

## ACTIVITIES OF DAILY LIVING

Activities of daily living consist of self-care tasks (meal preparation, grooming, etc.) and activities which let an individual live independently in a community (housework, taking medications as prescribed, managing money, shopping for groceries or clothing, use of telephone or other form of communication, transportation).

## ADMINISTRATIVE SIMPLICITY

Administrative simplicity refer to a low administrative burden (in terms of costs and working time) caused by record keeping and/or paperwork obligation going above and beyond that required for normal business operations.

## BROADBAND INTERNET ACCESS

Broadband Internet access means a high-speed Internet access that can be always on and faster than the traditional dial-up access. The term broadband was originally a reference to multi-frequency communication, as opposed to narrowband or baseband. In some countries (e.g. USA) broadband Internet access has been made a public policy issue. The broadband technologies in widest use are ADSL and cable Internet access. Newer technologies include VDSL and optical fibre extended closer to the subscriber in both telephone and cable plants. In the areas where wired Internet is not readily available wireless and satellite Internet are the most used to provide broadband internet access. (Internet access, Wikipedia)

## CARE ALLOWANCE / CARER'S ALLOWANCE

There are different approaches to the construction of benefits helping people with reduced self-sufficiency to ensure appropriate care across European countries. For example, in the Czech Republic, there is Care Allowance which belongs to people who primarily due to their unfavorable state of health are dependent on other person's care and is intended for the provision of this care. On the other hand in the UK, there is for Carer's Allowance which is a benefit to help people who look after someone who is disabled, so eligible for the benefit are the carers themselves. Furthermore, e.g. in Italy the allowance is called a "companion payment".

## CARE FACILITIES

Care facilities are buildings where the social care services are provided on out-patient or in-residence base.

**Kinds of special housing schemes and institutional social care facilities aimed at the elderly** – there is a huge variety of set-up of the special housing schemes and institutional social care facilities across European states. To be able to compare the statistical data you have filled in the Questionnaire, it is necessary to choose one typology of institutional care facilities which will use all the project partners. Nevertheless, we are aware of the danger that the chosen UK typology (see below) will not match exactly with the system of institutional care facilities in your country. If such situation arises, please place your type of institutional care facility under the most similar UK type, simultaneously mention the difference between them.

### UK typology of special housing and institutional social care facilities:

- **Sheltered housing** is a form of housing specifically designed for older people in need of barrier-free accommodation and offers the services of an on-site or mobile warden who can be contacted via an alarm system in case of an emergency. Sheltered housing, the purpose of which is to allow people to live independently in smaller and easier to manage homes with the added security of help being available in an emergency, usually are a block of self-contained bungalows or flats, with one or several communal areas (e.g. dining room, showers).  
(<http://www.enableage.arb.lu.se/documents/WP7%20National%20Report%20UK.pdf>)
- **Extra care sheltered housing** (aka "very sheltered" or "assisted living") schemes provide a greater level of access and mobility for frail older people, with a domiciliary care service and personal care element being available within the scheme alongside the manager. In addition meals are usually provided and as they are eaten in the communal dining room it provides an opportunity for social interaction and combats loneliness. (Sheltered housing, Wikipedia)
- **Nursing home** (also *convalescent home, skilled nursing unit (SNU), care home, rest home, intermediate care, old folk's home, home for the elderly, old people's home*) provides a type of care of residents: it is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents in a skilled nursing facility may also receive physical, occupational, and other rehabilitative therapies following an accident or illness. Residents may have certain legal rights depending on the location of the facility. Services provided in nursing homes include services of nurses, nursing aides and assistants; physical, occupational and speech therapists; social workers and recreational assistants. (Nursing home, Wikipedia)

**CARE HOME** – See Care facilities.

### COMPENSATORY AIDS

Compensatory aids are tools, devices or equipment which are designed for people with diverse disabilities to compensate the difficulties in carrying out the tasks of everyday life caused by their impairments. There is wide variety of the compensatory aids – e.g. wheel chair, walking aids, hearing aids, devices for blind people, bathroom sitting and standing aids etc.

**CONVALESCENT HOME** – See Care facilities.

### COUNTRY'S EXPENDITURES ON CARE FOR THE ELDERLY

Expenditures on care for the elderly mean the percentage share of social protection expenditure devoted to old age care from GDP. These expenditures cover care allowance, accommodation, and assistance in carrying out daily tasks.

**DOMICILIARY CARE** – See Home care vs. domiciliary care.

**EFFECTIVENESS** – See Efficiency and effectiveness of public interventions.

### EFFICIENCY AND EFFECTIVENESS OF PUBLIC INTERVENTIONS

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There may be a whole range of possible evaluation tools to assess policies (state interventions) in the field of housing consumption but *welfare economics* is gradually becoming the standard approach in policy studies. “Welfare economics is a branch of economics that uses micro-economic techniques to simultaneously determine *allocative efficiency* within an economy and the *income distribution* associated with it. It analyses social welfare, however measured, in terms of economic activities of the individuals that comprise the theoretical society considered.”

The concept of *efficiency* originated in neoclassical economics and in the field of welfare economics was applied in the social welfare function – simply by summing comparable (similar!) individual utility functions (the work of F.Y. Edgeworth, H. Sidwick, A. Marshall described in Ng 1983; Just et al. 2004 and others). However, this approach would produce rather different conclusions about ‘efficient’ social welfare; including such distributions that would lead to deep income and wealth inequalities in a society. The *New Welfare Economics* (studies by W. Pareto, J. Hicks and others) has clearly distinguished the efficiency and equity (effectiveness) parts of theory – the first is analysed using the Pareto criteria of efficiency and the second can be analysed only in close conjunction with particular social norms and values, welfare state regime and/or social justice theory. In this way the concept of efficiency has been ‘freed’ from the influence of varied normative statements and/or social justice theorising. In contrast, the concept of distribution (of incomes, wealth or goods and services) has become fragmented into various theories of social justice and, consequently, into many types of particular welfare state regimes.

The *efficiency* is defined through the Pareto lens: if any alternative allocation of goods increases utility from consumption for at least one actor on the market and at the same time does not decrease utility from consumption for other actors then we say such allocation is inefficient and there is room for improvement in market performance. This is called Pareto optimisation or Pareto improvement. Such improvement may often be ensured only by state intervention. For housing markets, particular examples of market failure may be the existence of oligopoly or monopoly in housing finance or production (leading to above-normal profits for service suppliers), asymmetric information among market agents (information access barriers), externalities during housing production or consumption. An example of this inefficiency may, however, be the existence of public subsidies (state interventions) that crowd out the private investments, impede lower taxation and distort efficient market functioning. A final example, which points to our main interest, is the situation when the state spends tax-payers’ money for production and allocation of goods or services that could be allocated similarly (or even more efficiently) by private entities, or the situation when alternative subsidy settings can produce, under the condition of holding the same quality and quantity of consumption distribution, public savings.

*Effectiveness* is closely associated with the idea of equity, social justice, welfare state; it relates to the ‘fair’ distribution part of social welfare studies. As such, it is closely connected with particular welfare state regimes, particular social norms, and particular redistributive policies. The redistribution of wealth (achieved generally by states) forms a crucial part of the whole concept as this is the only possibility for ultimately attaining ‘fair’ or ‘desirable’ wealth distribution. The concept of effectiveness is not left to a vague ‘definition infinity’. The concept was thus, at least partially, generalised into the common shared assumption that whatever state redistribution of wealth is finally applied, it should decrease social inequality in society, that is, redistribution policies should help the worse-off with the costs of the better-off. The scale of wealth

redistribution may be small (residual welfare state regime) or high (social-democratic welfare state regime) but in either case, all modern concepts of social justice share the assumption of the direction of wealth redistribution from high-income to low-income members of society.

Welfare economics thus distinguishes between ‘vertical’ and ‘horizontal’ effectiveness (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 subsidy it measures the extent to which such subsidy is actually allocated to those who really need help, that is to low-income households. It measures whether it ultimately decreases social and income inequality in society. Horizontal effectiveness is connected with the idea of setting a minimum standard of consumption (income, wealth) that would be ensured for all members of society, as well as 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 particular subsidy it measures whether any needy (poor) household is not eligible to apply for the subsidy. Some needy households are excluded from subsidies because, for example, the programme has been set up badly or the potential claimants are badly informed (or may be afraid of potential social stigmatisation).

There is often a trade-off between efficiency and effectiveness of housing subsidies. Clearly, the lower the public support per household (or per dwelling), the lower the public spending and the higher the efficiency of the subsidy (one euro of subsidy produces more euros of private investments). On the other side, small public subsidies often help only those who do not need them; they are seldom targeted well at those in highest need. Such trade-offs are solved by subordinating efficiency to effectiveness. In other words, the main intention is to measure and evaluate the effectiveness of subsidies, because the main goal of wealth redistribution is to decrease social and income inequalities; otherwise it loses all meaning.

Consequently, for evaluation of practices we define a set of assumptions, which derive from the definitions of efficiency and effectiveness stated above.

For *effectiveness* the assumptions are as follows:

**Main assumption 1:** *Effective subsidies assist lower-income (needy) households more than higher-income (less needy) households. (Vertical effectiveness)*

**Main assumption 2:** *Effective subsidies do not exclude any lower-income (needy) household. (Horizontal effectiveness)*

For *efficiency* the main assumption is, as follows:

**Main 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 the subsidies.*

These hypotheses do not say anything else but only following: public spending should be directed to those in need and no needy household should be excluded from the public help. Policies should not waste public money and offer real value-for-money.

## ELDERLY

To describe our main target group, we decided to use the term “elderly”. This term is equivalent of the notion “seniors” or “old people”. For our purposes, we consider as elderly people who are *aged 65 +*.

### **EQUIPMENT OF THE FLAT / HOUSE**

To evaluate house or flat equipment we consider whether the flat has its own duct, its own sanitary facilities inside the flat, the type of heating etc. In houses with four and more floors, we examine whether the house is equipped with a lift.

**EXTRA CARE SHELTERED HOUSING** – See [Care facilities](#).

**FIELD-BASED SERVICES** – See [Social care services](#).

### **FINANCIAL SUSTAINABILITY OF THE PENSIONS SYSTEM**

Financial sustainability of the pensions system means possibility to finance adequate future pensions in the face of rapidly ageing societies without undermining the financing of other key aspects of sustainable societies.

### **FLEXIBILITY**

Flexibility is reflected by the possibility to adapt the program continuously to suit actual needs and to react on contextual changes. Some practices are not sustainable since they are rigid and do not allow any modification. Hence, a flexible practice enables such modifications according to needs and developments in relevant fields.

### **FOR-PROFIT RENTED FLAT**

Flat rented in the private sector, for the price that is not regulated and that results from interactions between demand and supply on the housing market.

**FUNDED PENSION SYSTEMS** – See [Pension system](#).

### **HEALTH CARE**

Health care (or healthcare) is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care and tertiary care, as well as in public health. Access to health care varies across countries, groups and individuals, largely influenced by social and economic conditions as well as the health policies in place. Countries and jurisdictions have different policies and plans in relation to the personal and population-based health care goals within their societies. (Health care, Wikipedia)

### **HEALTH CARE SYSTEMS**

Health care systems are organizations established to meet the health needs of target populations. Their exact configuration varies from country to country. (Health care, Wikipedia)

**HOME-BASED SERVICES** – See [Social care services](#).

### **HOME CARE vs. DOMICILIARY CARE**

These terms are often used as synonyms; however, *home care* is very often connected with health care and nursing tasks provided in the patient's home by healthcare professionals *while domiciliary care* is usually the delivery of a range of personal non-medical care and support services to individuals in their own homes. Domiciliary care is provided by (social) care workers who are not healthcare professionals. Care workers carry out tasks such as help with personal hygiene, light household work, shopping, delivering meals on wheels, help with meals preparation, providing an escort for a client attending a hospital appointment or social event or shopping on behalf of, or with, a client etc. ***For the purpose of the HEPLS Final questionnaire, please conform to this distinction between Home care and Domiciliary care.***

**HOME FOR THE ELDERLY** – See [Care facilities](#).

### **ICT**

Abbreviation used for information and communication technology. The term is often used as an extended synonym for information technology (IT), but is usually a more general term that stresses the role of unified communications and the integration of telecommunications (telephone lines and wireless signals), computers, middleware as well as necessary software, storage- and audio-visual systems, which enable users to create, access, store, transmit, and manipulate information. In other words, ICT consists of IT as well as telecommunication, broadcast media, all types of audio and video processing and transmission and network based control and monitoring functions. (Information and communications technology, Wikipedia)

### **INFORMAL CARERS**

Informal carers are family members, neighbours and friends who usually – but not in all cases – are not paid for their care and assistance provided to the elderly person.

**INSTITUTIONAL CARE** – See [Care facilities](#) and [Social care services](#).

**INTERMEDIATE CARE** – See [Care facilities](#).

### **LEGAL SUSTAINABILITY**

Legal sustainability means that the establishment and functioning of the practice is integrally anchored in existing legislation and is not inconsistent with any legislative norm. It also implies that there are no missing parts of legislation which would produce uncertainties linked to operation of the service. See also [Sustainability](#).

**LICENSING OF SOCIAL SERVICES PROVIDERS** See [Registration of social services providers](#).

### **MEANS TESTING**

Means testing is a determination of whether an individual or family is eligible for help from the government. The fact, that some benefit payments by the government are means-tested, means that the eligibility is conditioned upon household income and savings.

**MIX SCHEMES** – See [Pension system](#).

## **MONOPOLY**

A monopoly exists when a specific person or enterprise is the only supplier of a particular commodity. Monopolies are thus characterized by a lack of economic competition to produce the good or service and a lack of viable substitute goods. The verb "monopolize" refers to the process by which a company gains the ability to raise prices or exclude competitors. In economics, a monopoly is a single seller. In law, a monopoly is business entity that has significant market power, that is, the power, to charge high prices. This is to be contrasted with the model of perfect competition in which companies are "price takers" and do not have market power. Monopolies typically maximize their profit by producing fewer goods and selling them at higher prices than would be the case for perfect competition. In many jurisdictions, competition laws restrict monopolies. Holding a dominant position or a monopoly of a market is not illegal in itself, however certain categories of behaviour can, when a business is dominant, be considered abusive and therefore incur legal sanctions. (Monopoly, Wikipedia)

**NURSING HOME** – See [Care facilities](#).

**OLD FOLK'S HOME** – See [Care facilities](#).

**OLD PEOPLE'S HOME** – See [Care facilities](#).

## **OLIGOPOLY**

An oligopoly is a market form in which a market or industry is dominated by a small number of sellers (oligopolists). Because there are few sellers, each oligopolist is likely to be aware of the actions of the others. The decisions of one firm influence, and are influenced by, the decisions of other firms. As a quantitative description of oligopoly, the four-firm concentration ratio is often utilized. Oligopolistic competition can give rise to a wide range of different outcomes. In some situations, the firms may employ restrictive trade practices (collusion, market sharing etc.) to raise prices and restrict production in much the same way as a monopoly. Where there is a formal agreement for such collusion, this is known as a cartel. In other situations, competition between sellers in an oligopoly can be fierce, with relatively low prices and high production. This could lead to an efficient outcome approaching perfect competition. The competition in an oligopoly can be greater when there are more firms in an industry than if, for example, the firms were only regionally based and did not compete directly with each other. (Oligopoly, Wikipedia)

**OUT-PATIENT SERVICES** – See [Social care services](#).

**PAY-AS-YOU-GO** – See [Pension system](#).

## **PENSION SYSTEM**

The type of pension system depends on the way in which the pensions are financed.

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### ***Pay-as-you-go***

In a pay-as-go system pensions are paid for by contributions or taxes in parallel from those who are in gainful employment.

### ***Private schemes - Funded pension systems***

Funded pension systems are distinguished by social security contributions being accumulated in a fund from which payments are not made until those who have paid in the contributions have started to draw their pension. The contributions are diverted into individual accounts, which are privately managed. During the intervening period the pension assets that are regularly paid in are usually invested in shares, bonds or property.

### ***Mix schemes***

Mix schemes are combinations of pay-as-you-go and private, funded schemes. E.g. Pay-as-you-go schemes provide only effective protection against pensioner poverty; the pension adequacy in the sense of replacement income is provided by private, funded schemes.

## **PILOT PROJECT**

Pilot project refers to an activity planned as a test or trial for the core project (research, implementation of an innovation etc.). The pilot project precedes implementation of the core activities. It is usually carried out on a small sample or within a limited area and has for objective to check up on functionality of the methods and instruments used.

**PRIVATE SCHEMES** – See Pension system.

## **REGISTRATION OF SOCIAL SERVICES PROVIDERS**

***Registration or licensing of social services providers*** is a tool for regulating the number of service providers as well as assuring the quality of the service provision used in several European countries. It usually means that social services may only be provided on the basis of the registration of the social services provider at national, regional authorities or professional associations. These bodies issue the licenses on the basis of an assessment whether the provider is capable of meeting all the conditions prescribed by the national legislative or professional standards. Moreover, if the provider does not meet these conditions, the licence to provide these social services may be withdrawn.

**REST HOME** – See Care facilities.

**SHELTERED HOUSING** – See Care facilities.

**SKILLED NURSING UNIT (SNU)** – See Care facilities.

## **SOCIAL CARE**

Social Care concerns helping people live their lives comfortably, particularly those people who require a certain degree of extra practical and physical help. (<http://nisw.org.uk/socialcare/>)

## SOCIAL CARE SERVICES

Social care services assist persons to arrange for their physical and mental self-sufficiency, with the aim being to enable them to integrate with normal social life to the maximum possible extent and, in the case that their state of health prevents such a possibility, to provide for a dignified environment and treatment. Therefore, social care services cover tasks of social care and are usually provided by an agency (whatever its legal status is e.g. non-/governmental, regional, for-profit, charity). Some of these services are provided in the persons' own homes, we call them **field-based or home-based services** (e.g. home care, domiciliary care). To receive other of them (e.g. relief services or day care centres), a person has to visit specialised facilities we call them **out-patient services**. The third type of social care services provision is **institutional care** (sometimes also called in-residence or residential care). Institutional care is provided in facilities where a person, at a certain stage of his/her life, lives all year round. These are for example homes for the elderly or homes for people with disabilities, as well as sheltered housing for people with mental disabilities.

## SUSTAINABILITY

Sustainability in general is the capacity to endure. Something is sustainable if it can exist in long-term horizon since it is able to use unlimited resources, to adapt to new conditions and is profitable in the sense that it doesn't consume more than it produces. See also [Financial sustainability of the pensions system](#) and [Legal sustainability](#).

## SWOT ANALYSIS

SWOT analysis is a method used to evaluate the strengths, weaknesses or limitations, opportunities, and threats involved in a project. It identifies both internal and external factors that are favourable and unfavourable to achieve attainable objectives of the practice.

- *Strengths* – (internal) characteristics of the practice that give it an advantage over others
- *Weaknesses / Limitations* – (internal) characteristics that place the practice at a disadvantage relative to others
- *Opportunities* – (external) chances to improve performance in the environment
- *Threats / Risks* – (external) elements in the environment that could cause trouble for the project

## TOTAL DWELLING AREA

Total dwelling area means the floor area (in m<sup>2</sup>) of all the rooms in the flat or house, including rooms like kitchen, bathroom, utility room etc.

## TRANSPARENCY

Transparency implies openness, communication, and accountability, i.e. operating in such a way that it is easy for others to see what actions are performed, what entities provide financial sources and how these means are used. Transparency includes also clear and comprehensible allocation rules so that it is easy to monitor financial flows and space is not open for abuses.

## WELFARE STATE / REGIME

Welfare state / regime is a concept of government in which the state plays a key role in the protection and promotion of the economic and social well-being of its citizens. It is based on the principles of equality of opportunity, equitable distribution of wealth, and public responsibility for those unable to avail themselves of the minimal provisions for a good life. The general term may cover a variety of forms of economic and social organization. (Welfare state, Britannica Online Encyclopedia) The welfare state involves a transfer of funds from the state, to the services provided (i.e. healthcare, education) as well as directly to individuals ("benefits"). The welfare state is funded through redistributionist taxation. (Welfare state, Wikipedia) In the European context, there are several typologies of welfare state regime's from which the most common is the one from Esping-Andersen. According to Esping-Andersen (1990), there are three ways of organizing a welfare state: Social democratic model (called "Scandinavian" model as well), Christian democratic model (called "Conservative" or "Corporatist" model as well), Liberal model. Lately, a fourth type of welfare state has been constructed, namely the Southern type, called "Latin", too (cf. Ferrera 1996). Finally, there are discussions about the classification of post-communist countries in Central and Eastern Europe. Do they form a new type of welfare regime or were the differences between these countries and Esping-Andersen typology only of a transitional nature? According to Fenger's analysis (2007) at least in 2003, it was not possible to reduce the post-communist welfare states to any of Esping-Andersen's types; however, there was no empirical evidence that these countries form a distinct specific type of post-communist welfare state. (Literature: Ferrera, M. 1996. "The 'Southern' Model of Welfare in Social Europe". *Journal of European Social Policy* 6 (1):17-37. Fenger, H.J.M.. 2007. "Welfare regimes in Central and Eastern Europe: Incorporating post-communist countries in a welfare regime typology." *Contemporary Issues and Ideas in Social Sciences*, August 2007. Esping-Andersen, G.. 1990. *The Three Worlds of Welfare Capitalism*. Princeton, New Jersey: Princeton University Press.)