTORS



### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The involvement of medical personnel in the delivery of the telerehabilitation service amounts to about 3.5 persons/month, and the involvement of technical staff in the teleconsultation centre's support for telerehabilitation can be estimated at 0.5 person/month.

### ORGANISATIONAL STRUCTURE



### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Essential for the long-term sustainability of the practice is that the National Health Fund changes its rules and lists telemedical procedures as medical procedures directly financed from the Fund. This will facilitate the process of expansion of telerehabilitation to other medical centres.

The strength of the organisational structure is that all the personnel have strictly defined roles. The Institute employs a dedicated team to manage the operations of the teleconsultation centre, which is the core element in the provision of the telerehabilitation service. Medical personnel make up the telerehabilitation team working according to a well-defined telerehabilitation procedure defined in accordance with the Business Procedure Management paradigm. This procedure may be the basis for the long-term sustainability of this practice, as the continuous improvement of the telemedical procedure (process) is at the core of the BPM. The involvement of family members as part of the team supporting the patient is also a strength.

### PARTICIPATION OF THE ELDERLY

No

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

**ARE ANY LOW-INCOME (SOCIOALLY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

All persons are eligible to receive the telerehabilitation service provided their health conditions meet the requirement of the procedure from a medical point of view. The service is free of charge for the clients (insured through compulsory public health or social insurance).

**FINANCIAL SOURCES**

100% of the costs are covered from public sources: implementation – 85% EEA Financial Mechanism, 15% Ministry of Health; sustainability – statutory funds of the Institute of Cardiology, social insurance provided by ZUS (for 100 patients to date).

- *Total costs of the implementation of the practice* (i.e. launching the practice) were 2.6 million EUR. These costs include the implementation of other seven telemedical procedures based on the same teleconsultation centre.
- *Operation costs* currently amount to 70,000 PLN (17,000 EUR), where 30,000 PLN (7,300 EUR) are personnel costs and 5,000 PLN (1,215 EUR) are administration costs.
- *Costs of administration:* in the implementation project: 4.6%; operational costs: 7.15%.

Currently the income for telerehabilitation is covered from the statutory (own) funds of the Institute of Cardiology (as required by a grant from the EEA Financial Mechanism) and ZUS – for persons referred on the basis of temporary impairment preventing them from continuing to work. The final beneficiaries of the service (patients) do not pay any fee.

**SWOT ANALYSIS**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Sustainable, proved technical solutions</li> <li>• Part of a complex teleconsultation centre</li> <li>• Designed, developed and implemented by a top reference centre in cardiology in Poland, with lots of influence on cardiology functioning in the country</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• No direct recognition as a medical procedure by the National Health Fund</li> <li>• Only implemented by one institution at the current stage (access limited to patients referred to the Institute of Cardiology)</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Flexibility in terms of technical solutions</li> <li>• Easy re-application on a national scale, as a mainstream way of providing rehabilitation for heart failure patients</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• No adequate regulations concerning telemedicine and facilitating uptake of the service by other cardiology centres in Poland</li> </ul>

## Community Work in the City of Dolný Kubín (Slovakia)

### ANNOTATION

Representatives of the municipality visit citizens and provide them with leaflets to promote different types of social services provided by the city of Dolný Kubín via field, ambulant and residential services. Citizens also fill in a questionnaire. The elderly prefer services that are provided in the natural family environment and express a demand for different types of contributions that could ease their difficult financial situation.

### PROVIDER

City of Dolný Kubín



© Community Work in the City of Dolný Kubín

### WEBSITES

- <http://www.dolnykubin.sk>

### TARGET GROUP

The main target group consists of those most at risk: senior citizens at least 80 years old and people living alone.

### COVERAGE OF THE PRACTICE

Representatives of the municipality have already visited more than 800 citizens.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

An active search for people that focuses on the identification of needs and risk factors in the senior's natural environment is not an ordinary approach. Considering the costs and other problems of local administration, the usual approach is passive – based on citizens' activity. Several cities decided to provide more information – usually on printed leaflets or on the internet. Visiting households as a method to evaluate risks was identified only in the city of Dolný Kubín.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

Since 2010.

### IMPLEMENTATION – KEY FACTORS AND BARRIERS

Key factors: The interest of potential beneficiaries and local politicians.

Main barrier: The lack of quality training courses for field social workers. This barrier was overcome by participation in training courses.

### MANAGEMENT AND ORGANISATION OF THE PRACTICE

City of Dolný Kubín This practice is part of the community planning of social services activities.

Community planning of social services is part of the municipal sphere of action. The municipality develops, approves and creates conditions to support community development. This is a method that enables the creation of development strategies for different aspects of public life in the municipality. This enables the planning of social services that meet the specific local requirements and needs of citizens. It is an open-ended process of identifying needs, resources and best solutions in the field of social services.

#### ACTIVITIES

- field social work;
- filling in a screening questionnaire;
- drawing up a social review;
- the creation of individual client's development plans with recommended actions.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

- municipality social worker
- three field social workers (two of them also focus on other target groups)

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Financial resources for field social workers' activities.

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management, questionnaire

For example, the elderly demanded that information about the practice be distributed in the city in the form of leaflets or advertisements in regional newspapers, and the proper identification of field social workers (uniforms, ID cards) to easily distinguish them from fake field workers.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

The city has an internal regulatory and municipal directive (VZN) 2/2012 on social assistance, social services and reimbursement for social services provided by the city of Dolný Kubín.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Potentially excluded citizens are the main beneficiaries of the practice.

#### FINANCIAL SOURCES

100% from public sources. The practice is financed by the municipality with the support of the Social Development Fund.

Capital costs are not required (cars or a transportation service could be useful in larger cities)

The practice is being carried out by three full-time field social workers; *monthly operational costs for each of them* (in EUR): wage – 845; telephone – 75; energy – 78; publicity – 50; internet connection – 14; office – 15.

*Costs of administration:* 20% of overall costs.

## SWOT ANALYSIS

## STRENGTHS

- Prevention of the abuse of senior citizens by fraudsters.
- The practice was discussed in the mayor's advisory body – the 'Seniors' Council'.
- The practice is designed as a continuous activity, as the population is getting older.
- Knowledge of the social status of the target group.
- Planning the allocation of human and financial sources in the field of social services.
- Sustainability of the practices is guaranteed by the municipal budget, which allocates financial resources for working with senior citizens.
- Potentially excluded citizens are the main beneficiaries of the practice.
- Basic social counselling is provided for free.

## WEAKNESSES

- Only at the local level.
- A lack of quality training courses for field social workers.
- The practice could be abused if field workers were not obliged to withhold the personal data of the beneficiaries.
- The practice is in a financial loss and must be funded by the municipality.

## OPPORTUNITIES

- The interest of potential beneficiaries and local politicians.

## THREATS

- Ignorance and anonymity in society.
- Execution of the practice is very negatively perceived by a consumer and unjust society.

## Telecare (Slovenia)

## ANNOTATION

The practice consists of SOS at Home (social assistance using a stationary phone), SOS Mobile (social assistance using a mobile phone) and SOS Doctor (24-hour telephone health service). These are remote services ensuring help at home.

## TARGET GROUP

It is designed in a way that everyone can use it, but the main target group are the elderly (65+) and disabled people.

## PROVIDER/LEADING PARTNER

Telekom d.o.o

## WEBSITES

- <http://www.telekom.si/zasebni-uporabniki/storitve/teleoskrba/sos-doma>
- <http://pza.si/Teleoskrba.aspx>



© Telecare

### COVERAGE OF THE PRACTICE

The practice is in its initial phase (started in 2012) and involved between 150 and 200 users in the middle of 2012.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice can be considered a best practice for several reasons. Mainly because it is the first practice of this kind in Slovenia that operates on a national level. Before that, in Slovenia it was already possible to get SOS at Home (red button), but only in certain areas (municipalities). Another disadvantage was the very high price and consequently very small number of users (after 15 years of operation there were still no more than 300 users). The service was available by different providers (up to 5). This also influenced the price (high). Consolidating them would at least reduce administrative costs. Telecare practices besides SOS at Home include SOS Mobile and SOS Doctor, which are totally new services in Slovenia. The price of the service compared to the previous 'red button' service is lower and more affordable for potential users. The practice offers personal safety and provides 24-hour medical care. The technology is easy to use (suitable and convenient for the elderly) and it can also be used when abroad (SOS Mobile and SOS Doctor).

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice started at the beginning of 2012 and has so far continued uninterruptedly. On the other hand, the service (SOS at Home) is not yet included in sheltered housing, even though, under the legislation, it should be.

### IMPLEMENTATION – MILESTONES AND BARRIERS

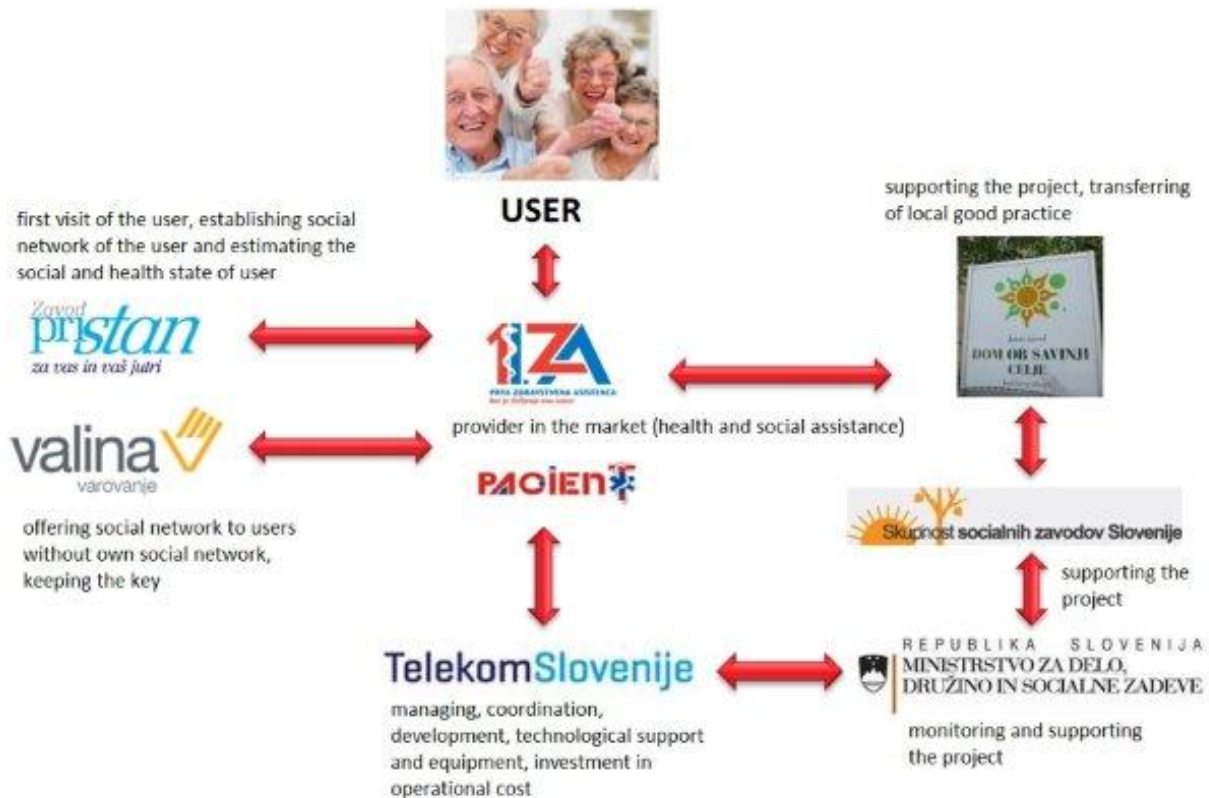
The key milestones for the successful implementation were: (1) forming the consortium and initiative of Telekom d.o.o. to develop the practice; (2) the joining of the content partners Pacient d.o.o. and Prva zdravstvena asistenca d.o.o.; (3) the obtaining of work permits – a license to work; (4) Pristan (NGO) joined to provide a social network of users – first visits; (5) Valina d.o.o.(security agency) joined to ensure the social network to users living alone. The main barriers to the successful implementation were in particular interests and regulatory obstacles (license to work etc.) The barriers were surmounted with the joining of the partner (Pacient d.o.o), who obtained a work permit (licence to work) from the Ministry of Labour, Family and Social Affairs, and also by following social interests rather than self-interest.

### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Telekom d.o.o	Managing, coordination, development, technological support, technological equipment for users and service, investment in technology and terminal equipment
Pacient d.o.o./Prva zdravstvena asistenca d.o.o. (First Medical Assistance)	A substantial partner of the practice, a provider in the market (health assistance – Pacient d.o.o., social assistance – Prva zdravstvena asistenca d.o.o.), investment in operational costs (operations of the call centre and provision of the service)
Ministry of Labour, Family and Social Affairs	Monitoring and supporting the project (content, legislation), no funding

Association of Social Institutions of Slovenia	Supporting the project (content, legislation), no funding
Home for the Elderly – Centre for Remote Assistance (Dom ob Savinji, Celje)	Transfer of a local good practice
Pristan (NGO)	Providing a social network of users (first visits to users)
Valina d.o.o. (security agency)	Offering social network to users without own social network

#### MUTUAL RELATIONS BETWEEN ALL THE ACTORS



#### ORGANISATIONAL STRUCTURE

The management board of five members (from Telekom d.o.o.) is the highest authority. It decides on the strategic matters of the practice and communicates with the product manager.

*Product manager* (Telekom d.o.o.) manages the practice and prepares materials for the management board. The product manager organises the practice and coordinates all the partners/professionals involved. The product manager makes professional decisions and is in contact with all the partners in the project.

*Project coordinator* (Telekom d.o.o.) communicates with the product manager and coordinates all internal resources (Telekom d.o.o.) such as IT, marketing and technical support staff.

*General manager in partner company* (Pacien/Prva zdravstvena asistenca d.o.o.) has a similar role as the product manager. The difference is that he is not in contact with all the others involved. He communicates with the project assistant (Pacien/Prva zdravstvena asistenca d.o.o.) who has a similar role as the project coordinator. The project assistant coordinates and organises the work of the social workers, doctors and medical support.

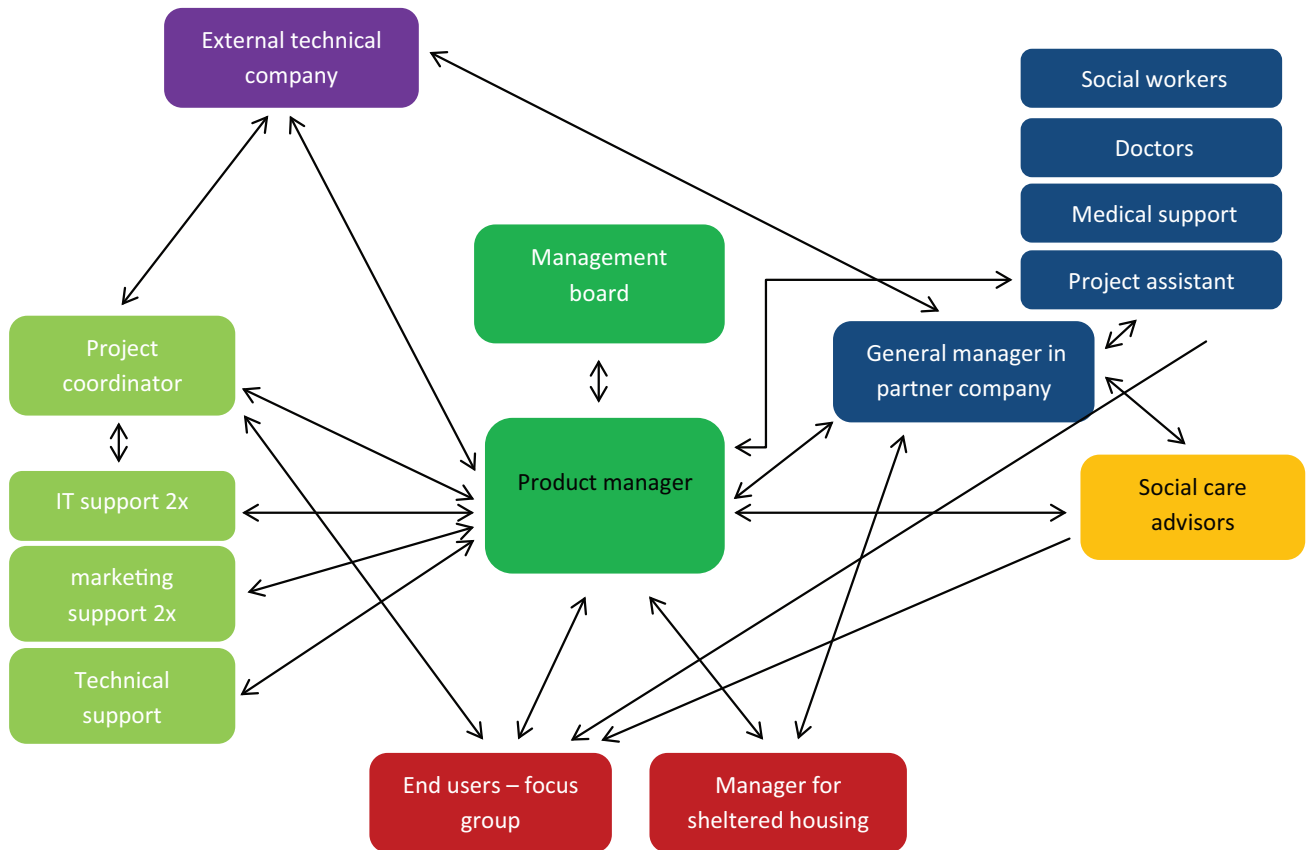
The product manager, project coordinator and general manager in the partner company communicate with the external technical company offering technological solutions (software) and equipment.



*Social care advisors* – Ministry of Labour, Family and Social Affairs, Association of Social Institutions in Slovenia, Home for the Elderly – Centre for Remote Assistance. They communicate with the product manager and the general manager in the partner company.

*Manager for sheltered housing* communicates and cooperates with the product manager and the general manager in the partner company since the practice is/should be included in sheltered housing. The manager is in a way a representative of the users.

**ORGANISATIONAL STRUCTURE**



**HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?**

The practice is carried out by several organisations that have been primarily established for other purposes. For example, Valina d.o.o. is a security service with an already established call centre and its own network. The same applies to the other partner organisations. For this reason it is hard to precisely distinguish or evaluate how much work was done or by how many people. Nevertheless, the list of people is as follows:

- Telekom d.o.o.: 5 people part time (project manager and marketing coordinator and three people for technical support); and approximately 5 people part time for installation
- Pristan d.o.o.: 20 people part time (social workers visiting users)
- Pacient d.o.o., Prva zdravstvena asistenca d.o.o.: 6 people full time (operators in the call centre) and 2 people part time (manager of the project and coordinator in the call centre)
- Valina d.o.o.: 1 person part time (coordinating), others are on standby

**ESSENTIAL TO LONG-TERM SUSTAINABILITY**

Good interactions between all the partners in different fields are the basis for the further development of the practice and the expansion to telemedicine. A major strength is that the professionals from both social care and health care are involved. On the other hand, good dialogue and cooperation between

ICT developers (technology) and professionals (the content of the service) is seen as another great strength of the practice.

#### PARTICIPATION OF THE ELDERLY

- 2 focus groups with 15 to 20 elderly (70+); the main idea was to present the project and its goals, to discuss it with the elderly in terms of what is good, what is not acceptable, how to improve it and so on.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Even if the price is lower, the service is still expensive and for that reason not affordable (financially) for anyone. There is a different price for the end-users – some municipalities decided to co-finance the service, others do not (as they are not obliged to yet).

#### FINANCIAL SOURCES

100% private sources

The prices of basic services are calculated as defined by legislation. Profit is not calculated. If a profit will be made it will be invested in the further development of additional services (here a profit is planned). One municipality co-finance the service (55%) and for that reason users from that municipality pay less than others. The usual price of the service is 19.17 EUR per month.

*Costs of administration:* 15% (percentage of overall costs)

#### SWOT ANALYSIS

##### STRENGTHS

- Strong interdisciplinary coordination, national coverage, which means that the service is accessible/available (geographically) to anyone, lower price comparing to previous service

##### WEAKNESSES

- Even if the price is lower, the service is still expensive and for that reason not affordable (financially) for anyone; the service is not recognised as part of the public network

##### OPPORTUNITIES

- A basis for further development – expanding to telemedicine

##### THREATS

- Allowing unequal access (different prices depending on the willingness and commitment of municipalities); not being recognised as a public social service in the future



## VII | Best Innovative Practices in the Area of Community Building

### Summary

The best innovative practices in the area of community building include eight different practices focused on self-help among the elderly, strengthening intergenerational solidarity and providing leisure activities. Most practices are volunteer-based, such as the Italian, German, Czech, Hungarian, Slovak, and Slovenian practices. The Austrian practice ‘Day Care in the Nursing Homes of Samaritan Burgenland’ provides day care as well as an activity programme for the elderly and people in need living at home. The Polish practice ‘Senioralni. Poznań’ present an annual programme of activities in which the senior citizens of Poznań can participate for a whole month (October). Table 9 presents an overview of all the practices in the area of community building.

**Table 9 Overview of best innovative practices in the area of community building**

Name of the practice	Country	National / Local level	Brief description / characteristics
MuNuS – New Mutual Aid Forms of Town Solidarity	Italy	Local	<ul style="list-style-type: none"> <li>• Support for the self-organising skills of the elderly, families and local communities</li> <li>• Support for the development of new relationships between public and private stakeholders that work in the field of formal and informal health care</li> </ul>
Day Care in the Nursing Homes of Samaritan Burgenland	Austria	National	<ul style="list-style-type: none"> <li>• Support and care for disabled people or people in need of care living at home during the day as well as relief for caring relatives</li> <li>• A broad selection of activity programmes and activities, social contacts and resources for elderly people and people in need of care</li> </ul>
Mutual Aid Exchange	Czech Republic	Local	<ul style="list-style-type: none"> <li>• Mediation of mutual contacts and the exchange of knowledge among seniors and between different generations via volunteer activities and events, and help offered to those who are in need</li> </ul>
Together instead of Alone. Generation-Living in Arnstadt-Ost	Germany	Local	<ul style="list-style-type: none"> <li>• The main goal of the practice is the development of a multi-generation housing concept under the active development of local citizenship</li> </ul>

**Table 9 (continued) Overview of best innovative practices in the area of community building**

Neighbourhood Programme for Strengthening Local Communities and Keeping the Elderly in Their Homes	Hungary	Local	<ul style="list-style-type: none"> <li>Volunteers (mostly over the age of 60) support elderly people in the local community</li> </ul>
Senioralni. Poznań	Poland	Local	<ul style="list-style-type: none"> <li>An annual event featuring a rich programme of activities in which the senior citizens of Poznań can participate</li> </ul>
InterGen Project	Slovakia	Local	<ul style="list-style-type: none"> <li>A series of activities aimed at creating connections between the local elderly and children</li> </ul>
Elderly for a Higher Quality of Life at Home	Slovenia	National	<ul style="list-style-type: none"> <li>Based on the principle of self-help among the elderly in the local community</li> <li>The programme volunteers visit the elderly over the age of 69 in their local community assessing their needs</li> </ul>

## MuNuS - New Mutual Aid Forms of Town Solidarity (Italy)

### ANNOTATION

The practice involved the creation, in local circumstances, of conditions and possibilities that allow the elderly with care and assistance problems to remain at home for as long as possible in order to avoid their institutionalisation in nursing homes. 'Social Realities' are promoted and developed between different stakeholders able to protect, socially speaking, the elderly. The main goal is to support the self-organising skills of the elderly, families and local communities in order to combat the risks of social isolation connected with ageing. The aim is to promote the construction and re-construction of new social linkages through the development of new relationships between public and private stakeholders that work in the field of formal and informal health care.

### WEBSITES

Information is provided by the local municipalities. For example:

- Municipality of Tavagnacco: <http://goo.gl/nvVSZ>
- Municipality of Pavia di Udine: <http://goo.gl/pDnpT>

### TARGET GROUP

These forms of organisation and mutual aid target the elderly, families, caregivers, health and social workers, volunteers and volunteer organisations, and also other stakeholders that participate and work directly in elderly home care.

### COVERAGE OF THE PRACTICE

In the region 11 MUNUS organisations were opened that received about 3,500 elderly over the age of 65 living in the area and considered at risk of isolation.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The project of community development puts the elderly and their families – those who have to organise and arrange different kinds of activities (from the most simple ones, such as transportation and meal delivery, to the more complicated ones, such as interfacing with foreign caregivers or the delivery of drugs and medical examinations in collaboration with the Company for Health Services) – at the real centre of attention. This happened for the first time in a local context, and the stated aim is to support the elderly's ability to remain in their homes even if they are considered frail and/or at risk of institutionalisation.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

For each municipality there was a start-up period, from 12 to 18 months, depending on the situation of the territory. After this period the MUNUS organisations were considered autonomous in their operations, even if it was still necessary to maintain relationships. During the practice, 11 MUNUS organisations were built.

The best practice included extended experimentation in various municipalities belonging to the regional territories of different local health authorities. The experiment was scheduled over three years, 2004–2006, after which it was believed that a MUNUS organisation could achieve its own autonomy and maturity.

#### IMPLEMENTATION – BARRIERS

The major obstacles faced are:

- (1) In order to actively continue their activities, the MUNUS organisations also need the support of the local administration (municipalities). Changes in the political administration or a change in policy priorities caused obstacles difficult to overcome. In some cases it was necessary to interrupt the experiments in those particular areas;
- (2) Other obstacles are encountered in the field of social health. In fact, if the local authority does not provide adequate and appropriate human resources responsible for social health, the MUNUS fails to respond adequately to the needs of the elderly;
- (3) Another critical situation is the following: other associations, already working in those territories, have perceived the MUNUS organisations as a subject interfering with their work. The activities of the MUNUS organisations have been interpreted as something in competition, rather than as supporting activities.

All the above-mentioned factors led to strong demotivation among the volunteers working for developing MUNUS organisations.

Thanks to the important relationship and mediation between the partner Confcooperative Regional Union of Cooperation and the volunteers of the individual MUNUS organisations, it was possible to overcome these barriers.

The strengths that made it possible to overcome the obstacles described above are:

- A shared belief in the project. Indeed, those who wanted to try this new way of taking care of the elderly implemented the project with conviction;
- The awareness that this experiment represented an opportunity to promote innovation in the area and to interact and integrate different 'worlds' that usually do not work together and do not have a common cultural background. This awareness has been a major point, because it has generated the strong involvement of stakeholders.

## MANAGEMENT AND ORGANISATION OF THE PRACTICE

Local Health Authority n.5 'Bassa Friulana'	The Health Authority oversees the health care functions provided under national and regional planning. It guarantees assistance and works on prevention, diagnostic/therapeutic and rehabilitative services. These services can be provided directly by the Health Authority through its facilities (health districts, departments, hospitals) or by other parties – also private – through specific agreements or practices. It also has the role of providing administrative and financial management of the project.
Confcooperative Regional Union of Cooperation	This can be called more briefly Confcooperative Friuli-Venezia Giulia. The idea of building this structure was promoted by the four provinces of Trieste, Udine, Gorizia, Pordenone and the Federation of Regional Rural Banks (Credit Union). It protects and assists the interests of the cooperatives. It is part of the associated system of 'Confcooperative' (Confederation of Italian Cooperatives). This organisation exists throughout the country and was founded in 1945. This subject was involved in the implementation of the best practice and was the main representative subject at the regional level.
11 Municipalities	Actors that actively engaged in the phase of implementation of the project with personnel and by making available spaces for the animation activities and promotional meetings.
Local community	The active promoter of the implementation of good practices with volunteers, families aware of the needs of their elderly and willing to provide innovative solutions to advance the general welfare of the community.

## HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

As regards the implementation of the best practice in the different territories, it should be noted that the majority of people involved 'worked' for free. However, consistent with what is stated in the question number 37, the following persons worked part time with great dedication on the project:

Local Health Authority: 1 project manager; 1 administrative/financial manager; 1 medical doctor; 2 nursing home care representatives; 1 secretary.

Confcooperativa: 1 coordinator; 1 secretary; 1 promoter/entertainer in each municipality with short-term and part-time contracts.

## ESSENTIAL TO LONG-TERM SUSTAINABILITY

- (1) It is essential that the MUNUS Association present the mission of the organisation and communicate it clearly in the community. That mission is 'preventing the institutionalisation of elderly people, supporting forms of assistance that integrate formal and informal services, and which envision families and local communities as protagonists in the pathways of home care'.
- (2) The MUNUS Association must encourage the participation of elderly people and their relatives in the management structure and in the different phases of: the planning, management, and implementation of different activities.
- (3) Sustainability comes through the capacity to perform, mainly on a volunteer basis, the most necessary and required activities from the elderly, such as: transport for the elderly, accompaniment,

company at home, management support for work relations with foreign caregivers, ‘small services’ (transport of goods, maintenance of the house and the garden, facilitating access to care services).

- (4) Sustainability also comes through the capacity of the MUNUS Association to be reliable in relation to different care organisations (health and social carers, public and private -profit and non-profit-caregivers) in order to put in place integrated pathways of care and assistance.
- (5) The last recommendation, directed at the public administration, is to promote and facilitate the use of (social) public funds dedicated to the autonomy and to the independent living of the elderly and people with disabilities, in order to support the activities of these organisations (e.g. see the use of the ‘personalized budget of care’ in Friuli Venezia Giulia or the APA – Allocation personnalisée pour l’autonomie – in France), which entails recognising them as partners in the pathways to integrated care and assistance

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management, public meetings, promoted by the municipality and duly recorded.

The research group responsible for promoting the project to the community has gradually transformed into a group of co-ordination between the associations and the municipalities, with the additional feature of being a linkage with social services and the health authority. It has always tried to offer opportunities to reflect and promote actions and initiatives aimed at stimulating and activating the whole community. In particular, considering the nature of the project, it was fundamental to take into special consideration the opinions of the direct users: the elderly and their families. During public meetings, in the communities with a MUNUS organisation, they presented the proposed actions. Anyone interested could express their opinion or propose new ideas. In addition, the project was presented, and often also promoted, by actors particularly connected to the elderly, such as pastors, doctors, social workers, besides the representatives of the local public administration and associations for the elderly such as Antea (Regional Association for Active Elderly).

#### INTERNAL RULES FOR GATHERING AND USING THE ELDERLY’S OPINION

Working teams were established with the specific purpose of mapping the territory by filling the assessment questionnaire of the proposed actions.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Given that the only condition of access to services provided by MUNUS is the frailty of the elderly and their living in a familiar environment, there are no implicit or explicit prejudicial elements that prevent or obstruct participation in the best practice.

#### FINANCIAL SOURCES

The MUNUS project was funded by the Region of Friuli Venezia Giulia. However, since the individual MUNUS organisation operated mainly with volunteers, it is estimated that the percentage of public finance is approximately 50%.

- *Total operational costs in 3 years (45 months) (in EUR): 360,000.00*
  - personnel costs (coordination activities, project management, project assistant): 111,918.455 (31.09%)
  - personnel costs (animation activities): 208,230.415 (57.84%)
  - communication costs: 32,245.00 (8.95%)
  - administration costs: 7,606.13 (2.12%)
- *Total capital costs: 0*



- *Monthly operational costs* (in EUR):  $(327,755.00/45) = 7,283.45$ 
  - total personnel costs:  $(320,148.87/45) = 7,114.42$
  - total administrative costs:  $(7606.13/45) = 169.03$
  - accounting costs: 26.10; travel expenses: 32.30; office material: 12.82; telephone: 82.45; postal services: 15.36
- *Costs of administration: 7 %.*

The public subsidy from the region was considered a start-up investment aimed at developing the main knowledge and organisational conditions at the local level. Once started, the MUNUS organisations (which from a legal point of view are social welfare associations) must actively draw on the resources of the local communities (mainly volunteers) on the basis of mutual aid.

This initiative can be supported even without public spending. An initial public investment is necessary for the initial phase until the start-up of the project. Subsequently, they are autonomous and able to create new resources. The four existing MUNUS organisations show how these realities, once started, can survive by finance themselves.

#### SWOT ANALYSIS

##### STRENGTHS

- The participating subjects in MUNUS have direct knowledge of the needs of the territory in which they reside.
- Being deep-rooted in a defined and limited territory.
- Sharing the interests and aims of the associations already existing in the area in order to begin effective collaboration.

##### WEAKNESSES

- Motivation and alliance of the community, especially the conviction and motivation of the subject to participate concretely.
- Logistical matters: identification of a reference place and necessary means/tools.
- The support of the local authority is necessary, which must be formal, but also discreet.

##### OPPORTUNITIES

- To create a strong network of local alliances aimed at solidarity.
- Integration between services and citizens.
- Contact between the individual needs of the elderly and the community as an active participant.
- Changes: the citizen becomes a co-actor in social and health policies together with public services.

##### THREATS

- Excessive expectations on MUNUS.
- Loss of management autonomy in the face of municipal administration.
- The ability to maintain the autonomy of these self-organising forms compared to the different actors' expectations (municipal administrations, care professionals).
- Difficulties in managing and interfacing with various actors.

## Day Care in the Nursing Homes of Samaritan Burgenland (Austria)

### ANNOTATION

Day care in the nursing homes of Samaritan Burgenland enables support and care for disabled people or people in need of care as well as relief for caring relatives. The broad selection of activity programme and events promotes social contacts and resources for elderly people and people in need of care. The provision of an in-house animator, psychologist and quality manager is something very special.

*Target group:* Elderly and vulnerable people that have some self-care deficits but do not want to leave their home forever. Often, day-care guests get care from their relatives or family members, who do not want to leave them alone at home while they are at work. The only criterion for eligibility is that the person who wants to make use of day care must not be bed-ridden.



© Day Care in the Nursing Homes of Samaritan Burgenland

### PROVIDER

Samaritan Burgenland (NGO)

### WEBSITES

- <http://www.pflegekompetenzzentrum.at>
- Especially: <http://weppersdorf.pflegekompetenzzentrum.at>

### COVERAGE OF THE PRACTICE

2002: 1,070 people made use of day care, 2010: 4,560 people made use of day care (2,000 people in Vienna; only 135 people in Burgenland)

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

Often, people do not want to leave their own home forever but are unable to handle their life on their own anymore. Day care in the nursing homes of Samaritan is a good option for such people and also for their relatives. On the one hand, elderly and vulnerable people can maintain social contacts and social skills and are mentally and physically stimulated by the staff of the nursing home. On the other hand, they can get care, and their relatives need not worry about leaving them at home alone. It is a best practice because people do not need to leave their home until it is really necessary. The very special thing is that there is an activity and animation programme throughout the day, which focuses on the individual needs of residents and guests. People get totally involved in the activities of daily life so that they can feel needed again.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The first nursing home of Samaritan Burgenland that offered day care since the opening in 2008 was the nursing home in Weppersdorf. This presented a good opportunity for the elderly and vulnerable people, who did not want to leave their home entirely. After recognising the big need and demand, day care began to be provided in every nursing home that was built. Because of the satisfaction with the day care and the activities offered, every nursing home got its in-house animator to respond to the individual wishes and needs of residents and day-care guests.

The plan is to extend the selection of activities offered daily to day-care guests. However, this may be very difficult to realise for financial reasons. Furthermore, the quality management aims at the continuous improvement in quality and is currently striving to improve the different processes and activities in collaboration with the executive manager of the different fields, staff, residents, day-care guests and relatives.

#### IMPLEMENTATION

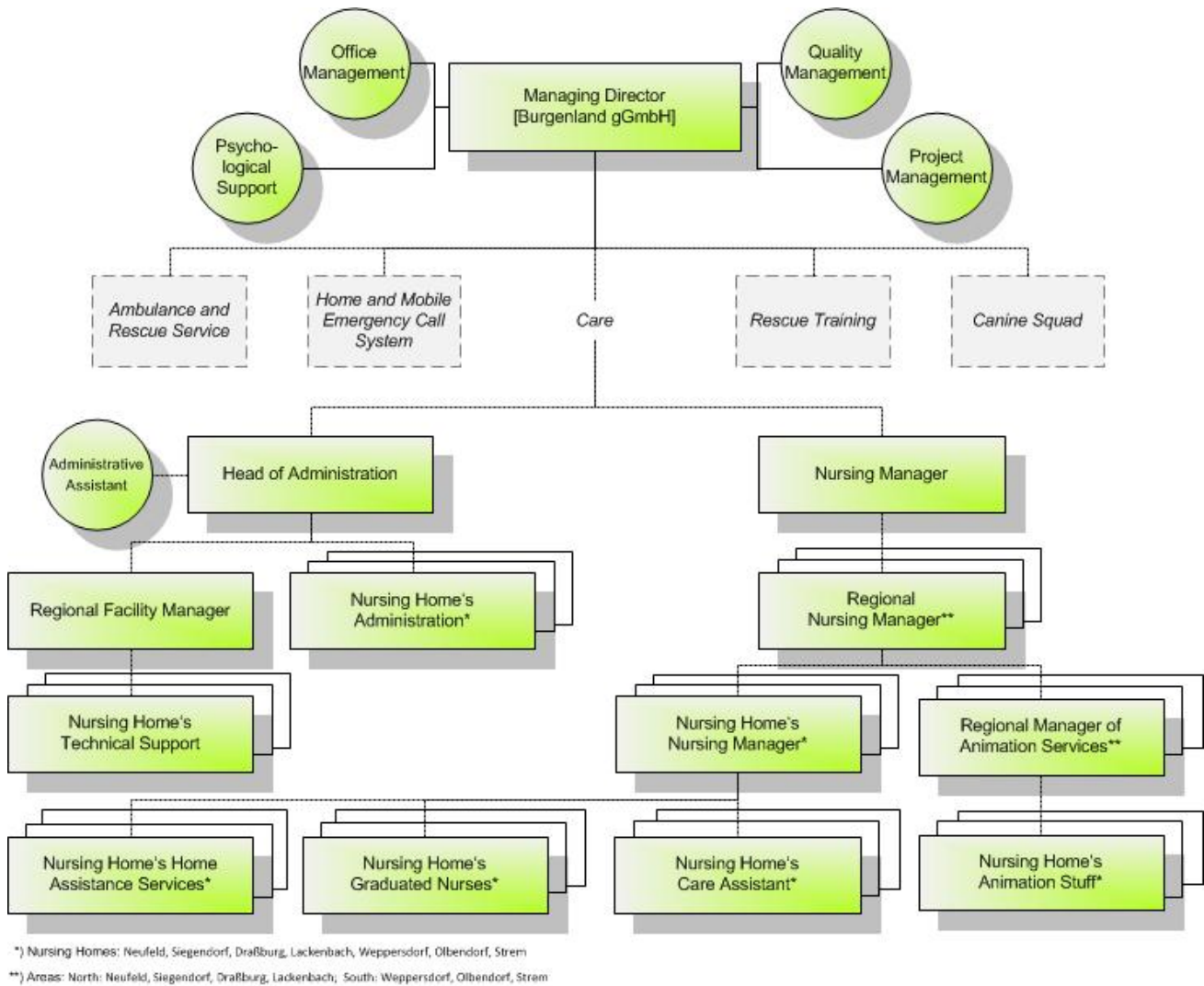
The introduction of day care in the nursing homes of Samaritan took a few weeks before the necessary documents were checked by the responsible office of the government of the federal state. During this time, an inspection was performed by a member from the responsible office. After a few weeks, the license was granted and the first day-care guest was able to make use of the offer.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

<p>Managing director</p>	<p>The managing director of Samaritan Burgenland is the head of the organization and is responsible for rescue service and all provided social services. Furthermore, he is responsible, that regulatory framework gets observed. He has the check on the economic side of the organization. Because of the fact, that Samaritan Burgenland is a Non-profit organization, it is the aim of the managing director to achieve social and socio-political aims and needs.</p>
<p>Nursing management</p>	<p>The nursing manager heads the nursing service of the organisation and is responsible for ensuring and guaranteeing needs-based care residents and day-care guests in due consideration of their individual needs and operating possibilities. She is responsible for all nine nursing homes (including the day care) and is in charge of ensuring that the house rules and the concept are understood and observed. Furthermore, the nursing manager is responsible for fostering relationships with external partners, like relatives, doctors, hospitals, therapy services, offices etc. She is also the first contact person for the managing director.</p>
<p>Head of administration</p>	<p>The head of administration coordinates the office of the organisation. In particular, he is responsible for management, building the structure and organisation of processes, as well as finances, in due consideration of all the relevant and contractually agreed standards. Furthermore, the head of administration has to represent the organisation outside the nursing homes. Cost management is also the head's responsibility. Like the nursing manager, he fosters relationships with external partners and has to ensure effective and cooperative collaboration. The integration of the nursing homes into the community and networking in surroundings are very important parts of his work as well.</p>

Regional nursing manager	<p>The regional nursing manager is responsible for the nursing homes in a specific region. In these nursing homes, she has to control and ensure the quality of care/nursing and the nursing organisation. She has to lead and motivate the nursing staff and to coordinate the daily routine. Furthermore, the regional manager for care has to foster cooperation between the organisation and other organisations, institutions or professional groups as well as with relatives and volunteers. She is responsible for creating and maintaining an enjoyable work climate. She has to represent the organisation outside the nursing homes on behalf of the nursing management or the nursing home management. She is also the connection between the staff and the nursing management or the head of administration.</p>
Nursing home's nursing manager	<p>The nursing home's nursing manager is responsible for one nursing home. As well as being the regional manager for care, she has to control and ensure the quality of care/nursing and the nursing organisation in the respective nursing home. Other responsibilities are similar to those of the regional manager. She makes the duty roster for the staff but needs approval from a responsible superior. The nursing home's nursing manager has to lead the team and is in most cases the first contact person for the residents, relatives and staff. She forwards suggestions to the responsible person if she is not able or allowed to deal with them by herself.</p>
Nursing staff (qualified nurses + care assistants)	<p>The nursing staff care for the elderly and vulnerable residents and day-care guests according to their qualifications and competences.</p>
Nursing home's administration	<p>The administrator of every nursing home is responsible for systematically dealing with administrative issues (accounting of received services, post, informing people about opportunities etc.)</p>

SCHEME OF MUTUAL RELATIONS OF ALL ACTORS



HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

All the staff of the nursing home are involved in day care. Because day-care guests are wholly included in the daily routine, no additional staff are necessary for day care. Only the number of qualified nurses and carers people depends on the total number of residents and day-care guests.

ESSENTIAL TO LONG-TERM SUSTAINABILITY

Because of the multitude of similar practices, economic development and the rising life expectancy of the population, it is necessary to create and provide innovations continuously. Furthermore, the needs and wishes of the elderly and vulnerable people are changing. Essential to the long-term sustainability of day care in the nursing homes of Samaritan will be to increasingly incorporate the wishes, needs and opinions of the elderly and vulnerable people in need of day care. They must be included much more in the adaptation of structures, processes and different activities. Furthermore, it will be necessary to support those people also from the public side. Many people in need are still unable to afford such possibilities. Therefore, political discussions must also start.

One principle of the federation and the federal states, which is also fixed in the Social Welfare Act, is the integration of people in need into the community. Therefore, ambulant and semi-stationary services take precedence over stationary services. In Austria, most social services are provided by private institutions and welfare organisations and the public side has to ensure funding. For this reason it is necessary for this topic to be discussed in policy circles and that financial support for the elderly and vulnerable people and people in need is not lost.

### PARTICIPATION OF THE ELDERLY

- regular meetings with the management, questionnaires, ad hoc, if they meet anyone from the staff they can express their opinion

Samaritan offers complaint management in every nursing home. Residents, day-care guests, relatives, staff and every guest can express a complaint and drop it anonymously into a letter box. The letter box is regularly emptied by the nursing home's nursing manager, who either handles the problem, suggestions etc., on her own or forwards the complaint to the responsible department.

The needs and wishes of the residents and day-care guests are considered in the daily routine. It is very important for Samaritan to adapt the daily activities/animation, care and routines to the individual wishes, needs and biographies of them to enable the elderly and vulnerable people to profit most from the situation. If someone has a wish or a request, he or she may apply to the nursing home's nursing manager or to the in-house psychologist or can make use of complaint management. An effort is made to consider the wishes and needs of residents and day-care guests as much and as seriously as. They are discussed at meetings with the management of the organisation and also at so-called executive meetings, in which the nursing managers of every Samaritan nursing home participate. This is an opportunity to discuss all important issues and all nursing homes can profit from the results. The outcomes and findings from the complaints can lead to the updating and adaptation of concepts or processes to meet the wishes and needs of the residents. Other opportunities for residents, day-care guests, relatives and staff to influence goals are the annual interviews. Residents, day-care guests, relatives and staff can answer questions about different topics but also have the possibility to make some suggestions or requests. At the end of the year, the goals for the following year are defined. The results and outcomes from conversations between the psychologist or the management and the residents and day-care guests, as well as the results from the interviews and complaint management are integrated into the goals for the following year.

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Quality assurance and the continuous improvement of quality is one of the most important things for Samaritan Burgenland. For this reason it has its own quality management. Different regulations or procedures are provided to ensure structured and regulated processes (e.g. procedures for the daily care of people, for entry into the nursing home etc.). The rules for gathering and using the elderly's opinions are described in detail in the procedures for 'complaint management', 'interviewing of residents/day-care guests' and 'suggestions for the improvement of management'. The results of the interviews and written or oral complaints or suggestions are communicated to the respective responsible person, who checks transparency and correctness and tries to find the best solution.

### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Low-income elderly people are not implicitly or explicitly excluded from participation in the practice. Depending on their income and their care needs, subsidies for elderly people in need of day-care are available. However, an important fact is that a minimum of 25 EUR of the total daily rate has to be paid by day-care guests themselves per day. Another important fact is that no transport service is included because the daily rate for day-care would not cover the costs. Thus at the present people who do not have the possibility to move to the nursing home are excluded from participation in day care. However, it is very important to find solutions to this problem.

## FINANCIAL SOURCES

The total costs of day-care cannot be calculated exactly because day-care guests are wholly included in the daily routine. Furthermore, the number of day-care guests and the number of days they attend differs every week or month. The calculation would look as follows:

$$\text{total costs} = \text{daily rate} \times \text{number of day-care guests} \times \text{days of visits per day-care guest}$$

The daily rate of Samaritan is currently 21.89 EUR for people without high care needs and 46 EUR for people with higher care needs.

## SWOT ANALYSIS

### STRENGTHS

- Elderly and vulnerable people do not have to leave their own home forever
- Relatives get relief during the day
- The mental and physical abilities of the elderly are maintained
- Social competence and social relationships are supported; day-care guests are wholly included in the daily routine of the nursing home
- An in-house animator; a daily adapted and updated animation plan; the wishes, needs and biographies of the residents and day-care guests are reflected in the planning of the animation programme
- In-house psychologist; people have the chance to talk to the psychologist about their fears, worries, doubts etc.
- Day care receives support from the federal state; people with limited financial resources may get more support from the federal state
- Subsidies are available

### WEAKNESSES

- Not every nursing home has a transport service
- Many people are unable to move to day care
- In Austria it is possible to ask for other allowances (e.g. support for domiciliary care etc.) as well as day-care allowances, but for many people this is often too complicated so that they pass up the chance to make use of day care
- The daily contribution from the day-care guests and the federal states is not enough to expand the offer of activities

### OPPORTUNITIES

- To expand activities; 'show people more from the world' (too few public funds)
- To maintain existing resources; to recover already lost resources
- For the elderly to live longer in the own home

### THREATS

- If the federal states were unable to support the day care, many people would be unable to afford day care anymore
- Those people would have to leave their own home and move to institutional care
- Loss of charitable contributions

## Mutual Aid Exchange - 'Burza vzájemné pomoci' (Czech republic)

### ANNOTATION

The core idea of the project is to mediate mutual contact and the exchange of knowledge among seniors and between different generations via voluntary activities and events, and to offer help to those who need it. The main goal of the practice is to encourage the potential of the elderly to be active and to give them a feeling of being useful for society. In this way the project aims also to build a more positive image of old age and seniors. Since the prevention of social isolation is a condition for enabling the elderly to remain in their homes, another target of the practice is to create conditions that enable the elderly to remain in their dwellings for as long as possible.



© Mutual Aid Exchange – 'Burza vzájemné pomoci'

### PROVIDER

Foundation Veselý senior – 'Happy Senior' (NGO)

### WEBSITES

- <http://www.veselysenior.cz>

### TARGET GROUP

The target group is not limited in terms of age or any other criteria. All adult people who are interested in participating can join the activities offered, with the exception of special cases of people who could – for the reason of a mental disorder – impair the activities.

### COVERAGE OF THE PRACTICE

Approximately 70 users visit the clubroom every month (out of approx. 10,000 living in Prague 2, i.e. 0.7%). The number of online users is not known.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The project is innovative for its use of knowledge, creativity and the skills of the elderly, which is unique in the context of the Czech Republic.

The main advantages of the project are:

- Relatively low costs, since the project is based on volunteer activities, i.e. it is highly efficient.
- Low dependency on public funding assures its high sustainability.
- Support for intergenerational dialogue.
- Involvement of many different actors (organisations, volunteers etc.)
- The elderly do not passively receive help, and instead their potential and abilities are encouraged, which gives them a feeling of being useful for society and at same time positively changes the image of the elderly and breaks down stereotypes about seniors.
- It supports the ability of the elderly to remain in their homes because it provides them with social contacts.
- It is open to all who are interested.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice has been going on continuously for two years (from 2010, including the pilot action). The practice is not limited; it is of a long-term nature. Its duration depends on financial resources, i.e. as long as it is possible to find some sources of funding, the practice will continue.



**IMPLEMENTATION – KEY FACTORS AND BARRIERS**

**Key factors:** The personal approach of the providers (understanding for the elderly and a willingness to help without expectations in terms of financial compensation) and the dissemination of information through the media.

**Barriers:** Constraining norms and regulations. Some actors faced problems with strict norms that prevented certain kinds of cooperation (e.g. childcare and educational facilities were constrained by a wide range of regulations). Some plans had to be modified (e.g. walking with children from the institutional care facilities only within a very limited time period, in a defined place and with the attendance of workers from the children’s facilities). Other activities (help in schools) were cancelled. Common activities with disabled people were blocked by the elderly themselves since they did not want to participate.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Foundation Veselý senior [Happy Senior]	NGO operating the practice
Centrum Kolín pro seniory, o.s. [Kolín Centre for the Elderly]; Homesenior; Gerontologické centrum v Praze 8 [Gerontological Centre in Prague 8]; Amiga, o.s.; Senior Call-Centre Prague; Samaritan Service of the RIAPS Crisis Centre]; Call-Centre of the Czech Social Security Administration; Asociace poskytovatelů sociálních služeb ČR, o. s. [Association of Social Services Providers]	Partnership NGOs and social services providers targeting the elderly or other vulnerable groups and providing activities for the elderly or cooperating with the elderly. These organisations and the Foundation provide help to each other.
Municipal Library of Prague	Dissemination of information about the Foundation and its projects (e.g. in the form of leaflets)
HedvabnaStezka.cz; Bohemia Patchwork Klub; Asociace kuchařů a cukrářů ČR [Czech Association of Cooks and Confectioners]	Organisations offering lectures and courses to the elderly
WEPS	IT and manufacturing company that created the website of the Foundation and the platform for the online Mutual Aid Exchange
Foxmarts	Marketing agency helping the Foundation with its PR
Municipality of Prague 2	The municipal district of Prague that offered premises for the project to use
Czech Radio (until 2012) and its publishing division; Prague 2 Post	Media partners promoting the Foundation and its projects

Taktika Muzika; Art Agency Petr Sovič; Studio Ypsilon	Art agencies and cultural facilities offering cultural events (plays, concerts, exhibitions) to the lecturers and clients
Auditor	Outsourced lawyer providing audits, specialised in the NGO sector
External accountant	Outsourced accountant providing regular accounting services
Prague Magistrate	Provision of funding for the preparatory phase of the project

**HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?**

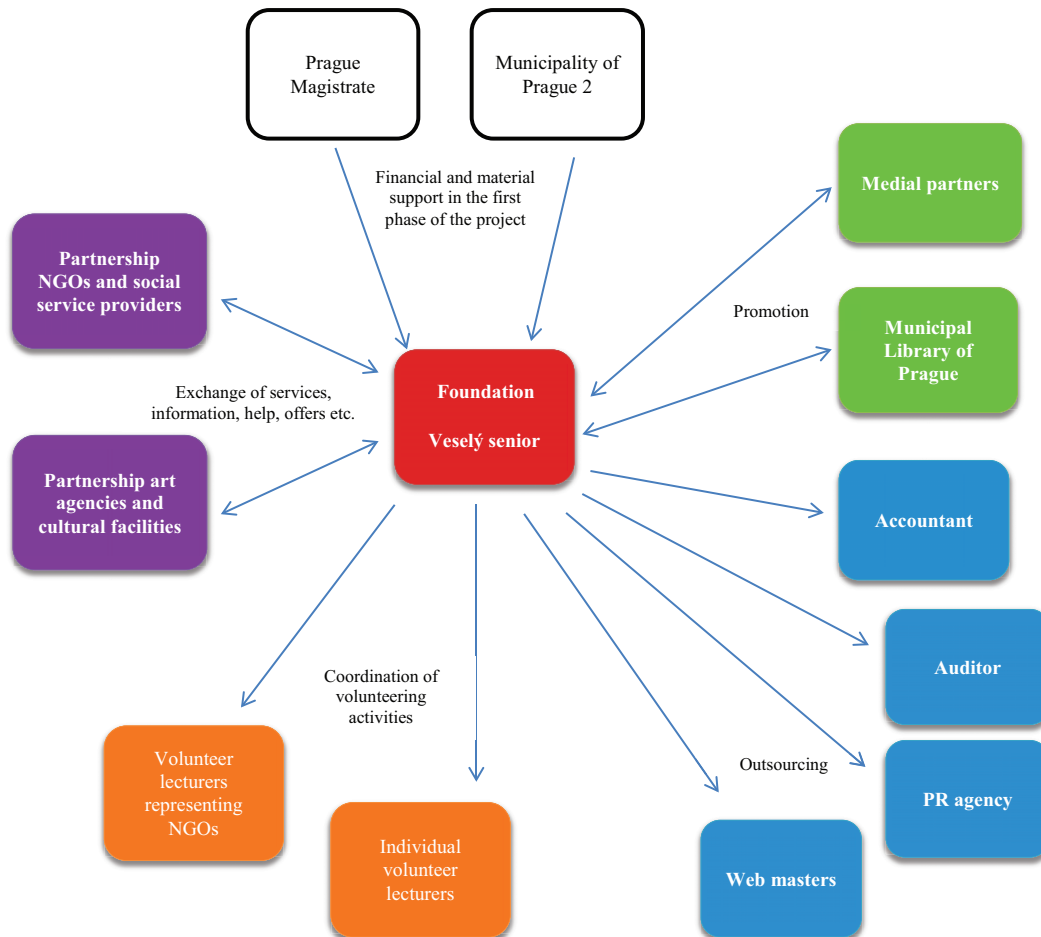
There are only two persons on the staff of the Foundation:

- The chairwoman, who works a number of hours equivalent to full time, but has no employment status. She performs the majority of tasks connected to the operations of the Foundation: project management, PR and marketing, editing texts, web administration, organisation of programmes and events, production, running the clubroom etc.
- The assistant is the only employee of the Foundation. She has a part-time job (0.5) in the Foundation and besides the administrative matters of the Foundation she runs the operations of the clubroom and is present during the opening hours of the facility.

Additionally, the Foundation can use the services of a volunteer to help with organizing events.

The lecturers and other volunteers are not part of the staff. They offer their services on a volunteer basis and for a fixed period of time.

**MUTUAL RELATIONS BETWEEN ALL THE ACTORS**



#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Long-term sustainability can be assured under the given structure of actors as long as a large number of entities / organisations are involved in the interaction. To maintain the existing network of organisations the Foundation has to offer services that are complementary to the services provided by other entities, and has to adapt the services to the actual needs of the actors engaged in projects for the elderly.

#### PARTICIPATION OF THE ELDERLY

- questionnaires, the elderly are consulted continually, they can request adjustments etc.

In the first phase of the practice the elderly were able to complete a questionnaire to indicate their needs connected with the Mutual Aid Exchange. This first impulse influenced the initial offer of lectures, programmes and courses (e.g. PC courses). However, the elderly are continually consulted in the course of the practice, and they can make suggestions and comments etc. If the Foundation is not able to satisfy a specific demand, its staff can at least recommend where to find appropriate services.

The organisation and current programme of the practice is up to the elderly. The elderly choose not only the activities themselves, but they also design the schedule of the activities. However, they can make suggestions in other areas and the staff decide about the relevance of the suggestions and the capacity to implement them.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

The suggestions / opinions expressed by the elderly are collected by the assistant and are subject to discussions at the meetings of the staff. However, this system runs on a very informal level; there is no administrative burden accompanying this activity.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The practice actually does not involve public spending. However, the target group is defined in such a general way that it does not explicitly exclude anyone. Therefore, it does not have to be checked. There is also no deviation from the initial plan in this respect.

Nevertheless, with respect to those who are interested in regular activities, the practice is limited to the area of Prague 2. Excluded from these activities are indirectly those who live independently, but cannot come to the clubroom because of their poor state of health or because of the distance. The service is only provided in the capital where the coverage of clients by different kinds of services is relatively high and it is not available in areas with a low coverage by the services.

This limit is partly compensated by the online service of mutual exchange. However, this activity is designed for those who have access to and are able to use the internet. Some information is therefore targeted to the family members of the elderly.

#### FINANCIAL SOURCES

In 2011 the total yearly costs amounted to 460,937.81 CZK (18,076 EUR), i.e. 38,411.5 CZK (1,506.30 EUR) / month (Note: rate of exchange: 1 EUR = 25.50 CZK)

- staff costs: 252,080 CZK (9,885.50 EUR)
- salary of the part-time assistant: 140,000 CZK (5,490 EUR); remuneration of the accountant: 30,000 CZK (1,176.50 EUR)
- operational costs: 198,857.81 CZK (7,798.30 EUR)
- other costs: 10,000 CZK (392.20 EUR)

Operational costs include mainly the costs of operating the facility (energies, repair, internet and telephone connection, insurance) and the costs of the internet domain.

Staff costs include the salary of the assistant and the remuneration for volunteers and the accountant.

Note: In the majority of cases it is not possible to distinguish the costs for the Mutual Aid Exchange practice from the other activities of the Foundation since the Exchange forms the most important project of the Foundation. Therefore, the costs are indicated with respect to the operation of the Foundation in general.

In 2011 the total yearly income amounted to 432,024.72 CZK (16,942.10 EUR)

- sale of services: 430,120 CZK (16,867.50 EUR)
- interests: 1,904.72 CZK (74.70 EUR)

The amount of 96,917 CZK (3,800.60 EUR) represents taxable incomes issued from the sale of T-shirts, calendars, tickets etc.

A portion of the income results from the sale of products made by the elderly in the course of various activities.

The price paid by the clients is very low. The elderly can join the programme for which they pay membership fees amounting to 30 CZK per activity / course. The Foundation collects approximately 27,000 CZK (1,058.80 EUR) / year via membership fees. This income is used to cover a portion of the operational costs.

In 2011 the income was not sufficient to meet the costs since the Foundation did not receive any grant from public sources. The annual loss amounted to 28,913.09 CZK (1,133.80 EUR). However, in the previous years the Foundation always made a profit.

Besides the noted costs and incomes the Foundation also operates with sources from received specific gifts (e.g. from sponsors) that can be used only for defined purposes. The accounts for these incomes and costs are administered separately. In 2011 the Foundation received 534,910.20 CZK in the form of gifts and another 21,848 CZK was carried over from the previous year.

From these sources 539,338 CZK was used and 17,420.20 was carried over as a balance into the next year.

## SWOT ANALYSIS

### STRENGTHS

- Low costs due to its volunteer principle
- Little dependence on public finances and diversified sources enable higher flexibility
- High effectiveness due to the optimal use of internal and external sources (e.g. the sale of products made in the course of activities)
- The position of the Foundation is strengthened by the involvement of and cooperation with many different actors (organisations, volunteers etc.)
- High administrative simplicity
- High transparency and low probability of abuse

### WEAKNESSES

- Low coverage with personal service (this is partly offset, but not totally substituted, by the online service)
- Heavy demands on the staff due to the small number of workers and the related lack of capacity for additional activities or for the enlargement of the practice
- Unstable funding (depends on the economic situation of sponsors)
- Impossibility of using EU funds due to the small size of the organisation

#### OPPORTUNITIES

- The high flexibility of the practice enables modifications with respect to actual needs. It also makes it possible to find new partners.
- The online service can potentially involve a large number of elderly across the country. Online services could also be enlarged and a wider range of online services provided (e.g. counselling, forums etc.) at a relatively low cost. It can also serve to improve the promotion of the practice and attract new sponsors.

#### THREATS

- The funding is vulnerable in periods of economic recession since companies and other sponsors cut back on donations first.
- The operation of the clubroom is relatively expensive for the Foundation; it can therefore happen that the Foundation will not be able to maintain it if it does not find sufficient funding.

## Together instead of Alone. Generation-Living in Arnstadt-Ost. (Germany)

#### ANNOTATION

The project is mainly based on research carried out on two multi-storey buildings in the eastern part of Arnstadt. According to the town's development plan, this area is defined as worth retaining. Consequently, this area was selected for the implementation of this key project. Therefore such measures as reconstruction, complex maintenance and modernisation were implemented. The main goal of the practice is the development of a multi-generation concept under the active development of local citizenship. In this connection living together in a multi-generational community happens simultaneously with the process of maintaining the independence of local residents.

#### WEBSITES

- <http://www.wohnstrategen.de/wohnprojekte/gemeinsam-statt-einsam-generationswohnen-in-arnstadt-ost>

#### TARGET GROUP

community of tenants

#### COVERAGE OF THE PRACTICE

90 persons of different age were able to take advantage of the first community-based project of this size in Thuringia.

#### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The need for age-appropriate living and new living forms such as generation living is continuously increasing. The housing stock in the eastern part of Arnstadt (like in many other parts of Germany) originated in the 1960s and is in urgent need of reconstruction. Both of these challenges were combined under the active development of local citizenship within the project.



© Together instead of Alone. Generation-Living in Arnstadt-Ost.

Other reasons to consider this project a best practice is the influence on the decisions, participation and stronger responsibility of the tenants.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

2005–2009: 2005 – founding of the initiative; 2006 – initial ideas and public information; 2007 – start of planning; January 2009 – November 2009 – implementation of the project. Since 2009: though the investment measures were completed in 2009, the practice of multi-generational living has continued to the present day.

Based on the success and the still detected demand for multi-generational living, WBG Arnstadt (the housing company) is currently negotiating financial support with the competent authorities in Thuringia. The aim is to involve a third (neighbour-)building of the same size and construction type into the project as soon as possible.

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

The community of tenants (beneficiary) was closely involved in the planning of the reconstruction and renovation (redevelopment) of the housing company of the City of Arnstadt mbH. The housing company (WBG) supported the participation of the tenants. The exchange and distribution of information took place in nine workshops, several regular roundtables meetings of the residential project, one excursion and in working group sessions and numerous discussions with participants. Ideas, wishes and visions could be developed in collaboration with project beneficiaries. Numerous suggestions for the design of both buildings and their surrounding space could be directly incorporated into the planning process.

Furthermore, the continuous and intensive public relations represented one of the core aspects of success. The main actors operated successfully in press work, project presentations, information events and exhibitions.

The main barrier was the need for subsidies to finance the project. The residential project was subsidised, among other things, as a model project within the research programme ‘Experimental Housing and Urban Development’ by the federal Office for Building and Regional Planning and by the Thuringian Ministry of Social Affairs.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

WBG Arnstadt	Housing company, owner/landlord
Mietergemeinschaft ‘Gemeinsam statt einsam’	The tenant community ‘Together instead of Alone’
IG Stadtökologie / Lokale Agenda 21 Arnstadt	The interest community Stadtökologie / Local Agenda 21, Arnstadt), the City of Arnstadt, esp. the Department of Urban Planning – assisting in project development
The City of Arnstadt, esp. the Department of Urban Planning	Assisting in project development
WohnStrategien. Regionalstelle Thüringen der Bundesvereinigung, Forum gemeinschaftliches Wohnen e. V.+	Living Strategies – a registered association – assisting in project development
StadtStrategen. Bürogemeinschaft für integrative Stadtentwicklung, Weimar (StadtStrategen – partnership for integrative urban development).	Project accompaniment and consulting

Kommunalbau Thüringen GmbH	Planning services
Kommunalbau Thüringer GmbH, Erfurt	Project development, project management, planning of the project
IB Pfister GmbH, Arnstadt	Consulting and engineering
EDP GmbH, Arnstadt	Planning office for electrical and control technology tasks
Local small companies, service provider, educational organisations and associations	

The project is a small local project. The housing company, the tenants and ‘StadtStrategen’ cooperated while developing the idea. Dialogue-oriented planning among all the participants and the communicative management of all the actors were essential parts of the implementation. An exchange of information, communication and decision-making took place in a strong dialogue-oriented process in the framework of several interest workshops and roundtable meetings.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

N. a.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The project was implemented at the initiative of the population. The sense of community and the identification with the project decisively contributed to making it possible for the participants to achieve the objectives set in the preparation period.

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management, interest workshops, regular roundtable meetings

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Through a contractual arrangement the tenant community is involved in the decision-making process concerning the new tenant’s choice.

The WBG signed a rental contract with each rental party. In addition, the tenants and the landlord concluded a cooperation agreement. In the agreement, the rights and obligations of the parties were described. At the same time a social and economic approach to further self-organisation and management of the common areas was developed.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No

#### FINANCIAL SOURCES

20% private financing, the remaining 80% public subsidies.

Total budget: 4.46 million EUR.

Price paid by target group: in addition to calculated rental costs of 5.00 EUR/m<sup>2</sup> the tenants provide 16.00 EUR/month for the community rooms.

In the occupancy phase, the project is funded through rental income.

## SWOT ANALYSIS

## STRENGTHS

- Identification with the project
- Participation of the target group from the very beginning
- Community building
- Networking

## WEAKNESSES

- Without subsidies a higher rental fee for the tenants will be required

## OPPORTUNITIES

- Transferable to other residential areas

## THREATS

- A time-consuming decision-making process

## Neighbourhood Programme for Strengthening Local Communities and Keeping the Elderly at Their Homes (Hungary)

## ANNOTATION

Most inhabitants in the neighbourhood do not ask for help from local social services. They either feel ashamed to do so or they cannot access it or they do not know what services are available. Therefore, the organisers think it is important to help people to realise that it is easier to reach their goals as a member of a group or a community.

The neighbourhood volunteer programme is a long-term programme that focuses on helping to resolve the social problems of the local community, especially the problems of elderly people.

Most of the volunteers are over the age of 60, most of them are retired, and their main activity is to support the elderly in the local community.

## PROVIDER

Életfa Support Service Association (NGO) (Életfa means Tree of Life). The Association was founded in 1989 with the aim of implementing social innovative programmes that support the local society.

## WEBSITES

- <http://www.eletfa.hu>

## TARGET GROUP

Members of a community who are in need and who can remain within the community as a result of help (the elderly, people with disabilities, single parents, all those who cannot access services easily).

## COVERAGE OF THE PRACTICE

The programme is capable of reaching 20% of the target group on a yearly basis. It operates in three regions.



© Neighbourhood Programme for Strengthening Local Communities and Keeping the Elderly at Their Homes



**WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?**

- (1) The programme is easy to implement and does not require too much material support.
- (2) The participating volunteers reach a large number of older people.
- (3) People in the neighbourhood can be easily informed about the programme.
- (4) The programme relies on the power of the community so it has a community building effect.
- (5) The programme helps to develop not only social skills/relations, but also people’s skills to assert their interests better.
- (6) The programme can be applied in all countries and in all types of settlements.
- (7) The target group of the programme can be modified/expanded.

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

It was introduced in 2003 and since then it has been continuous. The project was extended to three other settlements between 2005 and 2007. Between 2009 and 2011 it was further extended to two other regions. In 2012 it was introduced in four more localities. In response to local specifics and needs the project is enriched by new elements.

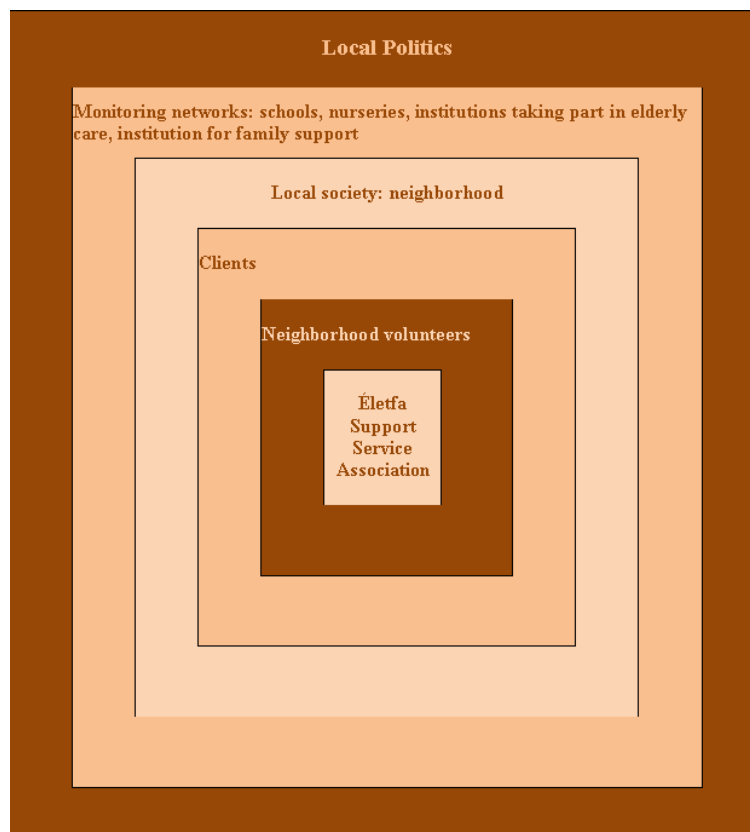
**IMPLEMENTATION – BARRIERS**

Local political representatives did not accept the programme because they felt that the activities of the neighbourhood volunteers violate their competence: holding public forums and handling personal problems is the role of local representatives. Sometimes the representatives neglect these duties, and they perceive the volunteers’ activities (supporting social administration, drafting letters to the authorities requesting assistance, community building, strengthening advocacy) as criticism of their own work. The barrier was only surmounted when a new representative took over after the elections.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Életfa Support Service Association	Project leader and organiser
Community Centre of Csapókert	Undertook to serve as a venue and a site for the technical infrastructure of the project.
Local representative	Ensured the approval of the project and took part in its dissemination
Local schools, nurseries, library, institutions supporting elderly	Their task is to act as monitoring agents for identifying those in need.

## MUTUAL RELATIONS BETWEEN ALL THE ACTORS



### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

Executives: president, vice president and secretary, who are also responsible for professional aspects. There are other associates: one community worker, one social worker, one finance expert and five volunteers who are responsible for operating the Volunteer Centre.

Between 2001 and 2003 the team that developed the project spent approx. 10% of working hours on the project. Between 2003 and 2009 there was one full-time project manager, one part-time expert and one part-time project coordinator worked on the project. Since 2009 the manager is paid as if he worked two hours/day while the expert works as a volunteer.

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Strengths: In cooperation with the community in the area, the programme established a network of services that caters to locals needs and tackles important issues. Inhabitants of the area gain access to information and opportunities that are valuable social assets and means to self-realisation. Within the community elderly people and persons with disabilities receive the most attention and help.

- By learning methods of self-assertion the inhabitants of the area are able to practice their rights.
- Neighbourhood links are created and strengthened in the area.

The relationship between the institutions of Csapókert and the public has improved and so has the quality of services. The volunteer network increased institutional capacity and citizens are better informed about available services. Services provided by the city's institutions are utilised more efficiently and the demand has a positive impact on quality.

During the selection and training of volunteers and in the course of activities inhabitants learned to appreciate volunteer work. Moreover, neighbourhood connections and community links have also been strengthened and widened.

All these factors contribute to strengthening natural inter-community solidarity, intensifying community activities and improving quality of life for inhabitants.

Strengthening the social web of the neighbourhood is part of the sustainability plan. The project may be continued without external financial support.

**PARTICIPATION OF THE ELDERLY**

- regular meetings with the management

An example of participation of the elderly: workshops are organised for the elderly. The most frequently mentioned needs emerging during these group discussions are integrated into the project.

The neighbourhood volunteer programme builds upon the requests and opinions of the neighbourhood during the implementation. As the neighbourhood is represented mostly by older people, their opinions play a great role in the development of the programme.

**INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY**

No

**ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

No. The target households do not pay for the service.

**FINANCIAL SOURCES**

The whole project was covered by the PHARE programme including all the costs and income. (PHARE provided the financial background only for the launching of the programme: it supported the execution of research, the training for the volunteers and the organisation of the neighbourhood day. Subsequently, the programme is functioning without external financial support.)

Total budget: 4,000 EUR/ year

Monthly costs:

- honorarium for the 3 employees: 50 EUR/capita
- training costs for the volunteers: 50 EUR

Yearly costs: – costs of Neighbourhood Day: 1000 EUR

- carrying out interviews to collect information from the neighbourhood: 400 EUR
- press releases: 200 EUR

Currently the staff are working as volunteers, the administrative costs are about 10 EUR/month.

**SWOT ANALYSIS**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Strengthening local community</li> </ul>	<p><b>WEAKNESSES</b></p> <p>not applicable</p>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Creating a society built on solidarity where people in need receive sufficient attention and support</li> </ul>	<p><b>THREATS</b></p> <p>not applicable</p>

## Senioralni. Poznań (Poland)

### ANNOTATION

Senioralni is an annual event organised by the City of Poznań through the Centre for Senior Citizen Initiatives. The event lasts for a whole month (October) and features a rich programme of activities in which the senior citizens of Poznań can participate. The event starts with an Active Seniors March. The event is based on the concept of Juwenalia – an annual spring event which recognises the importance of university students for the city. The main goal is to organise time and space for the elderly, activating them through educative workshops, seminars and lectures, and demonstrating their potential and resources.



© Senioralni. Poznań

### PROVIDER

Centre for Senior Citizen Initiatives

### WEBSITES

- <http://www.centrumis.pl/senioralni-poznan.html>

### TARGET GROUP

The event is aimed at the elderly. All the elderly are eligible to participate. Most activities are free of charge.

### COVERAGE OF THE PRACTICE

The event is targeted at all elderly citizens of the city: 100,000.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

Senioralni integrates the community of the elderly and creates direct links to institutions and organisations, which creates opportunities for further common activities.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The first edition (pilot) was organised in October 2011, the second in October 2012. Further editions of the event are foreseen. Activities are being undertaken to extend the number of organisations taking part in the event (a significant increase in the participation of organisations was achieved from 2011 to 2012).

### IMPLEMENTATION – KEY FACTORS

The key factor to the successful implementation was the fact that the City of Poznań has an institution dedicated to working to increase the quality of life of the elderly (CIS). Another key factor is the creativity, determination and engagement of the CIS staff.

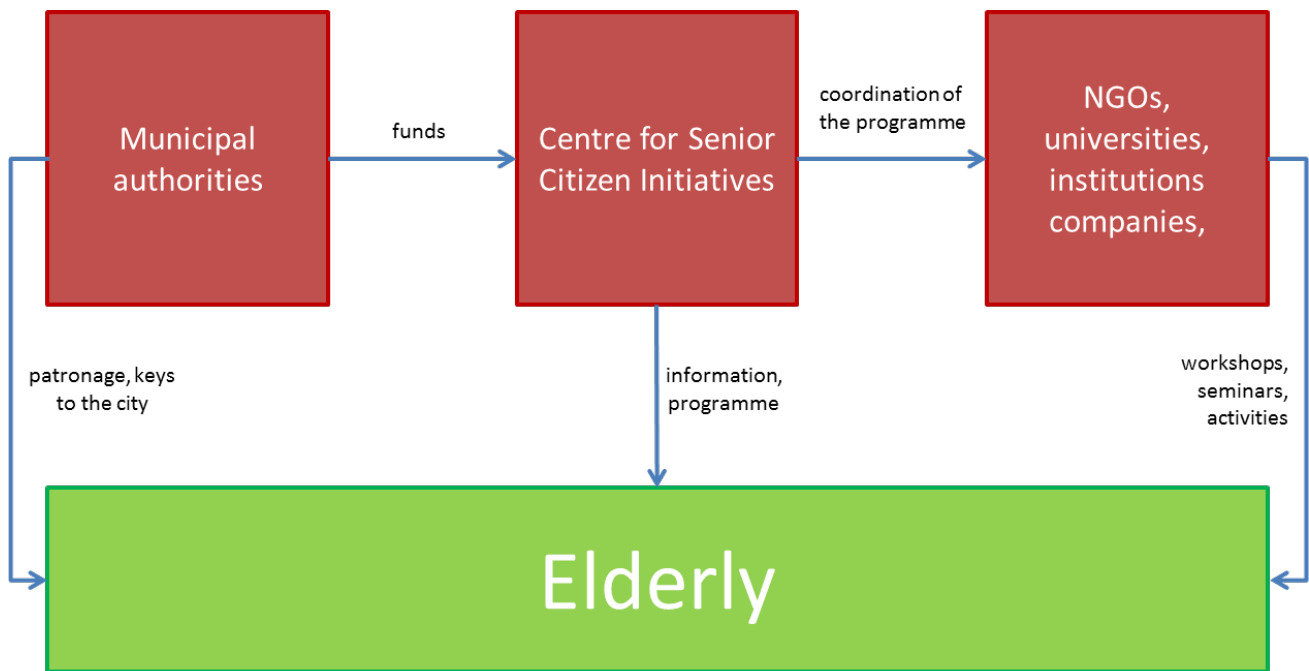
### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Centre for Senior Citizen Initiatives (CIS)

CIS is a municipal organisation unit responsible for undertaking initiatives aimed at improving the quality of life of the elderly citizens of Poznań.

City of Poznań	The role of the city: patronage of the event, providing financial resources
Non-government organizations, institutions, universities, companies	The participating organisations work for the elderly, provide products or services for the elderly and/or may share their experience and knowledge with that population group. Organisations are responsible for providing the content of the event.

MUTUAL RELATIONS BETWEEN ALL THE ACTORS



HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The CIS team responsible for Senioralni consists of four persons. The project coordinator is the director of the Centre. The members of the team are responsible for: promotion of the event, cooperation with external institutions (NGOs, public institutions, companies) and defining the event programme.

All employees of CIS involved in the organisation work for Senioralni part time. However, it is important to note that the actual month when the event is held (October) when the team (excluding the manager – the director of the Centre) are involved in the event full time.

ESSENTIAL TO LONG-TERM SUSTAINABILITY

The continued receipt of financial support from the City. Also important is sustaining cooperation with all external organisations willing to provide content for the event and deepening this cooperation.

CIS is a small institution with direct cooperation between the director and a team of experienced, professional employees. The close cooperation and good division of responsibilities guarantee success also in the future. The size of CIS and its team could also be a slight disadvantage as the departure of any employee presents a risk for the strength of the remaining team as a whole.

PARTICIPATION OF THE ELDERLY

- questionnaires

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Some workshops or seminars are ticketed, which may possibly exclude low-income elderly from participating in these events. However, the cost of the ticket is very low (usually 1–2 EUR) and the number of free activities is much higher, so it has negligible impact on the exclusion of any elderly person from participating in these particular workshops. Overall, the Senioralni event is free for all elderly to participate.

Volunteers or other adequate solutions are employed to help out in situations where getting to the location of a particular activity is difficult for a given person (e.g. due to disability). However, the organiser (CIS) had no influence on how a particular activity provided by an external organisation is provided.

## FINANCIAL SOURCES

100% costs of organising the event are covered by the public.

The budget for organising the 2012 edition of the Senioralni event was as follows:

- cultural event (concert) – 10,000 PLN (2,400 EUR) covered by the City of Poznań
- promotion and information – 7,200 PLN (1,750 EUR) covered by the Centre for Senior Citizen Initiatives (6,000 PLN) and the City of Poznań (1,200 PLN)
- personnel costs at CIS – estimated at 15,000 PLN (3,650 EUR) – the organisation of Senioralni is one of the tasks performed by CIS as part of their regular mission

Estimates based on personnel costs involved in the organisation of the event – 23 %

## SWOT ANALYSIS

## STRENGTHS

- The wide contacts of the Centre for Senior Citizen Initiatives within the Poznań community working for the elderly (contacts with NGOs, institutions etc.);
- The established reputation of the CIS among the elderly community

## WEAKNESSES

- Informal commitments of the providers of workshops, seminars and other activities

## OPPORTUNITIES

- A good forum for launching and running actions for supporting the needs of the elderly, such as 'A Senior-Friendly Place' ('Miejsce Przyjazne Seniorom') initiative;
- The openness of the event: the event is open to any activities of interest to the elderly;

## THREATS

- Uncertain public financing of further editions of the event: support requires confirmation in the annual budget of the municipality – politics may influence future organisation

## InterGen Project (Slovakia)

### ANNOTATION

The practice involved a series of activities aimed at creating a connection between the local elderly and children. Participants took part in sporting activities, workshops, travelling, cultural events etc. The project's activities focused mostly on the learning process, community building and preventing ageism and social exclusion.

The project, consisting of two phases, involved training five senior mentors to work with children and youth and involving them in further activities aimed at solidarity between generations.

In the first phase, older persons from the Centre for Older Persons in Nitra and children from low-threshold housing were selected for the project. A positive aspect of the project was the inclusion of children from Roma families, which brought added value to the project (the socialisation and integration of these children and an opportunity to experience receiving positive input from older persons, which is absent in most Roma families).

In the second phase, children from specialised elementary schools were involved with five seniors from the Centre for Older Persons in Nitra. In this phase of the project, interesting activities and events were organised to foster cooperation and relations between generations.



© InterGen Project

### PROVIDER

Správa zariadení sociálnych služieb Nitra (SZSS; municipal managing authority for facilities of social services)

### WEBSITES

- <http://www.intergen-project.eu>

### TARGET GROUP

Older persons from the Centre for Older Persons in Nitra and children from low-threshold housing / Emergency Housing.

### COVERAGE OF THE PRACTICE

Five elderly have participated in both phases of the practice (in the first phase with children from low-threshold housing, in the second phase with children from a specialised elementary school). Five elderly people also participated in senior mentor training. We do not have information about whether same five people participated throughout the practice.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

It provided an extension of standard municipal activities and presented an opportunity to implement a similar activity on a much larger scale.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice began in September 2011 and ended in September 2012. All of the actors (participants, managers etc.) are interested in the continuation of the practice and extending its activities (i.e. sport events).

**IMPLEMENTATION – KEY FACTORS**

Interest and activity of the project’s participants.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Správa zariadení sociálnych Služieb Nitra (Administration of Social Service Facilities)	Established by the municipality; managing the emergency housing facility and the Centre for the elderly; no expenditures related to the activity as it was based on volunteer work
Červeňova elementary school	Specialised boarding school
Help for the elderly forum	National network based in the city of Prievidza; Mrs. Galisová and Grolmusová supported the activity

**HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?**

SZSS allocated three of its employees to participate in the practice as volunteers. They helped to prepare, promote and organise the practice’s activities and evaluate them.

**ESSENTIAL TO LONG-TERM SUSTAINABILITY**

The fact that the practice is dependent on municipal organisation is both a weakness and a strength – the municipality can support the long-term sustainability (or in this case continuation) of the practice, but the practice remains dependent on various circumstances (the budget, activity and interest of municipal officials).

**PARTICIPATION OF THE ELDERLY**

- regular meetings with the management, questionnaires

Participants proposed new activities, i.e. computer training. As there was no precise plan for activities before the practice began, its participants helped to shape the practice according to their own preferences.

**INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY**

No

**ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

No. Services are free.

**FINANCIAL SOURCES**

100% public finance

As the InterGen Project was an integral part of other municipal activities, it cannot be distinguished from the standard municipal budget and management. All funding of the practice was handled by municipal organisations within their budget and there were no extra funds allocated to this practice (it was just an extra activity without extra funding).



## SWOT ANALYSIS

## STRENGTHS

- Minimal/no budget cost (no extra funding, all activities covered by the municipal organisations' budgets).
- An extension of standard municipal activities.

## WEAKNESSES

- The small number of participants.
- The original practice ceased to exist in September 2012.

## OPPORTUNITIES

- Implementation on a larger scale.
- All of the actors are interested in the continuation of the practice.

## THREATS

- Insufficient PR.
- Municipal expenditure cuts could stop the practice.
- Follow-up depends on international activity.

## Elderly for a Higher Quality of Life at Home (Slovenia)

## ANNOTATION

'Elderly for a Higher Quality of Life at Home' is an important Slovenian initiative for support of the elderly based on the principle of self-help among the elderly in the local community. The programme volunteers visit elderly people over the age of 69 in their local community to assess their needs. This enables the volunteers to identify the needs of the users living at home and to provide them with further information.

## TARGET GROUP

The criteria are not exclusive. In fact there are no eligibility criteria. Within the programme all the elderly over the age of 69 are visited by volunteers who cover certain regions/municipalities. In 2011, 277 Pensioners' Associations from different regions of Slovenia were included in the programme to help the target group – elderly over the age of 69.

## COVERAGE OF THE PRACTICE

The practice exists on the national level. From 2004–2011 the volunteers visited 120,181 elderly aged 69+ (57.41% of all elderly aged 69+).

## WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The practice is an important supplement to other programmes in the area of social care. It involves a large number of volunteers, many working hours and there are low costs as the volunteers visit the elderly in their homes. The practice embraces all the elderly in a certain community and reaches elderly people who have been overlooked by other programmes and services in their respective area. These people do not have to go anywhere and, considering their age, this is an advantage. If the person expresses a certain need, the volunteers try to find the appropriate solution (public and/or NGOs). The practice is important and significant because it informs the local community about the quality of life and needs of older people living at home.

## FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The practice was introduced in 2004 (after the pilot project that lasted from 1997 to 2004). Since then it has been ongoing. There have been no discontinuities. The plan is to continue the practice for as long as possible. No limit has been set.

**PROVIDER**

Slovenian Federation of Pensioners' Associations

**CONTACT**<http://www.zdus-zveza.si/index.php/projekti/stareji-za-stareje>**IMPLEMENTATION – MILESTONES AND BARRIERS**

The most important milestones in the implementation of the project were the first favourable results of the programme. When other municipalities realised that the programme was successful, they joined the programme.

*Barriers:* Firstly, the programme does not have access to a systematic list of all elderly over the age of 69 living in Slovenia. This is due to legislative restrictions. This is a major problem especially in the cities. Secondly, volatile funding and a lack of financial resources. The programme nowadays is very widespread and it requires more funding. It is almost impossible to cover all the expenses from the national fund (in an open call of the Ministry of Work, Family and Social Affairs). Thirdly, work with volunteers is very specific – some are better than others, even with respect to their psychophysical abilities. The programme is trying to keep its current volunteers for as long as possible, even though it is known that the turnover in this kind of work is very fluent. On the other hand, it is necessary to constantly recruit new volunteers.

Regarding the first problem, the programme officials have contacted the information commissioner, other authorities (mayors of municipalities, politicians etc.). The idea is to modify legislation and enable the programme to access the data needed. Regarding funding, the programme is aiming to get itself classified among the regular activities in local communities, meaning that the municipalities would finance the material costs of the programme. The main coordination and training would be financed on a national level. Regarding volunteers, the programme is continuously recruiting new volunteers and training them.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Red Cross	Food packages, financial help, help with rebuilding flats, enabling users to use the premises of Red Cross for personal hygiene etc.
Karitas	Food packages, financial help, help with rebuilding flats, enabling users to use their premises for personal hygiene etc.
Social work centres	Offering and delivering informational support to the programme's staff about the possibilities to help users of the programme through public policies and state programmes.
Home nursing	Volunteers notify a home nursing service – when they assess it is needed.
Slovene Philanthropy	Education and training of volunteers (free of charge and as a part of their regular/general trainings).
Association of Social Institutions of Slovenia (Homes for the Elderly)	Accommodation for the elderly (adapted apartments and care). 0
Municipalities	Searching for possibilities that are specific to every municipality/local community.

The umbrella organisation is the Slovenian Federation of Pensioners' Associations, chaired by its president. Management of the programme is run by 2 professional co-workers and 1 retired co-worker.

They coordinate the programme, recruit the volunteers and take care of the network, write reports, do all the administrative tasks and so on. The project board with 8 members decides on all matters connected to the programme. As part of the project board there is a commission for education (8 members) and a commission for IT (4 members). Regional coordinators (15 people) are responsible for the network in their region. They manage and guide the associations in the region. Coordinators on the local level (approx. 240 people) have contact with volunteers and provide them with support. Volunteers (3,307 volunteers in 2011) visit the elderly at home and learn about their needs.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

2 full-time employees (1 leader, 1 coordinator)

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The most important issue affecting the long-term sustainability of the programme is the yet unsolved problem of long-term financing. The goal is to redirect the financial (material) costs of elderly associations operating at the local level to the municipal level. All the other costs and training, monitoring and reporting would remain at the national level.

Such a structural organisation has many advantages. The programme is based on the large number of volunteers who are led by coordinators at the local level, and they are led by regional coordinators who answer to the umbrella organisation (Slovenian Federation of Pensioners' Associations). The organisational structure is relatively solid and enables the expression of views of all participants in the programme. The only weak point of the organisational structure is the fact that the programme relies heavily on volunteers, which means that the quality of the service relies on their qualifications. On the other hand, this enables great effectiveness with low financial input.

There have been situations where the programme has been used by criminals pretending to be volunteers in order to gain entry into the houses or flats of the users. The volunteers use the recognisable badges. A visit from a volunteer is announced beforehand in a letter sent to the users.

#### PARTICIPATION OF THE ELDERLY

- questionnaires

When the volunteers visit the elderly they decide on the basis of a conversation what action needs to be taken to accommodate the needs of the user. The user also answers the questionnaire (if he/she wants to). The user therefore decides for him/herself what kind of help he/she would need and if he/she wants to participate in the programme. Through the expression of their wants and needs the programme's design is indirectly affected because the volunteers and users have the option to participate in the planning, design and evaluation of the programme.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

- questionnaires

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No. The target group comprises all the elderly. The visits from the volunteers are systematically organised to include all the elderly over the age of 69. Low-income is not a criterion for a visit. The target group is the same as it was planned at the beginning. The only criterion is that the user is willing to participate and that he/she is older than 69.

## FINANCIAL SOURCES

In 2011 there were 63.8% of public sources (Ministry of Work, Family and Social Affairs, municipalities), 30% of lottery sources (Foundation for the Financing of Organisations of the Disabled and Humanitarian Organisations in the Republic of Slovenia), 4.7% of donations (Health Insurance Institute of Slovenia, Krka d.o.o. etc.) and 1.5% resources from the Pension and Invalidation Insurance Institute of Slovenia.

Data on the budget for 2011:

- total operational costs: 353,294.80 EUR
- personnel costs (salaries): 31,000.00 EUR
- administrative costs: 322,294.80 EUR (mainly the costs of local associations – travel expenses, material costs)

Costs of administration – 8.8%

## SWOT ANALYSIS

### STRENGTHS

- The large number of volunteers, information, collected data, the social inclusion of all elderly over the age of 69, local coordination. Coverage on a national level – the practice is spread all over the country.

### WEAKNESSES

- A small number of professional staff, a lack of training, a lack of data analysis, a lack of know-how on the administration of funds on the local level. No systematic measurement of the satisfaction rate of the users.

### OPPORTUNITIES

- Organisation of the elderly among themselves, a nationwide movement to organise community help, social services at home and home care.

### THREATS

- A lack of professional skills on the part of volunteers, a lack of control over the volunteers. Susceptible to abuse.



## VIII Best Innovative Practices in the Area of Access to Information and/or Education

### Summary

The best innovative practices in the area of access to information and/or education include festivals, education programmes, intergenerational exchange programmes, and Info TV. Two practices represent annual events for the elderly: the Polish fair promoting the services offered by companies for which elderly customers are important as well as the services offered by NGOs that support the elderly; and the Slovenian Festival for the 3rd Age, which consists of an exhibition, fair and cultural programme. The Czech practice ‘Senior – Academy’ is a long-term educational programme for retired people in the field of crime prevention. The aim of the Italian and Slovak practices is intergenerational exchange between the elderly and children. The Hungarian practice ‘Skype in Eldercare’ is based on the help of young (16-year-old) volunteers who teach the elderly how to use the internet and Skype. The Austrian practice ‘InfoTV’ is an in-house information channel in the nursing homes and the supervised flats of Samaritan that provides an opportunity to view pictures from past events, activities or festivities or to obtain information about upcoming activities, trips etc. The German practice ‘Information and Education Service for Senior and Disabled Housing Conversion’ is composed of educational programmes on barrier-free housing (re)construction especially for professionals (craftspeople, architects, construction companies). A brief overview of all practices in the field of housing accessibility is presented in Table 10.

**Table 10 Overview of best innovative practices in the area of access to information and/or education**

Name of the practice	Country	National / local level	Brief description / characteristics
Intergenerational Exchange and Active Ageing: New Relationship Areas	Italy	Local	<ul style="list-style-type: none"> <li>Motor-skill, socio-relational, recreational, educative and practical activities, based on the ongoing intergenerational exchange between the elderly and children</li> </ul>
Info TV – the in-house information channel of Samaritan Burgenland	Austria	Local	<ul style="list-style-type: none"> <li>An in-house information channel in the nursing homes and the supervised flats of Samaritan that provides an opportunity to view pictures from past events, activities or festivities or to obtain information on upcoming activities, trips etc.</li> </ul>
Senior akademie (‘Senior – Academy’), provided by the Brno Municipal Police	Czech Republic	Local	<ul style="list-style-type: none"> <li>A long-term educational programme for retired people in the field of crime prevention</li> </ul>

**Table 10 (continued) Overview of best innovative practices in the area of access to information and/or education**

Information and education service for senior and disabled housing conversion	Germany	Local	<ul style="list-style-type: none"> <li>• Education programmes on barrier-free housing (re)construction especially for professionals (craftspeople, architects, construction companies)</li> </ul>
Skype in Eldercare	Hungary	Local	<ul style="list-style-type: none"> <li>• young (16-year-old) volunteers teach the elderly how to use the internet and Skype</li> </ul>
'Aktywni 50+' (Active 50+) Fair	Poland	Local	<ul style="list-style-type: none"> <li>• Services offered by companies for which elderly customers are important and services offered by NGOs that support the elderly</li> </ul>
Chain of Experience – Generations Bridge	Slovakia	Local	<ul style="list-style-type: none"> <li>• Directors of schools and day centres organise collective activities for the elderly and children to give them the opportunity for intergenerational exchange</li> </ul>
Festival for the 3rd Age	Slovenia	National	<ul style="list-style-type: none"> <li>• Space for topics such as active aging, quality of life of the elderly and achieving intergenerational solidarity</li> <li>• Consists of an exhibition, a fair and a cultural programme</li> </ul>

## Intergenerational Exchange and Active Ageing: New Relationship Areas (Italy)

### ANNOTATION

The practice promotes motor-skill, socio-relational, recreational, educational-teaching and practical activities based on the ongoing intergenerational exchange between the elderly and children. The practice aims to promote the physical and mental health of the elderly and the children through health conservation and the promotion of active aging of the elderly. Thanks to this project the generations continue to take care of each other while guaranteeing direct contact through the assumption of each other's needs.

### WEBSITES

- <http://www.centroinfanzia.it>

### TARGET GROUP

The elderly in the region can join this centre; self-sufficient and non-self-sufficient guests of 'Fondazione De Lozzo-Dalto'; the grandparents of children attending the childhood centre 'Girotondo delle Età'; children of the kindergarten and the infant school; their brothers and sisters and other children related to the guests. They access the centre depending on the activities and the projects expressly organised for the group depending on each other's individual potential.

**COVERAGE OF THE PRACTICE**

Outdoor: 80 children / 45 elderly; educational: 45 children / 25 elderly; leisure: 1,200 children / 250 adults / 400 elderly; physical: 14 children / 35 elderly.

**WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?**

This practice is to be promoted because it strengthens the bond between generations and because it creates a relationship of mutual aid. It is a best practice because it promotes a way of promoting and caring for human resources. More specifically the practice promotes a healthy lifestyle and health maintenance among the elderly with a view to enabling active ageing and applying a preventative approach with respect to the typical ageing changes of the elderly. It promotes caring for the elderly among the younger generations, solidarity, and respect for diversity. For the child, it supports emotional autonomy, increases self-esteem and offers an opportunity to establish privileged relations.

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

The practice began to take shape in 1995 with the introduction of intergenerational activities into children's education in an old nursery. In 1997 a psycho-educational project was drawn up that formed the basis for the construction of a new school concept based on intergenerational exchange. In 2002 the project reached its definitive structure with the completion of the new 'Girotondo delle Età' childhood centre and developed over time until 2011, when it created the 'Al Rocol' nature trail, which links the two structures and creates an additional space connected to the region. The practice does not have a deadline and has continued uninterruptedly for 15 years.

**IMPLEMENTATION – BARRIERS**

- (1) Difficulty raising funds to continue to support intergenerational activities
  - To date the entities involved have used their own resources and have sometimes received financial donations from the private sector
- (2) Difficulty obtaining recognition for the proposed activities and hence greater involvement on the part of local institutions
  - Local authorities have sought to improve their external communication, inviting institutions to participate in interaction; for example, in October 2012, in the meeting 'Il sentiero tra le generazioni, nuovi spazi di incontro per promuovere la relazione tra anziani e bambini', in which many local authorities, public and private institutions participated.
- (3) It has been difficult to translate the well-being attained by almost all the people involved into medical and scientific facts and results.
  - Teachers, educators and psychologists monitor the activities and use instruments for observation which has produced a collection of objective data.
- (4) It is not always easy to select and train the personnel employed in the implementation of this project
  - The two centres are constantly involved in education on intergenerational exchange.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**


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Team Infant Centre 'Girotondo delle Età'	The 'Girotondo dell'Età' childhood centre, an innovative service that under regional Act No. 32/90 of the Veneto region of February 2002, welcomes 93 children aged 12 months to 6 years as a continuous project that runs from a nursery for infants to day care
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Team Service Centre 'Fondazione de Lozzo – Dalto'	'Fondazione de Lozzo- Dalto' is an accredited Service Centre for self-sufficient and non-self-sufficient elderly, with 650 beds for dependent elderly and 10 beds for self-sufficient elderly. The structure, which has run since December 1993, is part of the social-health services network of the local health centre n. 7 of Pieve di Soligo (TV).
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#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

The implementation of the practice involved:

- (1) A team responsible for the practice, made up of: the president of the two centres; the director or assistant director of the nursing home 'Fondazione De Lozzo-Dalto'; coordinator of 'Girotondo dell'età' childhood centre.
- (2) A team responsible for the planning of the practice, made up of: the director or assistant director of the nursing home; the coordinator of the childhood centre; the person responsible for the quality of the nursing home; the professional educator at the nursing home; a teacher at the childhood centre.
- (3) A team that takes care of the organisational section of the practice (activities, procedure, and time) that, depending on the activities to be organised, can be composed of the following professional subjects: an educator from the nursing home; a psychologist from the nursing home; a social assistant from the nursing home; the staff of teachers and the coordinator of the childhood centre; the physiotherapist and the speech therapist at the nursing home; 15 elderly involved in conducting workshop activities; a music therapist; a veterinarian from the local health unit n. 7 (assisted activities with animals); 2 professionals for motor-skill activities.
- (4) The implementation of the practice's operations includes: an educator from the nursing home who, together with the participating elderly, helps the running of the practice and observes the relational and educational dynamics of the practice; other staff for health care (doctor and nurse, speech therapist, physiotherapist, psychologist); 4 volunteer adults to accompany non-self-sufficient guests; volunteer groups from different associations for some activities; 25 elderly at the nursing home and the region as collaborators and managers of the workshops; 6 teachers from the childhood centre that, together with the elderly, help the running of the practice observe the relational aspects and the educational dynamics for the children; a music therapist with specific competences; a veterinarian with specific competences from the local health unit n. 7 (assisted activities with animals); 2 professional figures for motor-skill activities.
- (5) External communication (families, institutions, authorities) is supported by: the executive secretary of the nursing home; the executive secretary from the infant centre; a social assistant.
- (6) A team for the evaluation of the results of the practice, composed of: the educator at the nursing home; the psychologist at the nursing home; the coordinator of the childhood centre; a teacher as representative of the teachers team; 2 psychologists; the social assistant at the nursing home; the nurse responsible for the nursing home.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The long-term sustainability of the practice would benefit from:

- (1) A strengthening of the workforce through corporate actors: The practice is implemented by drawing on available human resources that are already daily engaged in educational and care paths considered 'traditional'. The employees are required to be continuously available in order to ensure added value to their regular job activities. These continuous efforts could become unsustainable in the long run leading to critical issues for the practice;

- (2) Improving the provision of equipment and materials from the corporate actors. It would be very useful to enhance computer support for the organisation of the practice and the management of data (monitoring, tests, evaluations, observations) and integrate equipment and teaching aids;
- (3) Facilitating access to the practice through the organisation of transport for the elderly in the area;
- (4) Enhancing the involvement of the social services in the surrounding area;
- (5) Improving external communication, for example, by creating a website, promotional material; arranging meetings in the area, seminars and conferences, promoting the network.

#### PARTICIPATION OF THE ELDERLY

- regular meetings with the management

The elderly who participate in the workshops also take part in the annual planning with the teachers and the educator to decide on the activities, the timing and the modalities of management of the workshops (for example, in the sewing workshop grandmothers simplify the work for the children according to their age), and the number of participating children at any one time.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

At the beginning of the year the elderly are asked for their opinions with respect to planning activities and any problems.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Participants do not pay for the service. One of the long-term goals is, on the contrary, to serve vulnerable or socially needy elderly (like low-income people) and to offer priority services in areas like taking blood samples, the measurement of vital parameters, meals, laundry.

#### FINANCIAL SOURCES

Apart from the capital contribution for the construction of the childhood centre and some donations from the private sector, the costs for the implementation of the practice are paid out of the budgets of the two corporations.

Total costs of practice

- *Total capital costs:* 13,991.00 EUR
- *Annual operational costs:* 44,415.05 EUR
  - Activities costs: 42,391.25 EUR
  - Management costs: 2,023.80 EUR

Costs are covered by the corporations depending on their resources and nothing is asked of the services users.

- *Costs of administration:* 4.56%.

## SWOT ANALYSIS

### STRENGTHS

- A cohesive and tenacious group
- Flexibility as a way of working
- Change as an opportunity and not just as a load
- The environment where the practice takes place
- The good satisfaction level of the practice among the subjects involved
- The practice promotes solidarity and active ageing

### WEAKNESSES

- Individual workloads
- Objective (scientific) translation of results
- The absence of external funding
- An appeal to self-sufficiency
- Little collaboration with local institutions
- Little collaboration with local social services

### OPPORTUNITIES

- Potential applicability to other situations
- The possibility to provide support for weaker subjects (families, the elderly)
- The opportunity for a positive outcome in other areas (e.g. prevention of juvenile violence)
- Possibility to extend the forms of integration (the integration of disabled people into the practice)

### THREATS

- A decrease in the motivation of employees
- Difficulties/reduction of the practice due to a lack of funding

## Info TV - The In-House Information Channel of Samaritan Burgenland (Austria)

### ANNOTATION

The 'Info-TV' in the nursing homes and the supervised flats of Samaritan is an in-house information channel. On flat-screen TVs in the resident's rooms or flats or in the community room people have an opportunity to view pictures from past events, activities or festivities or to obtain information about upcoming activities, trips etc. This can help stimulate elderly people's mental and physical resources.

### PROVIDER

Samaritan Burgenland (NGO)

### WEBSITES

- <http://weppersdorf.pflegekompetenzzentrum.at>

### TARGET GROUP

At the moment, the main target group are elderly people living in the nursing homes or the supervised flats of Samaritan and day-care guests. The information channel is very interesting and helpful for people who want to escape from their daily routine and want to experience new things. However, in the near future, the plan is to expand the possibilities of InfoTV as the main target group. Elderly people living in their own home should also have an opportunity to obtain more information about different topics and become included in the daily routine of the nursing home's activities.

### COVERAGE OF THE PRACTICE

At the moment about 370 elderly people have access to InfoTV.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

InfoTV is considered a best practice because it offers the elderly and vulnerable people an opportunity to obtain more information and to escape their daily routine. Although it is a very simple practice, elderly people are very interested in the information channel of Samaritan. They love watching photos in which they are pictured and to remember the activities, festivities and events they took part in. Elderly people obtain information about upcoming activities and can independently plan their days and the activities they want to participate in. These facts support their autonomy and stimulate their mental abilities. Furthermore, it is selected as a best practice because it is expandable and can be amplified to the effect that the benefits are increased enormously. Because of the great number of possibilities for expansion, the elderly and vulnerable people (not only from the nursing home or the supervised flats) living in their own home may benefit, too.

### Info TV



### Preview

03.02.2012 14:30  
Catholic church service



### Preview

Cinema-afternoon  
Every two weeks



© Info TV – The In-House Information Channel of Samaritan Burgenland

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

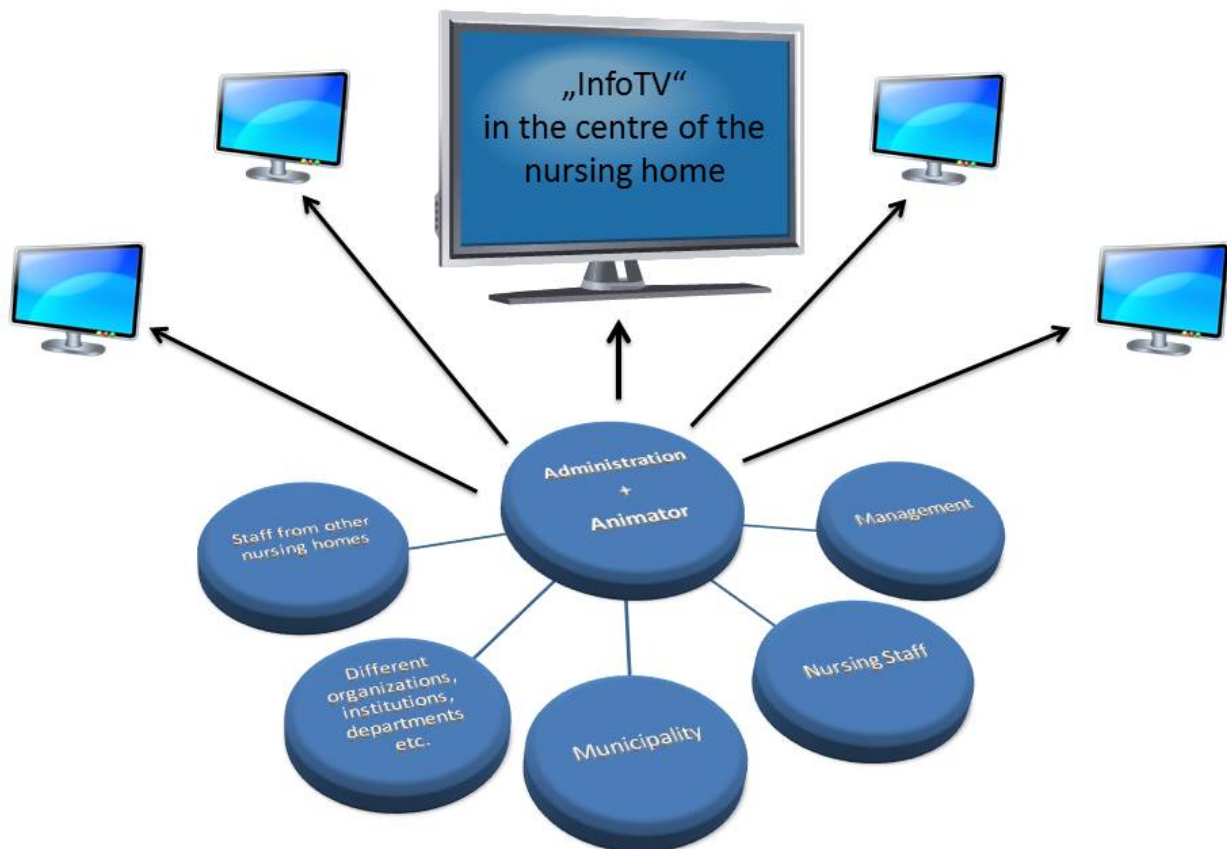
InfoTV was introduced with the construction of the first nursing home in Weppersdorf in 2008. Since then, every new Samaritan nursing home built got its own in-house information channel. The plan is to extend both the target group and the possibilities of InfoTV. At the moment, only residents of the nursing homes, residents of the supervised flats and day-care guests have the possibility to profit from this house-internal channel. The plan is to expand the offer and to provide it also to elderly people living in their own home.

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Managing director	The managing director of Samaritan Burgenland is the head of the organisation and is responsible for the emergency service and all the social services provided. He is also responsible for ensuring adherence to the regulatory framework. He oversees the economic side of the organisation. Since Samaritan Burgenland is a non-profit organisation, it is the aim of the managing director to pursue social and socio-political objectives.
Nursing management	The nursing manager heads the whole nursing service in the organisation and is responsible for ensuring and overseeing the needs-based care of residents and day-care guests in due consideration of individual needs and operating possibilities. She is responsible for all nine nursing homes (including day care) and is in charge of ensuring that the house-rules and the concept are understood and observed. The nursing manager is responsible for fostering relationships with external partners, like relatives, doctors, hospitals, therapy services, offices etc. She is also the next contact person of the managing director.
Head of administration	The head of administration coordinates the overall organisation of the office. In particular, he is responsible for management, building the structure and procedures of the organisation, and the finances in due consideration of all relevant and contractually agreed standards. The head of administration also has to represent the organisation outside the nursing homes. Cost management is also his responsibility. Like the nursing manager, he fosters relationships with external partners and has to ensure effective and cooperative collaboration. The integration of the nursing homes into the community and networking in the surrounding areas is another very important part of his work.
Regional nursing manager	This person is responsible for the nursing homes in a specific region. In these nursing homes, she monitors and oversee the quality of care/nursing and the nursing-organisation. She has to lead and motivate the nursing staff and to coordinate the daily routine. The regional nursing manager has to foster cooperation between the organisation and other organisations, institutions and professional groups and with relatives and volunteers. She is responsible for fostering and maintaining an enjoyable work climate. She represents the organisation outside the nursing homes on behalf of the nursing management or the head of administration. She is the link between the nursing management and the staff and the nursing home's nursing manager.

Administrative assistant	The administrative assistant is the contact person for the administration staff from every nursing home. He helps and supports them, if there are any problems.
Nursing home's administration	The administration of every nursing home is responsible for systematically dealing of/with administrative issues (accounting of received services, post, informing people about opportunities etc.) and overseeing InfoTV.
Regional manager of animation services	This person is responsible for some nursing homes in a region. She monitors and oversees the implementation of specified animation and activity programmes.
Animator	The animator is responsible for the animation and activation of residents and day-care guests. She/he stimulates them to engage in different activities. The animator makes an animation plan for the whole month and for each week, continuously adapting it to the needs and wishes of the residents and day-care guests. She/he is responsible for the decorations of the accommodation and includes the residents and day-care guests in this endeavour. The animator also helps to organise different festivities, events and celebrations. Together with the nursing home's administrator, she/he is responsible for the updating InfoTV.

#### MUTUAL RELATIONS BETWEEN ALL THE ACTORS



#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

Communication and the fields of responsibility are clearly defined with the organisation's internal structure, internal communication plan and job descriptions, all provided within the framework of Samaritan's quality management. Nevertheless, some employees do not know exactly whom they have to inform if there are any problems with InfoTV. The fact that the nursing home's administrator and the animator are both responsible for InfoTV may lead to misunderstandings (e.g.: whether the nursing home's administration has to contact the administrative assistant, because he is the responsible person, or the head of administration, because he is the immediate superior, or both etc.). On the other hand, the strength of these interactions is that everyone would try to find a solution to the given problem. Everyone can communicate his or her ideas and the staff are encouraged to expand the possibilities.

It is very important for the long-term sustainability of this programme to assign the fields of responsibility concerning the in-house information channel in more detail. To create new ideas and expand the offer it would also be an asset to include staff from every occupational field.

#### PARTICIPATION OF THE ELDERLY

- ad hoc, if they meet anyone from the staff they can express their opinions

Samaritan offers complaint management in every nursing home. Residents, day-care guests, relatives, staff and every guest can express a complaint and drop it anonymously into a letter box. The letter box is regularly emptied by the nursing home's nursing manager, who either handles the problem, suggestions etc., on her own or forwards the complaint to the responsible department. Ideas from residents, day-care guests, visitors etc. concerning InfoTV are also welcome.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Quality assurance and the continuous improvement of quality is one of the most important things for Samaritan Burgenland. To this end it makes available its own quality management, which lays out different regulations or procedures to ensure structured and regulated processes (e.g. procedures for the daily care of people, for entry into the nursing home etc.). Rules on how to gather and use the elderly's opinions are described in detail in the procedures for 'complaint-management', 'interviewing residents/day-care guests' or 'suggestions for improvement of management'. The results of the interviews and written or oral complaints or suggestions are communicated to the responsible person, who checks traceability and correctness and tries to find the best solution.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

No. There is no fee.

#### FINANCIAL SOURCES

Samaritan is the owner of the information channel and thus there is no public finance available for InfoTV.

The costs (info-TV player, single transmitter, assembly costs, incidentals, feeding into the nursing home's TV-grid, etc.) per nursing home amount to 3,500 EUR. Staff costs, operational costs etc. cannot be provided separately because InfoTV is a part of the other work and responsibilities of the staff. There are no full-time or part-time employees involved because InfoTV is only one part of their work.

InfoTV is only one part of the activities that the nursing home's administrator and animation staff are responsible for. The only costs for the administration of InfoTV are staff costs, estimated as 12% of their working time (administration + animation).

The costs are not met by income. The residents of the nursing homes and the residents of the supervised flats pay a monthly rent for living there. Television costs, and thereby also costs for the in-house information channel, are included in the monthly costs they have to pay. Day-care guests or visitors do not have to pay for the in-house information channel.

#### SWOT ANALYSIS

##### STRENGTHS

- The municipality coordinates and administrates flats for residents and others involved
- People can remain in their usual environment
- The flats are cheap and affordable; on the other hand, there are also subsidies for low-income people
- Elderly people can live autonomously and enjoy their privacy
- They can take part in the activities offered at the nursing home
- They are able to maintain social contacts and their mental and physical skills within the framework of the animation and activation programmes
- People can order services they need and thus they can feel safe

##### WEAKNESSES

- At the moment only a small target group
- Many possibilities are far from exhausted
- Residents cannot decide which of the different 'presentations' to watch
- The costs of expanding InfoTV are enormously high

##### OPPORTUNITIES

- Enormously expandable
- Provide it to a larger target group
- Offer more services (information about different topics, memory training etc.) to maintain the autonomy, mental and physical skills and knowledge of the elderly and vulnerable people

##### THREATS

- Excessively high staff costs after expansion (time-consuming etc.)
- Decreasing demand

## Senior akademie - 'Senior - Academy' (Czech Republic)

#### ANNOTATION

It is an important project that combines information with practical tasks and study visits. Additionally, there are opportunities for the graduates of the 'academy' to assist actively in promoting safety in their environment. Basically it is a long-term education of retired people in the field of crime prevention. Topics are chosen according to the analyses and consultations with specialists and are designed to be a guideline to safety behaviour in society.

#### PROVIDER

Brno Municipal Police

#### CONTACT

<http://www.mpb.cz/en/public/senior-academy/>



© Senior akademie – 'Senior – Academy'



### TARGET GROUP

Two types of target group are defined. Firstly, there are the 'active' elderly, who are interested in further education, social and community life etc. As active seniors they apply to the Senior Academy, pass the courses and get the relevant information and skills within the field of crime prevention and safety behaviour. Secondly, there are the 'passive' elderly, who are not willing or able to follow such classes, but they are relatives, friends or neighbours of the 'active' elderly, so the 'passive' are provided with important information and help by the 'active' elderly.

There is no other criteria of eligibility than that the applicant should be an elderly person (no exact age limit has been set) or a recipient of an invalid pension. The main condition is that the applicant has enough free time to attend the courses several times a week during the whole academic year.

### COVERAGE OF THE PRACTICE

In the first academic year 2006/2007, there were 90 'students'. In the year 2012/2013 there will be 300 'students'. The interest of the elderly in attending the Academy is twice as high as its capacity. During the period 2006–2011, there were over 600 'graduates' from the 'active' group. Further, the manager of the programme estimates that more than 9,000 'passive' elderly people were informed and educated by their graduates.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

- It fills in the gap in the education of the elderly about their rights (e.g. in the fields of housing, family, institutional care etc.), safety behaviour in society, detecting possible dangers and how to eliminate or avoid such dangers;
- The classes cover topics that are highly relevant and interesting for the elderly and they provide the elderly with practical knowledge;
- It promotes active ageing (meaningful leisure activity, self-education and opportunity to meet other elderly people);
- It promotes the community participation of the elderly ('Senior Academy' graduates receive a 'certificate of graduation' and become informal partners for the Brno Metropolitan Police as assistants in crime prevention);
- It contributes to social justice and inclusion as the Senior Academy can be attended by all elderly people regardless of their previous level of education;
- It is a good example of mutual cooperation among several different subjects (the subjects involved are the Ministry of the Interior, the Police of the Czech Republic, the Czech Probation and Mediation Service, the Czech National Bank, the Fire Rescue Service, the Public Defender of Rights – Ombudsman, the Association of Consumer Defence etc.);
- The Senior Academy was acknowledged by the Ministry of the Interior of the CR as the best practice in the field of crime prevention for the year 2011.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The Senior Academy has been open every academic year since the year 2006/2007. September 2012 marks the start of the seventh year. There has been no interruption to date. There is no time limitation to the practice either.

### IMPLEMENTATION – KEY FACTORS AND BARRIERS

The manager of the SA claims that it is the target group's fit within the crime prevention strategy of the Municipality and the Region and the popularity of the SA among the elderly (before opening the second year of the SA no advertisement was needed any more) that makes their grant applications successful. Further, the popularity of the SA among the elderly is due to the special type of lecturers; all the lecturers are experts with long practical experience in the field they are lecturing on and the

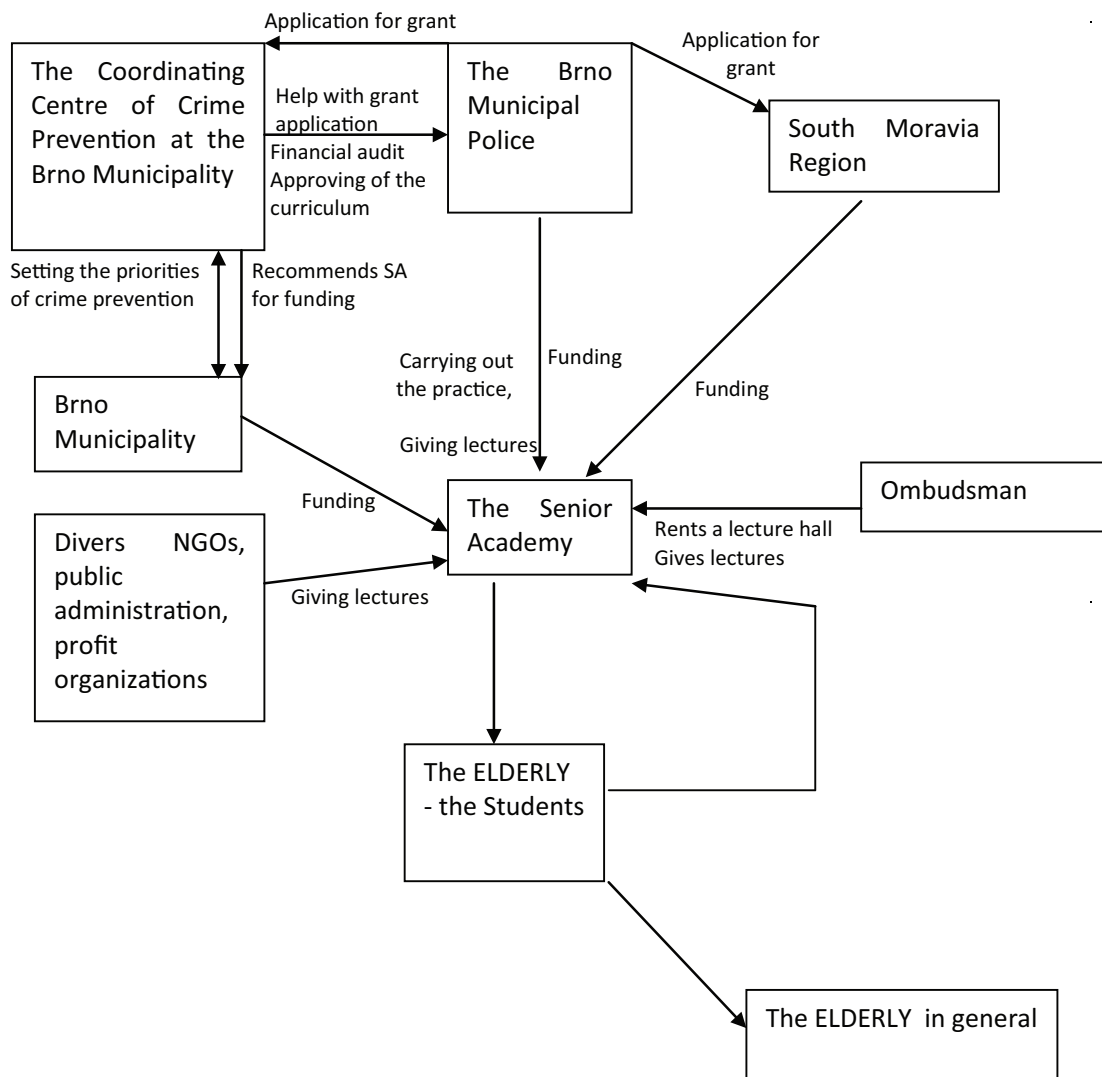
lectures are focused on practical topics (unlike the courses of the University of the Third Age, which are more theoretical). Additionally, the climate of the lectures is quite informal and social contacts are encouraged. Finally, it is obvious that the previous long-term experience of the organisers with the target group helped them to adapt the SA to its needs.

Only one difficulty arose during the implementation of the practice. In 2010, the priorities of the Moravian Museum changed and they decided to require a fee for the hall rented to the SA. The manager of the SA had to find additional financial resources and simultaneously he decided to change the hall as he found another one for the same money but with better accessibility for the elderly and better equipment. The municipal manager of crime prevention agreed with including the costs for the hall into the annual grant application of the grant scheme 'Crime Prevention' provided by the Brno Municipality and so the problem was solved.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

The Crime Prevention Department of the Brno Municipal Police	The subject that established the SA and that is responsible for carrying out the practice; it contributes to financing the practice.
The Coordinating Centre of Crime Prevention at the Brno Municipality	Department of the Municipality. It approves the curriculum of the SA annually, helps with formulating the grant application, recommends the SA for funding from the grants of the Brno Municipality, and carries out an audit of the use of the grant.
Brno Municipality	Takes part in financing the SA through its grant scheme and indirectly through the financing of the BMP, which falls under the Brno Municipality.
South Moravian Region	Takes part in financing the SA through its grant scheme.
Public Defender of Rights – Ombudsman	Public body. Rents its hall to the SA. Provides lecturers.
Diverse organisations	Provision of lecturers.

## MUTUAL RELATIONS BETWEEN ALL THE ACTORS



## HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are two main employees of the BMP responsible for the SA project: the manager and his assistant. They are full-time employees of the BMP but apart from the SA they have other working tasks too. As the organisation of the SA is perceived by the BMP as a standard part of their work, it is not possible to quantify exactly how many hours they spend on this project. There is only the estimate of the manager of the SA: the manager spends approx. 70% of his working capacity on the SA; the assistant of the SA spends around 50% of his working capacity on the SA.

## ESSENTIAL TO LONG-TERM SUSTAINABILITY

The most important actors within this structure are the elderly – as long as the SA is popular with them it is quite sure that the SA will continue to exist. The manager of the SA claims that for ensuring this essential condition it is necessary to update the curriculum every year, maintain intensive contact with the elderly/students, and work with their feedback in a creative way.

## PARTICIPATION OF THE ELDERLY

- questionnaires, during each lecture the students have the opportunity to contact the two managers of the practice and the students utilise this to a maximum

In fact, feedback from the students has not influenced the goals of the practice, but has contributed to: modifications in the curriculum and the creation of an advanced study programme and evening

club discussions for the alumni. Based on feedback from the students the length of the lecture was shortened and the timetable was changed so that the elderly would not leave the lectures in evening hours (when it is dark out) and the time of the courses would not overlap with the airing of TV soap operas, which are popular with the elderly.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

Informal rules – both of the managers/organisers continuously take notes about the voiced opinions and then discuss what can be modified and how to do it.

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

Nobody is excluded; moreover, the usual access condition of ‘Third Age Universities’, which is the educational level of the applicants, that they must have at least A levels, is not applied in the case of the Senior Academy of the BMP. Elderly with any level of education can apply.

#### FINANCIAL SOURCES

100% of public finance

Data concern the budget for the year 2012 (in EUR, EUR/CZK = 1/25.595):

Note: The budget displayed below shows only the costs covered from public grants; as the BMP does not maintain separate accounting for the cost of the SA paid from the BMP budget – these are personnel costs (the manager and the assistant of the project) and administrative costs – it is impossible to express them in numbers.

Capital cost – 0,-

Total operational costs (not including personnel costs and the total amount of the administrative costs) of the 2012 are 15,055 EUR:

- fee for the lecture hall – 4,915
- wages of the lecturers – 3,126
- catering for the summer trip – 1,153
- printed materials (certificates for the graduates, information brochures, student identity cards, community stickers) – 3,907
- small ‘gifts’ for the students (e.g. special badges, awards for the best students) – 1,954

The project adheres to the rule that costs and income must be equal.

Note: The budget displayed below shows only the income from public grants. Besides the public grants some costs (salaries of the project staff and administrative costs) are covered directly by the BMP budget. However, as the BMP does not maintain separate accounting for the costs of the SA it is not possible to express them in numbers.

Data on income for the year 2012 (in EUR, EUR/CZK = 1/25.595):

Total income of 15,055 EUR (not including personnel costs and the total amount of the administrative costs).

- public grant from Brno Municipality – 6,608
- public grant from the South Moravia Region – 3,907
- internal funds of the BMP – 4,540

## SWOT ANALYSIS

## STRENGTHS

- The flexibility of the curriculum allows changes to be made according to current societal themes in this field and according to the preferences of the elderly.
- The BMP takes part in financing the practice and is able to fill in the gaps in the case of delayed payments from grants (e.g. the money from Brno Municipality for 2012 is applied for in November 2011 and the money actually arrives in June 2012).
- Cooperative relationships within the BMP among the staff and the trust of the director in the project manager.
- The BMP headquarters supports further involvement of the graduates within their community in crime prevention.
- The person of the project manager is one of the biggest strengths of the practice – he is innovative, creative, professional, communicative and the elderly love him.

## WEAKNESSES

- Relying exclusively on municipal and regional financial grants while financing the practice, which falls short of demographic development (i.e. the increasing number of the elderly in population), results in an inability to extend the number of students beyond the recent 150 people per programme. However, there are 300 applicants per programme every year.
- The change in the person of the project manager would be a risk, the new person would have to be chosen very carefully, not just on the basis of his/her organisational abilities, but also on the basis of his/her communicativeness (especially with the elderly).

## OPPORTUNITIES

- The target group – the elderly – is one of the favourite groups in municipal crime prevention and social policy, which assures continual financial support from the public funds. A similar effect has is produced by the popularity of the project among the elderly.

## THREATS

- The divided public opinion over the societal function of the municipal police (MP): one view claims that crime prevention is an important task, another view argues that the MP should above all engage in pursuing crime acts etc. and not prevention programmes. (Note: Power in the field of the fight against crime by the MP is quite limited in the Czech Republic, the main role in this area is played by the Police of the Czech Republic.)

## Information and Education Service for Senior and Disabled Housing Conversion (Germany)

### ANNOTATION

The information system in Hamm provides information on possibilities and challenges of age-appropriate conversion as well as suitable funding solutions provided by the promotional bank 'KfW', the KfW-programme 'Altersgerecht Umbauen' (senior-friendly conversion). The system aims to minimise existing information deficits among property owners. The combination of methods – networking, the exchange of experiences, consultancy and education – is an innovative aspect of the best practice in Hamm. Targeted awareness-raising of homeowners by transferring knowledge and experience through the education of urban planners, craftspeople, social and health experts and the establishment of networks of existing consultation and moderation offers.

### WEBSITES

- <http://www.hamm.de/wohnberatung.html>
- [http://www.bbsr.bund.de/BBSR/DE/WohnenImmobilien/WohnenStadtentwicklung/ProjekteFachbeitraege/WohnenAlter/Projekte/ModellvorhabenAltersgerechtUmbauen/Modellvorhaben/MV\\_Hamm.html](http://www.bbsr.bund.de/BBSR/DE/WohnenImmobilien/WohnenStadtentwicklung/ProjekteFachbeitraege/WohnenAlter/Projekte/ModellvorhabenAltersgerechtUmbauen/Modellvorhaben/MV_Hamm.html)

### TARGET GROUP

The main target groups are private property owners (residents and landlords) who want to adapt their homes/properties and professionals who are implementing the reconstruction. There are no eligibility criteria, because the information service is provided by the municipality of the City of Hamm, the Department for Housing. The education of planners, architects and craftspeople is provided by the Öko-Zentrum NRW – Experts in Sustainability Öko-Zentrum NRW, a highly specialised service provider for construction professionals.

### COVERAGE OF THE PRACTICE

From 2008–2011 a total of 2,635 consultations with the elderly and vulnerable people were provided by the City of Hamm.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The need for age-appropriate living is continuously increasing. The housing stock in Hamm (North Rhine-Westphalia) originated between the 1930s and the 1970s and is currently in its first and second reconstruction phase. In particular, private homeowners do not recognise the potential for age-appropriate reconstruction. Existing consultation programmes were not frequently used by private homeowners.



Before



After

© Information and Education Service for Senior and Disabled Housing Conversion

Furthermore, the concept of modular qualification offers for planners and craftspeople in the sector of age-appropriate reconstruction of housing stock is being developed. Thus planners and craftspeople can better advise private homeowners. Also information seminars in cooperation with savings banks and private banks are held.

The course of the pilot project showed that through the established networks, comprehensive public relations, skills development and training the issue of age-based reconstruction has moved significantly more into the spotlight and has generated more initiatives and impetus in this direction. In this context, multipliers and networks play a major role. The collaboration of residential information centres, owners associations, architects and craftspeople and their chambers serves to transfer the information and the skills of those actors involved. Furthermore, consulting and reconstruction offers will be improved and made more efficient, because to date the topic of age-appropriate modification has not been a central activity area of any of the parties concerned.

#### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

The pilot project is still running (May 2010 – Dec 2012).

#### IMPLEMENTATION – KEY FACTORS AND BARRIERS

The key factors are the integration of an information service for tenants and property owners on the one hand and education and training for practitioners (architects, draftsmen etc.) on the other hand in one jointly coordinated project. This was only possible through cooperation with the Municipality and the Öko-Zentrum NRW and other strategic partners of the project team. Furthermore the funding within the governmental ‘Conversion to Meet the Needs of the Elderly’ pilot projects of the Federal Ministry of Transport, Building and Urban Development was vital for the implementation of the practice.

Barrier: The Department for Social Welfare in Hamm has an interest in getting the people who are in need of care into nursing homes. This is the opposite aim of the policy of the Department for Housing, which wants to enable the same people to live autonomously in their own homes. The internal conflict of interests / objectives within the municipal administration cannot be solved because of the legal framework of (financial) responsibilities of the Social Welfare Department for nursing homes in Hamm.

#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Hans-Jürgen Niemann, Head of Department of Housing in Hamm;	<p>Free housing advice to all tenants and homeowners, some of it with a focus on gerontology</p> <p>Advice and a housing agency for emergency / serious illness through contact with the social departments of hospitals</p> <p>Annually 50–70 presentations on housing adaptations, funding opportunities / the benefits of social funds, etc.</p> <p>Close contact with seniors initiatives in Hamm</p> <p>Project focus: consultation / training for all actors</p>
Koji Nagai, Öko-Zentrum NRW – Experts in Sustainability	<p>The Öko-Zentrum NRW is a highly specialised service provider for construction professionals. The Öko-Zentrum is the project manager and also coordinates the practice within the framework of the national pilot project.</p>

German Association of Architects and Engineers, Hamm (Bund Deutscher Baumeister, Architekten und Ingenieure, Hamm)	Lectures at the Chamber of Architects Building Seminars NW Similar offers for age-appropriate conversion Project experience as architects with the age-appropriate conversion of retirement homes Project focus: awareness-raising of architects about the needs of the future as well as training, education and networking
Chamber of Crafts Dortmund	Vocational courses, for example, business administration for a senior citizens economy (focus: marketing and legal affairs) The Trade Promotion Committee pursues different approaches, including demographic adjustments in enterprises, health prevention, youth development, campaigns Project focus: promoting networks
Chamber of Commerce and Industry Dortmund, Hamm	Considers the issue of 'Conversion to Meet the Needs of the Elderly' an important topic Project focus: sensitising member enterprises
Ad-pitch, marketing and advertising agency	Many years of experience in the marketing of services for the target group 50 + Sensitising and awareness-raising among planners and craftspeople focusing on 'marketing'

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

N. a.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The volunteer commitment of the partnership (Municipality of Hamm, Öko-Zentrum NRW, German Association of Architects and Engineers Hamm, Chamber of Crafts Dortmund, Chamber of Commerce and Industry Dortmund/Hamm and the ad-pitch, marketing and advertising agency) is an advantage and a disadvantage at the same time: It is an advantage because there are no obligations for the partners when joining the partnership. But it is at the same time a disadvantage for long-term sustainability, because of the missing reliability of the partnership which may lead to a sudden end of the partnership and thus of the practice.

#### PARTICIPATION OF ELDERLY

No

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

The service is free of charge for the public. Moreover, it was an important aim of the pilot to promote the service to the public.



## FINANCIAL SOURCES

N. a.

## SWOT ANALYSIS

## STRENGTHS

- Tangible support for the elderly (information about technical aspects and financial support)
- The practice is transferable to other regions.
- The involvement of the demand side (property owners) and the suppliers of services (craftspeople)
- The information about funding possibilities of the KfW Bank.

## WEAKNESSES

- A lack of interest from the target group 'practitioners' (architects, planners, craftsmen)

## OPPORTUNITIES

- The topic will continue to be present in the coming decades.
- The experiences of the project partners are not lost and can also be used in the future.

## THREATS

- Private owners do not have a sufficient budget to adapt their homes
- KfW funding opportunities are no longer available.

## SKYPE in Eldercare (Hungary)

## ANNOTATION

Learning to use Skype with the help of young volunteers gave the digitally illiterate elderly recipients of home care a real sense of achievement. It encouraged them to learn to use the internet as well. Thanks to the 16-year-old volunteers they were able to reach a comparable level of skill, and became aware of the possibilities offered by the internet, and their loneliness, depression and suicide attempts disappeared and their quality of life improved.

## PROVIDER

Hungarian Maltese Charity Service

## WEBSITES

- <http://www.maltai.hu>

## TARGET GROUP

The criteria for all elderly participants (average age 80+): receiving mental and/or physical care from home help (personal hygiene, basic nursing, shopping, medication, delivering or giving food, handling administrative tasks, etc.); limited outdoor mobility; should have family members, family carers with Skype; lonely and/or depressed (of 15 persons, 2 older persons had earlier made suicide attempts, 1 had tried more than 15 times, and 1 was an alcoholic); it was an important condition that they should have no computer skills. The majority were women (white collar).

## COVERAGE OF THE PRACTICE

15 older people, 10 in the 3rd district, 5 in the county seat, another 50 people are participating in Northern and Eastern Hungary.

**WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?**

Despite the improving trend, the level of ICT skills of the elderly in Hungary is still very low. In 2007 10% of those aged 65–74 years used a computer, in 2008 this figure was 20%, but barely more than 5% used the internet and older people are excluded from society because they have hardly any internet skills and are not able to counterbalance their shrinking social network. The practice clearly shows diversified effects: (1) Impacts on society: social inclusion of the elderly through ICT (increasing daily activity, ending loneliness, depression); (2) Cost effectiveness: the possibility of reducing the costs of health and social care, the disappearance of cries for help (a chronic asthmatic who had made 15 suicide attempts constantly requested additional care for various imaginary problems, he was hospitalised several times in psychiatric wards for 1–2 months); (3) The market: market actors need to rethink their business policy and take into account two large target groups with a demand for computers and internet subscriptions – elderly sick persons in need of care and families wishing to buy PCs for elderly family members; (4) A positive effect on intergenerational relations; (5) Changing interpersonal relations (changing the sociological paradox that old age leads to a strong decline in the social network); (6) At the level of policy it is a ‘cheap solution’, but one that quickly yields spectacular success, contributes to a positive judgement of politicians, public figures and decision-makers.

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

Pilot: 2011. The practice has not been interrupted and is in the second pilot phase.

**IMPLEMENTATION – MAIN BARRIER**

Because of this prejudice, companies with a stock of computers and a sponsoring budget thought the idea was ridiculous and would not support an experiment with a doubtful outcome, especially one that they considered held no prospects of being able to win a new consumer segment. Because the public sphere had no funds available to finance such a programme, even in the framework of an action research, state institutions had to be ruled out. The difficulties lasted for a year and a half although the person who put forward the idea tried every possible forum to obtain funding. The prejudice of the firms could be understood in the light of the general prejudice that exists in society. Finally, a small firm sensitive to the problems of the elderly, together with the Hungarian Maltese Charity Service, undertook to procure the computers. Then another difficulty arose: the costs of internet connections. The big internet service provider and potential sponsors rejected a request for a one-year internet subscription (for the duration of the programme), although the sample comprised only 15 persons and the monthly subscription fee would have been very small. In the end the problem was solved: the Hungarian Maltese Charity Service made its mobile internet connection available and the action research was able to start in December 2010 (in Budapest), in January 2011 (in the county seat).

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Institute of Sociology	Research institute of the Hungarian Academy of Sciences, governmental
MMSZ (care centre)	Care centre of the Hungarian Maltese Charity Service
Care centre of the Municipality of Székesfehérvár	Care centre of the local government of a county seat

Institute of Sociology	The Institute of Sociology came up with and developed the idea, found the financial sources (found the small businessman), and contacted the Hungarian Maltese Charity Service and the MMSZ Care Centre, and the Municipality of Székesfehérvár. The MMSZ obtained another 10 computers and internet subscriptions for 15 persons. The heads of the care centres who took part in the preparation of the practice were responsible for helping to select the sample, as they knew the personalities of the care recipients and their physical and psychological problems, behaviour, social and family circumstances, their interpersonal network of contacts and their attitudes towards technology and had an obligation to report to the researcher heading the action research.
Care Centre of the Hungarian Maltese Charity Service	The carers of the centre who had direct contact with the elderly people made note of the problems, and the systems managers found solutions to the difficulties signalled by the carers. The carers observed the elderly persons' behaviour and made records which were passed on to the heads of the care centre. The researcher managing the programme conducted in-depth interviews with them. The head of the MMSZ Care Centre selected the volunteers whose task was to analyse the impact of Skype based on a conversation touching on set points with the elderly person and the carer and their own observation.
Care Centre of the local government of the county seat	The task and interaction was the same as with the care centre of the MMSZ. The carers of the centre who had direct contact with the elderly made notes of the problems, and the systems managers found solutions to the difficulties signalled by the carers. The carers observed the elderly persons' behaviour and made records which were passed on to the heads of the care centre. The researcher managing the programme conducted in-depth interviews with them.
Hungarian Maltese Charity Service (its head)	Based on the request of the researcher, the MMSZ provided 10 computers and 15 connections and requested its care centre to participate in the programme.
Small businessman (market)	Provided 5 computers

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The widest possible dissemination: involving the EU, Hungarian macro-level self-government, NGOs, schools, firms, Hungarian and international circles of experts to disseminate the positive results and show how they were achieved, that is, what practical steps had to be taken for the success. Training sessions should be held for those showing a readiness to introduce the method. The action research needs to be further developed by involving new elderly persons with different and multiple disadvantages and different types of regions in order to develop solutions for differing situations. The Hungarian and international feedback indicates a high level of interest and the practice was able to spread very quickly in Hungary and in different regions of Southern and Eastern Europe.

#### PARTICIPATION OF THE ELDERLY

The behaviour, problems and progress of elderly people that altered the implementation were taken into consideration during the whole process.

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

We don't know yet. The new action research will answer this question.

## FINANCIAL SOURCES

No public funding. The majority of costs were financed by the MMSZ, a smaller part by a small businessman.

The small businessman did not submit an invoice, it was a gift. It is estimated that each computer (high quality, the latest model) cost 250,000 HUF (approx. 900 EUR) with all peripheries 1,250,000 HUF (approx. 4450 EUR). In the case of the MMSZ the computers were given by sponsors. The MMSZ paid the mobile internet fee for 15 persons, 720,000 HUF (approx. 2570 EUR).

## SWOT ANALYSIS

## STRENGTHS

- The use of a widespread technology helps in the social integration of recipients of long-term care.
- The gap between the ICT skills of the youngest and the oldest generations can be closed.
- A new type of intergenerational relations can be formed by involving young people and young family members.
- Volunteer activities play a big role here.
- Through the transfer of young people's ICT skills they become teachers and the successes achieved through this teaching encourages others to engage in volunteer activity.
- In this way certain types of volunteer activity contribute to the social integration of recipients of long-term care.
- Learning to use Skype and the internet improves the life of the target group.

## WEAKNESSES

- There have been no weaknesses so far.

## OPPORTUNITIES

- There is an extremely wide gap between the info communications skills of people aged 55–74 (and 75+) in the countries of Northern Europe and those of Southern and Eastern Europe. The results of the Skype programme can be easily transferred throughout Eastern and Southern Europe. Interest was expressed by Greece, Spain and Italy immediately after completion of the project

## THREATS

- If funds are lacking, the solution might not be available for elderly persons in the worst social circumstances.

## ‘Aktywni 50+’ (Active 50+) Fair (Poland)

### ANNOTATION

The ‘Active 50+’ Fair is an annual event organised for people over 50 aimed showcasing the offers of companies for which elderly customers are important and to present the services of NGOs that support the activity of the elderly. The fair is attended by elderly citizens of Poznań and the region of Wielkopolska. It is always organised on a weekend (a two-day event: Saturday and Sunday).



© ‘Aktywni 50+’ (Active 50+) Fair

### WEBSITES

- <http://www.centrumis.pl/active-50-fair.html>

### TARGET GROUP

The main target group of the practice is the elderly aged 50+. Everyone can visit the fair, which is ticketed. The ticket price is set at a fairly low level so any senior can take part. The primary targets of the fair are senior citizens of Poznan and the region of Wielkopolska, as businesses and organisations from this area present their services during the event.

### COVERAGE OF THE PRACTICE

The number of visitors to the fair was as follows: 2,000 in the year 2010, 3,500 in the year 2011 and in the year 2012.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

The fair is an opportunity to present information about the comprehensive services offered by NGOs and commercial companies. It is a venue that allows the elderly to gather comprehensive knowledge about current services offered relating to health, work and education, travel, sports, beauty and lifestyle, passions, new technologies and media or finances. Information about different areas such as home care, 3<sup>rd</sup>-age education, physical activity, culture and art, volunteering etc. is also presented.

The fair is also a place where cooperation between different stakeholders is encouraged: NGOs learn about each other and their services, and are later able to provide a common service or activity.

### FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

First edition: September 2010 (three editions to date). The second edition revealed the interest in the fair of visitors from other municipalities in the region. Therefore, the scope was extended to include NGOs from the region, and thus the Marshal Office of the Wielkopolska Region joined the organising team.

### IMPLEMENTATION – KEY FACTORS AND BARRIERS

Several factors were key to the success of the fair. First, the Centre for Senior Citizen Initiatives was able to exploit its everyday cooperation with NGOs to encourage them to participate in the initiative and to understand their needs concerning this participation. Second, the overall awareness of the municipal authorities of the challenge of ageing and the needs of elderly citizens also helped to better tailor the concept towards the actual needs of the target recipients. The services presented by NGOs and the accompanying programme helped to provide a richer offer of the fair. Finally, Poznań is a city with a long fair tradition. Inhabitants of Poznań and the region of Wielkopolska traditionally visit various

types of fairs (e.g. the agricultural fair, the automotive fair etc.). Thus, a fair showcasing services for the elderly was accepted much more readily than it would have been in other Polish cities.

The most important barrier in the implementation of the fair was to convince NGOs about the value of the concept and that it could be a success. The same applied to businesses, who were not convinced about the value of participating in the fair (especially in the context of participating in sectorial fairs at which they traditionally exhibit). Organisation of the first edition of the fair worked as a proof-of-concept and convinced especially NGOs that it is worth further exploration.

#### PARTICIPATION OF THE ELDERLY

- questionnaires; within normal, everyday contacts with the elderly at Centre for Senior Citizen Initiatives

The questionnaire helps to confirm the direction of the fair. One practical example is how the opinion of the elderly influenced the way the fair is organised by abandoning advertisements at bus/tram stops – these ads were not indicated by the fair visitors as having led them to visit the fair.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

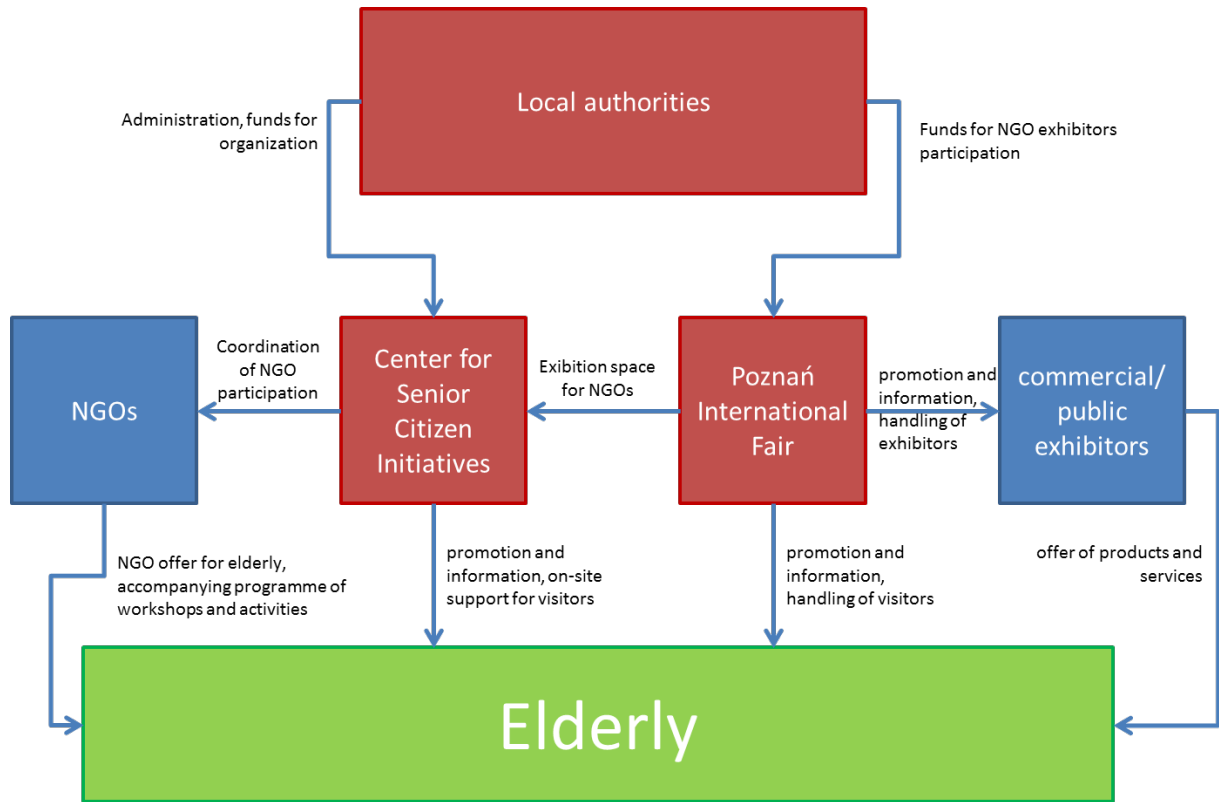
#### MANAGEMENT AND ORGANISATION OF THE PRACTICE

Centre for Senior Citizen Initiatives	CIS is an agency of the City of Poznań that was created to improve the quality of life of senior citizens through their participation in social life, particularly in the area of education, health, culture and the arts. CIS was responsible for organising the part of the fair related to the participation of NGOs, including the accompanying workshop programme, and the promotion of the event among senior citizens.
Poznań International Fair	Poznań International Fair (MTP) is a company with a tradition dating back to 1921 that organises trade exhibitions in Poznań. It is currently a limited liability company co-owned by the Polish state and the City of Poznań. MTP is responsible for providing the exhibition with organisational know-how, as well as promoting the fair within the commercial sector.
Local authorities	Local authorities involved in the Active 50+ Fair are the City of Poznań and the Marshal Office of the Wielkopolska Region The local authorities provide co-financing related to the participation of NGOs and the cultural programme
Non-government organisations	NGOs working for the elderly present their know-how and services in the accompanying programme, which features various sports, health, cultural and other workshops, seminars and participative activities. They also present their services at free-of-charge booths in the exhibition area.
Public and commercial exhibitors	Public institutions (e.g. social welfare centres, police, social insurance company, health-care providers) and commercial companies who provide services and products for the elderly Their role is to present their services during the fair.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

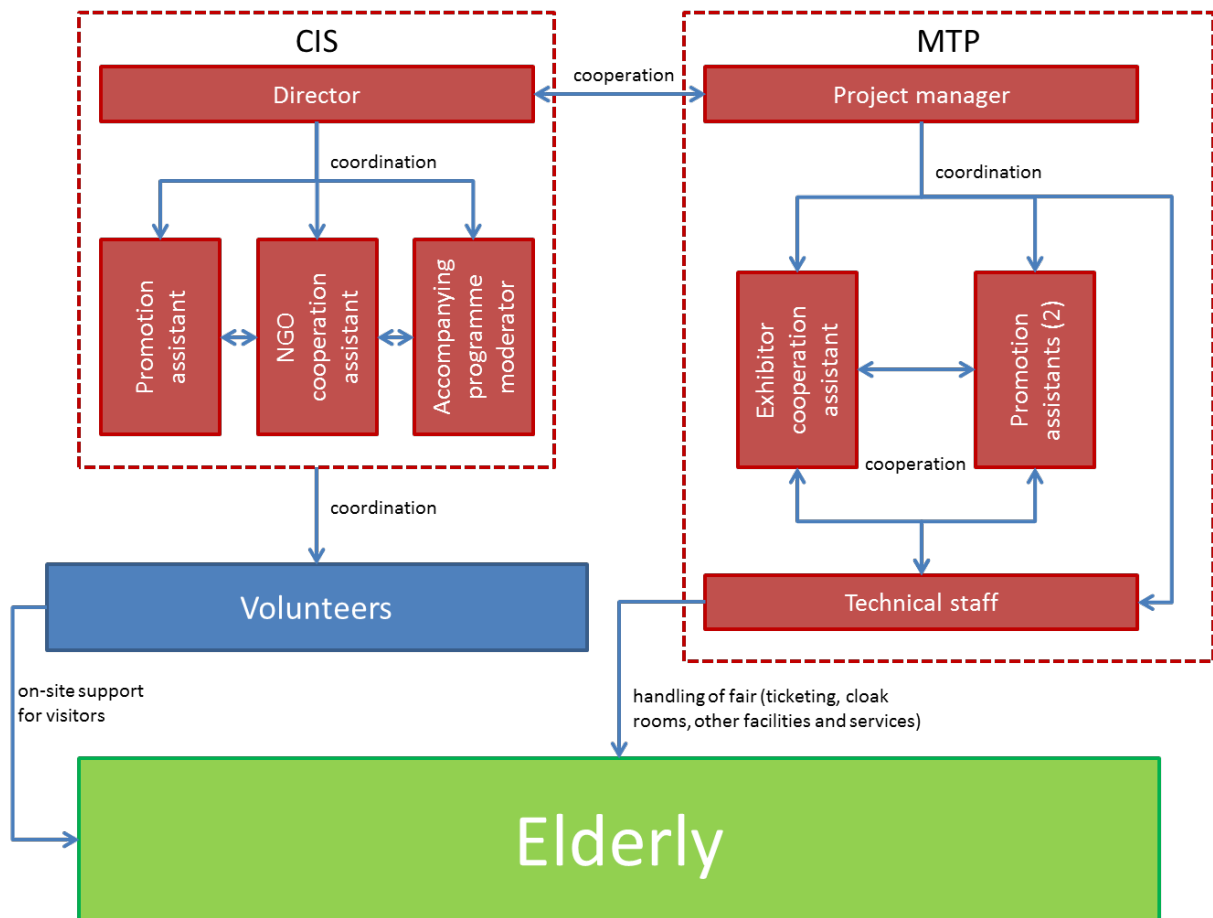
All employees (8–4 at MTP, 4 at CIS) involved in the organisation work for the 'Active 50+' fair project part time.

MUTUAL RELATIONS BETWEEN ALL THE ACTORS



a

ORGANISATIONAL STRUCTURE



**ESSENTIAL TO LONG-TERM SUSTAINABILITY**

Most essential to the fair's long-term sustainability in its current structure is the continued financial support of the co-organising local authorities.

**ARE ANY LOW-INCOME (SOCIALLY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

A person who is unable to pay for a ticket cannot participate. However, the tickets are very cheap: 6 PLN (about 1.5 EUR) for one day, 8 PLN (2 EUR) for two days.

**FINANCIAL SOURCES**

It is not possible to determine the share of public and private finance out of the total costs of the practice application. Poznań International Fair is not obliged to provide financial details as it is a trade secret. Private sources of co-financing include tickets paid by visitors and fees paid by exhibitors for fair services. Public sources include funds provided by the City of Poznań and Wielkopolska Marshal Office (through ROPS – Regional Centre for Social Policy).

The costs of organising the fair include the following expenditures of public funds (about 22,400 EUR) – the data refer to the 2012 edition:

- cost of the exhibition area for NGOs – 25,000 PLN (6,100 EUR)
- cost of the cultural programme – 52,000 PLN (12,650 EUR)
- personnel costs at CIS – estimated at 15,000 PLN (3,650 EUR) – organisation of the fair is one of the tasks performed by CIS within their regular mission

Costs of administration: Estimate based on the personnel costs involved in the organisation of the event (public co-financing) – 33%

Public co-financing supports the participation of NGOs and the cultural programme. Fees from exhibitors and tickets paid by visitors provide income for the Poznań International Fair concerned with the organisation of the fair – this income is used to cover any costs related to enabling exhibition space and other services in the exhibition premises for the purpose of fair.

Visitors (elderly) pay a small admission fee: 1.5 EUR per day, 2 EUR for two days. Estimated income (2012 edition): 5,500 euro.

Public expenditures (used to cover the cost of the exhibition space for NGOs, promotion, and preparation of the cultural/educational programme): 22,400 EUR.

Estimated income of the International Poznań Fair (MTP) from rental of the commercial exhibition space (estimate based on the number of participating exhibitors and the standard market price of an exhibition space at the MTP): 45,000 EUR.

**SWOT ANALYSIS****STRENGTHS**

- The combination of the Poznań International Fair company and the Centre for Senior Citizen Initiatives as the implementers of the initiative
- Non-government organisations do not pay for their participation
- A rich accompanying programme of activities and workshops
- The long fair tradition in the City of Poznań

**WEAKNESSES**

- The low participation rate of enterprises
- The poor selection of businesses (a limited number of real products and services for the elderly)



**OPPORTUNITIES**

- Recognition of the elderly as a group of citizens with their own needs by the municipal authorities reflected in strategic documents
- The involvement of regional authorities – an opportunity for better use of the offer (especially with respect to NGOs)
- Encouraging cooperation between exhibitors and participants: increasing the opportunities for innovative cooperative activities aimed at elderly

**THREATS**

- The uncertain public financing of further editions of the event: support requires confirmation in the annual budget of the municipality and the region – politics may influence future organisation of the event

## Chain of Experience - Generations Bridge (Slovakia)

**ANNOTATION**

Both local elderly and young people are given the opportunity to exchange their views of the world, experience, skills and knowledge at the many events organised within this project. The project aims to keep these contacts as much like standard family contacts between grandchildren and grandparents as possible.

**TARGET GROUP**

1,320 elderly in the borough; 2,500 children in kindergartens; 3,800 children under the age of 15. Inhabitants of the children's home and mothers from the crisis centre 'Brána do života'.



© Chain of Experience – Generations Bridge

**COVERAGE OF THE PRACTICE**

One-third of the elderly in the borough Bratislava-Petržalka.

**WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?**

The innovativeness of this practice is the conjunction of education of the elderly and young people and community building in an environment where many people from both generations lack desirable intergenerational contact. The practice also serves as an extension of the services of standard senior day centres, elementary schools and kindergartens.

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

The project has operated since May 2012. There was short break during the children's school holidays in July and August 2012. The current project lasted until the end of year 2012.

**IMPLEMENTATION**

The practice served as an extension of the activities of municipal organisations so they were able to provide enough support and potential users. This could prove beneficial to its long-term sustainability. We believe that the municipality does not fully understand the potential of this practice. At present it is maintained only by municipal officials, but it has not as yet become a standard operation of the municipality.

## MANAGEMENT AND ORGANISATION OF THE PRACTICE

The Borough of Petržalka in Bratislava	<ul style="list-style-type: none"> <li>• Mária Grebeová–Laczová – project guarantor</li> <li>• Mgr. Alena Halčáková – director of the Social Affairs Department</li> <li>• Mgr. Jana Guľová – project coordinator</li> <li>• Directors of the day centres – Duliaková, Ryšánková, Čviriková, Borzová, Gavulová</li> <li>• Directors of the kindergartens and elementary schools – Filaková, Režňáková, Závodná, Šuleková, Leštinská, Kmotorková, Ferenčíková, Plevková</li> <li>• Director of the children’s home and crisis centre ‘Brána do života’ – Gáliková</li> </ul>
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Participant organisations listed below:

Day centres	Five centres in total (locations: Strecnianska, Haanova, Osuskeho, Vysehradská, Medvedovej)
Elementary schools	Four in total (locations: Budatinska, Dudova, Gessayova, Turnianska)
Kindergartens	Four in total (locations: Strecnianska, Bradacova, Gessayova, Lietavska)

Children’s home and crisis centre ‘Brána do života’

Directors of schools and day centres are responsible for the activities. All actors adhere to a plan approved at a general meeting. Changes and postponements to the plan are within the project’s coordinator decision-making responsibility. All the participants can coordinate and change their plans according to their current needs and potential.

## HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

Eight people are involved in the practice application; participation in the project is part of their job in the local administration.

## ESSENTIAL TO LONG-TERM SUSTAINABILITY

The practice is based on organisational units, which could support its long-term sustainability. Unfortunately, municipal officials do not fully understand this potential. We believe that the practice could improve were it to become a standard operational procedure of municipal organisations and they could be funded according to their participation in this practice. The municipality considers the activities of this practice as ad hoc events and underestimates the potential to be derived from its fully municipal integration as a long-term activity. In other words: the municipality still considers this practice something extra, but it would be more effective if it worked as something standard.

## PARTICIPATION OF THE ELDERLY

- regular meetings with the management

## INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

No

## ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

As clients do not pay for participation in this practice, there is no general exclusion.

### FINANCIAL SOURCES

The borough funded one quarter of the costs of all activities. (25%)

Total expenditures: 15,000 EUR.

The design and preparation of the practice was financed by an Orange foundation grant.

### SWOT ANALYSIS

#### STRENGTHS

- The project aims to keep contacts between generations as much like standard family contacts between grandchildren and grandparents as possible.
- The practice serves as an extension of the services of standard senior day centres, elementary schools and kindergartens.

#### WEAKNESSES

- The children's school holidays interrupt the project.

#### OPPORTUNITIES

- The practice could work without municipal financial participation were it to become a standard operation of the municipality.

#### THREATS

- The municipality underestimates the full potential of this practice.
- Either the municipality lacks the necessary information about its own activity or it is unwilling to provide it.

## Festival for the 3rd Age (Slovenia)

### ANNOTATION

Festival for the 3rd Age is a unique event for the elderly in Slovenia and is also the biggest festival of its kind in Europe. It offers opportunities for networking and sharing ideas. The festival provides space for addressing such topics as active ageing, the quality of life of the elderly and achieving intergenerational solidarity. It comprises an exhibition, a fair and rich and colourful cultural programme.

### WEBSITES

- <http://en.f3zo.si>

### TARGET GROUP

The main target group are the elderly and organisations that want to promote programmes, products and services for the elderly. But the festival is not exclusively focused on the elderly; one of its main aims is to promote intergenerational solidarity and it brings together all generations for this purpose.

There is no entrance fee, so anyone can attend; the only 'criterion' is to come to Ljubljana and attend the festival.

### COVERAGE OF THE PRACTICE

In 2011 there were more than 150 exhibitors, 3,000 participants in the cultural programme and workshops, 200 parallel events, and approximately 15,000 visitors.

### WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

It can be considered a best practice for several reasons:

- The Festival for the 3rd Age is a unique event focusing on the elderly in Slovenia.
- It is the biggest festival for the the elderly in Europe.
- It is also a unique festival from in a generational perspective in Slovenia (there are almost no festivals for other age groups)
- It has a broad range of participants – NGOs and enterprises.
- The initiative for the festival came from the elderly themselves (Pensioners' Associations).
- It also promotes intergenerational solidarity.
- The festival offers information on housing and on social and health care services and options for the elderly. But its added value is not in the kind of information that is offered, but in the way in which information is delivered – visitors obtain the information from booths in face-to-face communication. Free medical examinations and counselling are also offered along with other kinds of free counselling.



© Festival for the 3rd Age Care

**FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?**

The first festival was organised in 2000 and it has been held every year since without any breaks. The first festival can be considered to have been the pilot project. The actors who took part came from the NGO sector.

**IMPLEMENTATION – KEY FACTORS OR BARRIERS**

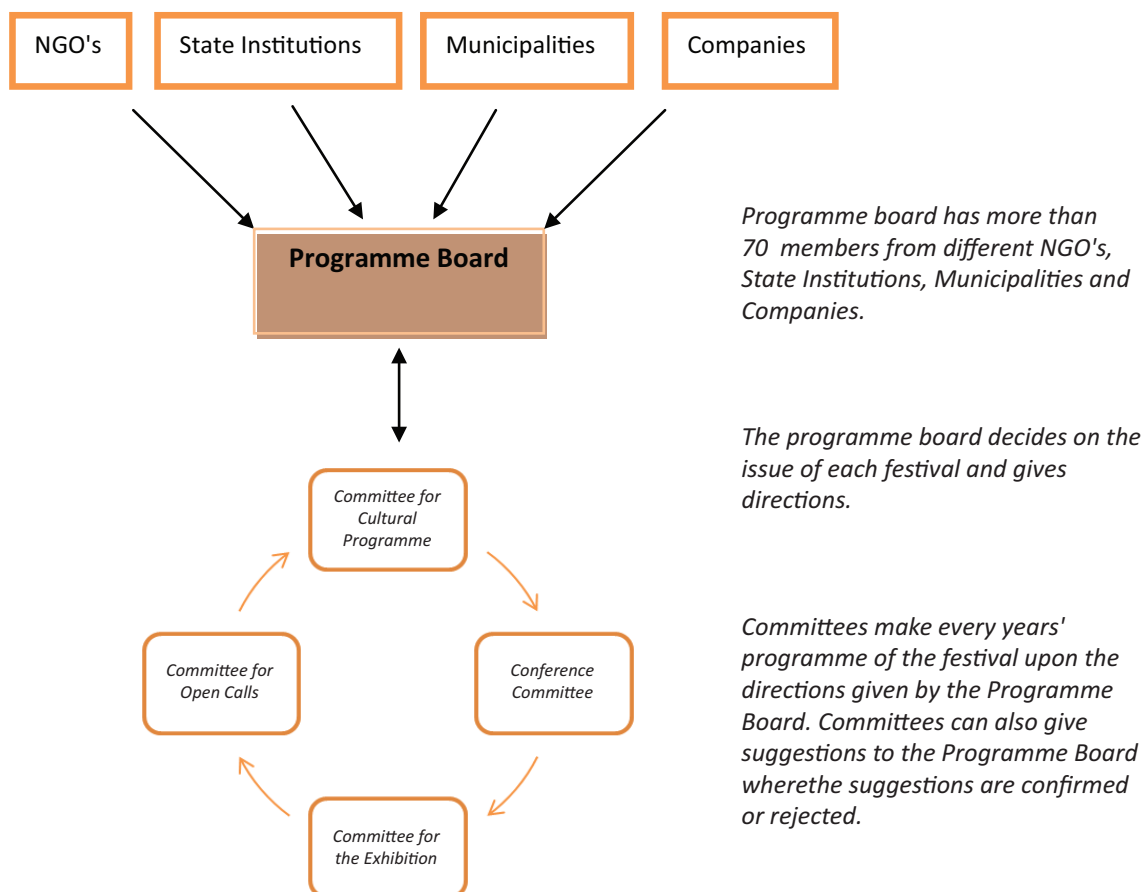
According to the organisers, the biggest barrier comes in the form of bureaucrats who do not understand new initiatives. This applies on both the national and European level. Open calls as a means of obtaining financial resources are not an ideal system. The bureaucrats who have the power to decide do not favour new initiatives and instead stick to old ways of project funding, organisation, etc.. This limits the ability of actors to implement new ideas as quickly as possible.

The organisers see a second barrier arising from state financing. The festival is funded from three different sources (approx. one-third from the market, one-third from sponsorships, and one-third from state funds). The state does not understand that the benefits of organising such an event. (The state in this case does not need to perform a certain analysis or to promote certain issues to the public.) This does not mean that the state should fund the festival in its entirety but that it should remain the co-founder and grant the festival special significance and legitimacy in society and a certain status of independence (in the sense that the festival should not be funded exclusively by private funders, so that, such as, for instance, pharmaceutical companies, which would definitely have an interest in the festival).

**MANAGEMENT AND ORGANISATION OF THE PRACTICE**

Programme board of the festival	Decides on all important issues regarding the festival.
Slovenian Federation of Pensioners' Associations (NGO)	Helps with the organisation and professional programme design.
Gerontological Association of Slovenia (NGO)	Professional help.
Slovenian Association of Friends of Youth (NGO)	Promotion.
The Association for Technical Culture of Slovenia	Promotion.
Infos	Organisational, financial and professional support.
Slovene Philanthropy (NGO)	Promotion.

### MUTUAL RELATIONS BETWEEN ALL THE ACTORS



### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

There are 5 part-time employees at the co-organising institutions (Institute Hevreká and the Slovenian Federation of Pensioners' Associations); the festival has over 100 other co-workers (members of the committees, hosts/hostesses, volunteers). Some of the additional co-workers are paid by the institutions they represent or are volunteers.

### ESSENTIAL TO LONG-TERM SUSTAINABILITY

The organisational structure of the festival is important. Without such a structure the festival would turn into a totally different entity and would not be able to fulfil its goals.

The festival also plays an important role due to its professional programme. The more organisations that contribute to the programme the better the quality and the more effective the programme, and that subsequently considerably influences various decision makers.

### PARTICIPATION OF THE ELDERLY

Organisations representing the elderly were contacted. They were able to co-define the goals in the meetings prior to the organisation of the festival. This was the case at the first few festivals as it is now.

The elderly were asked what kind of topics (poverty, violence, health etc.) they would like to see included in the festival, and those topics have been incorporated into the festival programme. In this way a certain topic reaches a large audience. This was the case with the topic of 'new technologies', in which the elderly were introduced to new (mainly) IT technologies.

### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

The elderly participate through their representative organisations, which are part of the programme board of the festival.

**ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?**

There is no entrance fee, so anyone can come to Ljubljana and attend.

**FINANCIAL SOURCES**

Public - approx. 30%, private – approx. 70%

The festival costs range from 260,000 to 280,000 EUR yearly, depending on the year.

Data relate to the planned budget of costs for 2013.

Total expected costs for 2013: 260,000 EUR

- Venue hire: 90,000 EUR
- Rental of the exhibition equipment: 25,000 EUR
- Rental of the audio-visual equipment: 5,000 EUR
- Marketing (publicity materials, flyers, brochures, advertising): 53,000 EUR
- Material costs and administration: 5,000 EUR
- Personnel costs: 80,000 EUR
- Accommodation for speakers and other guests: 2,000 EUR

Structure of incomes on a yearly basis: 260,000 EUR

Sponsorship: 70,000 EUR (27- Exhibitors: 100,000 EUR (38.5- State: 90,000 EUR (34.5%)

Compared to the total yearly costs (260,000 EUR; the income should cover the costs).

**SWOT ANALYSIS**

**STRENGTHS**

- Advocacy; publicly expressed creativity of the elderly; bringing together stakeholders with different views; programmes and goals together (individuals and organisations); cooperation amongst these stakeholders to find new projects; the start of new initiatives.

**WEAKNESSES**

- The time component is sometimes not taken as seriously as it should be (meeting deadlines); the share of elderly who actively participate in the organisation of the festival should be higher; results should be more connected to policies.

**OPPORTUNITIES**

- Internationalisation of the practice; further development of the concept of active citizenship; the festival could encourage the state to stimulate the private sector and public institutions to actively participate and invest in the 3rd age.

**THREATS**

- The time component is sometimes not taken as seriously as it should be (meeting deadlines); the share of elderly who actively participate in the organisation of the festival should be higher; results should be more connected to policies.

# IX Annex: Structure of Practice Description and Evaluation

All parts of the practice presentation (description and evaluation) refer to questions in the Final Report questionnaire (part II focusing on the selected good practices; see <http://seb.soc.cas.cz/projekty/helps.htm>).

## ANNOTATION

- Q.2 Brief description (annotation) of the practice.
- Q.3 The main goal of the practice.

## WEBSITES

- Q.9 Please provide contact information (e.g. websites).

## TARGET GROUP

- Q.4 The main target group (recipients) of the practice. Describe the eligibility criteria.

## COVERAGE OF THE PRACTICE

- Q.6 What is the coverage of the practice? How many users, or what is the percentage of elderly living in the municipality, region, state.

## WHY CAN THIS BE CONSIDERED A BEST PRACTICE WITHIN THE RESPECTIVE AREA?

- Q.8 In your opinion, why can this be considered a best practice within the respective area?

## FOR HOW LONG HAS THE PRACTICE BEEN GOING ON?

- Q.28 For how long has the practice been going on? When was firstly the practice introduced? Has the practice been going on since the introduction without any breaks? If there was any discontinuity, please specify the reasons.
- Q.29 For how long is the practice programmed/designed?
- Q.31 Are there any interests in extending the length or scope of the practice recently or in the future? For example, the integration of other NGOs, an extension to other localities, and an extension of activities.

## IMPLEMENTATION – KEY FACTORS AND BARRIERS

- Q.23 What were the key factors/milestones for successful implementation? For example, cooperation with other actors and the shared ‘assertion’ of interests, finding a strategic partner, the interest of a potential recipient of the practice, etc.
- Q.24 By contrast, what were the main barriers to successful implementation? For example, an opposing political interest, inability to find financial resources in terms of existing subsidies, etc.
- Q.25 How were these barriers overcome?

## MANAGEMENT AND ORGANISATION OF THE PRACTICE

- Q.33 List all actors (e.g. municipalities, NGOs, health authorities, private sector) that participate in the implementation/audit/subcontracting of the practice. For each actor write a short description of the actor and specify its role (responsibility, legal involvement, power and obligations etc.).



**Q.34** Now describe the interactions among the listed actors. For example, communication channels, division of rights and obligations, the decision-making hierarchy, the roles in practice implementation etc. You may draw a chart of mutual relationships – mutual relations between all the actors.

#### HOW MANY PEOPLE ARE INVOLVED IN THE PRACTICE APPLICATION?

**Q.37** Please describe the organisational structure of the implementation of the practice. For example, how many people are in the structure and in what positions (leader/manager, administrative worker, social worker, care worker, volunteers etc.). Provide a short description of their main responsibilities and working tasks or activities within the practice; describe the decision-making process as well. In short, describe how the organisation arranges people and jobs so that its work can be performed and its goals can be met. Again, you may draw an organisational chart as well.

**Q.53** If not provided in Section F (management of practice), how many people are involved in the practice application: distinguish full-time and part-time employees and write the full list of posts.

#### ESSENTIAL TO LONG-TERM SUSTAINABILITY

**Q.36** What, in your opinion, is essential to the long-term sustainability of the practice within this structure?

#### PARTICIPATION OF THE ELDERLY

**Q.39** Did the elderly participate in the definition of the goals of the scheme?

**Q.40** Write an example of how an opinion of an older person(s) influenced the definition of the goals.

**Q.41** Do the elderly participate in determining the provision of the practice (e.g. rules of allocation, time of provision)?

**Q.42** Please write an example of how an opinion of an older person(s) influenced the design of the implementation of the practice.

#### INTERNAL RULES FOR GATHERING AND USING THE OPINIONS OF THE ELDERLY

**Q.43** Does the organisation have internal rules on how to gather and use the opinions of the elderly?

#### ARE ANY LOW-INCOME (SOCIALY NEEDY, VULNERABLE) ELDERLY PEOPLE IMPLICITLY OR EXPLICITLY EXCLUDED FROM PARTICIPATION IN THE PRACTICE?

**Q.46** Are any low-income (socially needy, vulnerable) elderly people implicitly or explicitly excluded from participation in the practice (conditions of actors involved, strict rules)? What is the rationale behind such exclusion?

#### FINANCIAL SOURCES

**Q.51** What is the share of public and private finance out of the total costs of the practice application (in %)?

**Q.52** What are the total costs of the practice? Please provide a detailed budget, distinguishing capital and operational (monthly) costs. For operational costs indicate the figures for staff costs, travel costs and overhead (administration).

**Q.56** How are the costs met by income? Please provide a detailed budget with sources of income from different actors, and especially indicate the price paid by target households (clients, participants). Is income sufficient to meet the costs?

**Q.76** What are the costs of administration (percentage of overall costs):

#### SWOT ANALYSIS

**L.** In this last part, we kindly ask you for your own brief evaluation of the strengths and weaknesses of the practice (SWOT analysis).



**HELPS: Housing and Home Care for the Elderly  
and Vulnerable People and Local Partnership Strategies  
in Central European Cities**

**WP3: Catalogue of Practices**

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