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HELPS: Housing and Home Care for the Elderly and Vulnerable People and
Local Partnership Strategies in Central European Cities

WP3 WORKING PAPER

Principal Needs and Recommendations

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Contents

- I. Principal Research Findings and the Identification of Needs 6
 - The Time Lag in Post-Socialist Countries..... 6
 - The Main Issues in the Area of Home Care 7
 - The Context of Housing Systems..... 9
 - The Setting of Social Care..... 12
 - An Assessment of Good Practices 13
- II. WP3 Final Recommendations 17
 - General Policy Recommendations 17
 - Housing Policy Recommendations 18
 - Social Policy and Social Care Recommendations 20
 - Recommendations for the Implementation of Particular Practices 22
- Annex 27



This Working Paper represents the final outcome from the research portion of the project HELPS (Housing and Home Care for the Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities). Its main objective is to summarise the most important findings issued from the research activity carried out within WP3 of the HELPS project, identify the principal needs in the area of housing and social care for the elderly and people with disabilities in eight Central European (CE) countries (Austria, Czech Republic, Germany, Hungary, Italy, Poland, Slovakia and Slovenia), and make recommendations directed at both the national and the transnational levels. The project is described in detail in the WP3 Main Findings Report that presents the analyses used and their results. All WP3 reports can be downloaded from the following website: <http://www.helps-project.eu>.

This Working Paper can be considered the culmination of the HELPS research activity as it reflects its results and outlines measures to be adopted. The text should thus serve as a support for implementing pilot actions (WP4) and as a basis for final transnational recommendations resulting from the overall project (WP5).

The Working Paper is divided into two main parts: first, it offers an overview of the most relevant findings from WP3; second, it outlines recommendations derived from these findings. The Annex of the Working Paper presents interesting data on the eight participating CE countries, especially in terms of demography, households setting and pensions; this overview complements the picture of housing and social care systems in all the participating countries. The authors hope that this report will serve as a useful tool during the consideration of subsequent steps to be taken, not just within the scope of the HELPS project, but also in a broader social policy context.

I. Principal Research Findings and the Identification of Needs

The main findings resulting from analyses carried out within WP3 were outlined in the WP3 Main Findings Report. In this Working Paper we try to summarise these results and point out the most relevant findings with respect to the implementation of pilot actions and new approaches in national contexts. The WP3 Main Findings Report contained information obtained from various sources. Therefore, the findings under consideration integrate information gathered from literature reviews (international and national), secondary data analysis (data issued from the EU-SILC and SHARE surveys), international statistics (Eurostat), comparative analysis of data provided by the project partners (via Preliminary and Final Reports), and findings from an evaluation of good practices identified in each participating country. The objective of this paper is to systematise findings previously described and link them to practical recommendations.

The Time Lag in Post-Socialist Countries

Both the general and country-specific literature reviews reveal evidence of the current trends in the area of housing and social care with respect to population ageing, which appears to be one of the most significant challenges for most developed countries. These trends can be summarised as follows:

- 1) Emphasis on ageing in place, i.e. a shift from institutional to domiciliary forms of care. The extent to which this tendency takes place varies according to the type of welfare regime, culture of care, tradition of family responsibility in care giving and the tradition and extent of residential/institutional care.
- 2) Decentralisation of the organisation of care for the elderly, which means that the competencies for the care of the elderly and other vulnerable people are increasingly being transferred to the municipal/local level. This trend is also related to the increasing involvement of private (market) and non-profit organisations in the provision of care. Decentralisation leads to services that are better tailored to the needs of individual clients.
- 3) The introduction of new ICT technologies into housing and social care assigned for the elderly and people with disabilities.
- 4) The diversification of housing solutions offered to the elderly (e.g. life-time homes, home adaptations, cohousing, extra-care housing, intermediate care housing, retirement villages etc.).

In the context of the CE countries these trends have been identified over the last two decades in Austria, Germany and to some extent also in Italy. In the post-socialist countries they represent relatively recent tendencies and are thus not as developed as in the case of Western European countries, primarily because of the lack of funding for such innovations.

The time lag of the post-socialist countries behind their Western neighbours means that many gaps and issues have just been identified in the states with a socialist past. Besides the limited availability of some kinds of services and the uneven access to them in certain countries, there are also psychological barriers on the part of the potential recipients of services, who consider the state

responsible for care of the elderly and reject the idea of financial participation in such services. It must be noted, however, that in many cases the costs to be paid by clients are also too high in relation to the level of pensions in these countries. Another source of reluctance to these innovations is a limited openness (or readiness) to use technologies and home adaptations.

Moreover, much attention is still paid to the expansion of institutional care and less to independent living which would enable the elderly to live for as long as possible in their own homes (ageing in place). There is also a lack of intermediate housing solutions in these countries. Nevertheless, increasing pressure on institutional care resulting from an intensive process of population ageing is making institutional care more expensive and less affordable and accessible. The number of clients grows continually, but there has not been a corresponding rise in the number of employees in the relevant institutions.

In addition, long-term social and health care take a rather curative form in all post-socialist countries. This means that care is provided after the problem has occurred and systematic primary prevention is absent. In this context, it is not surprising that home adaptations and such general strategies of housing accessibility as 'lifetime homes' and 'universal design' are not widely promoted in the post-socialist countries. In this respect the housing and health care aspects of ageing are still rather neglected.

Another feature of housing and social care systems in the post-socialist countries is the very limited participation of NGOs in housing solutions. The not-for-profit and private rental segments are too weak to become relevant partners in the supply of local and innovative housing options (with the partial exception of Slovenia and Poland, where examples of such cooperation exist). On the other hand, NGOs are more and more involved in the organisation and provision of social care for the elderly. Finally, the elderly in the post-socialist countries are often uninformed about the housing solutions available to them. Although some of these problems can be identified also in more developed countries (AT, DE and IT), they are usually not as extensive as in the post-socialist countries.

The Main Issues in the Area of Home Care

The emphasis of recent studies on ageing in place results mainly from findings indicating that home care is desirable from the point of view of both the government and the elderly themselves. On the one hand, domiciliary care represents a considerably lower burden for public budgets than institutional care. On the other hand, ageing at home is beneficial also for the elderly since the home environment has been indicated to be a determinant for autonomy, participation, dignity, satisfaction and well-being in very old age, as well as being conducive to the maintenance of existing social relationships and community networks. Most elderly are satisfied with their own housing and do not wish to move. Nevertheless, some recent studies point out that staying at home may be suitable for a portion of the elderly population, but it may not be suitable for everybody. Up to a certain level of dependence, repairs, small adaptations, home care services or assistive technology might be sufficient to enable the elderly to remain in their home, but at some point, as the needs for long-term care increase, moving to new accommodation becomes necessary.

The demand for various forms of adopted social housing will probably increase in the future. In most EU countries (i.e. not only in the post-socialist ones) the demand for social housing already exceeds the supply and this is likely to get even worse. The availability of social housing will decrease in the future also due to increasing income inequalities and immigration trends. It therefore appears necessary to introduce innovative practices enlarging the scope, extent and efficiency of social housing provided to the elderly.

The literature generally provides evidence that smaller adaptations and equipment provision (including ICT use, telecare and telemedicine) are efficient (cost-effective) when compared to costs of institutional care facilities. Empirical studies suggest that home adaptations are beneficial not only for the elderly themselves, but also for their (formal/informal) carers. In addition, adaptations decrease the costs for elderly care through less frequent hospital admission, fewer injuries and later moves to the residential care. However, it has also been argued that these innovations are cost-effective when the needs of the elderly are low or moderate. Assistive technology and house adaptations are more effective when long- rather than short-term use is under consideration. In other words, the efficiency of measures that increase housing accessibility is higher when needs are low or moderate and when it is assumed that dwelling adaptations will be used in the long term.

Other efficient measures are related to informal care. Indeed, if formal home care, sheltered housing and residential care (nursing homes) could be substituted to a large extent by informal care (e.g. supported by cash for care benefits), this would mean significant savings to public costs. However, the empirical evidence suggests that this substitution effect is limited and works only when unskilled care is involved. When more qualified social care is needed, formal and informal care tend rather to complement each other. Moreover, emphasising the family care approach causes difficulties when there is no immediate family to assure the provision of care.

According to available studies, in countries with a strong welfare state both types of care are mutually reinforcing. Nonetheless, it should be borne in mind that there are significant cultural differences across different countries that may have a differentiating impact on attitudes to formal and informal care. In addition, informal care cannot be successfully developed without appropriate support for caregivers, such as financial incentives, relief services, training, quality assessment, employment security, legislative support etc. This aspect alone seems to present a difficulty in many of the countries studied. The comparative analysis of data provided by the project partners suggests that the extent of informal care and the public support aimed at these carers do not match. Austria and Germany with relatively developed formal home and institutional care provide informal caregivers with much more support than other CE countries.

Among the problems identified on the basis of the literature review there are also social inequalities in the availability and affordability of care for the elderly. For example, it is shown in the cases of Austria and Germany that lower-income elderly have a harder possibility to purchase formal care services. The reported financial burden increases significantly also with the level of care dependency, so the more dependent people are on care, the less affordable it becomes.

The Context of Housing Systems

Another relevant source of information, EU-SILC surveys, considers the housing affordability measured as housing costs of the elderly in relation to their incomes. The findings indicate that for most elderly in the CE countries housing appears to be affordable and the elderly are not at risk of poverty due to high housing costs. The exceptions are the elderly living in the rental sector in the Czech Republic, Slovenia, Hungary, Germany and Italy. However, the number of elderly households living in the rental sector is very low in Slovenia, Slovakia and Hungary, so in these countries the problem concerns only a very limited number of households. Moreover, the simple housing affordability measurement did not count with public benefits allocated among the elderly in particular countries.

The average ratio of housing expenditures to the net incomes of elderly households (before social transfers) was the highest in Germany, the Czech Republic and Slovakia. Germany also recorded the highest level of social inequalities in the financial affordability of housing. It was the lowest in Slovenia, Italy and Austria. Real housing expenditures, however, are somewhat contradicted by subjective perception of the burden of housing costs. The financial burden of housing costs was perceived as the biggest issue in Italy, which had a comparatively low ratio of housing expenditures to incomes and the lowest level of inequalities in the financial affordability of housing.

The secondary data analysis confirmed findings that had been previously revealed in existing literature on the topic: in all the studied countries many elderly households 'overconsume' housing. The degree of housing overconsumption is the highest in the developed countries (Italy, Germany, and Austria). Although housing overconsumption can be viewed as a deliberate choice for better quality living, it is often tied to excessive housing costs. The situation is rather complex as the elderly are not willing, despite housing overconsumption, to move and downsize.

The analysis focused in this respect on housing overconsumption in the post-socialist countries. The situation in these countries is more rigid due to the housing tenure structure bias. The elderly live most often in the ownership sector (they are homeowners) and the rental sector is often marginalised. In such circumstances the elderly (especially those who live alone) may have high housing expenditures, especially due to housing overconsumption and the costs of maintenance given the old age of buildings. Since they are homeowners, it is much more difficult (and also less preferred) for them to downsize and move. Owner-occupied housing is usually not used as an additional source of income in old age. Social housing is small in scale in these countries, and where existent (e.g. in Poland, Slovakia and Slovenia where new construction of social housing is stimulated by a housing shortage), it has a bad reputation among the elderly; this also contributes to their low willingness to move and downsize.

It is however necessary to note that there are also objective barriers to moving, one of them being the limited supply of smaller flats on the housing market and the limited possibilities to adapt flats. Policies such as 'universal design', 'lifetime homes' or policies that would encourage even small adaptations of elderly households are often marginal or non-existent in post-socialist countries. This contrasts with the situation in countries with a more important rental sector (e.g. in Germany) where the elderly are not only more willing to move and downsize but also more open to various innovations. A marginal rental housing segment thus seems to be a threat to the further development of innovative housing and care solutions.

Another disadvantage of the small share of rental housing, revealed in the comparative analysis of housing systems in the eight CE countries, is that it is harder to guarantee long-term use of devices and modifications in owner-occupied housing than it is the case in both social and private rental housing. In the social-market system with large share of private renting, public grants are basically allocated according to the contracts concluded between public authorities and private landlords that specify that the service will be offered for defined period of time regardless of whether the tenants move. In the social democratic system with large share of social renting the grants made directly to social landlords allow them to offer their adapted dwellings to different eligible households in need for the long term. However, when the grants are allocated to homeowners, the term of use cannot be guaranteed as the public authority cannot force the owner to use an adapted flat for the long term and insist that it be used only by him/her or other eligible individuals (households).

Moreover, the ownership-oriented tenure structure creates barriers to the targeting of public help, i.e. it reduces the effectiveness of public support. While the allocation of adapted dwellings to eligible households can be precisely specified in contracts with private landlords in the social market system (including the conditions for a tenant, such as having low income and low wealth), and social landlords by the logic of their existence allocate dwellings especially to those with low income and wealth in the social democratic system, the targeting of subsidies to homeowners in the liberal (also super-homeownership) system is much more complicated. In the liberal system there may be a large share of elderly 'income poor, equity rich' who have high housing wealth, so any public subsidies would increase their wealth even further. Moreover, the wealth is the subject to inheritance by their relatives. Consequently, in the liberal system the public authorities face the dilemma whether to support 'wealthy' people or not, and whether it is fair to increase the market value of dwellings of selected homeowners (and their heirs) by allocating public grants to them.

However, the secondary data analysis also demonstrated that people living in rental housing have a higher housing cost-to-income ratio than homeowners and are therefore more at risk of housing unaffordability. Consequently, increasing the share of rental housing in country's housing system seems to engender bigger housing affordability problems among the elderly. However, the simple ratio approach in the measurement of housing affordability cannot take into account potential savings tenants made earlier in life (equal to investments made by homeowners into their own housing) and only a comparison of total household wealth would give us a full picture. In other words, tenants logically have higher housing costs than outright homeowners (i.e. homeowners that have already repaid their mortgage loans) because they have to pay a rent, but, assuming both tenant and homeowner had the same permanent income during their active life, the tenant could also use his/her savings for investments, and these could produce even higher yields than simply buying housing. Moreover, in many countries the sample of tenants was so small that the inter-tenure comparison had very limited value.

To sum up, it is clear that greater state support for rental housing may have two contradictory effects. It may bring a broader and more innovative supply of housing options for the elderly and people with disabilities (in both housing affordability and housing accessibility areas) but it may also lead to lower personal responsibility among a certain segment of the population for their economic situation in old age.

A good example of increasing housing affordability was described in the Austrian Preliminary Report. Relatively low (affordable) average housing costs and one of the lowest average housing cost-to-income ratios of senior households result from the large share of social housing in the Austrian housing system. Public housing subsidies are not, however, limited to social housing: according to the information in the Austrian case study, about 80% of overall new housing construction is co-financed from public sources. This high level of both direct and indirect influence of the state and the municipalities (the municipalities often provide land or lower property tax when certain conditions are met) in new housing construction via different forms of subsidisation motivates private and limited-profit developers to increase housing quality, supply barrier-free housing and reduce the housing cost burden. The subsidisation of private housing construction and rehabilitation projects and the existence of a large segment of rental housing managed by co-ops and limited-profit housing associations paved the way for different public-private partnership schemes and models of cooperation between public and private sectors. This particular institutional context might be the cause of the relatively wide spectrum of housing options offered to seniors and vulnerable households in this country.

The German model of funding housing options is also worth more detailed study. The supply of housing options is often based on specific contracts concluded between public and private entities and, therefore, most often involve co-financing from both public and private sources. This arrangement enables innovative and relatively complex forms of particular practice management where different stakeholders are involved in solving social and housing problems: complex organisational schemes with a clear division of responsibilities are common and thanks to long-term experience these schemes are also sustainable and effective. Decentralisation of power, the large segment of rental housing, the traditionally active not-for-profit sector and long-term experience of cooperation between the public sector and private (market) forces have created the ground for different innovative housing measures: occupancy commitment contracts, retirement provision, age appropriate conversion, technology-assisted housing, multi-generational homes, cohousing or lifetime homes.

The secondary data analysis focused further on the housing satisfaction of the elderly. The level of satisfaction appears to be relatively high within all eight CE countries and the data demonstrated that residential satisfaction of the elderly is influenced by several factors: apart from accessibility of various services, environment quality and housing tenure, the strongest predictor of housing satisfaction was the physical quality of the dwelling (housing accessibility) and the perceived subjective burden from housing expenditures (housing affordability).

In compliance with previous studies and surveys the analysis carried out on the data provided by the project partners indeed suggests that housing systems have a considerable impact on the number and variety of measures assigned to increase the accessibility and affordability of housing for the elderly. The highest level of diversity and number of innovations in the supply of housing options for the elderly and people with disabilities were identified in countries with a social market and social democratic housing systems (Germany and Austria), i.e. in countries with a substantial share of either private or social rental housing in the total housing stock and a lower homeownership rate. Less options were found, on the other hand, in countries with mixed (Czech Republic, Poland) and liberal (Slovakia, Slovenia, Hungary) housing systems.

However, housing tenure structure is not the only factor behind the variability of housing solutions for the elderly and people with disabilities. Comparative analysis of the CE countries revealed also other characteristics such as GDP per capita (economic wealth), the old-age dependency ratio (the acuteness of the problem of demographic ageing), and inequality of incomes and housing expenditures among the elderly (the gap between poor and rich seniors). In countries with higher income or housing costs-to-income inequalities the public authorities probably intervene more actively to mitigate them.

The complex analysis of all factors together indeed found that the larger share of rental housing in the housing system of a country leads to a more developed model of housing options for the elderly and people with disabilities, but only when the country has simultaneously higher wealth, a higher old-age-dependency ratio and greater income inequality among the elderly. The housing system was however confirmed as a significant determinant (pre-condition) of a broader and more innovative supply of housing options to the elderly and people with disabilities. Consequently, some practices effectively implemented in one environment (a social-democratic or social-market housing system) would not necessarily function effectively in another environment (a liberal housing system).

The Setting of Social Care

The importance of contextual factors in determining the forms and scale of housing and social care options was demonstrated also on the comparison of social care systems in the eight CE countries. The comparative analysis indicated that various factors, such as the economic standing of the country, the level of income of the elderly, the position of NGOs in the system, support for informal care, etc., have an impact on the final form of the system of social care services; however, they can perform this influence only in relation to other relevant factors. Thus, for example, stable conditions for the operation of NGOs and sufficient support to caregivers can stimulate the selection of social care services, but only on the condition that the country dispose of sufficient financial resources that can be redistributed from the economically active population to those in need in the form of social benefits and care allowances and thus increase their consumer power, so that the wider offer of social care services can meet the higher demand for these services. On the other hand, the prediction of rapid population ageing cannot stimulate the selection of social care services in countries that have few financial resources to provide sufficient support to providers of care and to increase the consumer power of people in need of care.

Another example of the interdependence of different factors was described in the literature and concerned the relationship between the informal provision of care and the employment rate of women. There is evidence of a gender gap in the provision of informal care since women provide most informal care. However, this gap is significantly reduced by the increasing employment rate of women since employed people provide significantly less help to other family members than those who are not employed. Similarly, long-term unemployment increases the likelihood that an unemployed person will become an informal caregiver as he/she is immediately available should the need to take care of a family member arise.

On the basis of information provided by the HELPS project partners via Preliminary and Final Reports it was possible to identify inspiring examples of the provision and funding of social care for the

elderly and other vulnerable people. For example, Austria has developed a complex system of funding of social services that are principally financed by social insurance contributions and by taxes. A part of the costs of social services are borne by the care recipients; however, in the case of home care services the level of contribution is quite low in relation to the monthly old-age pension and the average level of care allowance. Special insurance schemes have also come into effect, such as a self-insurance for caring relatives for the period of care. Long-term care insurance and a care allowance have been introduced also in Germany and in both countries the originally fragmented social care services have been integrated and their offer expanded. Generally a higher level of development of social care services targeting the elderly and people with disabilities was found in those countries in our sample that were characterised as having a good economic position (high GDP and a low unemployment rate), a high level of redistribution (high social contributions and taxes, but also high social protection expenditure and care allowances), a conservative welfare regime, well-positioned NGOs in the system, and sufficient support for carers, for example, in the form of respite care.

The influence of contextual factors on the systems of housing and social care for the elderly and people with disabilities has implications for the transferability of policies and know-how between different countries. However, major differences can be expected rather to diminish in the context of the CE countries, especially in terms of economic standing, due to the continual development of the post-socialist countries towards more advanced systems. It can thus be assumed that the room for innovative approaches will widen in all the CE countries and that practices already present in the advanced systems will be able to develop in the future also in states with limited availability and variability of services.

An Assessment of Good Practices

Finally, the results of a comparative analysis of selected good practices points to the high variability of possible schemes with a different level of transferability between countries. The comparison concludes that in all cases the strengths of practices are always countered by some weaknesses which should be taken into consideration before a new practice is to be implemented.

The main differences between the more developed and the post-socialist countries in terms of the schemes for providing innovative practices consist mainly of the following features:

- In countries like Austria and Germany NGOs represent well-established entities with a long history of activity. The position of NGOs in the post-socialist countries is rather weak and most practices from the post-socialist countries are therefore characterised by the important role played by the municipalities. Exceptions are Hungary and Poland, where NGOs and churches participate to a greater extent in the provision of services.
- The scope of practices is usually larger in more developed countries (Austria and Germany), i.e. they apply an integrated approach targeting multiple goals simultaneously and involving a large number of actors, both private and public. Many practices in the post-socialist states are, by contrast, implemented by few actors and target usually only one specific goal. Hence, they are often relatively cheap and simple, but do not have so great impact as similar practices applying an integrated approach.

- The best practices in the more developed countries (Germany, Austria and Italy) use a well-established organisational structure where the tasks and responsibilities of all actors and employees (or co-workers) are defined in detail. There are also special manuals and internal rules on practice management (e.g. for communication). The organisational schemes of 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'). Management of practices is thus quite flexible and innovative, but the success and sustainability of practices often depend on a small number of highly motivated persons.
- In the more complex practice management structure in countries like Austria and Germany, the organisations have sophisticated internal rules to gather and use elderly opinions in the form of complaint management, special manuals, regular surveys, consultations, discussions or meetings. Such a system is quite effective, but not very flexible. In the case of the simpler practice management structure typical for the post-socialist countries there are usually no special institutional processes for collecting complaints or suggestions from the elderly. However, they 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.
- The providers of services in the more developed countries make use of a great number of financial resources, which eliminates the financial uncertainty but increases the requirements placed on administration and management. Well-established NGOs also have their own capital, financial history (important for possible lenders) or their own property, and are in a strong position for negotiations with public authorities. The best practices in the post-socialist countries are on the other hand most often financed from just one source (or a very limited number of sources), basically the public budget; the financing is thus usually short term and often depends on the varying interests of the changing political representation.

Innovative forms of managing many different actors and cooperation between them require greater personnel commitment during practice management and involve relatively higher administrative costs for consultation and mediation. Successful implementation of such practices has most often been facilitated by good cooperation among the actors involved and the procural of financial support. The implementation of integrated practices requires relatively strong management skills to lead effective cooperation among many actors and skills to manage complex financial flows and budgets. Therefore, this kind of practices is found more often in countries with a longer tradition of social care and more stable networks of providers, i.e. they are not very common in the post-socialist countries.

The strength of the organisational schemes based on a sophisticated structure of management is their long-term sustainability. On the other hand, such an organisational structure can appear to be too complicated and to involve 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 practices often depend on a few highly motivated persons. If these persons leave the management structure, the given practices may cease to exist.

As regards the work of volunteers, both positive and negative aspects have been revealed. On the one hand, their work is very cheap for the providers and they show a high level of motivation; on the other, the inclusion of volunteers requires the establishment of a system of training and advice to serve them, so that the costs are ultimately not as reduced as could be expected and additional capacities in terms of staff are needed for the management and training of volunteers. Moreover, their involvement increases the risk that the professional level of the service provided will be low.

The stability (or instability) of funding of best practices represents the most frequent threat to its sustainability. It is evident that the more innovative and locally specific a practice is, the lower the stability of its financial sources. The implementation of new and original local practices therefore requires not only highly motivated staff but also a certain financial history, stable donors and capital from the practice leader. The combined use of a number of different financial sources, which is most often seen in more developed countries, eliminates financial uncertainty, but increases the demands on administration and management.

By contrast, a limited number of financial resources makes the financial management transparent, but leads to a financial uncertainty that is typical for the best practices in the post-socialist states. The majority of practices are strongly dependent on the availability of public finances. In the case of missing public funding, the financial participation of the clients is often required. However, the higher the contributions from eligible households the greater the chance is that low-income households will be excluded from using the practice. At the same time, there are only a few best practices that integrate special subsidies to help low-income people to cover their financial participation. Italian practices reveal another important aspect of funding: the danger of having ambitious practices with an extensive management structure, but financing them through limited-term sources drawn from special projects that are not fully sustainable in the long term, i.e. once the projects are finished.

The national context was identified as a great influence in the case of practices implemented in the field of housing affordability, which to a large extent is subject to the terms of national legislation and country-specific housing systems and policies. Transferring practices between countries will thus probably only produce some inspiring elements, while adopting said practices as a whole will be difficult (and relatively expensive). On the other hand, innovative measures attributed to the area of community building and access to information and education do not seem to be strongly bound to the specific housing, social, economic and institutional context. They are therefore relatively transferable from one country to another.

Practices identified in the areas of housing accessibility and social and health care appear to be more transferable than practices in the field of housing affordability, but less transferable than practices in the areas of community building and access to information and/or education. Different forms of adaptation of the home and urban surroundings (public spaces) have the greatest potential for transnational transfer in the area of housing accessibility; by contrast, various forms of special housing for the target population, which mostly reflect the individual national housing systems 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, despite their relative dependence on public funding.

These were the main findings we could compile from all the sources used within WP3 and their thorough analyses. In the next section we focus on the topics that are relevant for the next stages of the HELPS project and propose recommendations that should be helpful in implementing the pilot actions and defining transnational recommendations in the coming stages of the project. They reflect: (a) the institutional (contextual) factors that influence the forms, innovativeness and scale (variability) of the supply of housing and social care options available to the elderly and people with disabilities; and (b) the limits to the transnational transferability of policies and practices determined by both the institutional context and the nature of best practices themselves.

II. WP3 Final Recommendations

The main findings presented in this working paper suggest what measures should be adopted to respond to the needs arising from the increasing share of elderly in the population. The objective of this section is to formulate recommendations on the basis of these findings and to show relevant links between the results of all the WP3 analyses and specific recommendations drafted already in the Main Findings Report. These recommendations should serve as a practical tool for the implementation of the HELPS pilot actions and for the introduction of innovations into housing and social care policies at both the national and transnational levels.

General Policy Recommendations

The comparison of good practices selected for description and evaluation indicate that there is NO ONE BEST PRACTICE suitable for all. All good practices have strong and weak points so that complex schemes of cooperating actors can be too complicated and expensive, flexible simple management structures are dependent on a small number of motivated employees, the low costs of volunteer work are offset by a lack of training and control, the transparency and simplicity of one-source funding is counterweighted by poor sustainability, and the high sustainability of multi-source funding is countervailed by a significant administrative burden. Moreover, it is evident from several sources that the elderly differ in terms of needs and preferences and that they have different levels of dependence. Therefore, the main imperative of governmental policies targeting the elderly and people with disabilities should be to increase the overall variety of possible housing and social care options. Such options (practices, measures) could be provided by diverse providers and could target a whole variety of specific local needs and preferences. Success lies not in the implementation of one BEST and universal social/housing policy or practice but in the implementation of a 'POLICY OF CHOICE'. For example, co-housing should not be viewed as a general solution but rather as one of the possible ways of solving the elderly housing issue that may not be (and will not be) suitable for everyone. For this reason it is also possible to recommend carrying out regular surveys among the elderly to map their actual needs and preferences.

The comparative analysis of systems of social care demonstrated that the scope and variety of social care services depends not only on the overall economic standing of the country and the elderly, but also on other factors such as the welfare system, the unemployment rate (especially among women), and the position of the third sector in the country. If it is the government objective to promote variability (a POLICY OF CHOICE) and innovations in the area of housing or social care for the elderly and people with disabilities, it should primarily promote stable conditions for the operation of the THIRD SECTOR (i.e. NGOs, churches, volunteer organisations, not-for-profit organisations, housing associations), which means especially securing sufficient funding for the services provided by the third sector. The third sector proved to be very open to the application of innovative solutions and, at the same time, effective at meeting varying clients' needs. An audit mechanism, to keep grant allocation systems transparent and free from abuse, needs to be established, but the third sector, outside political competition and bureaucracy, is more likely to produce and implement innovations than public administration or for-profit private sector agents who are often searching for universal

(easily replicable) solutions. This recommendation is especially relevant for the post-socialist states where NGOs (or not-for-profit housing associations in the field of housing) remain financially and politically weak even today, with some exceptions in Hungary and Poland.

Housing Policy Recommendations

A detailed comparative analysis of housing systems in the eight CE countries confirmed the strong dependency of measures in the areas of housing affordability and accessibility on the specific housing policies and legislation in each individual country. Related policies thus must be understood in their historical and institutional context. Housing systems and housing policy strategies differ to a considerable extent in the European countries (involving liberal, mixed, social-market and social-democratic systems). Moreover, most housing-related best practices are determined (shaped) by a CENTRAL housing system, NATIONAL legislation and subsidies. The path dependence of the system/policy and the extensive involvement of the state represent serious barriers to a quick transfer of knowledge. International transfer of innovations in the area of housing is therefore possible only if the government is open and flexible enough in its preparation and implementation of housing policy strategy. Consequently, governments should come up with such housing strategies that are sufficiently OPEN to innovations in the future and enable CHANGES in the forms of solutions to problems – supporting a local VARIANT instead of UNIVERSAL solutions.

In this context there are clear LIMITS TO THE TRANSFERABILITY of best practices (or measures) in the field of housing affordability and housing accessibility from one housing system to another. While social care is often provided on a tenure-neutral basis and is simply targeted according to the health and social needs of the elderly and people with disabilities, housing support takes into account also the housing tenure of the target population, which appears to be one of the main predictors of innovations in the housing systems. It was pointed out that home adaptations were more effective when considering long-term rather than short-term use. Moreover, public grants are expected to target those in a financially precarious situation. However, it is more difficult to guarantee long-term use and fairness (targeting) when allocating subsidies to homeowners. More balanced housing systems (with a substantial stock of rental housing) and more stable rental housing (the provision of long-term rental contracts, higher security of tenure), whether private or social, increases the effectiveness/efficiency of allocated public subsidies and enables the existence of more innovations and greater diversity of housing options provided to elderly people and people with disabilities. Consequently, housing policies, especially in the post-socialist countries (which nowadays often have a super-homeownership/liberal housing system) should apply a more BALANCED approach to housing tenures and apply such measures that increase the size of the RENTAL HOUSING sector, the security of tenants and the stability of rental housing. However, this policy shift may also have a drawback: there is a danger of irresponsible consumption by tenants during their economically active life (insufficient savings and investments) and, consequently, a high housing-cost burden to be covered by higher state social assistance expenditures in older age. This unintended, though more potential than necessary, consequence should be taken into account when designing a housing policy change.

In spite of the higher housing-cost burden among elderly tenants (showed in a simplified analysis of housing affordability) there is NO SUPERIOR HOUSING TENURE. As several analyses showed, the

housing standard and quality of life of elderly tenants may surpass the housing standard of homeowners, especially when poor elderly-homeowners (common in the post-socialist countries) do not have enough resources to modernise and adapt their own housing and have a very limited possibility to downsize their housing consumption (due to pressure from children, cultural barriers, a lack of equity release products or availability of smaller flats, or the generally lower willingness to move among homeowners than tenants). The policy implication is again to support a more balanced housing system, apply a tenure-neutral housing policy and increase tenure-neutral housing choice: a POLICY OF CHOICE.

The elderly would welcome physical and architectural adaptations of their flats to accommodate their changing needs: 'LIFE-TIME HOMES' or 'UNIVERSAL DESIGN'. These policies seem to be mostly acceptable to the elderly themselves (according to survey data), but seem to be rather underrated in the post-socialist countries. For the state, the implementation of these concepts would lead to further savings thanks to preventive measures that would encourage developers to build adapted flats and houses so that it is not necessary to reconstruct them later when the need arises. Therefore, there is a high added value (both public support by the elderly and incurrence of public finance savings) supporting these new forms of housing building. Several practices also showed that it is important not only to design flexible homes but also to guarantee ACCESSIBLE PUBLIC SPACE. New housing development and urban planning should take into account the need for greater accessibility of public spaces for the elderly and people with disabilities much more than they do now.

Innovations in elderly housing should be designed and projected in such a way that they not only take into account and concern the elderly themselves, but also their FAMILY. The current academic and policy research shows that for the well-being of the elderly it is essential that their relatives actively participate in the care, either formally or informally. When the intensity of contacts between the elderly and their family decreases, this often leads to (is a key factor behind) their move to institutional care etc. Innovative policy measures should thus take as the target group not only the elderly but the ELDERLY TOGETHER WITH THEIR FAMILY (informal carers).

Over the past decade there has been an expansion of the use of ICT in care for the elderly. This includes alarms, SMART homes etc. ICT was by far the most common best innovative practice mentioned by the project partners in the area of social and health care. Based on extensive past research there is strong evidence that although these technologies are efficient, they are not always well accepted by the elderly themselves (due to their technological complexity). Moreover, our research showed them to be relatively expensive – at least a part of the costs of ICT provision is basically covered by clients themselves. Finally, ICT solutions cannot substitute informal/formal care totally because they may lead to a feeling of social exclusion and powerlessness. Policies promoting ICT should therefore include also: (a) intensive programmes of TRAINING (testing) where new technologies are explained to clients carefully and in detail; (b) CONTACT LINKS (call centres) to which clients can turn non-stop when assistance with technology used is needed; (c) FINANCIAL ASSISTANCE schemes for low-income clients (or the coverage of ICT under their health insurance); and (d) measures that would guarantee COMMUNITY INVOLVEMENT and increase the SOCIAL INCLUSION of eligible households. The best practices clearly showed that community involvement was a necessary condition for any successful programme of ageing in place. Therefore, practices involving ICT should simultaneously offer community involvement incentives.

Social Policy and Social Care Recommendations

The projection of the age structure of the population suggests that all the CE countries will have to deal with a large share of elderly in the population in the near future. Therefore, all these countries will face a growing burden on their social care systems due to an increasing number of people in need of care and a decreasing number of potential caregivers. It cannot be expected that this future demand for social care can be solved by an inflow of immigrant caregivers from other European (above all post-socialist) countries, as all of these countries will soon face a relative lack of adult people to care for the elderly and other vulnerable people. Even now there is already a lack of services for the elderly and people with disabilities and the demand for such services exceeds their supply in most EU countries. Therefore, it is necessary to introduce such measures that would encourage the development of BOTH FORMAL AND INFORMAL CARE and involve a WIDE RANGE OF ACTORS whose cooperation would assure the provision of all services needed. This imperative is underscored by the current tendency in social policy to promote home-based social care services, since home care is not only cheaper, but also corresponds better to the needs and wishes of the recipients of care. And it is specifically this kind of care that is able to INVOLVE COMMUNITY in the provision of care and to make use of services from different sources / providers.

The choice and implementation of such measures is however dependent on the historical, economic, political and cultural background of each individual country. Our analysis of data provided by project partners as well as other sources (e.g. from Eurostat) implies that different economic, social, political and historical factors facilitate the development of different forms of social care. Therefore, the transfer of good practices and innovative approaches from one country to another should take into consideration the CONTEXTUAL SETTING of the participating countries. The most favourable conditions for the development of social care systems were identified in those countries that had enough financial resources at their disposal, where the consumer power of care recipients was relatively high (partly due to a high level of redistribution of wealth) and that provided extensive support to carers as well as to the third sector. In our sample of countries this was the case of Austria and Germany. On the contrary, they were not very favourable in those countries where the care for the elderly relied on the family, which resulted in there being limited pressure for improvements of social care services. Therefore, in terms of social care systems the support should focus mainly on three elements of the system: (a) the consumer power of (potential) recipients of care, (b) NGOs and other entities providing formal care, and (c) informal caregivers.

As for the recipients of care, they can purchase quality services only on the condition that there is sufficient CONSUMER POWER. The degree of use of paid/professional home care is indeed growing in most EU countries. However, it seems that what is most effective is the use of home care provided via CASH-FOR-CARE REGIMES. One of the instruments that aim to increase the financial sources of vulnerable people so that they can pay for the care they need is the CARE ALLOWANCE. Through this instrument money is provided directly to the elderly, who decide independently how to use the money for care. In addition, the benefits eliminate the danger of social exclusion as the elderly can use the personal budget to obtain care from their children, relatives, friends or neighbours. The demand for services can be stimulated by providing this kind of financial incentive as long as it is provided to those in need (GOOD TARGETING) and its level corresponds to the incomes of the elderly and the costs of services available (ADEQUATE AMOUNT). This measure will become increasingly

relevant considering the expected deficits of pension systems in developed countries and the consequent lower pensions available for the elderly.

Another important element to stimulate the selection of social care services is a well-functioning THIRD SECTOR, i.e. especially NGOs, churches and other not-for-profit organisations. These entities seem to be the driver of changes in many areas since they are motivated to look for new and effective (as well as efficient) solutions and they are able to fill in the gaps in existing systems of social care as well as target the services to evolving needs. Our findings, however, show that not-for-profit organisations can fulfil these objectives only on the condition that they have stable and sufficient funding.

Finally, it will not be possible in the future to assure all the necessary help to the elderly via formal services. Informal care will thus always represent an important part of the system. Moreover, it is evident that informal care represents a lower financial burden for public budgets and, in addition, satisfies the emotional needs of the elderly since through informal care they remain in contact with their close relatives or friends and do not lose their existing networks and communities. So although informal care cannot completely substitute formal care, attention should be paid to ensuring appropriate SUPPORT FOR INFORMAL CAREGIVERS, e.g. by providing an adequate carer's allowance, guaranteeing social and employment security, and arranging services such as respite care, training etc. All these measures improve not only the conditions of the care provision, but also the quality of care provided. The extent of support for informal care should at the same time reflect cultural differences across individual countries and the consequent preferences of the elderly with respect to care. Particularly those countries whose social care systems rely to a great extent on informal care and that do not dispose of sufficient financial resources should focus in the first order on improving the conditions of informal care provision, and this can be followed by support for complex and diversified social care systems once the economic standing of the country allows it.

It is necessary to note that the aforementioned elements of social care systems cannot be supported separately, their SUPPORT HAS TO BE INTERRELATED so that supply-oriented incentives are balanced by an appropriate demand for services, and vice versa. It is also recommended that new forms of COOPERATION be developed between informal caregivers and formal social services since the services provided by formal and informal providers tend to complement each other.

With respect to the transferability of innovations, however, it must be pointed out that the introduction of sustainable practices will be generally more difficult in poorer countries since the stimulation of individual actors requires the availability of financial resources. For example, support given to NGOs and informal caregivers can stimulate the offer of social care services, but if the country does not have sufficient financial resources at its disposal that can be redistributed from the economically active population to those in need (e.g. in the form of social benefits and care allowances) and thus increase their consumer power, the greater selection of social care services will not be met with a higher demand for these services and many such services will probably be wasted. Similarly, increasing the need for different types of care cannot stimulate the offer of social care services in countries where there are limited financial resources available to provide sufficient support to providers of care and to increase the consumer power of people in need of care. This is also the main reason for the unsustainability of innovative approaches supported under temporary programmes.

Thus, innovative approaches should be introduced gradually, i.e. poorer countries should modify their social care systems in steps, according to the actual available resources. One of the strategies in this respect is to DIVERSIFY THE SOURCES of funding, e.g. to enable the providers of care to use such sources as charity foundations, (low) clients' contributions etc. so that they are not dependent only on public budgets. Public budgets as the sole financial resource was identified as an unstable and not always reliable source of funding since the extent of the resources depends in some cases on the current political representation and political priorities. In countries with a (close-to-) neo-liberal welfare regime it is also possible to support greater involvement of FOR-PROFIT PROVIDERS and private funding in implementing innovative practices. It can, however, be assumed that the differences between the CE countries in terms of economic standing will rather diminish with the continual development of the post-socialist countries towards more advanced systems, which will have a considerable impact on the possibility to apply new practices in social care in these countries.

Furthermore, the transferability of measures/practices in social care is also limited by the fact that there are diverse legal regulations in the area of social care service provision across the CE countries. This means that in some countries it is necessary to get a license to be allowed to provide a social service, in other countries an agreement with the local authority is essential or a contract with an insurance agency is obligatory. As a result, there will be different administrative costs attached to the introduction of new practices across CE countries as well as different personnel costs due to different staff qualification requirements. These differences should be taken seriously into account when thinking about the possible transfer of know-how. Moreover, an insufficient LEGAL FRAMING, system of quality assessment and accreditation system in some countries creates a barrier to guaranteeing the quality and good functioning of services. Therefore, it would be helpful to establish a better SYSTEM OF QUALITY INSPECTION and to anchor the position of providers of social services in the legal system so that the responsibility for social care services and their quality is clearly attributed to the actors participating in the provision of services.

Finally, several studies suggest that home care is neither effective nor desirable by clients themselves in the case of a high level of dependence of the elderly. Thus, domiciliary care should not be considered to be a substitute for institutional forms of care, but an alternative to them, appropriate in cases where the elderly person has a certain level of self-sufficiency. Therefore, instead of eliminating institutional forms of care, an effort should be made to IMPROVE THE QUALITY OF INSTITUTIONAL CARE services and to enlarge the variability of these services so that every elderly person can choose the service that fits the best to his/her needs in terms of extent of social assistance, community life, comfort and privacy.

Recommendations for the Implementation of Particular Practices

The effectiveness of practices (targeting) represents a clear trade-off with available financial resources. The comparative analysis of innovative measures shows that 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. Nevertheless, the effectiveness (targeting those in real need) should always take precedence over the ambition to make the practice 'universally applied' or 'qualitatively perfect'. In other words, if the fee from eligible households is expected to be relatively high and no transparent scheme of allowances allocated to low-income households is provided,

there is a high probability that the practice will not serve those in real need and will increase social tensions and exclusion. All practices involving relatively substantial contributions from eligible households should have a scheme guaranteeing FINANCIAL SUPPORT TO THE MOST NEEDY (LOW-INCOME) households.

There is another clear, and somewhat natural, trade-off between using an innovative, locally specific approach and financial stability: the more innovative the practice is and the more it is locally shaped the lower the stability of financial resources and the greater the risk that the practice will not be financially sustainable. Consequently, the implementation of innovative local practices assumes that the leader: (a) has highly MOTIVATED STAFF; and (b) involves public and private funders (actual or potential) into the implementation of practices from the very beginning of practice design to meet their interests.

Some practices, especially when publicly financed pilot actions are finished, are expected to function under free market conditions (often practices based on ICT introduction). In such cases a thorough MARKET DEMAND ANALYSIS, cash-flow analysis and cost-benefit analysis should be conducted before the pilot action itself. Otherwise there is a danger that the practice will not be financially sustainable.

The PARTICIPATION OF TARGET GROUPS in the design and implementation of the practice is not very financially demanding but it has a crucial impact on the long-term sustainability of the practice and increases the probability that the practice will meet the specific needs of eligible households effectively. Additionally, such participation leads to the greater involvement of eligible households in the community and gives them the feeling of being useful. All future best practices should therefore involve eligible households (elderly, people with disabilities) already in the design phase and definitely in the implementation phase of applying practices.

Including volunteers into practice implementation necessitates the establishment of a system of training and advice to teach the necessary skills to volunteers. This represents additional costs that should be taken into account when preparing the design of a practice and its budget. Moreover, the practice leader should be prepared for a high turnover of volunteers and should not expect highly professional outcomes. Some control mechanisms may be needed where the work of volunteers could be abused for other purposes.

Some practises, especially in developed countries, make combined use of a number of financial resources: this fact eliminates financial uncertainty but increases the demands on administration and management. NGOs and other providers from the post-socialist states should thus first learn how to operate such combined financial flows and, before taking on such a responsibility, create their own financial sources (capital) and financial history.

The main trade-offs (and resulting recommendations) in the application of practices are summarised in the table below. The practice leaders should be informed about the weaknesses and strengths of selected approaches before embarking on their implementation and should, consequently, attempt to minimise the unintended negative consequences of the implementation of the practice:

Table 1: Summary of the main strengths and weaknesses of best practices

CONTRIBUTION (FEE) FROM ELIGIBLE HOUSEHOLDS	
STRENGTHS: ▪ financial sustainability	WEAKNESSES: ▪ exclusion of low-income households
RECOMMENDATIONS: ▪ All practices involving contributions from eligible households should have a scheme guaranteeing financial support to low-income households.	
PARTICIPATION OF THE ELDERLY	
STRENGTHS: ▪ long-term sustainability ▪ increased activity of the elderly	WEAKNESSES: • costs of a professional participation scheme
RECOMMENDATIONS: ▪ All future best practices should involve eligible households (elderly, people with disabilities) already in the design phase and definitely in the implementation phase of the practice application. This involves additional costs but these are generally negligible when compared to the total costs of implementing practices.	
INCLUSION OF VOLUNTEERS	
STRENGTHS: ▪ low costs ▪ highly motivated workers ▪ community building	WEAKNESSES: ▪ lack of training of volunteers ▪ lack of control over volunteers ▪ susceptible to abuse by criminals
RECOMMENDATIONS: ▪ Additional costs for the establishment of a system of volunteer training, advice and control should be taken into account when preparing the design of a practice and its budget.	
COOPERATION BETWEEN DIFFERENT ACTORS /STAKEHOLDERS	
STRENGTHS: ▪ innovative approach ▪ integrated approach	WEAKNESSES: ▪ possible communication problems ▪ unclear definition of responsibilities among different actors
RECOMMENDATIONS: • For integrated and highly innovative practices involving many actors it is necessary to pay special attention to the establishment of a stable communication plan (channels) and a clear division of responsibilities and tasks. A sustainable and transparent division of responsibilities is a very important determinant of success.	
STRUCTURE OF MANAGEMENT:	
Sophisticated structure of management	
STRENGTHS: ▪ sustainability: independent of the departure of one highly motivated worker/employee ▪ integrated approach	WEAKNESSES: ▪ high personal costs ▪ lack of communication between employees, misunderstandings about who is responsible for what
Simple structure of management	
STRENGTHS: ▪ flexibility ▪ low cost ▪ informal relations with elderly	WEAKNESSES: ▪ dependency on a few capable and highly motivated employees/workers – exit of a crucial team member may threaten the practice implementation
RECOMMENDATIONS: • A sophisticated management structure, enabling the application of integrated practices, involves relatively high personnel costs and a complex management (task and responsibility division) scheme. The leader should definitely have extensive experience with practices with a simpler management structure before taking on the risk of establishing a more sophisticated structure. NGOs in the post-socialist states in particular should first be involved in numerous small-scale, low-cost, informal and flexible practices before leading to more integrated practices requiring a sophisticated management scheme.	
STRUCTURE OF FINANCIAL RESOURCES:	
One source of financing	
STRENGTHS: ▪ transparent financial flows, easy financial management	WEAKNESSES: ▪ financial uncertainty ▪ dependence on actual political priorities
Multi-source financing	
STRENGTHS: ▪ financial sustainability	WEAKNESSES: ▪ administrative-intensive
RECOMMENDATIONS: ▪ NGOs in the post-socialist states should first learn how to operate such complex financial flows and, before taking on	

such a responsibility, create their own financial sources (capital) and financial history.	
High share of public finance	
STRENGTHS: ▪ no fee for service	WEAKNESSES: ▪ dependence on current political priorities ▪ threat of financial unsustainability in the case of public finance cuts
High share of private finance	
STRENGTHS: ▪ financial sustainability	WEAKNESSES: ▪ threat of commercialisation
RECOMMENDATIONS: • The most sustainable are those forms of funding that involve several different sources and make use of a mix of different forms of financing. A balanced structure of funding ensures an affordable level of fees paid by clients and, at same time, reduces the dependence of the practice on each individual source.	

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

Policy transfers 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. Hard transfers often require a change in legislation or, at least, changes in the main government policy strategies and priorities. Soft transfers can take place without formal intervention from the state (for example, between NGOs interested in learning from one another) and do not necessitate major changes in the legislative and institutional framework. From a comparison of best practices in the five selected areas of intervention under the HELPS project it became 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 practices in these two fields are not very dependent on specific contexts and are, moreover, financially not very demanding. They could be started as 'bottom-up' practices such as an innovative activity on the part of one or a few municipalities or NGOs without the necessary involvement of the state or region. Despite the fact that they can largely vary in content among countries, they clearly have the greatest potential for the transfer of know-how between municipalities/NGOs in different countries.

The most difficult soft transfers are in fields where the specific context has a stronger deterministic effect and local practices are related to national legislation and policies, i.e. especially in the area of HOUSING AFFORDABILITY. Housing systems themselves influence the nature of the ways in which housing affordability problems can be solved. This is not to say that no transfer is possible but this transfer requires the involvement of higher levels of administration in know-how sharing; it also demands more extensive promotion and dissemination activities, and will generally take a much longer time. 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. 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 in this area. Analogically, different ICT solutions have the greatest potential for transnational transfer in the area of social and health care, but this requires that other conditions be fulfilled, such as available training and consultation for the elderly (see above). PHYSICAL ADAPTATIONS OF THE HOME AND THE URBAN ENVIRONMENT,

TECHNOLOGY INNOVATIONS IN CONSTRUCTION AND DESIGN and ICT therefore have strong transferability potential.

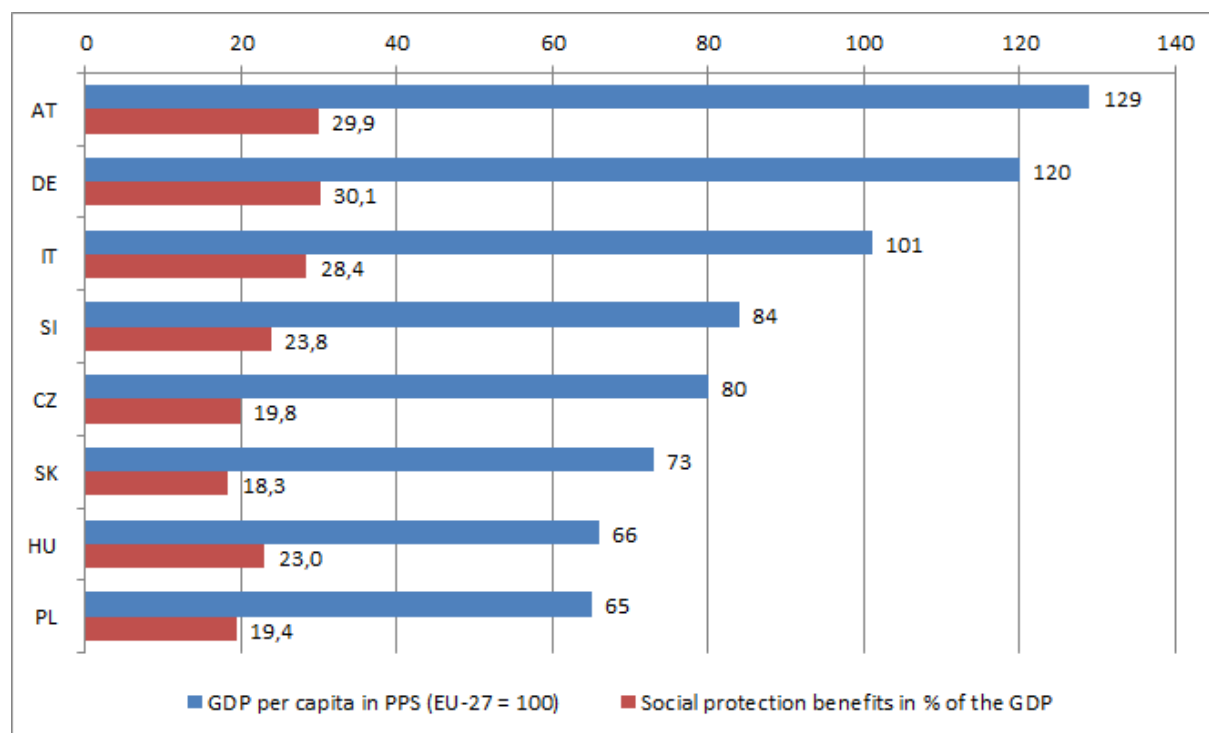
Finally, all new practices in housing/social care for the elderly and people with disabilities implemented in the CE countries should undergo a close SCREENING (EVALUATION) of their efficiency, effectiveness, level of participation of eligible households and cost-benefit (financial) sustainability during the design of the practice as well as the pilot action. For this purpose, the QUESTIONNAIRES (TEMPLATES) elaborated by the HELPS project for evaluation of already existing practices may be used; this has proved to be a good analytical tool for revealing the weak and strong sides of innovative practices in different fields. The questionnaires can be downloaded from the following website: <http://seb.soc.cas.cz/projekty/helps.htm>.

Annex

The Working Paper presented above is complemented in this section by interesting and important data summarising the main economic, demographic and other relevant trends, as well as findings from the European-level SHARE survey, whose 2007 wave focused on housing and social care issues. The objective of this part of the WP is to complete the picture of CE countries so that it is possible to understand the systems of housing and social care in their contexts.

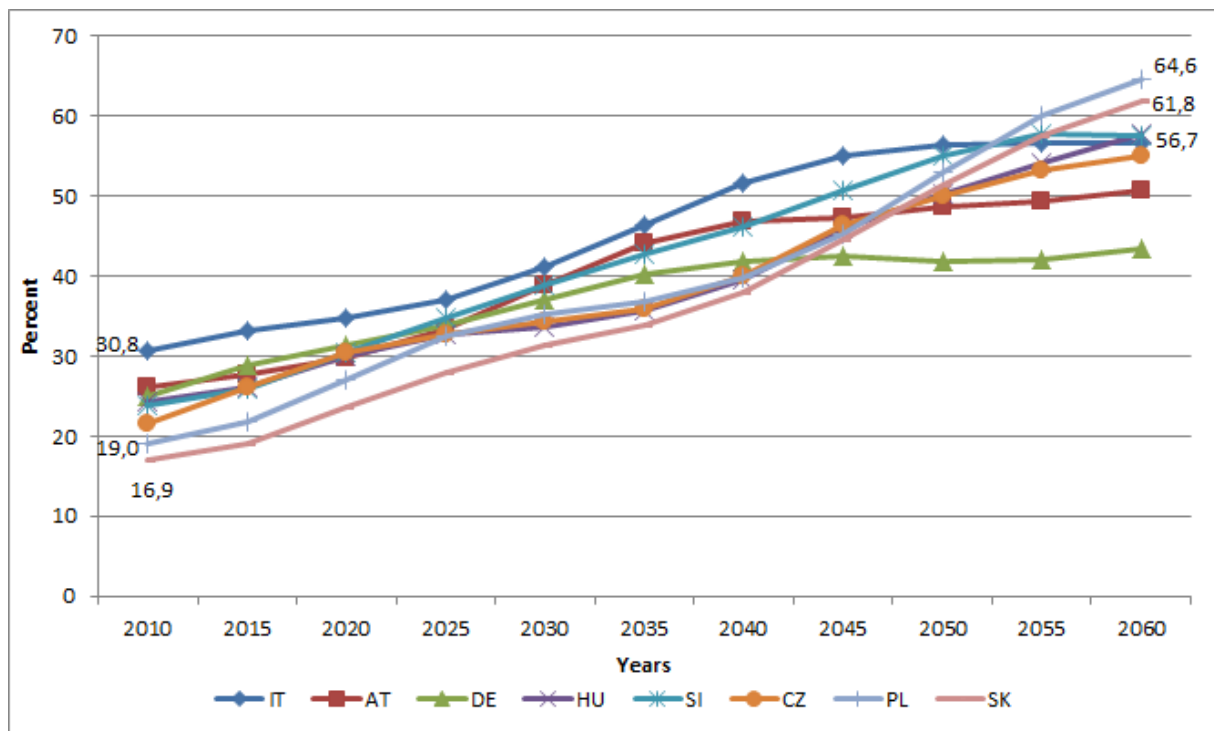
The first five figures present economic indicators such as GDP per capita, the poverty rate and income inequalities. They show also the level of social protection benefits as a percentage of GDP in the eight CE countries and the evolution of the old-age-dependency ratio. Figures 4 and 5 illustrate the level of support of the elderly and other vulnerable people in the area of housing and social care by individual states.

Figure 1: GDP per capita (2011) and social protection benefits (2009)



*Note: **Gross domestic product (GDP)** is a measure of economic activity. It is defined as the value of all goods and services produced less the value of any goods or services used in their creation. The volume index of GDP per capita in Purchasing Power Standards (PPS) is expressed in relation to the European Union (EU-27) average set to equal 100. If the index of a country is higher than 100, that country's level of GDP per capita is higher than the EU average and vice versa. Basic figures are expressed in PPS, i.e. a common currency that eliminates the differences in price levels between countries allowing a meaningful volume of comparisons of GDP between countries. Please note that the index, calculated from PPS figures and expressed with respect to the EU-27 = 100, is intended for cross-country comparisons rather than for temporal comparisons. Source: Eurostat.*

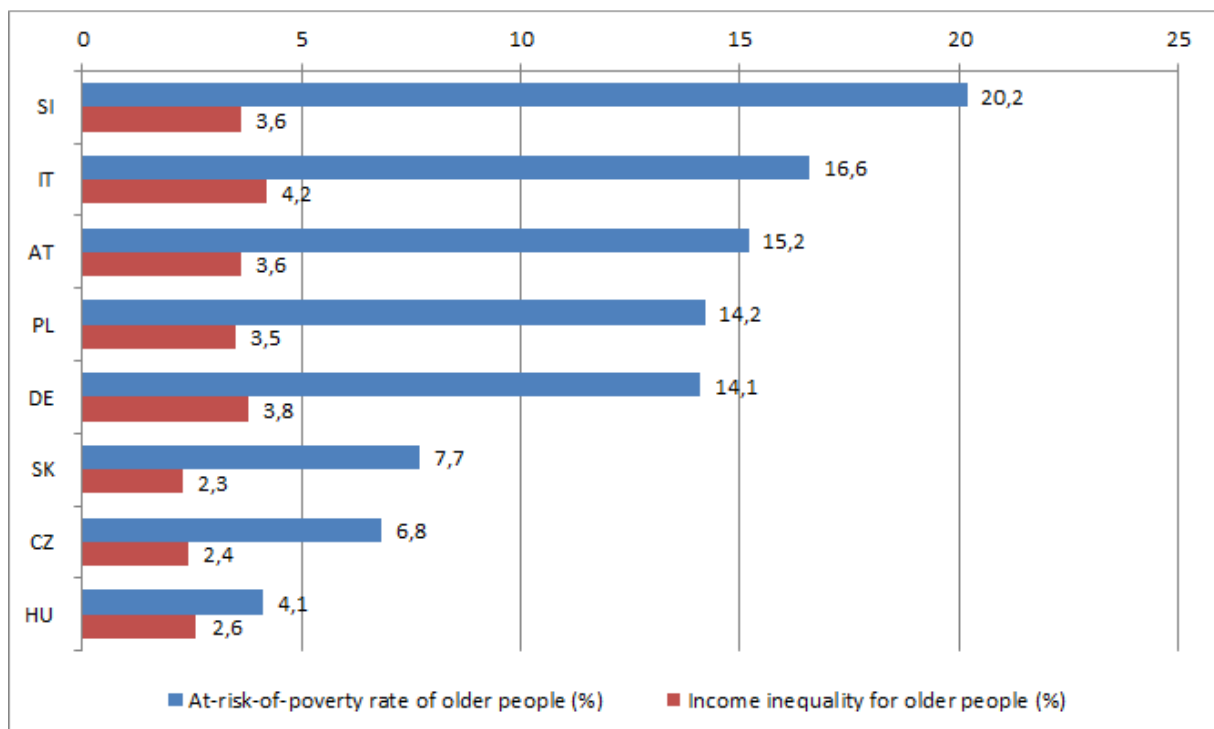
Figure 2: Projection for the old-age-dependency ratio (2010-2060)



Note: The indicator is defined as the projected number of persons aged 65 and over expressed as a percentage of the projected number of persons between the ages of 15 and 64.

Source: Eurostat.

Figure 3: Poverty rate and income inequality (2010)

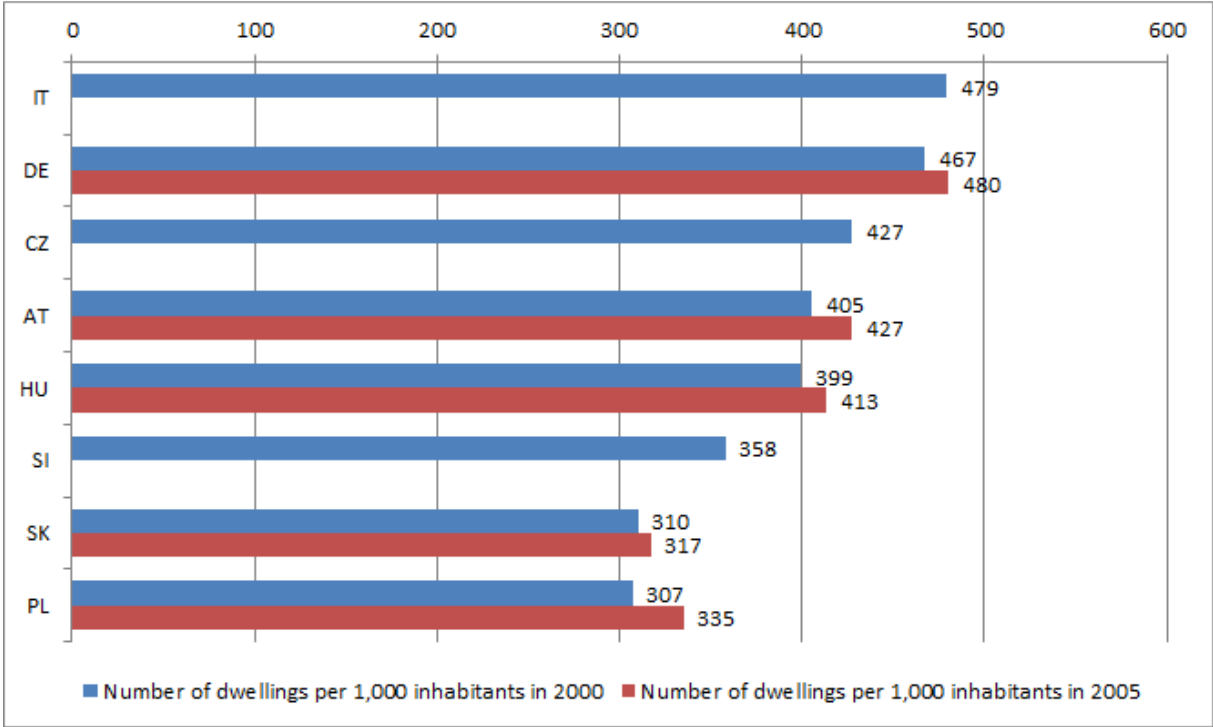


Note: **The at-risk-of-poverty rate of older people** = the share of persons with an equalised disposable income, before social transfers, below the risk-of-poverty threshold, which is set at 60% of the national median of equalised disposable income (after social transfers). Retirement and survivor's pensions are counted as income before transfers and not as social transfers.

Income inequality for older people = the ratio of total income received by the 20% of the population with the highest income (top quintile) to that received by the 20% of the population with the lowest income (lowest quintile). Income must be understood as equalised disposable income.

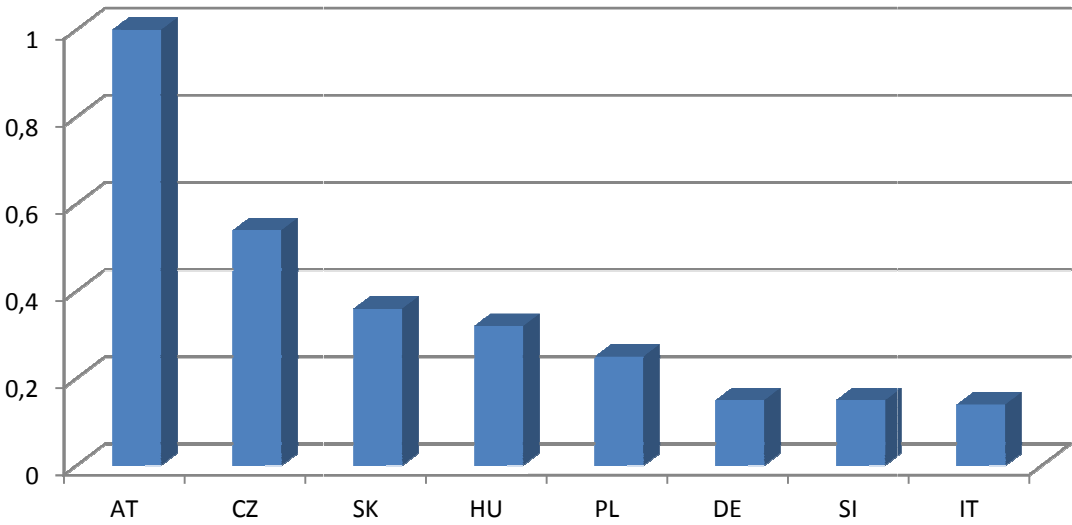
Source: Eurostat, EU-SILC.

Figure 4: Support for new construction of affordable housing (number of dwellings per 1,000 inhabitants)



Source: Housing Statistics in the European Union 2010.

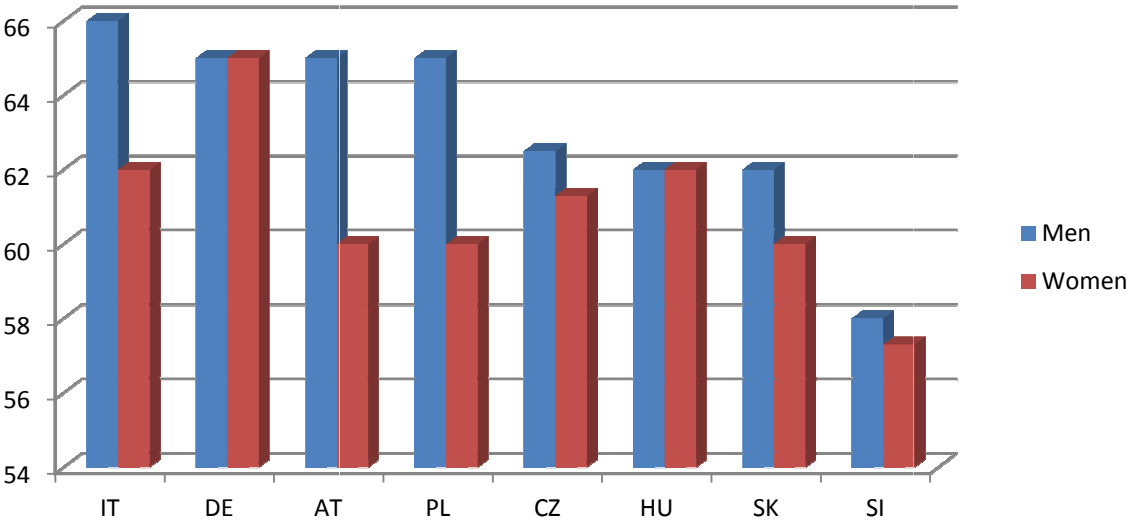
Figure 5: Public expenditure on care for the elderly as a % of GDP (2008)



Source: Eurostat.

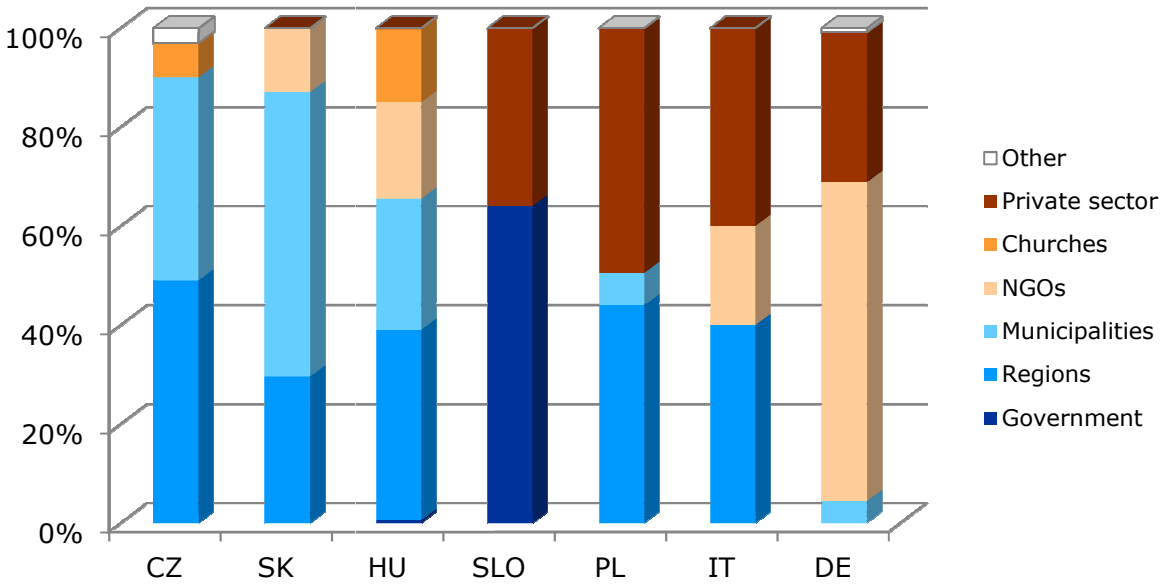
The following figures derive from the data provided by the project partners via the national Final Reports. Figure 6 shows the different retirement ages in CE countries with respect to gender. The next two figures focus on the area of social care in the relevant countries and illustrate the structure of providers for both institutional and home-based forms of care.

Figure 6: Retirement age in the CE countries by gender (2012)



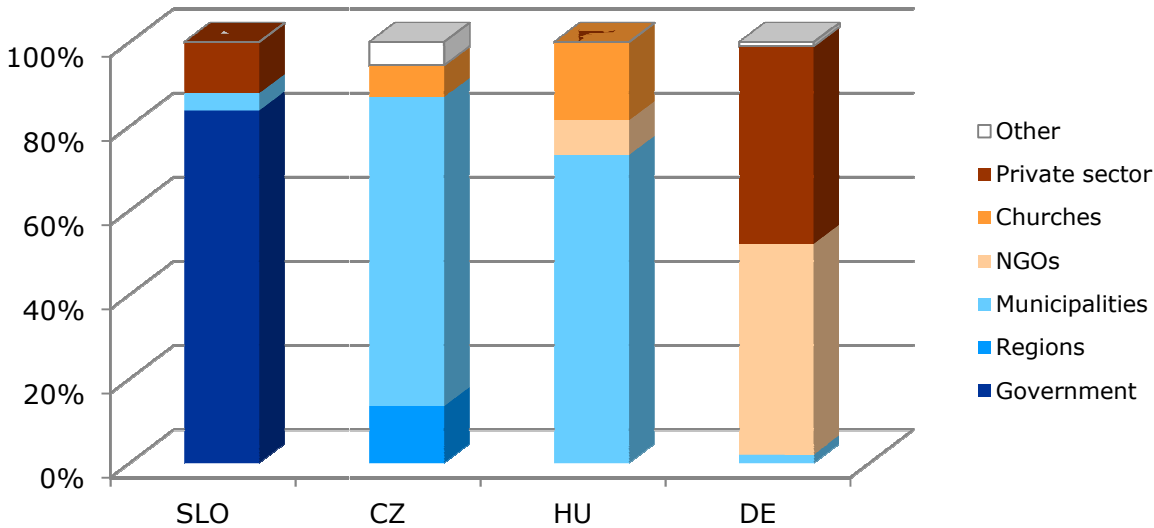
Source: HELPS data.

Figure 7: Structure of providers of institutional care services (2009)



*Note: IT – data only for all public sectors; PL – data only for all private sectors.
Source: HELPS data.*

Figure 8: Structure of providers of home care services (2009)

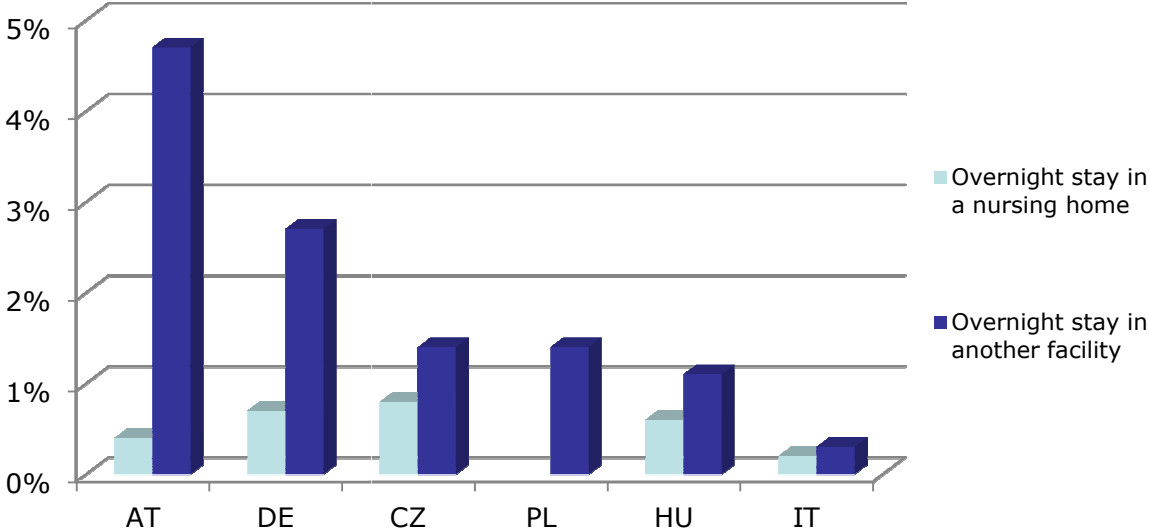


*Note: CZ – data for 2005.
Source: HELPS data.*

The last set of figures and tables are based on the European-level SHARE survey. The data presented are mainly concerned with the forms of care the elderly who were interviewed had used over the 12 months preceding the survey (both institutional and domiciliary). The following section focuses on

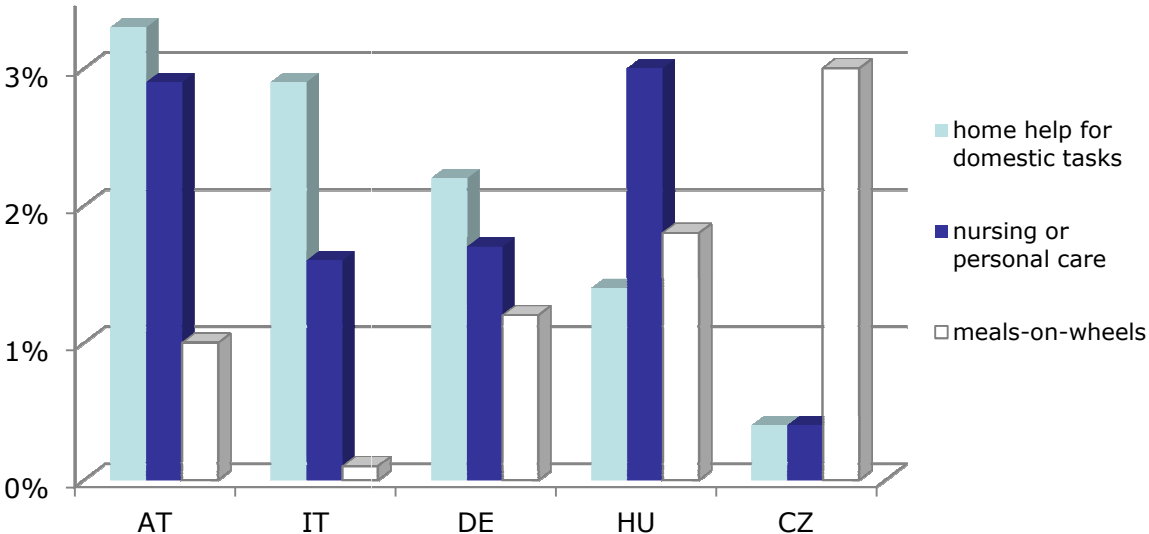
the mutual relationships between elderly parents and their children. These data provide useful information on the potential of informal care in the relevant countries. Since Hungary, Slovakia and Slovenia did not participate in this wave of the SHARE survey, they are not included in the overview, except for the cases when the HELPS partners from these countries provided us with data from other national sources.

Figure 9: Experience with institutional care over the last 12 months



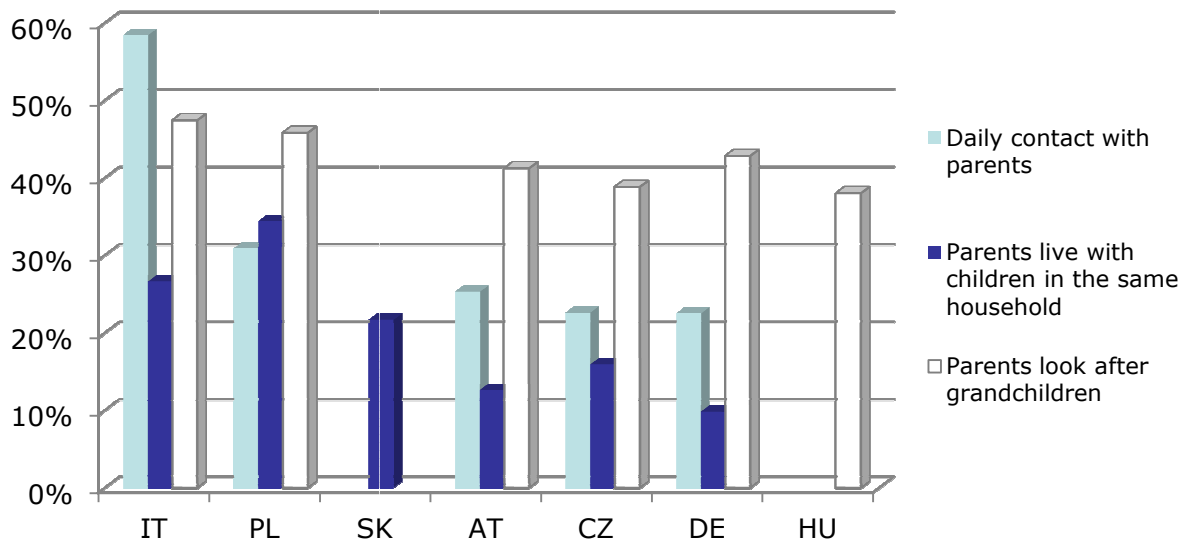
Source: SHARE 2007, HELPS data.

Figure 10: Percentage of elderly who have received formal home care services over the last 12 months



Source: SHARE 2007.

Figure 11: Possibilities of informal care – intergenerational relationships



Note: SK – only persons aged 60+.

Source: SHARE 2007, HELPS data.

Table 1: Where do children live?

	AT	CZ	DE	IT	PL
In the same household	12.6%	15.9%	9.8%	26.6%	34.4%
In the same building	11.4%	7.8%	9.0%	8.2%	9.7%
Less than 1 km away	12.0%	12.8%	10.0%	13.5%	15.8%
1-5 km away	18.9%	19.1%	13.9%	16.5%	19.4%
5-25 km away	23.6%	23.9%	20.2%	15.8%	21.8%
25-100 km away	15.7%	15.1%	14.4%	7.1%	14.2%
100-500 km away	12.8%	9.0%	14.5%	4.4%	10.6%
More than 500 km away	6.7%	3.1%	8.7%	7.2%	9.3%

Source: SHARE 2007.

Table 2: Children's contact with their parents over the last 12 months

	AT	CZ	DE	HU	IT	PL	SK
Daily	25.3%	22.6%	22.5%	n.a.	58.4%	30.9%	n.a.
Several times a week	28.4%	31.7%	30.2%	n.a.	25.7%	24.3%	n.a.
About once a week	20.3%	19.9%	24.5%	n.a.	9.7%	19.5%	n.a.
About once every 2 weeks	8.4%	8.8%	9.1%	n.a.	2.5%	7.6%	n.a.
About once a month	8.8%	8.5%	6.9%	n.a.	0.6%	7.7%	n.a.
Less than once a month	6.4%	6.6%	5.2%	n.a.	1.8%	7.8%	n.a.
Never	2.4%	2.0%	1.6%	n.a.	1.6%	2.2%	1%
Share of people looking after grandchildren	41.2%	38.8%	42.8%	38%	47.4%	45.8%	n.a.
Average age of parents when the last child leaves their household	55	52	53	56	57	54	n.a.

Source: SHARE 2007, HELPS data.