HELPS final report

Innovative Housing and Care solutions for the Elderly and Vulnerable People

Toolkit and transnational recommendations

Index

Introduction

By 2060, the EU population aged over 65 is expected to have doubled, while it is estimated that the number of people aged over 80 will increase even further, almost tripling. Ageing-related challenges often go hand-in-hand with other elements of vulnerability, such as disability and social exclusion. When it comes to services and structures available to elderly and vulnerable people, centralistic approaches still appear to be deep-rooted, especially in Central Europe.

The Transnational Recommendations and Toolkit are the final core output at transnational level. They define the transnational strategy of the project partners and represent a showcase of tools used for innovative housing and care solutions for the elderly and other vulnerable people.

This output can be considered a dynamic instrument with a common strategy, to be implemented by the stakeholders in the Central European area. It contains specific recommendations and concrete measures required in order to implement it.

This handbook is intended as a highly operative tool, in which results are presented as measures to be taken, recommendations and strategies. By highlighting the concrete interventions, the criteria of the proposed integrated and methodological approach can easily be transferred to and adopted by several other Central European regions and administrations where the same

problems exist, allowing greater territorial development and competitiveness.

Moreover, it entails the revision and enhancement of all the results of the previous work packages and it is divided into three main parts.

The first part contains a summary of all the pilot actions tested during the project: each factsheet is followed and enhanced by a brief assessment of two European networks: CECHODAS and AGE Platform. The experts involved provided a specific evaluation of the pilot experiences from a European perspective, basing the analysis on integration, innovation and sustainability aspects.

The second part provides an interpretation of the lessons learned from the pilot actions and the strategies developed in the Local Action Plans.

Based on the experience of the HELPS project, the third part includes several recommendations relative to housing solutions for vulnerable groups in the EU.

1. What is Helps?

HELPS – Housing and Home Care for Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities – is a strategic territorial cooperation project implemented in eight central European countries within the EU programme "Central Europe" (priority 4, area of intervention 2 and concept

6^1), and it is supported financially by the European Regional Development Fund.

The main challenges of the project are:

- ✓ Promoting access to information, in order to overcome practical obstacles preventing people from leading healthy and active lives within their chosen living environment;
- ✓ Applying accessibility criteria to urban planning and housing design, in order to reduce spatial segregation and facilitate life at home for all;
- ✓ The empowerment of human resources dedicated to formal/informal homecare;
- ✓ Increasing the cross-cutting contribution of ICTS to individual autonomy, considered both in terms of wider access to technology and market potential;
- ✓ The involvement of local neighbourhood communities in the development of forms of social citizenship, in order to reconstruct social links based on reciprocity and solidarity;
- ✓ The sustainability and efficiency of care systems.

More specifically, these challenges are addressed by developing and consolidating innovative housing and homecare solutions, by supporting models of integrated local governance through a synergy of local actors, knowledge and resources and through the different forms of public/private partnerships.

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[1] Priority4: Enhancing Competitiveness and Attractiveness of Cities and Regions; Area of intervention: Addressing the Territorial Effects of Demographic and Social Change on Urban and Regional Development.

1.1 Project partners

The HELPS project, led by the Friuli Venezia Giulia Region (Italy), runs from October 2011 to December 2014. The project partnership is composed of 15 organizations, including 3 associated partners, from eight Central European countries. Its composition is well-integrated and balanced: research institutes, non-profit organizations and public authorities are involved.

Italy
FVG Region (public authority)
Veneto Region (public authority)
Institute of Social Research (research institute) – associated partner

Austria
Samaritan Burgenland (non-profit organization)

Czech Republic
Institute of Sociology of the Academy of Sciences of the Czech Republic (research institute)
City of Brno (public authority) – associated partner

Germany
City of Leipzig, Economic Development Office (public authority)
German Association for Housing, Urban and Spatial Development (research institute)

Hungary
Municipality of the City of Debrecen (public authority)
Hungarian Charity Service of the Order of Malta (non-profit organization)

Poland

Poznan Supercomputing and Networking Centre (research institute)

Slovakia

Association of Towns and Communities of Slovakia (public authority)

Institute of Sociology of the Slovak Academy of Sciences (research institute)

Slovenia

Slovenian Federation of Pensioners' Organizations (non-profit organization)

Ministry of Labour (public authority) – associated partner

1.2 Target groups

The main target groups of the HELPS project are:

- ✓ Elderly people – aged over 65, with age-related disabilities, low income, living alone, gender-aware approach.
- ✓ People with disabilities. According to the UN Convention, people with disabilities are those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

As secondary target groups, the project addresses the following actors:

- ✓ Formal/informal caregivers (families caring for elderly/disabled relatives);
- ✓ Interest groups (non-profit organizations and associations, trade unions, international networks);
- ✓ For-profit organizations (health-care/social service providers, real estate companies, developers, urban planning/design agencies, regional innovation agencies);
- ✓ RTD institutes (universities, RTD facilities, technology transfer institutions).

1.3 Main outputs

The main outputs of the project were elaborated within 3 work packages:

WP3: Transnational review of innovative practices relative to housing and care solutions for elderly and vulnerable people in Central European cities.
The main objectives of this work package were to provide a transnational review and an evaluation of housing and care for elderly and vulnerable groups in Central European cities. This activity led to the creation of three analysis documents[2]:

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[2] To consult this document, go to: http://www.helps-project.eu/research-activity.

- ✓ *Housing and Social Care for the Elderly in Central Europe. Main Findings Report*. An international review of the main contextual factors relevant to the assessment of innovative policies.
- ✓ *Catalogue of Practices*. This document is a collection and an evaluation of 39 best practices, divided into five sections and based on the five dimensions covered: (1) housing accessibility, (2) housing affordability, (3) social and health care, (4) community building, and (5) access to information.
- ✓ *Main Needs and Recommendations*. The main objectives of this document are to identify the main needs in the area of housing and social care for the elderly and people with disabilities in Central Europe and to produce recommendations relative to both national and transnational levels. It also contains interesting data in terms of demographics, household settings and pensions. This overview complements the picture of housing and social care systems in all of the participating countries.

WP4: Piloting innovative actions

The main objective of this work package is to promote, develop and test innovative and public-oriented housing and care solutions for elderly and vulnerable groups according to the Public/private partnership approach. Pilot actions were implemented at local level with a view to highlighting their transferability to the regional level. Eight experiences of innovative services and housing solutions were tested within the central European area. They were structured based on a common methodology and adjusted accordingly to the main findings from the

project's research activities. Each pilot action was carried out in close collaboration with the Local Support Groups (LSG), representatives of target groups and local experts in the main issues of the HELPS projects.

WP5: Transnational design of strategies and actions for mainstreaming pilot cases
The main objective of WP5 is to create a good transnational exchange programme. Following the results of the pilot action (WP4), each partner established an Action Learning Set (ALS), a select group of experts, with the aim of developing a Local Action Plans (LAP). The ALS followed a process cycle, in order to create and improve each LAP, through transnational exchange workshops and the development of action plans at local level. The main objective was to mainstream the LAPs at European level and maximize their impact at local level. From a participatory approach within each area and thanks to a process of transnational peer review, each of the partners developed a local action plan to ensure future implementation, distribution and sustainability of innovative solutions for social housing at local and regional levels.

2. The pilot actions

The project partners produced several interesting pilot actions, exploring different aspects of the concept of social housing: technological innovation for increasing the well-being of elderly people, experimental housing and co-housing solutions, the involvement the community and private and public networks. The partners concluded the planned activities, tested them and gathered information on the primary experiences.

As was evident from the pilot actions implemented within the HELPS project, the innovative solutions applied in this context also contribute to the comfort and quality of life of the elderly and people with disabilities, thus allowing them to live in their own familiar environments for as long as possible and also to maintain their social networks. Furthermore, the innovations generated by the pilot actions could increase the quality of the services already provided in each territory and improve the welfare system.

For each pilot action, a brief presentation[3] is provided, followed by the perspective of two important European networks operating within the framework of social housing and ageing issues: *Cecodhas Housing Europe* is the European Federation of Public, Cooperative and Social Housing[4] and *Age Platform Europe*[5].

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[3] For further details on pilot actions, see the *Report on Pilot Findings*: http://www.helps-project.eu/pilot-actions.

[4] Established in 1988, it is a network of 42 national and regional federations that together include about 41,400 public, social and cooperative housing providers in 22 countries. Altogether they manage over 25 million homes, meaning about 12% of existing dwellings in the EU. Social, public and co-operative housing providers has a future vision of a Europe that provides access to decent and affordable housing for all, in socially, economically and environmentally

The main objective is to assess the success of this approach from the point of view of affordable housing professionals, in order to work out strategies of transnational value.

Cecodhas and *Age Platform* used the following general assessment criteria to explain their own point of view:

Innovation: Particularly in the social field, it means new practices, policies or processes to meet newly emerging social needs and needs that are not sufficiently met by current practices. This could mean improving the delivery, availability, quality, affordability, effectiveness and efficiency of an existing service or creating a new service that better meets citizens' needs.

Integration: In relation to services, it refers to different approaches for improving coordination between different services, in order to enhance outcomes for the end user. Two types of integration can be identified:
- ✓ vertical – this implies greater coordination between different levels of government;

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sustainable communities and in which everyone is able to reach their full potential.

[5] This is a European network of more than 150 organizations, made up of and for people aged 50+, directly representing over 40 million older people in Europe. Their work focuses on a wide range of policy areas that impact older and retired people. These include issues of anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, health, elder abuse, intergenerational solidarity, research, public transport and built environment accessibility, and new technologies (ICT). AGE Platform Europe also actively takes part in several EU projects. The purpose of their work is to voice and promote the interests of the 190 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them the most.

✓ horizontal – this means bringing together previously separated social services.

Sustainability: Meaning the ability of the project partners to implement their own local action plan.

The choice of these 3 criteria and the corresponding indicators seems relevant, since they encompass the different dimensions of approaches that have proven more successful and more cost-effective (from the point of view of the welfare state) in improving the quality of life of end-users rather than using an alternative methodology.

1. Italy, Friuli Venezia Giulia Autonomous Region, Central Directorate for health, social health integration and social policies (LP)

The pilot project is defined by two sub-actions: the *Co-housing experimentation* based on a solidarity contract and the so-called *Montebello project*: *development of communities and experimentation of advanced forms of homecare services for elderly and vulnerable people*. The first is promoted by ITIS, Public Institution for Social Care, and the second by a partnership between different Public and Private actors: the Municipality of Trieste, the Local Health Authority of Trieste (ASS1), the Luchetta Ota D'Angelo Hrovatin Foundation and the Regional Authority for Public Housing of Trieste (ATER).
The main objective was to support families by creating innovative housing solutions at the regional level.

The *Supportive Condominium* is a project devised for the development of welfare services within the framework of ITIS company activities, by proposing the activation of interpenetration between each individual's need to live in their own home and, at the same time, receive adequate care. The aim is to allow the cohabitation of various generations in the same condominium, with apartments that are adjacent yet separate. The qualifying element of the project is that of the complementary care services that will be offered to elderly residents, as well as innovations to be introduced during the renovation of the building.

The Supportive Condominium envisages a social porter service, provided by a person with appropriate professional training, who will live in the ground floor apartment. The aim of this service is to guarantee the safety and protection of elderly residents, acting as a vehicle between residents and ITIS in the provision of any necessary services. The following basic services are provided: cleaning and laundry, social healthcare and rehabilitation assistance, provision of meals, entertainment, and participation in individual or group trips.

Overall, the condominium consists of 18 apartments (17 housing units plus the premises that will accommodate the social porter service) with varying floor areas ranging from 38 to 90 square metres; 3 of these apartments will be fitted out with the most modern home automation technologies to help disabled people with reduced mobility.

The *Montebello project*: this Community Development and Experimentation of forms of advanced home care for elderly people and vulnerable individuals has a

governance system characterized by a mixture of public and private. These trials will take place in the new Montebello residential complex, built by ATER in a highly urbanized area. The recent construction consists of 12 condominiums, with a total of 180 dwellings. Several of these serve people with disabilities, under the supervision of trained professionals.

In this pilot action, a number of activities were implemented to facilitate the active role of elderly people, such as the development of social porter service, the analysis of needs of and various socialization initiatives.

Albeit in different ways, both projects aim to test innovative forms of residential solutions for vulnerable people, trying to postpone the moment of their transfer to protected structures to a later date. Another element that the two trials have in common is the promotion, again with different timing and methods, of public-private partnerships that adopt the development of communities as a backbone in the creation of a proximity welfare service. In this service, people, in their double role of citizens and users, are the point of reference for the provision of health and social services.

In the Supportive Condominium project, a "solidarity contract" was drawn up, to accompany the rental contract. In this way, the relationships between residents of the condominium and managers of the residential solutions are not regulated solely by legal agreements, but there is also a social dimension that strongly symbolizes the meaning of this form of housing.

Innovative management techniques were also applied in the development of advanced housing schemes. On the national level, these pilot actions signify significant

innovation compared to existing home care and housing solutions.

The EU networks perspective

According to CECODHAS:
Innovation
Among the various innovative elements put in place within the framework of the pilot action, it is worth mentioning the solidarity contract.
The solidarity contract is a kind of agreement between different stakeholders that goes beyond the legal requirements of cooperation and will allow for greater flexibility between partners in adopting the means by which to reach the objectives. A specific comment should be made here, regarding the role of the housing provider, ATER. The experience in other countries confirms that affordable housing providers often limit their participation in such projects/actions to the provision of dwellings. The increase in housing exclusion and the need for products suited to the most vulnerable groups have, however, triggered a change, based on a practice that is generally more frequent in the following countries: UK, Netherlands and Denmark.

Integration
Integration is certainly one of the pilot action's key achievements to date. Cooperation between the Region, the municipal authorities, ATER and the local service providers was intensified (in particular through the Local Support Group), resulting in the solidarity contract. Integrated and people-centred services are often the

result of a long learning process and years of practice. Integration requires a formal commitment from public authorities at the relevant level of competence. In Italy's case, the Regional Authority was the initiator and warranting party in the coordination process, among the various other key stakeholders.

Sustainability

The long-term impact of integrated services on the rents or balance sheets of housing providers and public authorities needs to be evaluated. Some of the experiences of other projects related to the development of ICT devices deployed within a package of services, show that after the testing phase (during which time public authorities or the affordable housing provider usually bear the cost of the new service) it is difficult for end users to sustain the cost of the service.

Regarding the institutional and political resources, the commitment made by the Regional and local authorities shows that there is a real interest in using the new approach increasingly in strategies developed in the area of adaptation to ageing. Concerning the community's existing resources, it is very likely that the good integration of these during the formulation and implementation phases, as well as the first positive results in terms of maintaining vulnerable groups within the community, are encouraging and constitute a good basis for a scaling-up of the action. These pilot actions may be extended to national level, because they bring the quality of life of people suffering from chronic diseases or living with disabilities to an acceptable level. Moreover, the results of the pilot action may be

reproduced at the national level if they are incorporated into a welfare system that focuses on individual needs.

According to AGE Platform:

The Italian pilot action is interesting, since it is at a crossroads between two important issues: "ageing in place" and deinstitutionalization. The objective is to give elderly people and other "vulnerable" groups, such as people with disabilities, the possibility of being better integrated into daily life and society, instead of being parked in specific housing environments. Now, implementing such policies requires the involvement of different stakeholders and good cooperation between them. The innovative management method developed for the pilot action in Trieste is specific to the local/regional patterns.

It is thus integrated into the local context and was designed according to the needs identified in Trieste. It was also made to create ownership of the action, which is an important dimension of the future sustainability of the pilot action. Another important dimension of sustainability is linked to the fact that the buildings and apartments are organized to welcome different groups and generations. Last but not least, the fact that the dwellings were not thought in silos but rather as part of an eco-system is a key factor (e.g. activities carried out around the housing units).

2. Austria, Samaritan Burgenland (PP02)

The Samaritans are one of the largest civic organizations providing social and healthcare services in Austria. They focus on the well-being of elderly and vulnerable people, taking into consideration their needs and requirements to the greatest possible extent.

The pilot activity was developed for the flats of Weppersdorf, located in Central Burgenland, and it is representative, because the services provided by the organization are important for the local community. Supervised flats were built in Weppersdorf with the intention of keeping tenants in their own flats and enabling them to enjoy the advantages of autonomy and safety at the same time. The flats are connected to a nursing home and tenants may take part in its daily activities. Moreover, there is an emergency centre in the same building. Temporary and daily care provided to elderly and vulnerable people relieve family members, for a certain period of time, of their care giving activities and resulting stress factors. Family ties are strong in Burgenland. For the development of the Pilot activities, the Samaritan Burgenland equipped 5 existing supervised flats in Weppersdorf with AAL services in order to allow residents to feel safe and, at the same time, to maintain their autonomy. In addition, the AAL solutions have the effect of postponing institutionalization for as long as possible. Moreover, technical tools available for elderly and vulnerable people were collected in an equipment package and installed in the supervised flats. The tools installed fulfil the requirements of all those areas in which elderly people need help in their everyday lives. Through an adequate combination of technical tools, the target groups receive efficient help. The target group was involved in testing the technical tools, in order to

understand how these tools needed to be modified. The general objective was to make these tools available to a larger group of elderly people, so that they would have the opportunity to enjoy the benefits they offered. The pilot activity consisted of the following steps: internal coordination, analysis of residents' needs, dialogue with external experts (AIT – Austrian Institute of Technology), definition of the technical content, installation of the AAL solutions, training of staff, residents and relatives, and evaluation. In the preparatory phase, the residents' individual needs were analysed in order to adapt the AAL-packages to elderly people. Besides an existing panic buttons, located in the living room and in the bathroom, some sensors were placed in the bathroom in order to collect data about resident's usual movements and daily routines. Reminder functions were installed on the tablet-PC in order to help residents remember to take their medicine, drink enough water during the day, birthdays, etc. Elements promoting health were designed to measure vital parameters and functions (blood pressure, weight, blood glucose level). Data can be collected from such devices through wireless smart phones and submitted to an internet platform. Nursing staff, relatives or the client him/herself may check data, compare it over a longer period and observe trends and changes. Finally, through the social and communication services, elderly people have more opportunities to interact with other people (relatives, other residents, and friends).

The EU networks perspective

According to CECODHAS:

Innovation

One of the tools used in the pilot action is a **central platform** for gathering important information from the ICT-based services and devices positioned in the apartments, such as information relative to safety, health, comfort and social interaction. This complete and real-time monitoring tool is an innovative practice that can help to provide real-time assessment of the elderly residents' needs and also helps to simplify relationships between residents and care and housing providers.

According to the report, despite all the efforts made during the preparation phase of the pilot action, the attempt to involve end users and their relatives (and informal carers) was not completely successful. Indeed, it was very difficult to raise awareness among end users and their relatives about the use of technology as an important tool that could help them to maintain a good quality of life and independence at home.

Integration

Integration with other government levels was not strongly emphasised despite the indirect involvement of the municipality. This apparent lack of vertical integration raises awareness on the ability of the pilot action to be part of the public authorities' wider strategy regarding adaptation to ageing. The same question can be asked with regard to horizontal integration: the apparent lack of involvement of "mainstream" housing providers in the pilot action raises the concern of an incomplete approach to the demographic challenge.

Sustainability

Experience of other projects in which new ICT devices developed by companies are deployed within a package of services, shows that after the testing phase (during which time public authorities or the affordable housing provider usually bear the cost of the new service) it is not always possible to charge end users, who are often from low income households. During the testing, all extra costs related to the installation and activation of the new services were covered either by the technical partner or by the care and housing provider. Therefore, the affordability of the services for residents did not worsen. However some uncertainty still remains over who will sustain the costs in the long term, in the case of an increased number of calls made by the residents towards the technical providers, as part of the support and maintenance mission.

According to AGE Platform:

The innovative dimension of such a pilot action may be a challenge, since there are plenty of pilot projects involving ICT/AAL/eHealth tools for elderly people. However, the way the overall pilot action was led is interesting: first of all, user involvement was taken into account from the beginning and the purchase of tools was made accordingly. The fact that the residents, the staff and also relatives of residents were trained and informed, is a key element: this is acknowledgement of the fact that the elderly person is not living in a vacuum. From AGE's experience in other similar projects, there are commonalities and obviously the issue of the acceptance and ownership of technologies is always crucial, as is the reliability of technology and security in

the use of the data (ethical issues). For instance, it has to be underlined that the involvement of the local GP is an interesting point although this voluntary work can put at risk the sustainability of the pilot.

Another difficulty for the sustainability of the project is linked to technological development, which is obviously difficult to tackle, due to the evolution of the tools, which might make the experience of a pilot action obsolete in few years' time. As mentioned in the pilot action report, the cost for residents/elderly people often comes into play and finding a solution is quite an issue: the decision to end a service after a pilot action, due to personal costs involved, can be even more difficult.

From a very small qualitative study carried out during the Home Sweet Home initiative, AGE gathered some interesting testimonies and lessons learnt from the experiences of different pilot actions: "ICT for ageing well: listen to what older people think." (2013).

3. Czech Republic, The Institute of Sociology of the Academy of Sciences of the Czech Republic (PP03)

In Brno, support and social services for elderly people are mostly provided by important actors in active civil society, such as non-profit and church organizations, as well as private companies. The current pilot action was implemented by the Municipality of Brno (Department of Social Affairs) and the Academy of Sciences of the Czech Republic, Institute of Sociology, Department of Socioeconomics of Housing.

The purpose of implementing this pilot action in the Czech Republic was to prepare an empirical survey that

would provide a knowledge base relative to the potential of alternative social and housing policy instruments targeting the older residents. These instruments allow seniors to continue conducting their normal life and remain as long as possible either in their current home or in other standard forms of housing. Another objective of the survey was to map and evaluate the main housing needs of seniors and also to determine the attitudes and opinions of elderly people with regard to innovative housing and care solutions. During the research, interviews were conducted by using a questionnaire prepared by the Institute of Sociology of the Academy of Sciences of the Czech Republic in cooperation with the Brno City Municipality and members of the Local Support Group.

The respondents were selected, based on rigorous criteria, from the 65+ population of Brno. In addition to quota criteria, the methodology used for selecting the respondents also included spatial criteria: this meant that only one respondent from each household could be included; there could be no more than two respondents from a single building, in the case of a tenement building; a maximum of four respondents from the same street could be included. The main goals were to describe the target population as adequately as possible, to assess their living conditions and their satisfaction with their housing and to provide notions about their future housing. A core part of the analysis focused on the attitudes of seniors in Brno towards new, alternative forms of housing, such as shared housing in one or more housing units, and also the attitudes of housing owners towards so-called reverse mortgages.

Generally it can be said that the option of sharing a larger flat with others (whether spontaneously arranged or through a municipally supported plan for shared / community housing) is more favourably accepted by younger seniors, by men more than women, by seniors living with a partner and by seniors who are still economically active or have a higher level of education. Nevertheless, an important finding is the fact that those seniors most at risk – those who live alone, are unsatisfied with their housing and are also at risk of poverty, owing to their low income – either reject shared and community housing as an instrument for solving their financial or social problems or take a neutral view of it.

The EU networks perspective

According to CECODHAS:
Innovation
Although the City of Brno is engaged in a number of projects targeting the oldest segment of the population, there was still a lack of complex information about seniors' housing conditions and attitudes towards different forms of housing that could be used for decision-making at the local level. This pilot project intended to collect adequate data on the attitudes of a targeted group of seniors, with the aim of finding possible solutions to help in solving their housing situations. The data acquired can be used later on by the local government in the creation of a social housing policy for elderly citizens. The whole project, including

the questionnaire, was based on an analysis of the current bad social housing situation for elderly people in Brno. The overall effectiveness and efficiency of this pilot project cannot be evaluated at present, considering the fact that effective results depend on several factors, including the possible creation of a new social policy that takes into account the preferences of the elderly.

Integration

The pilot project comprises 9 partners, among which, the "Domov pro seniory Vychodilova", the Council of Seniors of the Czech Republic, the Brno-Centre District Authorities, the Real Spektrum Group, the Grand Residence seniors' home, the Brno-Centre of Care Services, the Quality Housing Centre, the ALFA PASÁŽ, spol. sr.o. and the Lumina. Vertical integration was not involved during this pilot project, as all project participants from the public sphere were on the same levels of government, at the municipality of Brno. On the other hand, the horizontal integration of different providers of social services was included throughout the implementation of the project. Social care providers from the municipality and also from the private sector were included. The practical implementation phase of the pilot project was supervised by the Institute of Sociology and professional research agency.

Sustainability

As mentioned above, the pilot action helped in collecting useful data that could be used for future policy creation and also provided possible solutions to questions concerning the provision of social housing for elderly people in the city of Brno. This might lead to the future

non-sustainability of the pilot project. On the other hand, concerning the creation of the future social housing policy, the results gained during the pilot project can be expected to be used in the implementation of future initiatives. The tools, mentioned and proposed in the questionnaire, for providing social housing for elderly, namely shared housing, community housing for seniors, small flats and reverse mortgages, can also be used by other municipalities, by developing their own survey and making adjustments based on their priorities, policy and conditions. The financial costs of this pilot project depend on many factors, especially on the costs of creating and evaluating the survey data.

According to AGE Platform:
The pilot action conducted in Brno very much echoes the methodology promoted by WHO in its Global Age-Friendly City Guide (2008), i.e. gathering elderly people's points of view prior to making decisions in a specific area that concerns them. The results of the large study are not really surprising and they confirm the following:

- The gender dimension of the issues linked to housing;
- The relatively high poverty risk and the impact of the housing budget on the income of the elderly people (often linked to energy poverty),
- The fact that, whatever type of social services exists, information should be delivered and tailor-made to ensure that targeted users are made aware.

AGE was involved in a project linked to the issue of housing and elderly people: DemHow (Demographic

Change and Housing Wealth - FP7), in which the specific issue of reverse mortgages was part of the research. Currently, AGE is partner in the EMIN project, which looks at the issue of minimum income and brings to light the elderly people's perspective: the objective is to define a minimum package of goods and services that are essential for elderly people.

The sustainability of this action currently depends very much on the way in which the data collected will be used by the municipality to fine-tune its active ageing strategy, specifically in the area of housing.

4. Germany, City of Leipzig, Economic Development Office (PP05)

The main objective of the pilot action was to develop sustainable solutions for tackling demographic change. The outcome was closer cooperation between the health and housing sectors, which will in turn support an integrated care and housing structure in Leipzig.

Another objective is to improve networking, communication and cooperation between the health industry, the housing sector and healthcare. Creating new powerful networks between representatives of the institutions dealing with the target group will strengthen similar initiatives and partnerships.

The general objectives of the pilot actions were to publicize issues affecting elderly and disabled people in Leipzig, to strengthen networks and to provide services and information for elderly and disabled people.

The pilot actions were intended as a way of helping elderly and disabled people to live longer at home and thus preserve their independence.

Within the framework of the pilot action, PP5 achieved two activities: the development of a website[6] with special functions and the setting up of a showroom where a model flat can be visited. The showroom has specially designed furniture and accessories that facilitate life for elderly people or others with special needs.

The website includes a number of tools for finding specific service providers and institutions offering services for elderly and disabled people. For example, the first tool contains a search function for the area of interest: living, health care, shopping, neighbourhood assistance, mobility and driving services, leisure, security, Senior Citizens' Offices, municipal amenities and skilled trades.

The second part of the pilot action comprises an exhibition of innovative housing design solutions for elderly and disabled people, showing ways in which their homes can be adapted. In addition, a consultant is on hand, to give individual advice on how the quality of life of people with special needs living in their own home can be improved.

Within the framework of the second pilot action, an innovative showroom with special furnishings, fixtures and fittings for the elderly and people with special needs was created. Its intent was to inform the target group of options that provide real help for living comfortably at home. The innovative exemplary exhibition was designed

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[6] www.kompass-leipzig.de.

to include ideas suitable for the kitchen, bathroom, living room, and bedroom. The showroom can be visited during regular opening hours and is a barrier-free environment.

All the activities of the pilot action were intensively promoted at various events. PP5 took part in exhibitions, open days hosted by municipal housing advice agencies, dementia days and meetings held by various associations and partners.

The EU networks perspective

According to CECODHAS:
Innovation
One of the most interesting aspects was how innovation came from a rather unexpected source: feedback from the senior residents. While the project partners were willing to focus on the presentation of an exemplary adapted dwelling, which would include an adapted bathroom, kitchen, chairlift, etc…, the members of the senior citizens' delegation underlined the importance of sustainable projects and ideas focusing on the human element and not just technical aspects. The pilot actions were therefore slightly adjusted to focus more on human advice and support. The presentation of the adapted dwelling, combined with simpler forms of support, might have a more positive impact on the quality of services provided to elderly tenants.

With regard to the website, this offers a centralized service, where elderly and vulnerable people, intermediaries like their families, Senior Citizens' Offices and the Department of Social Services, etc., can obtain individual information about special services in Leipzig,

while providers offering suitable services can join the website. This instrument might help to create demand for such types of adapted dwellings, while increasing shared knowledge of the current provision of services.

Integration

The cooperation between various networks, which include private and public stakeholders (city of Leipzig, University, Social Insurance Company), is one of the characteristics of the project. However, the report does not mention how the pilot actions are inserted into a more general strategy for independent living in the "Land", which would include, for instance, social housing providers. Furthermore, despite the feedback from the Senior Citizens' advisory board, questions about the feasibility of the long-term involvement of tenants still remain.

Sustainability

In terms of community resources, we can remark that this characteristic of Leipzig ("On the one hand, the size of the under-18 age group is growing due to families moving from rural areas to the city, as a result of the expanding economy and higher quality of life. On the other hand, the number of people aged over 80 is also increasing.") could lead to better use of intergenerational measures in order to ensure sustainability. For instance, this is the intergenerational housing model (which is either shared or adapted), the objective of which can only be shared by a public policy in favour of growing old comfortably: to bring together, through housing, the mutual interests of two generations that, whilst they

both have similar solvency difficulties, may be able to provide one another with mutual support and services.

According to AGE Platform:
The pilot action conducted in Leipzig sounds very interesting and although it is made up of elements that are not really innovative, the idea in itself is innovative and of great impact for elderly people. The market of products for senior citizens is fairly large and they often do not know how to move around within it. Therefore, providing them with support tools that will help them make their choices, brings added value. Interestingly, the initiative has taken on-board the issue of affordability, which is a crucial element: too often products designed for elderly people are part of an expensive "niche market". It would be interesting to expand the abovementioned initiative to include products that follow the Design for All approach, meaning that they are not specifically targeted at elderly people but are suitable for them.

This pilot action can validly support the idea of ageing in place by providing individuals with the support that will allow them to choose products and services that help them to adapt to the dwelling.

The experience also shows that the partnership with private partners is not that easy. This will actually be a key point for sustainability: the support provided by the city of Leipzig is important and there is now a critical need to have more private partners on board, in order to diversify the offer.

5. Hungary

Pilot Action / Part 1, **Municipality of the City of Debrecen (PP06)**

Within the framework of HELPS, the Municipality of Debrecen and the University of Debrecen (Department of Sociology and Social Policy), in collaboration with the Local Support Group, developed a training course for informal caregivers, focusing on care activities provided for elderly people.

The objective of the pilot action was to prepare informal caregivers (friends, relatives, neighbours of elderly people and people with disabilities) for care giving, so that the target group receives adequate assistance at home and they do not have to move to residential institutions in order to receive care and nursing. In most cases, family members help their elderly relatives and they do this without any training or professional skills. Therefore, they cannot give full range of care and, as a result of this insufficient care, it is more likely that elderly people will need to move to residential institutions that provide nursing and care. The objective is not to remove professional caregivers from the system, but the aim is to keep elderly in their home environment, by giving training and improving the skills of those people living close to them.

In the first part of the training course, participants received theoretical training. The theoretical training includes information about social services and teaching about nursing activities. In the second part of the course, informal caregivers received practical training. The

curriculum also contains knowledge to help prevent burnout.

The Department of Sociology and Social Policy (University of Debrecen) prepared the training material. The participants of the training course received this material in printed form. Thus, informal caregivers have access to it after the training if they wish to refresh their knowledge.

17 informal caregivers took part in the course. 10 of these are caregivers of an elderly family member and 7 of them are volunteers. Therefore, there were a total of 24 indirect beneficiaries of the training, if we assume that volunteers provide home care to at least two elderly or disabled people.

The first experience showed that the informal caregivers obtained relevant skills during the training. In their feedback, participants emphasized that as well as the professional skills learned, they also received help in maintaining their mental health. On the one hand, they could ask the trainers questions and share their own care-related issues with them. On the other hand, a supportive environment emerged among participants in similar situations.

On the basis of follow-up provided after the first six months, it appears that participants make use of the advantages of training in a group: they keep in touch with each other. Thus, they can assist each other by sharing information and keeping each other company in the future.

Pilot Action / Part 2, **Hungarian Charity Service of the Order of Malta (PP07)**

In Hungary, population age composition is asymmetric. Elderly people amount to 26.3% of the population. Ageing is the result of demographic processes: due to rising life expectancy and low and constantly decreasing fertility, the proportion of elderly people exceeds that of the young age groups.

As a reaction to these developments, the Social Services Act offers a number of services to the elderly at local level. They may have to resort to home care, food, outpatient day care services (clubs for the elderly) and in-residence social care services (old age homes). The providers of social care services are unevenly distributed across the country, partly due to the different characteristics of the different regions, and partly due to the limited financial resources of many municipalities. According to estimates, demand is 30 times greater than supply of these services and the accessibility of services is limited. Therefore, those family members who take care of their elderly or disabled relatives for at least 8 hours a day can apply for a carer's allowance. The amount of this allowance is extremely small: cc. 100 euro per month. Informal carers providing home care get hardly any practical support in Hungary. This is also true for those who receive a carers' allowance, which is only (very low) financial support (see above.) If we think about simple care tasks (like feeding, personal hygiene) or more difficult jobs (like treating decubitus or changing diapers), there is currently no simple, easy-to-access training material (including audio-visual elements) offered to informal carers as a basic source of support.

The HCSOM pilot action is a dynamic online website, available in Hungarian with various menu points on

webnővér.hu, and now has its key feature (tutorial videos) translated into 7 European languages on webnurse.eu. When designing the WebNővér.hu website, HCSOM attempted to collect and make available all the information and support that informal carers might need during their every-day tasks. As most of them are not professional caregivers, even the (seemingly) easiest care methods may prove difficult for them to carry out. The 45 short *tutorial videos* are now available to help them learn and safely utilise basic home care tasks. Besides the videos, visitors of the Hungarian language website can make use of a *search engine* for finding all the social, welfare and health institutions, as well as Maltese services that it might be necessary to look up in relation to the care provided. At the same time, users can send their care-related or legal questions to our experts via two *help-desk* menu points, as personal consultancy might be important in many cases. Another feature on the website offers valuable *food for thought* for those who need some mental recreation in the midst of their gruelling tasks, while the *Dietetics* section offers various easy-to-prepare recipes for every diet, together with interesting articles regarding nutrition.

The EU networks perspective

According to CECODHAS:
Innovation
Part 1.
This pilot project cannot be deemed innovative, due the fact that, at present, is it normal practice for

organizations to train their employees in many different contexts. On the other hand, the training available for relatives and individuals sharing a household with disabled elderly people can be considered innovative, based on the fact that it will prevent the elderly from moving to residential institutions that provide nursing and care. However, this action offers an interesting perspective, as it involves different stakeholders, especially the University: it has the advantage of giving a group of informal carers the opportunity to meet and exchange information, over and above the training. From the point of view of home care for the elderly provided mostly by relatives living with them in the same household, it might have been useful and beneficial to also involve partners providing social housing in the pilot project, as they would be able to shed some new light on the alternative housing possibilities and joint health care, with the aim of improving the delivery of health care to elderly.

Part 2.
This pilot project can be considered innovative, due to its modern approach in creating an e-learning website, accessible by any interested individual, who will gain information and an overview of how to provide basic health care to elderly people in need, by browsing through the videos and interactive materials. Both delivery and availability of the information can be improved, in view of the fact that the website created during this project, with all its instructional videos and material, will be free of charge and open to all interested users. Quality, effectiveness and efficiency cannot be evaluated in this phase of the pilot project, due the fact

that there are no statistics available and considering the fact that short-term ex-post evaluation is needed. The affordability depends on project costs. However, we consider this pilot project to be affordable based on the fact that it will cover a broad group of individuals who only need an Internet connection to obtain the information.

Integration
Part 1.
It might have been useful and beneficial to also involve the partners responsible for providing social housing in the pilot action, as they would be able to shed some new light on the alternative housing possibilities and joint health care. However, the partnership involved in the action is quite extensive and representative, as it includes, in addition to the municipality of Debrecen, other important institutions, like the University of Debrecen (Department of Sociology and Social Policy), the Elderly House of Debrecen, Social Services of Debrecen, Club of Retired Kindergarten Teachers, Pensioners' Association of Debrecen, Together with Us (Velünk Együtt) Foundation, Tree of Life (Életfa) Volunteer Centre and Open Doors (Nyitott Ajtók) Social Centre of the Reformed Church.
Vertical integration was not observed in this pilot project. A sufficient level if horizontal integration was obtained, by bringing together the cooperation of the public and private sectors. Both sides contributed equally.

Part 2.
Vertical integration in this pilot project was not observed. However, a high level of horizontal integration can be

observed, due to the impact of information provided by the project website to a wide group of individuals from different fields of social care and to social services providers. The horizontal integration covered all participants, from public and private providers, organizations and individuals to volunteers dealing with social care for elderly people.

Sustainability
Part 1.
The sustainability of this practice is closely connected to the affordability of costs. Affordability, in fact, is highly dependent upon tuition fees for each course participant, as well as the overall costs of providing the training. In some cases, neither the municipalities nor the participants may be able to pay the required fees. There are no institutional or political obstacles preventing the project from continuing in the longer-term. Indeed, this form of health care training can also easily be adopted by other organizations. A possible obstacle for long-term sustainability might be the need for financial resources in the preparation and organization of the project, with respect to a small target group of participants.

Part 2.
We cannot observe any institutional or political obstacles preventing the continuation of this project in the long-term. A significant obstacle may be the high costs of elaborating the pilot project and for operation and sustainability of the pilot project. For this reason, it may be difficult for some organizations to provide this kind of website service. Website sustainability is directly linked to the number of users. Currently, webnővér.hu has a

daily average of 350 visitors. Each person spends about 6 minutes on the website: they do not only take a short look at it, but browse through the content. In the first two weeks following the press conference, 2000 people visited the website every day, which shows that PR activities are necessary for the effective dissemination of the pilot project.

The Hungarian Charity Service of the Order of Malta is determined to maintain the website and its services after the project ends. Moreover, HCSOM is planning to extend the portal's content to other target groups (children, disabled people, etc.) in order to provide more people with key information. HCSOM believes that an Internet website knows no boundaries. Those who find it and use it will benefit from it – whether they are informal or professional care providers, relatives, neighbours or friends of people in need, or anybody is interested in making someone else's life better and easier. There is also a plan to disseminate the video links in Hungary and abroad.

According to AGE Platform:

The two pilot actions have the same kind of target, although they address it in different ways: the issue of informal carers is indeed at stake in an ageing society. The high burden they face and the need for more support has been demonstrated by different studies. Here, support is provided through training, to help them better manage their care responsibilities. The Debrecen pilot action offers an interesting perspective, since it involves different stakeholders, especially the University: it has the advantage of providing a group of informal carers the opportunity of meeting and exchanging

information, over and above the training. The pilot action conducted by the HCSOM is almost complementary to an ICT-based video tool.

Part of the sustainability issue is how to maintain the offer of training after the project has ended, as well as giving already-trained informal carers the possibility of continuing to exchange their experiences. For the ICT based training, the issue revolves around the dissemination of the video links in Hungary and abroad.

6. Poland, Poznań Supercomputing and Networking Centre (PP09)

The general objective of the pilot action was the development and adaptation of selected ICT technologies, to enable an open platform for the design, implementation and verification of innovative AAL solutions through a bottom-up approach.
The pilot action was carried out through several implementation phases. Concept development began by determining the experimental measures. The concept was to define accessible goals and create prototypes in order to achieve them.
The needs of the two main target groups (elderly and disabled people) were taken into consideration while developing the plans. The common priorities and identified needs of elderly people are: preventive health care activities, access to free medical examinations, access to information, social relations, leisure activities, and safety. The disabled people's special needs were

support relative to independent household management, everyday activities and outdoor safety.

During the project, special equipment was bought, such as "all-in-one" user terminals with touch screens, tablets, personal e-health devices (blood pressure gauges, pulse oximetry scales with body analyser, spirometer), smart home sensors (such as temperature sensors, motion detectors, luminance sensors, door/window sensors, electrical power consumption sensors), GPS devices and various accessories.

One of the developed prototype applications was a shared e-Health prevention station. The shared e-Health prevention station allows an elderly person to control essential health indicators, such as blood pressure, blood oxygen saturation, lung capacity or weight over time, and receive recommendations. At the same time, the use of a range of medical devices is facilitated by an innovative human-computer interaction approach that provides vocal instructions. Data collected by the users are stored in their personal accounts, accessible only by using a special participant card: data are stored anonymously, i.e. only the cardholder knows to whom the data belong. A pilot installation of the station was implemented at one of the centres of the Poznań Day-Support Centre System, where medical consultation is also available.

Another of the pilot action's applications was the daily activities manager. This is intended primarily for the intellectually disabled, but it can also be useful for elderly people. Its aim is to support the fulfilment of daily activities. This application makes it possible to define a schedule of tasks with detailed descriptions and is monitored by the service, according to the required time constraints. A touch-screen computer with a simplified

user interface is the basis for successfully supporting cognitively impaired employees in managing their time and tasks at work.

A smart home-monitoring application functions by using several sensors interconnected in a homogeneous network and analysed by software algorithms, in order to detect specific events that trigger informative alarms. This application could be used in several different scenarios.

The EU networks perspective

According to CECODHAS:
Innovation
Innovation was applied to several aspects, such as:
- The use of participatory methodology for the direct involvement of the end beneficiaries in the development of ICT care applications;
- The use of a new form of ICTs in interventions otherwise performed without or with traditional, mild use of ICTs (e.g. simple web portals);
- The sharing of equipment infrastructures among larger groups of potential beneficiaries (i.e. elderly people) enabling the more efficient use of resources and better access to benefits for most vulnerable groups (e.g. poor people).

The pilot action did not aim to replace the public services delivered within the healthcare and social care policy established in Poland. Instead, it attempted to create an environment (in the form of an open platform based around a technically supported 'living lab') in which innovations are developed, in order to take advantage of

ICT capabilities and improve interventions delivered by the institutions and organizations responsible for providing support to vulnerable people (elderly and disabled). In this context, its long-term rather than short-term efficiency must be measured, following the creation and deployment of prototype AAL applications involved in the activities of the above-mentioned institutions and organizations.

Integration
Several partners from the public and private sectors were involved throughout the duration of the entire pilot project. The vertical integration was not affected, due to the same level of government and governance of all the participants.

On the other hand, the horizontal integration brought together the whole tripartism including educational institutions, NGOs, private social care services providers and public social care providers. The horizontal integration in the pilot action went beyond the boundaries of the project, following the involvement of other social care recipients and employees of social centres.

Sustainability
There are no significant political or economic obstacles preventing the continuation of this pilot project, thanks to the low maintenance costs, once all the technical equipment has been provided. On the other hand, high operational costs may prevent the implementation of similar projects.

According to AGE Platform:

Similarly to the Austrian pilot case, the innovative dimension of the pilot led by Poznan is based on user involvement in the development of AAL solutions, although it seems to be rather obvious that it is not often applied in practice. It is also interesting to see that long-term evaluation is planned, which is actually important in order to truly measure the impact of the AAL tools. Indeed, the use of these tools will change the way the work is performed and organized, meaning that an adaptation phase is needed. The integration seems to be quite successful, with transition from the pilot action to larger-scale utilization, which is always the critical point.

The sustainability criteria have been clearly identified by the partners and the experience made within the project to expand the experience above elderly people to people with intellectual disabilities demonstrate a strong case. The strength of the pilot action is also the result of the strong partnerships involving key stakeholders. The most sensitive issue to be dealt with will probably be the financial issue.

7. Slovenia, Slovenian Federation of Pensioners' Organizations (ZDUS), (PP10)

The pilot action was developed for the area of Ljubljana. Through the implementing organization, ZDUS (Slovenian Federation of Pensioners' Organizations), it was easy to involve members of the organization as potential users. ZDUS brings together 503 local organizations and clubs as an umbrella organization. It has 233,000 members, making it the largest organization in Slovenia.

ZDUS established an Info Point in Ljubljana, with the specific objective of providing up-to-date information and advice to the elderly about different housing and care options: availability of places in sheltered housing and nursing homes, home care assistance, co-housing, advice provided by experts on the adaptation of houses in an age-appropriate manner, legal support on estate/housing options, reverse mortgages, opportunities to move from current housing units to age-appropriate ones, etc. The general objective of the pilot action was to promote more flexible thinking about housing options, by means of a media campaign to raise awareness, publications, lectures, round tables and other promotional events.

As part of the specific objectives of the pilot action, the Slovenian partner carried out activities linked to the info point and its direct users.

During the implementation phase of the pilot action, ZDUS carried out numerous promotional activities to disseminate the service. They published 32 articles on the subject, gave 5 interviews and promoted the pilot action and its activities through several presentations and lectures, including interviews and articles in the local and national media.

The implementation process included counselling as a tool for providing advice and information for users (beneficiaries) and family members, available at the front information desk during opening hours, by scheduling meetings or telephone calls. The process of solving users' problems or addressing their specific housing problems followed the logic of case management, highlighting the creation of well-thought out and comprehensive

help/care plan, designed with the cooperation of the users. This plan included:

- ✓ Users' problems, needs, and desires, as determined by findings from users' assessments;
- ✓ Strategies, such as treatment and interventions, to be determined in order to address users' problems and needs;
- ✓ Goals to be achieved and the timeframe(s) for achieving them, resources available and the client's desires/motivation that may have an impact on the plan.

The EU networks perspective

According to CECODHAS:

Innovation

This pilot project can be considered innovative. The innovation is mostly represented by personal consulting provided by the info point. It was open to the public, approachable by elderly people and supported by the marketing campaign. Efficiency can be assessed, based on the number of elderly people who were helped by the info point to find suitable housing.

Integration

Due to fact that this project was accomplished by a single organization, on its own, without any cooperation, it is hard to measure the primary integration. On the other hand, this project was supported by numerous organizations that provide social housing or participate in policy creation, from both the public and private sectors and, therefore, secondary integration on a horizontal

level was, from our point of view, successful. In fact, this model contributes to optimizing cooperation between the government and the civil sector, in order to improve the social sphere.

Sustainability
The info point improved the usage of other social services provided by the state and by the NGO sector, as it shared information about services in the area of housing and care. Therefore, the pilot action maximized the efficiency of housing services, as well as its own functioning. By promoting cooperation between professionals, clients were able to access personalized information on issues affecting housing for the elderly. Although the of pilot action period is over, the info point is still open for clients to use in 2014, because the Slovenian partner managed to get some local funds for covering basic costs; a search for additional funds to continue the activities in the future is currently underway. Through the pilot action, experts in the involved sector were able to carry out effective work and cooperation, while getting closer to clients. Based on the success of the pilot action, the partner wishes to extend the pilot action to other cities in the future.

According to AGE Platform:
The Ljubljana pilot action offers an interesting basic service, which is essential to elderly people and their families. Indeed, as clearly explained, far too often, services for elderly people are linked mainly to health and care, but tend to neglect features that are of fundamental importance in the lives of elderly people. Considering the new needs that emerge with ageing,

finding a one stop shop giving information on different forms of dwellings is key. It can help considerably in fulfilling the wish of most elderly people to age in place and also avoids tardy decisions relative to changing places when a home is considered unsuitable.

In terms of integration, it may have been worthwhile to involve both social and private tenants organizations in the work, in order to create a true partnership that might have impacted their own ways of looking at ageing.

As clearly explained, sustainability is closely linked to funding for those people running the services. This is where a partnership with other organizations might have strengthened the case of the pilot action.

8. Slovakia, Association of Towns and Communities of Slovakia (ZMOS) (PP11); Institute of Sociology, Slovak Academy of Sciences (PP12)

Pilot Action / part 1

Throughout the duration of the pilot action, the Association of Slovakian Towns and Communities of Slovakia, the Institute of Sociology, the Slovak Academy of Science, the Social Department of the Municipality of Nitra, the Association of Samaritans of the Slovakian Republic (ASSR) worked together. In order to use this bracelet an emergency home call base was installed in the user's home and connected to a landline or mobile network. Users may use the bracelet continuously, as it does not interfere with their daily activities. The bracelet

can make an emergency call from anywhere and in any situation if the user feels that he/she is in danger or in need of help. Some of the users were connected through an innovative mobile emergency call service. The mobile emergency phone device is able to detect GPS coordinates and indicate the client's location on a map. The device was tested with the help of 50 pensioners. 18 of them had already been users of the e-nurse service operating in Nitra. Of 32 new users, 16 tested the appliance for home emergency calls and 16 started using the appliance for mobile emergency calls. It was the latter group that also tested the bracelet.

The first step was to approach people who are recipients of urban social services.

The Samaritans Association, in cooperation with representatives of Nitra's Social services department, provided initial information on operating the system, educating clients and their integration into the system. During the testing and monitoring phase, a questionnaire was developed, to collect all necessary data. Most of the questions in the questionnaire contained several pre-prepared answers, due to character of its target group – elderly and vulnerable people, who might not have been able to provide relevant details on their own. The project team also had to deal with the inability of the elderly to fill-in the questionnaire without help, mistrust toward strangers, unwillingness to answer personal questions or simple forgetfulness. To minimize risks, the project team decided to disseminate the questionnaire in two different ways. The City of Nitra identified some of the clients as clients of its own nursing service and therefore asked its employees to assist the elderly with the questionnaire. The remaining clients were contacted by

phone, as personal visits were not possible. During the test, partners were careful about providing the appropriate information on how to use the device and they explained the advantages of the system: it is possible to ask for help using the button on the bracelet anytime and anywhere. It became clear that elderly clients needed time to handle the device, to overcome the challenges of using it and to start believing that they would not break it or use it incorrectly.

Pilot Action / part 2

The second part of pilot action was carried out in Petržalka, the most densely populated district in the town of Bratislava. Within the framework of the pilot activities, 20 employees from the social sector were selected to participate in a two-day training exercise. The aim of the training was to enable social workers to help elderly and vulnerable people to remain in their homes home as long as possible. The participants attended a study trip to Austria to exchange experiences regarding care for senior citizens and vulnerable people. They were shown some practical examples and innovative working practices for the social sector.
The training syllabus:

- ✓ Changes in social services with special focus on supporting informal caregivers;
- ✓ Statistical indicators;
- ✓ Changes in social services in the light of current legislation;
- ✓ Characteristics of social services;

- ✓ Competencies of local and regional authorities involved in the social services sector;
- ✓ Procedures in social affairs;
- ✓ Financing the social services;
- ✓ Innovation and community planning;
- ✓ Best practices.

During the training, participants developed a community plan based on the coordination of national priorities and local characteristics and practices. During the community activities, different areas of social care supported the local community with the objective of finding a way to solve the challenges within the social care system. While completing this task, an atmosphere of cooperation emerged between social workers and the members of the local civil society. They sought to identify possibilities for leisure time activities and collaborated with young people and women on maternity leave to identify opportunities and barriers.

The activities also had indirect impacts. Employees improved their expertise as a result of the training.

The EU networks perspective

According to CECODHAS:
Part 1.
Innovation
The emergency home call system project was a unique pilot project on the conditions of social care provided in the Slovak Republic. Bracelets worn by clients were used as a primary tool for possible emergency calls. Users were wirelessly connected to the emergency home call

bases, which were installed in their homes and connected to a landline or mobile network. The transmitters on clients´ wrists were watertight and shockproof.

The project provided high-quality services from the point of view of the high-tech devices used, as well as the entirely maintenance-free running of the devices. Although the innovative part is not obvious, this is an important service that is now being used more and more. All the difficulties encountered during the pilot phase match the feedback we usually hear at AGE regarding this type of bracelet: elderly people experience anxiety with regard to the reliability of such technologies and these need to be functioning properly before they are put into effect, otherwise trust is lost and it is not easy to rebuild it.

Part 2.

This pilot project cannot be deemed innovative, due to the fact that the overall level of innovation in this pilot project was limited. In modern social practices, partnerships are usually created, in order to share experiences among different cities, regions or states, even though, in this case, new trends and approaches to social care were involved in the pilot action. The involvement of a Slovak-Austrian partnership is probably effective, considering the fact that Austria has long-term experience in providing social housing and social care. However, quality, effectiveness and efficiency cannot be evaluated, based on the fact that the professional approach, new skills and knowledge gained by the social workers involved, must be evaluated ex-post, at intervals of at least one year. The training of professionals is often

an issue, especially in relation to care for elderly people, where there is little specialized training (contrary to care for children or people with disabilities). This is a key element in creating a good quality service. The involvement of volunteers and informal carers also brings added value by facilitating the exchange of experiences and dialogue between stakeholders.

Integration

Part 1.

Considering the fact that the nature of the pilot project is based on integration, it can be said that this goal was achieved at a high level. During the entire pilot project, different participants from public and private sectors were involved and cooperated together. These included: the Association of Towns and Villages in Slovakia, the Institute of Sociology of the Slovak Academy of Sciences, the Town Hall of Nitra – Social Department, the Association of Samaritans of the Slovak Republic and the Prounion. Each of these participants was involved based on their important role during the project. With regard to vertical integration, the cooperation and co-financing of the Town Hall of Nitra and the Central Office of Labour, Social Affairs and Family was necessary. Within the meanings of the horizontal integration, the Social Department of the Town Hall of Nitra and the Association of Samaritans of the Slovak Republic, both social services providers, were brought together.

Part 2.

The pilot action involved the Association of the Towns and Villages in Slovakia, the TIDE agency, Petržalka – a district in the town of Bratislava, the Town Hall of Nitra,

the Samaritan Burgenland, the Institute of Sociology of the Slovak Academy of Science.

Throughout the pilot action, the vertical integration was not affected, due to the fact, that the main project partners involved were towns with the same level of government, as well as the employees, who were participating in the pilot project.

As for the horizontal integration, different social partners and providers of social services were involved in the pilot action, from both the private and public sectors and, therefore, the project can be considered horizontally effective and integrative.

Sustainability

Part 1.

The sustainability of this pilot action may be limited, due to financial issues: if, after the pilot action has ended, users have to pay to continue, this is a tricky issue to handle and also to anticipate at the beginning, especially if the service is fairly expensive. In fact, what stands out is the high cost of setting up the pilot project. This came to an overall amount of 15,680 euro for 50 clients, over a period of 4 months, and a total service maintenance cost of 25,800 euro, including state subsidies, as well as the financial inefficiency in the case of providing this service to less than 430 clients.

The financial issue should now be balanced by the positive impact of such a service, which is able to help keep elderly people in their own homes for longer and reduce late intervention. The cost benefit analysis is a key element in demonstrating the added value of such a service.

Part 2.

The pilot action can be deemed sustainable, based on the fact that participants from the pilot training can already share the knowledge and experience they gained, with other employees of both participating Town Halls and social centres.

The pilot action can also be considered affordable and available to be used in other project member countries. With regard to the sustainability of the action, the involvement of partners responsible for social housing provision could also be recommended, so that the activities and skills gained may be used in a more practical manner, for solving the problems of providing adequate housing for elderly people.

According to AGE Platform:
Part 1.

For the first pilot action in Nitra, the innovative part is not very obvious, although this is an important service that is now used more and more. All the difficulties encountered during the pilot phase match the feedback we usually hear at AGE regarding this type of bracelet: elderly people experience anxiety with regard to the reliability of such technologies and these need to be functioning properly before they are put into effect, otherwise trust is lost and it is not easy to rebuild it. Misuse of the bracelet is not surprising and some studies have revealed that elderly people often use the bracelet for getting in touch with someone and speaking with them: social isolation is often a far greater problem than the real risk of an accident. The sustainability of such pilot actions is often limited, due to financial issues: if, after the pilot action has ended, users have to pay to

continue, this is a tricky issue to handle and also to anticipate at the beginning, especially if the service is fairly expensive.

The financial issue should now be balanced by the positive impact of such a service, which is able to help keep elderly people in their own homes for longer and reduce late intervention. The cost benefit analysis is a key element in demonstrating the added value of such a service.

Part 2.

The second pilot action (Petrzalka) is an interesting social innovation case aimed at building capacity among care professionals on ageing in general.

The training of professionals is often an issue, especially when related to care for elderly people, where there is little specialized training (contrary to care for children or people with disabilities). This is a key element in creating a good quality service. The involvement of volunteers and informal carers also brings added value by facilitating the exchange of experiences and dialogue between stakeholders.

3. The local action plans: from local to transnational level

The project triggered a process of elaboration, sharing and dissemination of the local action plans developed by each partner. The Local Action Plan should mean a future strategy for each partner, to be implemented at local level. It is a strategic tool that contains visions, approaches and individual innovative measures that will allow the concrete sustainability of each pilot action. Within this framework, it would be possible to create a basis for implementing the local policies, outlining the essential elements that will ensure the implementation of economic, environmental, political and social strategies. The local action plan could be defined as a guideline for enhancing and capitalizing on the lessons learnt within the project. It contains a set of methodological and practical measures aimed at encouraging the innovation process triggered by the pilot action and identifying the strategic elements for the sustainability of the initiatives.

3.1 A key actor: the action learning set

The Action Learning Set (ALS) is a select group of experts who, operating in connection with the members of the Local Support Group (LSG) who managed the pilot action, shared methodologies and instruments used to develop the Local Action Plan, starting with the results of the pilot actions.
The ALS was composed of 3 people: 2 members of the partner organization and 1 external expert.

The choice of the working group members was based on their roles in the ordinary activities and the opportunities they could give in terms of transferability.

In each group, there was at least one component able to:

1. Take an active part in the decision-making process within the pilot actions;
2. Take an active part in the planning process in the field of new European policies;
3. Involve umbrella organizations at national and European level in order to implement and disseminate the content of the Local Action Plan.

At local level, the members of the ALS were involved in the following activities:

a) Identifying target groups and stakeholders;
b) Selection and management of participatory methods for the elaboration of the local action plans;
c) Organization of local dissemination events;
d) Elaboration of the local action plan;
e) Presentation of the LAP to the local stakeholders.

At transnational level, the local action plans have been shared and were improved through constant peer review. The transnational meetings organized within the partnership gave the ALS an opportunity to compare the weaknesses and opportunities identified during the implementation phase of the pilot actions in each local context.

3.2 Methodology of the local action plan

The two common strategic elements that characterized the local action plans are:

  i. A participatory approach;
 ii. A strategy for ensuring the upscaling of the planned actions through higher and wider levels of governance.

The bottom-up approach was guaranteed, as several local direct and indirect actors participated in decision-making relative to the strategy described in the local action plan and in the selection of the priorities to be pursued in their local areas. Within this framework, the bottom-up approach is integrated with the regulatory functions performed by the government, as it is the precondition and the best way to identify the needs of the target group for achieving better overall results.

The effectiveness of the social care policies targeting elderly and vulnerable people depends on the ability of policy makers to listen to the stakeholders, making it possible to include different perceptions of the problems and acquire this information directly from the beneficiaries.

The other common element of the local strategy is the possibility of upscaling the planned actions through higher and wider levels of governance. Each action plan mapped the instruments used in existing policy, the role of which is to create a connection between policy-makers and civil society.

3.3 Co-production of services: a reading key to combine local innovative strategies and ideas from the bottom

Each Local Action Plan used strategies and actions within different areas of intervention: training and information, comfortable living, research and development; however, in all the actions undertaken within the HELPS project, there was a common trend towards a conceptual framework and action: the co-production of services.
The local strategies adopted by each partner converge towards a model of community welfare.
Within this framework, there is recognition of the recipient of the action, the citizen and the capacity of civil society organizations and the need to become active collaborators in the process of planning and implementing interventions.

Some definitions of co-production of services can help us to clarify this point.

"Process through which inputs used to produce a good or service are contributed by individuals who are not 'in' the same organization."(Ostrom, 1981)

"The involvement of citizens, clients, consumers, volunteers and/or community organizations in producing public services as well as consuming or otherwise benefiting from them." (Alford, 1998)

"Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in

this way, both services and neighbourhoods become far more effective agents of change." (Boyle, Harris, 2009)

The co-production or co-creation of services is a broader way of talking about community involvement, voluntarism, participation in social care services in a personalization and deinstitutionalization context. The central idea is that individuals, family relations and neighbourly relations are resources of the welfare system able to make the social services more efficient and effective.

The co-production of services could represent a way of interpreting the innovative practices presented by the LAPs, within the framework of five innovative trends relative to social housing policies:

a) Innovative regulatory and management tools for Public-Private Partnerships;
b) Development and use of ICT tools for elderly and vulnerable people;
c) Cooperative funding strategies for housing and social care;
d) New roles for actors in social care;

We will now briefly examine how the Local action plans are involved in these trends.

a) Innovative regulatory and management tools for public-private partnerships

A crucial area of intervention in which the Helps project has experimented innovative solutions is that of public-private partnerships (PPP).

This was an issue and a central instrument in the European Union's recent innovation strategies; in the reform process of the welfare policy (including housing, elderly and vulnerable people) the PPP responds to the need to optimize scarce resources and expertise and to consider different approaches.

a.1) Friuli Venezia Giulia Region: *Guidelines for a new concept in housing solutions for vulnerable groups*

"At Home is Possible" (AHP) was conceived as a form of housing for vulnerable groups, aimed at being an intermediate level between care homes and the private home of the individual, as part of the vast range of Social Housing.

According to the LAP of the Friuli Venezia Giulia Region, the objective of the At Home is Possible form of housing is to encourage **participatory planning** and organization. As part of the implementation of the AHP initiatives, proposals coming from public/private partnerships are encouraged. Those initiatives co-participate in the process of planning and organizing all the actions concerning experimentation of housing solutions that cannot be defined as care homes, the responsibility of which is held by public-private-partnerships.

The public/private partnerships manage the AHP initiatives autonomously. These partnerships can set up specific management bodies with the following functions:

- ✓ Coordination of available resources (human, professional and relational);
- ✓ Integration of public and private services;
- ✓ Promotion and coordination of joint activities, such as, for example, socialization and recreation;
- ✓ Integration of services with the implementation of joint activities;
- ✓ Overseeing and extending the networks in the area;
- ✓ Promoting forms of participation among residents in the condominium, or their representatives, in decisional processes concerning the provision of services and the implementation of joint activities;
- ✓ Monitoring the allocation of services (public and private) and the implementation of joint activities;
- ✓ Management of financial resources;
- ✓ Assessment of the work carried out by the management body;
- ✓ Dealing with questions concerning geospatial and architectural aspects of the structures.

a.2) Veneto Region: *Intergenerational Time bank*

The Local action plan in the Veneto Region is a case study with collective co-production, which involves groups of citizens in designing and delivering public services.

The actual instrument of governance of the local PPP is an inter-generational time bank, designed to coordinate voluntary work. It is based on the premise that those normally benefitting from volunteering are also able to participate and offer their skills or time to a community project. Differently from the existing time banks in Italy, the Local Action Plan in the Veneto Region aims to create a system of exchanges between organizations and not just among citizens, involving private and public bodies in the management process. In particular, the public-private partnership involves: municipalities, voluntary associations, nursing homes, kindergarten, local foundations, primary schools.

Time banks are based on the idea that time can be a means of exchange in the same way that money can. Members of a time bank agree to give up an hour of their time to do something for another member of the community – this can include practical tasks such as cleaning or decorating, teaching someone a new skill or simply offering someone an opportunity for social interaction. By donating one hour of your time, you can receive an hour in return. This partnership creates networks based on reciprocity, solidarity and self-sufficiency.

The policy strategy of the Veneto Region aims at introducing this PPP tool into the ULSS 7 Area Plan and

the next planning period related to the Area Plan (2016-2020) for the entire Veneto Region.

a.3) Academy of Science of the Czech Republic: *Shared housing with supportive social care services*

Coherently with the scientific support given to the local municipality of Brno, the aim of the LAP is to incorporate the main findings and recommendations obtained, while engaging the Czech partners in the HELPS project in elaborating strategic and policy documents of the city of Brno.

Primarily, it is the basic strategic plan – Strategy for Brno (2007) – that currently contains the measures for "The development of variable supply housing", focusing on the promotion of projects supporting housing policies for specific groups of the population (social housing, starter flats, housing with care). In September 2014, its analytical section will be updated, where HELPS outputs will be briefly mentioned. Another policy document is The Housing Strategy of Brno (the last actualization took place in 2008) and the new updated version is planned for 2015. We presume that there will be room for capitalization of the main conclusions formulated in the LAP.

The LAP will be provided to other key partners – especially to the city districts, their subsidized organizations, non-profit organizations and partners from the private sector (the owners of private residential facilities for the elderly and housing developers).

b) *Development and use of tools for elderly and vulnerable people*

Information and communication technologies (ICT) play a leading role in re-entering the horizon of social policies aimed at further encouraging "ageing in place" and promoting active participation and civic engagement in the strategy of lifelong learning.

Consequently, the everyday life of elderly people is increasingly pervaded by the new ICT technologies, although they are rarely designed to fit the socio-psychological characteristics of elderly people, based on their needs and requirements. Therefore, they hardly support life-long learning in old age, nor do they support or a process of active participation of the elderly in the creation of knowledge and in the evaluation of welfare policies dedicated to them.

b.1) Poznań Supercomputing and Networking Centre: *Local social e-innovation 'living lab'*

The Local Action Plan aims to establish close collaboration between non-governmental organizations active in supporting vulnerable people, research institutions and representatives from the business sector, in order to design, develop and promote practical use of social e-innovations able to bring new models of care services at local level.

The Local Action Plan consists of 5 major actions:

Action 1. Coordination of the local partnership, for the development and deployment of innovative care solutions by leveraging state-of-the-art ICTs.

Coordination of the local partnership is concerned with, first of all, transforming the HELPS's Local Support Group into an informal partnership of organizations interested in designing and developing new care solutions based on the potential of ICTs, where exchange of information takes place, needs of the target beneficiaries are discussed and opportunities for experimenting, developing and mainstreaming of innovative care e-solutions are identified. The coordination of the group could be undertaken by the PSNC in the city of Poznań.

Action 2. Small scale experiments on using technology to support vulnerable people. The purpose of the small-scale experiments action is the cost-effective early verification of new concepts and ideas with the participation of relatively small groups of target beneficiaries. These experiments will use the existing infrastructure of the living laboratory and limited human resources. Their aim is to understand whether the identified need and proposed technological solutions carry enough potential for further investigations.

Action 3. Implementation of common R+D+I projects on technology-supported care innovations.

The execution of common R+D+I projects by partnerships established within the pool of the organizations participating in the implementation of the Local Action Plan, is concerned with:

- Elaborating successful project proposals to identified R+D+I programs;

- Implementation of the activities within the grant awarded.

Action 4. Mainstreaming of working solutions.
The projects implemented within this action should involve performing tasks related to the design of appropriate business models for the practical use of the solutions developed. Another element of the mainstreaming of working solutions is linked to the modification of existing regulations (at the political level) to enable the practical utilization of solutions developed. The key role in this element is played by representatives of public administration who are part of the LAP implementation.

Action 5. Enhancement of the R+D infrastructure of the social e-innovations living laboratory.
A key requirement is the extension of the established research and development e-infrastructure towards integration with the care facilities sustained by the participating NGOs. To this end, adequate actions should be undertaken, to ensure connectivity between the facilities of the research organizations, which have, for years, been connected to the metropolitan research and education optical network and the care facilities in question. This will require the development of a sustainability plan to allow the financing of the built network connections.

b.2) Samaritan Burgeland: *A stitch in time saves nine*

The main aspect of this Local Action Plan should draws attention to the need and demand for individual care services and specially supervised flats equipped with senior-friendly Ambient Assisted Living solutions.

The main objective of the Local action plan is to create solutions that will ensure the sustainability of the supervised flats equipped with innovative technologies. The aim is to plainly show people the benefits of such flats and the technologies included inside them. With the help of the already existing equipped flats in Weppersdorf, the innovative and sustaining aspects should be presented and the political discussion should be activated and influenced.

One of Samaritan Burgenland's aims is to expand the offer of supervised flats equipped with innovative technologies, enabling elderly people to live alone. More people should be given the possibility to lead a self-confident, autonomous and safe life, without being forced to leave their familiar surroundings. Providing the flats with innovative AAL-solutions, it is more likely that the residents will maintain their mental and physical abilities.

Another very important aspect is that of allowing lower-income people to make use of this offer. If the mental and physical capacity of elderly people is maintained for as long as possible, their life expectancy will probably increase and their being admitted to a nursing home may be delayed or avoided.

b.3) Association of Towns and Communities of Slovakia: monitoring and help signalization

The Local action plan is focused on the "Monitoring and help signalization" service and its implementation in the City of Nitra. The LAP presents an overview of Slovak legislation regarding the monitoring services (e.g. Law 448/2008 on social services or Law 578/2004 on the provision of medical care), duties of local governments stipulated in these laws, Slovak conditions for providing "Monitoring and help signalization" services (call centre administration, maintenance costs, number of clients etc.), based on previous experience in other cities, financing of local governments and identification of a target group for this service.

Based on information collected within the WP4 Pilot Action, the LAP presents models for providing a "Monitoring and help signalization" service (with its own call centre or with a provider of services, available accessories and technologies – mobile and home-based types of service) and the advantages and disadvantages that have been identified in these models.

The Local action plan itself is focused on setting up criteria for promoting the "Monitoring and help signalization" service in Nitra and providing financial compensation to its beneficiaries. It is based on a list of independent variables - age, loneliness, not self-sufficiency and material need - according to which the potential recipients of financial contributions are categorized into three contribution levels.

The Local action plan also contains suggestions related to communication with the public, estimated costs for the City of Nitra based on data from the Statistical Office of the Slovak Republic and an overview of the allocations of points for each specific category.

b.4) Institute for Sociology, Slovak Academy of Sciences

The local action plan of the Institute for Sociology of the Slovak Academy of Sciences will be implemented in Petržalka, the most populated city district in Bratislava.

The ageing structure of this city district is quite dramatic. According to a projection based on the development of Petržalka's population up to 2030, the proportion of people aged 65 and above will increase from nearly 10% to over 30%. At the same time, the proportion of the population of productive age will see a significant decrease, from over 80% at present to below 60%, with 210 senior citizens (people aged 65 and over) to every 100 people aged under 15. For these reasons, Petržalka can expect to face a great challenge over the next few years, consisting of dealing with the ageing of its population. Moreover, an interesting feature of the population of Petržalka, and one that is important from the point of view of social services, is the fact that there is a higher proportion of single, and above all, divorced people.

The data above clearly underlines and points out that, in the near future, it will be necessary to significantly strengthen field social services in Bratislava-Petržalka for

the older aged categories of its inhabitants. One of the key actions included in the local action plan is the extension and implementation of the electronic monitoring services and signalization of necessary assistance for seniors, through the so-called electronic guard.

For the successful implementation and efficient utilisation of the electronic guard service, it is important to strengthen and develop the work at a micro level and directly in the field. It includes monitoring and creation of a database of potential clients from the target group, in cooperation with family members, adult children, neighbours, attending physicians, former colleagues, etc. Cooperation with family members has proved to be crucial, even relative to the potential payment of a part of the costs for the service provided. We recommend organizing potential clients according to the type of assistance that the electronic guard may provide. By this, we mean the fact that for one person an electronic guard may mean a medical aid, for another a support and for another person it may have a social/communication function and/or it may represent a combination of both. The type of assistance is extremely important, also with regard to the services provided by the dispatch centre, especially in terms of the method of communication of workers with callers. Equally important is the offer of varying technical solutions for the electronic guard service, which has both a fixed and a mobile version.

c) *Cooperative funding strategies for housing and social care*

The theme of the resources to be allocated to housing policies and social care is one of the main themes highlighted by the project partners and the stakeholders involved in the elaboration of the Local action plans. There is no doubt that the need to trigger a process for rethinking spending, given the increasing difficulty in responding to the growing differentiation of needs through centralized monetary donations (supply side). One of the responses of the HELPS project has been the exploration of a concrete strategy on "how to use resources in a more effective and efficient way " coherently with an integration approach, concentration of resources and the principle of subsidiarity.

c.1) German Housing Association: *Urban and Spatial Development. Together for an age appropriate neighbourhood*

A possible approach to grouping different funding streams and funding sources together is to use neighbourhood fund models. The model has been implemented for several years in Germany (Verfügungsfonds) and some good practices could be taken as an example. The funds are supported by national funding streams (up to 50%), but only for officially certified deprived neighbourhoods. Through such neighbourhood funds, it is also possible to involve private money. A board, consisting of different members (residents, municipalities, private companies, etc.)

decides which activities the money should be spent on within the neighbourhood.

It could be of added value to further develop this fund model, so that it may be used everywhere and also for socially-oriented purposes and not only for deprived neighbourhoods.

The involvement of a broad group of local stakeholders might also be possible. These could be residents, the care economy (also assurers), foundations, local banks and the housing economy, in order to create nominal equity. This equity could be further incremented by grants or donations. The equity should possibly be managed as a revolving fund. Municipalities could provide the management for it and volunteers could also manage parts of the fund. It is important to provide a contact point, in order to inform residents and local citizens about the tasks and possible fields of funding for such an instrument.

With such a fund, smaller reconstruction work in the neighbourhood could also be financed (benches, anti-skid pavements) or it could be used as rent for assembly rooms. Such a fund could also provide first loss security for local banks if an elderly person wants to use credit, since the lending policy towards elderly people is quite restricted. Furthermore, support for volunteers could also be provided.

The board that decides about the activities should be composed by members of the municipalities, residents, social economy, local banks or volunteers.

In general, we can say that there are different stages of financing needs within the process of age-appropriate

neighbourhood development (initiating, planning, and implementation). An early exchange of information by local stakeholders through networks increases the chances to implementing single steps.

d) *New roles for actors in social care*

A vision of change based on the co-production of services calls urban governments and departments to enhance their roles within the territories in which they operate.

Working within a network and becoming a hub is one of the challenges for the reform of social and housing policies. Hubs are points of reference and information services and places where several actors, stakeholders and citizens gather. The objective of a hub is to shorten the distance between producers and recipients of opportunities and it becomes a reference point for the circulation of news and information in a specific area.

d.1) City of Leipzig

The City of Leipzig is considered a senior-friendly city that addresses different levels of demographic change and puts forward suitable solutions. Strictly connected to the pilot action, the Local action plan includes the development of a website with special functions and the setting-up of a showroom in which a model flat can be visited. In addition, the local action plan of the City of Leipzig has focused its attention on the formulation of recommendations in the following area:

✓ Information for Senior Citizens;

✓ Volunteering by the Elderly;
✓ Networking.

The senior-friendly strategies used in existing implementation strategies do not need to be re-invented, but merely discussed and extended. Elderly people and their families need to receive all the information for their decision-making in a clear, comprehensible, accessible and easy-to- understand form. In this respect, information should be provided to senior citizens on certain subjects and interests as well as specific districts and areas. Moreover, information should be made available in various ways, such as on the Internet, in printed form or in the shape of personal consultations. The advice centres and Senior Citizens' Offices enable individual needs to be discussed and specific questions answered at personal meetings.

d.2) Slovenian Federation of Pensioners' Organizations (ZDUS): *Advocacy for senior cohousing communities in Slovenia*

The main purpose of the LAP is to present and spread the idea of senior cohousing communities and the possibility of expanding this form of living in Slovenia and the steps to be taken for its development. The Local Action Plan is strongly supported by a qualitative and quantitative inquiry, which involved relevant stakeholders, experts and potential users.

One of the most crucial pieces of information gained from potential users is that there is no firm opinion

about cohousing communities – the attitude towards cohousing communities is relatively neutral. For this reason, it is important to disseminate the idea through a positive strategy of wider information and education about the possibilities of cohousing communities in Slovenia, with the goal of providing information on the different lifestyles and strategies that in exist old age and everyone should have the possibility of choosing where to live.

The ZDUS, coherently in its supportive and informational role relative to a widespread housing policy, has singled out several regulative instruments.

The elaboration of the law on long-term care and Slovenia's dedication to the process of deinstitutionalisation could significantly influence the quality of life of elderly people and their ways of living. Both processes could encourage older people to live within the community (not in residential settings) for as long as possible. New housing solutions could be introduced, as could alternative ones. In this context, the following policy instruments are relevant for introducing cohousing communities to Slovenia:

- ✓ Strategy for social protection development in the municipality of Ljubljana 2013-2020;
- ✓ Strategy of care for the elderly until 2010 – Solidarity, good intergenerational relations and quality ageing of the population;
- ✓ Resolution on the national social assistance programme 2013-2020;
- ✓ National housing programme.

d.3) Municipality of the City of Debrecen, Hungarian Charity Service of the Order of Malta: *Support Centre for Informal Carers and a network of Info Points*

The local action plan of the two Hungarian partners capitalizes on the results achieved during the implementation of the pilot actions. Starting from a specific need regarding the lack of targeted services to informal carers as social services providers.

The aim of the joint LAP of the Municipality of Debrecen and the Hungarian Charity Service of the Order of Malta is to examine and plan the steps and actions needed in order to establish a so-called Support Centre for Informal Carers and a network of Info Points for elderly and vulnerable people, which would offer different opportunities for these target groups:

- ✓ Providing updated information for elderly and vulnerable people regarding aid, benefits, services available to them, as well as health, welfare and housing-related issues and a wide range of other information, which would otherwise be difficult to obtain for these target groups;
- ✓ Organizing training tested during the pilot action, as well as on-the-spot training for informal carers;
- ✓ An information centre for informal carers, where a lot of information about programs and opportunities to help eldercare at home (e.g. information on WebNurse) would be available;

- ✓ Introducing national best practices in the field of ageing and elderly care;
- ✓ Involving volunteers (trained by professionals) not only as carers, but as trainers in the field of home care;
- ✓ Offering counselling services and self-help groups to informal carers, in order to provide psycho-social/mental help for them, with the goal of preventing early burn-out and physical illnesses.

The **Support Centre** will welcome not only newly recruited volunteers, but all those who already carry out home care (e.g. relatives, neighbours). The operation of the centre will contribute to:

- ✓ Increasing the knowledge and skills of informal carers;
- ✓ Involving more volunteers in home care;
- ✓ Increasing the number of elderly/ill/disabled people who remain and live a quality life in their own homes;
- ✓ Providing an institutionalized service for a key social activity, not yet recognized by the state and the general public.

In the case of elderly and vulnerable people, the operation of the **Info Points** will contribute to:

- ✓ Greater knowledge of social support and services available in Debrecen;
- ✓ Creating a direct connection between those in need and service providers;

✓ Creating a meeting point with the constantly growing number of elderly people, part of whom cannot be reached by other means.

4. Helps as a learning network: recommendations for our 6 challenges

The outcomes of the HELPS project have been an opportunity, for the partners, to improve the housing and home care policies.

Within a common framework of cooperation, the partners developed complex activities in which the collective mobilization of a variety of local actors represents one of the benefits produced at community level.

All these activities, with different strategies and specific objectives, had 6 specific challenges in common: each challenge represents one of the issues contributing to the success of the policies that contrast socio-demographic changes and the ageing population and those promoting support and prevention activities aimed at elderly and vulnerable people who are at risk of social exclusion.

Based on the HELPS pilot experiences and lessons learned, the recommendations try to address the 6 challenges that were shared as a common background at the beginning of the project. Below, the recommendations are listed at the end of each one of the 6 challenges. The aim is to provide evidence-based inputs and suggestions that will help in setting-up a transnational strategy for a wider learning network at EU level.

Challenge 1: Access to available information for overcoming concrete obstacles preventing people from

leading healthy and active lives within their chosen living environment.

The development and success of housing and home care policies depends primarily on the quality of the information that the system is able to produce and disseminate. At the same time, individuals (seniors, vulnerable and disabled people) play a central role in the choice of the best solutions for their quality of life and living environment.

The HELPS project has identified and systematized the availability of a wide range of housing models and home care systems. Moreover, the available technology for home care assistance represents a growing market that is increasingly changing the habits of recipients and has important effects on the home design and urban planning sector.

Two crucial aspects emerged at this junction between demand and supply: information for the elderly and the importance of mapping their preferences and needs.

Recommendations

✓ One effective form of information is participation. It is recommended that processes of participation of target groups be initiated, in order to design and implement housing and home care policies (co-production of services). Participatory instruments allow an exchange of information. On the one hand, policy makers receive different intervention perspectives addressing the specific needs of households; on

the other hand, participation has a crucial impact on the long-term sustainability of the practices.

✓ It is recommended that projects able to provide information on two levels be promoted and funded: on an urban level, it is important to map out preferences, attitudes to change and the willingness to use services and available technologies; on a transnational level, it is important to build indicators, in order to compare different urban contexts, seize the most innovative aspects and activate models of transfer.

✓ The new role of the public administrations, considered as the force driving the networking process, is pushing towards a 2.0 communication, where horizontal communication between partners is becoming even more important than the vertical type. It is recommended that attention be paid to the increasing level of information on the social services offered, increasing awareness regarding eligibility for use of these services and improvements made regarding access to them for all groups of seniors.

✓ In addition to correct and complete information, it is recommended that pathways be activated, empowering seniors towards responsible citizenship. New projects should include activities such as developing the ability to manage the use

of resources more effectively, with respect to possible future investment in AAL solutions or new housing solutions.

Challenge 2: The application of accessibility criteria in housing design, to reduce spatial segregation and to facilitate living at home for all.

Several pilot actions and local action plans in the HELPS project underlined the importance of urban policies allowing seniors to remain independent at home and participate in economic, social and cultural life. Furthermore, the variety of housing solutions highlighted the need to design functional spaces in which interaction between tenants can take place.

One of the most interesting aspects of the results obtained by the project is the cross-connection between the preferences of elderly people in the choice of new housing solutions and the offer of such housing. Consistent with these results, we propose the following recommendations.

- ✓ The elderly would welcome physical and architectural adaptations in their flats, to accommodate their changing needs: "lifetime homes" or "universal design". For the government, 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 would not be necessary to reconstruct

them later on, when the need arises. Therefore, there is a high level of added value (both public support by the elderly and public finance savings) supporting the building of these new forms of housing.

✓ Several practices also showed that it is important not only to design flexible homes, but also to guarantee accessible public spaces. New housing development and urban planning should take into account the need for greater accessibility to public spaces for the elderly and for people with disabilities, which needs to be far greater than the existing accessibility to these areas.

✓ There is a need for further reinforcement of the cooperation between residential housing companies and organizations, local associations and elderly citizens and other end users. Partnerships should be set up, to facilitate the installation of AAL solution during the construction or renovation of apartments and buildings (thus also increasing the value of the flats), in order to make them more attractive to seniors and allow them to live independently, at home, for as long as possible.

✓ In spite of the higher burden of housing costs for elderly tenants (shown in a simplified analysis of housing affordability), there are no better forms of housing tenure available. As several analyses have shown, the required housing standard and quality of life of elderly tenants may be higher

than the housing standard of homeowners, especially when poor, elderly homeowners do not have enough resources to modernize and adapt their own homes and have a very limited possibility of reducing their housing consumption (due to pressure from children, cultural barriers, a lack of equity release products or availability of smaller flats or homeowners being generally less willing to move 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 choices: a policy of choice.

Challenge 3: The empowerment of human resources dedicated to formal and informal homecare.

Many factors – such as the gradual growth of the elderly population, the rise in average life expectancy and increasing health problems of the elderly population, new key needs related to long-term conditions and to degenerative and disabling diseases (eg. dementia, cognitive problems, psychiatric problems, etc..) - are likely to have a significant impact on the role of social protection and health and social inclusion policies. Today, the emphasis falls on a less institutional set-up of services than in the past, which will force residential service providers and families to respond to the growing expectations of elderly people through greater management capacity and more flexible services. There

is a growing demand for tailor-made services that can respond to the needs of individuals and ensure a good level of home care for the elderly. For this reason, it is strategic and useful to focus on the role of formal and informal caregivers and the set of interventions and actions required to enforce their skills, enabling them to connect more effectively to the needs of elderly and disabled people. Promoting home-based social care services is a current trend in social policy, since home care is not only cheaper, but also corresponds more closely to the needs and wishes of the care recipients. More specifically, this kind of care enables the involvement of the community in the provision of care and makes use of services from different sources/providers.

The training of formal and informal caregivers is certainly the most effective means of coping with this challenge: human resources and community empowerment are essential for the provision of formal/informal home care The involvement of relatives and volunteers in healthcare interventions could create some difficulties, in particular with regard to professional training for informal caregivers, the cost of professional training and the integration of informal care services with the services provided by the social and healthcare professionals.

Recommendations

✓ The process of empowering caregivers for the elderly must be pursued simultaneously on several fronts. Researchers must inform policy makers, who, in turn, must influence and be influenced by best practices. The practice of caregiving itself, whether by formal or informal carers, must benefit from ongoing research. Only through such a continuous interactive loop (research to policy to practice to research) will effective empowerment truly occur.

✓ Training programmes for informal caregivers should be further developed and integrated into the institutional system of eldercare. Organizations providing care need to be able to provide informal caregivers with training from qualified experts. Organizations taking part in caregiving should act as information points and should be able to direct family members towards training programmes. The training courses could enhance networking between local actors from the non-state sector and employees of the self-governing region. In order to fulfil this goal, the participation of representatives from local non-state entities in the training courses might be worth considering.

✓ For the well-being of the elderly, it is essential that their relatives actively participate in their care, either formally or informally. Housing innovations and innovative housing policy measures for elderly and vulnerable people

should be designed and projected to involve not only the end users, but also their families.

✓ Concerning social care, despite many activities related to the support of informal carers, the position of informal carers, volunteers and even professional caregivers is underrated in many countries. Yet, the formal social services suffer from many structural shortages, like the social workers' profession lacking in appeal, an ageing workforce in this area and low social status. Traditional informal caregiving relationships have changed over time and help from an external environment is now expected more than ever before. However, professional social workers perceive informal carers as a threat to their own existence and are questioning the safety of social care provided by informal social carers. This situation is hard to overcome without clear political engagement in reforms and innovative policies at all levels (local, national and European levels). It is also essential to include informal carers in standard educational programmes for caregiver professions.

Challenge 4: The crosscutting contribution of ICT, in terms of wider access to technology and considering its potential in terms of market opportunities, in supporting the autonomy of the elderly and people with disabilities.

Over the past decade, there has been an expansion in the use of ICT in the implementation of care services for the elderly. Several pilot actions and experiments have been promoted throughout Europe in recent years, in support of ICT solutions that will allow elderly people to live at for home as long as possible (for instance through a tele-health service with tele-monitoring and tele-emergency devices at home). Experience demonstrates that the implementation and scaling-up of these solutions are influenced by: 1. Previous decisions to invest in appropriate technology and support infrastructure, i.e. how the patient's existing home and alternative residences are equipped and may be linked to care institutions through communication devices; 2. Organizational solutions for cooperation between public and private actors 3. Economic considerations: feasibility and sustainability of the support technology investment decisions and of each particular case.

Recommendations

- ✓ The HELPS project pilot actions have stressed the importance of implementing intensive training programmes on new technologies for care recipients, end users and formal and informal caregivers.

- ✓ Design, development and implementation of technical support services (i.e. Call Centres) to help the user in solving specific problems with an ICT product should be enhanced. Scaling-up is essential. Utilization and dissemination of innovations from local level to regional or

national level would be desirable, because the costs of such technical solutions would thus become sustainable. The dissemination of new technologies, especially in the area of social and health care, in smaller member countries, faces barriers like language or problems in the legal adaptation of new technologies. In larger economies, innovative solutions can be implemented due to higher demand also in economically less attractive areas, while smaller economies lack sufficient resources even for their basic adaptation.

✓ In order to involve a larger number of beneficiaries, it seems necessary to promote the extension of knowledge regarding existing offerings/possibilities and the benefits of supervised flats equipped with innovative technologies. An example of this would be the writing up of new informative material. A very important future task will be that of writing up new informative material, in order to pass on knowledge regarding the benefits of living in a supervised flat, equipped with different innovative solutions, which will make life easier and safer.

✓ To make technological innovations usable, regular evaluation of the end user's satisfaction is necessary. Regular conversations and discussions with end users are very important for

the use of the innovative technologies. It will be necessary to evaluate the satisfaction of the users of innovative technologies, to assess their impact, to analyse self-help improvements and potential benefits and to revise services – when needed – based on the results.

Challenge 5: The involvement of local neighbourhood communities in the development of forms of social citizenship to reconstruct social links based on reciprocity and solidarity.

The activities and results of the HELPS project suggested a new way of thinking in terms of housing and home care. Within the concept of the co-production of services, the mixture of relationships between beneficiaries, families, friends and neighbours is central to innovative care strategies and policies and represents one of the key elements for building a supportive community.
The right of individuals to live independently and actively in their own homes, requires the availability of community-based services in providing adequate support and enabling participation in everyday life.

Recommendations

✓ One of the most promising practices in active ageing linked to the principle of social cohesion, is represented by the cooperation between generations. It is recommended that practices of intergenerational solidarity be promoted.

✓ Interpersonal relations are one of the key conditions for developing new forms of informal care and solidarity among citizens and dwellers. Local authorities should support and promote partnerships that strengthen neighbourhood networks, also by establishing new formal tools. One effective example is the "solidarity contract" as a tool for encouraging the development of solidarity in co-housing and social housing experiences.

✓ The assessment of participatory needs is crucial to the design of adequate needs-centred policies and services. In order to determine citizens' needs through the involvement of local associations (e.g. senior associations) and housing agencies and companies, participatory processes (round table discussions, civil forums, neighbourhood conferences) need to be established. A wider audience of local actors, also from the economic sector, pensions funds etc. should be involved.

✓ While developing innovative technology-supported care solutions, user-driven approaches should be promoted and encouraged through the involvement of elderly and disabled representatives, in the role of technology experts, as active members of the development teams. This should become a requirement in any public-funded project aimed at developing innovative solutions for elderly and disabled

people. Projects must systematically include end users in problem solving, development and testing of work related to ICT innovation.

✓ Due to the multitude of actors in the welfare systems, the separation of duties and responsibilities attributed to the actors themselves is necessary, so that informal interventions (voluntary work and the family) do not become substitutes for, but complementary to the public services. For this to happen, the development of strategies that clearly define the roles of both formal and informal caregivers is necessary.

Challenge 6 / Conclusions: sustainability as cross-cutting challenge in innovative housing and care solutions

When analysing the recommendations that we have listed, a common element can be identified: the sustainability of social and healthcare interventions regarding housing solutions for vulnerable groups. Sustainability could be considered as the sixth challenge of the HELPS project, possibly the most important one.

Within a general framework that is characterized by a progressive reduction in public resources destined for welfare and by fairly delineated demographic trends, the processes of deinstitutionalization of these groups become a crucial link and a delicate transition, in which the balance between the optimization of available resources (financial, human and community) and the

quality of the services provided appears to be the most difficult objective to reach.

In this context, sustainability should not be viewed solely in economic terms, but also in organizational and social terms. Through the experimentation, innovation and best practices proposed by Helps, both concerning interventions and the development of strategies, it becomes clear how the effectiveness and efficiency of services related to housing are affected by interactions between numerous factors: from the possibility of tapping into financial resources to the coordination of different types of actors and from the implementation of community resources to the participation of citizens/users in the fulfilment of interventions that involve them. In this sense, innovation should not be sought solely in the field of technology, but also in that of governance. Interaction between public and private sectors appears to be central, as does the implementation of these interactions in strategic frameworks that harmonize the different regulatory levels - local, regional, national and European – while keeping in mind citizens' needs and requests.
Social innovation for independent living cannot, therefore, prescind from a person-centred approach, but sustainability in this respect cannot prescind from organizational innovation, in which the vertical and horizontal integration of actors and functions appear to be necessary processes that must also be supported through the use of instruments of change management.

When defining strategies and practices in the transition from institutional care to community-based

care, one of the main results of the Helps project was that of having outlined the essential elements for developing housing policies that may be described as sustainable. Passing from experimentation to permanent policies is a big challenge in which sustainability will be the central theme in coming years, for actors who contribute, or are able to contribute, in various ways, to the fulfilment of such policies.

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