



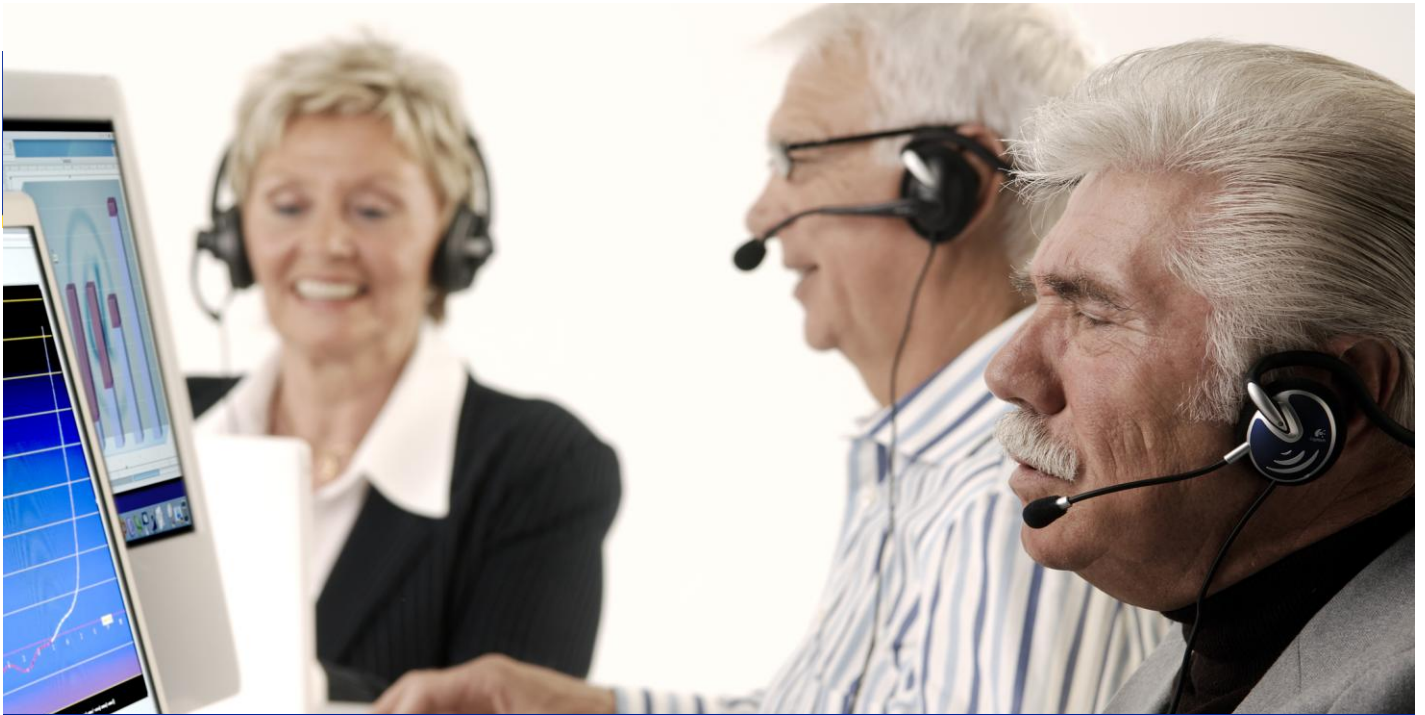
ACTIVE A.G.E.
Managing Change A.G.E.
Impact of demographic Ageing for cities.

CASE STUDIES REPORT **AGE AND CARE**



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CASE STUDIES REPORT AGE AND CARE

II° TRANSNATIONAL EXCHANGE WORKSHOP – MARIBOR 24-26 FEBRUARY 2010

ACTIVEAGE: EXCHANGING EXPERIENCES IN MARIBOR AT THE 2ST TRANSNATIONAL MEETING

The second transnational workshop exchange meeting of the Active AGE project related to the issue of Age and Care took place from February 24 until 26 in the city of Maribor (Slovenia). During the workshop partners shared knowledge and experiences concern local policies and practices about care services A significant number of case studies were submitted by the cities to the Lead partner. They mainly concern three subthemes:

- Home care
- Employment & Enterprise in the care sector
- Active Age

The main objectives as well as the activities and the lessons learned of these experiences, presented in Maribor by the Active Age partners, are going to be shown in the following pages.



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Home Care Subtheme

Maribor (Slovenia)

The context: elderly care in the republic of Slovenia

By law in Slovenia, institutional care includes all forms of assistance within an institution, other family or any other forms of organized living, whereby the primary aim is to replace the role of family or home, and ensure organized meals, personal care and medical assistance form participants.

At the beginning of 2009 in Slovenia there were 56 public and 28 private institutions engaged in elderly care. Social care services at home are by the law an organized form of assistance to individuals who because of chronic illness, disability or old age infirmity are unable to perform basic living activities and require assistance in daily tasks and therefore cannot stay in home environment without assistance of another person.

The costs of care services are covered by the residents themselves, their relatives, and municipalities. Prices of care services are determined by responsible authorities within management boards, according to existing methodology and upon approval of the Ministry of Labour, Family and Social Affairs. Basic services provided by homes for the elderly are:

- Accommodation in private or shared rooms
- Cleaning and laundry services
- Organized meals, suited to medical conditions of residents
- Personal assistance, social care and welfare

Additional activities may include supplementary activities or care services for residents, which are not listed as standard within the particular care level:

- Daily care and assistance for seniors living at home, which includes specific care and services;
- Care and medical services for residents living in apartments of assisted living;
- Appropriate meals and medical care as well as other forms of assistance for individuals or families living at home;
- Social services at home, for seniors and other who need such services;
- Cooperation with other organisations, communities and individuals, aimed at providing leisure activities for seniors outside their home.

Prices for additional services are determined by the management bodies of the Homes. The law doesn't forbid the execution of market activities, however, the profits made have to be invested in improvements, in order to ensure better conditions for the implementation of primary activities of the Home. The guides and the principles which inspire home care services in Slovenia are:

- equal access and equal opportunities
- voluntary integration
- free choice
- individual treatment
- dialogue between users and the performers
- the efficient handling of budget



Maribor (Slovenia)

Senior Citizens Home Tezno

The city of Maribor has presented the experience of Senior Citizens Home Tezno through a full morning dedicated to the visit of the Home.

The retirement home in Tezno is a public social welfare institution providing institutional social care which includes basic personal care of seniors, accommodation and organized meals, as well as social and medical care according to existing healthcare regulation. On January 2010 the structure of residents according to care level is:

- 23.5 % of residents are classified into care level I: Care level I involves seniors over 65 who suffer from common medical conditions which accompany the old age. They are not able to live a completely independent life and need minor assistance in personal care.

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- 14.7 % of residents are classified into care level II: Care level II involves seniors with moderate medical conditions, requiring a larger degree of personal assistance.
- 51 % of residents are classified into care levels III a and b: Care levels III a and b involve residents with stronger impairments, requiring complete and direct assistance in personal care and in the fulfilment of their daily needs.
- 10.8% of residents are classified into care level IV: Care level IV involves residents with serious medical conditions, requiring complete and direct assistance in personal care and in the fulfilment of their daily needs.

The Home began its operation on February 2004 and today accommodate 200 residents in 99 rooms. There are 32 private rooms, 50 double rooms and 17 shared rooms. Residents with disabilities have available rooms equipped and skilled operators that follows them throughout the day. Residents can spend their time socializing, reading, playing cards, board games or watching TV. The primary goal of socializing is creating new friendships in order to be able to live a full life in a new environment. Residents can share moments together during community events, in interest groups, self – help groups and other initiatives like excursions, picnics, workshops, cooking, cinema performances, lectures, and birthday parties. In the Home, books, library and internet access are also available. Individual work is an important activity as well as intergenerational socialization between residents and young people. For example children organized sports events for residence people of Tezno. The staff employed in the structure consists of 86 employees on duty 24 hours. Organization of work in the Home provides for professional activities to be carried out under supervision of trained professionals and in cooperation with other bodies of the Home, thus following the principle of uniformity and individual treatment of residents. In the past five years the Home's staff have:

- Created an Integrated Image – a cone as the symbol of life, reminding us of the life cycle;
- Launched a bulletin newsletter;
- Relocated, renovated and specially equipped the area for residents with dementia;
- Launched the E-Qalin system of service quality, which is designed to meet the requirements of Homes for the elderly;
- Improved the venting and air-conditioning systems in the laundry and kitchen;

- Reorganized and rearranged the garden according to suggestions and needs of residents;
- Reorganized and rearranged the senior park;
- Equipped all hallways and community areas with air conditioning;
- Renovated the third floor of the facility: now it has an additional community room, a chappel, a library and a larger area for occupational therapy;
- Equipped the kitchen with a new dishwashing machine;
- Equipped the rooms with 100 electric adjustable beds.

Lessons learned

- To improve and enhance this kind of services that have a significant impact on family home-care burden
- To sustain an effective integration at local level among the different social actors engaged in helping elderly people in non-medical assistance – creation of local network
- To share resources and information is a crucial point in managing this kind of services
- To promote a public participation in funding these activities, at the moment completely realized on a voluntary base

Rome (Italy) “Help to person”: a soft home-care service to support elderly people in their daily life

The experience was promoted and developed at municipal level by Caritas to meet elderly people aid needs in managing activities of daily life. The project was self funded with the support of Cacciò Foundation for economic aid. The “Help to person” service is aimed at facing the following critical points of the local welfare in elderly assistance:

- Long waiting lists for in-home assistance
- Lack of residential long-term care structures
- Lack of semi-residential care structures
- Lack of day-care centre for elderly people

The project proposed the implementation of the connection with a public network “The house of

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voluntary workers” that represents the main reference point for elderly people living in Rome (67% of users) and the connection with a local network of social actors engaged in supporting elderly people and their families (13% of users). Among the activities conducted there are also the offer of company and spiritual assistance, the training of volunteers on helping elderly people to face at their daily commitments and the assistance in carrying out little commitments, bureaucratic matters, accompaniment. The service realized in two municipal districts (I and X districts), has registered 90 users in 2008, 100/110 users in 2009 and about 7000/8000 interventions in a year. Therefore the specific features of the context that have shaped the practice are the following evidences uncovered by the home care service:

- Provision of service in order to resolve the explicit need
- Good skills but little attention, acceptance and respect
- Lack of understanding of the implicit need
- Elderly people can also call the service and talk on phone for company.

The actions taken are:

- Connection with a public network “The house of voluntary workers” that represents the main reference point for elderly people living in Rome (67% of users)
- Connection with a local network of social actors engaged in supporting elderly people and their families (13% of users)
- Training of volunteers on helping elderly people to face at their daily commitments
- Offer an in-home assistance concerning company and spiritual assistance
- Offer an out-home assistance concerning carrying out little commitments, bureaucratic matters, accompaniment etc...

The target of the project are elderly people who are alone or who feel alone, with a weak family network or with problems of non self-sufficiency. The human resources involved in the project are 1 manager of the service (partner of the cooperative society, 1 in charge of secretary ship, 30 volunteers. The Cacciò Foundation give its financial support as main stakeholder of the project, for the economic aid. Who had the idea? Who were the main players behind the action? Explain the involvement of private sector and civil society stakeholders. The work methodology uses the following tools

- Work Plan of Service

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- Absence of a path aimed at removing the causes of need (planning)

The main aim of the project is to provide families with an effective support to the daily burden due to elderly people non-medical care needs. The practice has a significant impact on family home-care burden and on the creation of local network based on participation and voluntary work.

The service opens from Monday to Friday – from 10,00 a.m. to 6,00 p.m. A call center registers the contacts and forwards them to the service manager. Home care service consists of 2 interventions on average per user each week. Each intervention lasts 2 hours at maximum and it may consist of:

- Economic aid (200 Euros per month given by the Cacciò Foundation to those who are in very particular need);
- company and spiritual assistance;
- bureaucratic matters: a volunteer with a specific training is fully dedicated to carry out this task;
- assistance on call: the elderly people who do not desire to be visited by volunteers, are monitored by one or two weekly phone calls

- Custom Work Plan
- Intervention plan weekly
- Team meetings
- Training
- Short, medium and long term validations

The service operates through a call center and it carries out by 40 volunteers who followed a special training course coordinated by a team of professionals and social workers. The work plan for the beginning of this assistance consists of the following stages:

- Service request through a call center
- Meetings cognitive social worker / educator
- Taking Charge
- Home care
- Drafting customized intervention plan

The project aims to promote in the city of Rome a different way of providing support and assistance to elderly people in need: to build a supportive community through a widespread presence of testimony, relationship and solidarity between people in the city. Proximity means empower vulnerable people by reducing paths support welfarism through emotional closeness, acceptance and taking charge. The key factors that led the project to success are:

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- a centred- person approach based on unconditional positive regard, empathic understanding, congruence. This approach views the elderly people as their own best authority on their own experience, as being fully capable of fulfilling their own potential for growth.
- The promotion of a network approach to home care services which involves the different social actors engaged in helping elderly people in non-medical assistance.

Rome (Italy) Rec-over 50

The project "Re-over 50", Topnetwork – Province of Rome is still in the start phase and it is based on the finding that only 4% of unemployed people know the existence of vocational guidance services offered by the province and choose to benefit. The project consists of the develop of the integrated use of technological devices based on a geo-referential system of the employment services at a local level. The aim is to reach elderly people in order to give them useful information to activate their resources. The specific features of the context that have shaped the practice are the following:

- growth of unemployment, in short and long term forms, on the wave of the world-wide crisis;
- average age of workers following the average age of population: more workers over 50 than in the past;
- delay of the retirement age, dued to the need to adequate the social security policies to the social changes parameters and laws to hire older people doesn't encourage companies.

The effects are that:

- most of people who loose their jobs have serious problems to restart;
- the centers for employment can put back to work only 4% of older workers;
- unemployed people over 50 often have to change completely their target : great loss of experience for the society;
- unemployed people over 50 often faces hard psychological conditions : lack of self-esteem, sense of uselessness.

The project involves the combination of services and tools (information center, call center, internet and mobile application) designed in order to allow the users to:

1. find immediate answers to their questions
2. get proper orienteering solutions
3. access all the job offers in a fast way, also in "push" mode
4. get professional advice for training paths
5. easily access other services (i.e. legal, financial, psychological counseling)
6. compare their experience with other people through a thematic social network

The project will not replace the existing services and offices that are reference points for people looking for a job or with health problems; it will simply "empower" their features, by increasing visibility and accessibility, and by offering the option of a "common" database where to get and store information.

The proposed solution consists of:

- a common database including an advanced search engine and adapters to existing databases; it should be integrated with a geodatabase to ease some user-oriented functionalities (automatic location of the user to give a shortcut to requests of paths) and some monitoring and reporting features.
- a web-based application and CTI functionalities, providing a set of friendly user interfaces

The benefits for the users are listed below:

- a simple and unique interface to get information and advice, accessible from internet or phone;
- a official guide to be properly oriented through some needed procedures, avoiding the discouraging effect of bureaucracy;
- capability to receive on a mobile device the important news and job offers (smart interfaces will pack the messages according with the user's device type : no smart phone or internet connection needed, even a GSM phone will work properly);
- free access to the internet functionalities.

Sevilla (Spain) Health @ Home (H@H) – a case study in Sevilla

The city of Sevilla described the case of the Ambient Assisted Living (AAL), a joint research and development funding programme implemented by 20 European Member States and 3 Associated States (<http://www.aal-europe.eu>).

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The H@H (Health at Home) project aims at solving societal problems related to the provision of healthcare services for elderly citizens with cardiac chronic pathologies. The main aim is to improve the quality of life of elderly citizens, especially with cardiac problems and, as a final result, to propose a new integrative European model for the management of information. The goal of Project H@H is to design, realize and demonstrate a complete and integrated model of home care of the chronic patient. By reaching this important scientific goal, H@H will be able to make a positive contribution to the progress of knowledge in the field. Especially, concerning clinical knowledge, technological knowledge, new manners of approaching chronic patient problems and the adoption of international healthcare standards.

Employment & Enterprise Subtheme

Prague (Czech Republic) Societa - Social services in Prague

SOCIETA is an NPO that provides services for disabled and elderly people. The inspired principles of the project are the mutual assistance, the employment of disabled people and the improve of social services. The company is founded on the principle of mutual aid and employment to disabled citizens. SOCIETA employs persons with disabilities, paraplegics, people with visual and hearing impairments. For anyone SOCIETA tries to find work in society. The company prefers an individual approach to all employees regarding the allocation of their working hours and other issues related to their disabilities.

The Societa majority of employees are disabled people who provides the following services:

- transport of disabled and elderly people – people with varying degree of disability are employed in a service of transport in Prague and its surroundings to centres of daily care, care homes, rehabilitation centres, doctors, offices. The service offers also individual and private transport to cultural, sport and social events.
- dispatching – the dispatchers receive calls, handle orders and cooperate with the drivers and transport. The service involves operators

with severe disabilities and it is guaranteed continuously 24 hours a day.

- social therapy workshop and care services – Societa offers assistance for people who need, because of their disability, age or illness.



The main result of this project is to have developed an efficient service for the elderly people and at the same time that develops inclusion through employment of persons with disabilities.

The project wants to answer to the following needs:

- Lack of an individual approach in care services;
- Lack of transport services for elderly and disabled persons;
- Difficulty to find a job for disabled and long term unemployed people.

Care system of municipality of Prague offers the following services to citizens:

Personal assistance – It's the service designed especially for people with disabilities and seniors. Personal assistants help a person to become self-sufficient and participate in community life. The service is aimed at people with moderate disabilities.

Emergency care – the service provides continuous telephone or other electronic communication with people who are at high risk of danger to health or life. For people with moderate disability.

Guide and reading services – these services are aimed at people who have reduced ability to communicate. These include people with

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sensory disabilities. For people with mild disability. **Support for independent living** - It's a service similar to the nursing service, but focuses more on strengthening the personal skills to live alone. Especially for people with mild disabilities.



Centers of daily care - daily care is a service regularly visited by people with reduced self-sufficiency. During the day there is ensured a comprehensive care with regard to the needs of users, while providing educational, therapeutic and socio-activating activity.

Centers of weekly care – It's a residential service for people with reduced self-sufficiency in need of regular assistance of another person. The stay is provided during working days. The service offers comprehensive care, such as providing educational, therapeutic and socio-activating activity. Care homes for elderly people are residential services of all-year operation for seniors with severe disabilities in need of regular assistance to the comprehensive care as well as offering a social therapeutic activity. This service is intended primarily for those seniors who, can no longer provide assistance in their natural social environment.

Care homes for disabled people - Homes for people with disabilities are residential services of all-year operation for people with severe disabilities in need of regular complex care as well as providing educational, therapeutic and socio-activating activity. This service is intended primarily for those people who can no longer provide assistance in their natural social environment.

Social services provided in hospitals shall be granted to people who need the assistance of

another person while they can not be released from the hospital because it is not possible at this time to provide them care in their homes or in social services. For people with severe disabilities. In this context the project SOCIETA aims to enhance services for independent living with particular attention to mobility and employment of disabled and unemployed people. The project aims to improve labour market access of disadvantaged groups and provide citizens with quality health and care services. The approach promotes the autonomy of the parties that addressed the service and the workers themselves who act as dispatchers and drivers. The project aims to increase mobility, education and employment of the elderly and disabled people by linking them with the needs of employers.

The main objectives are:

- development services that promote the mobility and the independent living of disabled and elderly people;
- actively involvement of disabled and long term unemployed people in the development of the service;
- provide social services and improve care assistance;
- remove barriers to young and elderly people with disabilities through the development of educational and vocational guidance services to encourage their return to the labour market.



The coordination mechanism of the service is described behind:

Dispatchers receive calls from customers. They are in constant contact with drivers moving in the city,

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following the current traffic situation and the positions of individual drivers to be able to answer the call. Drivers assist in the transportation of the clients to and from various location: rehabilitation centres, office, doctor, shops. During transportation the drivers also provide free individual assistance. Transportation cars (VW Transporter, VW Crafter) are equipped to transport up to six wheelchairs. The vehicles have electric elevating platforms and are fully air-conditioned. Unlike transport the day care services are extra. The success of the framework depends on a strong commitment and a partnership approach from all the actors (dispatchers, drivers, care assistants, professional trainers, managing authorities of the municipality of Prague) involved in supporting elderly and disabled people to give them a high quality care and health services and to support their reintegration into the labour market. It also requires a move away from segregated services and programmes to a more flexible and dynamic person-centred approach.

Lessons learned

- The model - the model is based on employer engagement, job support, requalification of workers with disabilities and a dynamic centred approach for a high quality of transportation and care services.
- Strong leadership - Continued strong and effective leadership by workers of the NPO and local authorities
- Funding commitment - a clear commitment is needed to consider how funding can become sustainable and long term to increase stability, forward planning and integration to provide more and better job outcomes. This includes consideration of realigning existing funding streams.
- Welfare benefits - advice on welfare benefits and financial capability arrangements must be an integral part of the project.

Dobrich (Bulgaria) For a dignified life

The main problem on the issue of health and care in the city of Dobrich is the increase of people with disabilities; most of them unable to leave their homes, to obtain food, to communicate with the institutions and so deprived of the opportunity to participate in the social life. "Human Resources Development" 2007-2013 Operational Programme provides an opportunity to apply for "Care In Family Environment For Independent And Decent Living Of People With Different Types Of Disabilities And People Living Alone – Activities "Social Assistant" And "Domestic Assistant" procedure. The aim is to improve the quality of life of people who need permanent assistance in their daily activities as well as to improve the quality of life of their families.

Objectives to be achieved are:

- To Improve quality of life of people with disabilities and people living alone, through creating conditions for efficient exercise their right to independent living and social inclusion;
- To improve services "Social Assistant" and "Domestic Assistant" for persons in need of permanent care in their daily lives;
- To create new jobs in the social service sector for professionals seeking extra work.

To achieve these objectives were involved social assistants, domestic assistants, a trainer consultant and in 12 months the following activities were carried out:

- Needs assessment of all potential service users - equal access rights;
- Selection of service users for Social assistant and Domestic assistant;
- Selection of the Social assistants and Domestic assistants among the unemployed and persons wishing to supplement income;
- Induction training;
- Qualification training.

The project has achieved the following results:

- Improved quality of life by providing support to 62 persons including 52 over 65 years with different stages of disability and Living Alone
- Provided work of 12 social assistants and 11 Domestic Assistants including:

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- ✓ 11 unemployed persons under 56 years;
- ✓ 10 persons from 57 to 64 years as extra work;
- ✓ 2 persons over 65 year;
- ✓ 23 trained persons to provide services "Social Assistant" and " Domestic Assistant ", 10 of them with professional qualifications - Social Assistant.

Active Age Subtheme

Edinburgh (United Kingdom) Support for Alcohol Consumption by Older People

The over 65 population of Scotland will increase considerably in the next 25-30 years - by 2027 the over 50s will make up roughly 55% of the adult population and by 2031 the number of people aged 75+ is projected to increase by 75%.

Additionally, drinking surveys have shown that the levels of alcohol consumption within the older population have been rising steadily over the past 20 years. From the described background the municipality of Edinburgh intends to achieve the following objectives:

- Involved people in issues of alcohol consumption;
- Establish how and why alcohol is an issue;
- Develop awareness raising campaigns;
- Reduce alcohol consumption and dependency.

During 2008/2009 Alcohol Focus Scotland, the national charity for alcohol issues, promoted the research Gender Issues Network on Alcohol (GINA), focusing on older people and alcohol.

The main aims of the research was:

- Examine the alcohol related experiences of older people;
- Gather qualitative information from women aged 55+ to gain a better understanding about their relationship with alcohol, including knowledge around unit awareness as well as general attitudes and beliefs;
- Gather quantitative information from people (men and women) aged 55+ to gain a better understanding of their relationship with alcohol;
- Explore knowledge of the impact alcohol may have on medication effectiveness;

- Develop and pilot a training package for Carer Support Workers of older people who may have issues with alcohol.

The key findings of the research are the follows:

1. The vast majority of female respondents drink alcohol, with only 20% reporting that they never drink alcohol. The most popular cohort was 'special occasions only', with 22%, and the least common cohort was "every day" with only 6%;
2. The majority of women who drink reported drinking at home at 69%, followed by in restaurants at 58%. The least common drinking locations were at social clubs and pubs where only 11% of the women usually drank;
3. For those who drink, the most popular choice of drink was wine, with 66% of the women reporting that they drank it. Only 4% of the women reported beer as one of their favourite drinks;
4. 75% percent of the women who drink do so with family and friends. Just over a quarter, 26%, of women drink with their partner and 16% said they drink alone;
5. The most popular reason for drinking was to be sociable (63%). Relaxation too was a popular reason (57%). 5% drink to help them sleep. Other reasons - loneliness (2%), to help forget their problems (1.5%), 1.5% cited bereavement as a factor;
6. 75% percent of female respondents reported having previously received information about drinking and health. The most common medium for this information was from written literature, such as newspapers, etc (82%) + 18% from their Doctor;
7. Only 30% of the women report having being asked by their doctor or nurse in the past about their drinking. During a pre-operation screening discussion;
8. 75% of the women who responded to the questionnaire were on prescribed medication, of those women, only 38% reported any discussion about whether their prescription could be affected by drinking alcohol;
9. 45% of the female respondents said they would feel comfortable talking to a doctor about their drinking. The 2nd choice was with a family member or friend (40%) and the 3rd was a nurse (28%);
10. 75% of women said they felt they would know where to get help if they needed help in relation to alcohol misuse;

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11. 76% of female respondents reported that they would use local support for alcohol problems if they thought needed;
12. 77% of respondents felt that the over 55 population need to be given more information about alcohol but raised issues as to how, where and when this should be done. 74% felt that leaflets available at a range of locations. GP's and health professionals (64%); Specific magazines aimed at the 55+ population (50%);
13. The most popular type of information needed was about how alcohol affects the health of those 55+, (56%), the 2nd choice was information about alcohol and medications (48%) number of drinks per day/per week (47%).

Lessons learned

- Development of age based sensible drinking guidelines. Age based sensible drinking guidelines are essential to ensuring a healthier and more independent population of older people.
- Development of alcohol information resources for older people. Older people have provided their thoughts and ideas on the style and types of resources which could have the most impact with the older population which ensure they are accessible and engaging without being condescending
- Placement of information in areas identified as being most relevant to older people
- Delivery of alcohol awareness sessions for older people. It is recommended that sessions are delivered at groups and clubs attended by older people based on the feedback received by older women on their experiences of having alcohol awareness information delivered within a discussion group setting.
- Raise awareness among health professionals on the importance of discussing the possible effects of alcohol and medication.
- Work with carers. Work on awareness raising training should continue to be developed in this area to ensure we reach those older people;
- Explore options for further development work and awareness raising training

Now the main actions to be achieved will be the organization of promotion and dissemination events, the development of materials and locations to get the information disseminated and the development of the research Gender Issues Network on Alcohol (GINA).

Wolverhampton (United Kingdom) The Extra Care Housing Model

Extra Care Housing was developed with the aim of providing a direct alternative to residential care, which incorporated all the advantages of both residential care and living in ones own home – but with none of the disadvantages of either. Older people in fact prefer to remain in own home with domiciliary care and adaptations instead of residential care, accepted very reluctantly as last resort.

The physical environment of extra care housing consists of 40-50 flats of at least a minimum of 42sq.m.with own living room, 1/2 bedrooms, bathroom & kitchen, wide internal 'streets', lounge, activities room, computer room/library, gym, hairdresser, gardens and greenhouse. Extra care housing consists of 40% public space and 60% private space. Care and support are available 24 hours a day and offer a varied flexibility according to changing needs of the elderly people and security of tenure – not linked to care agreement. Wolverhampton has 9 Extra Care Housing schemes, first opened in 1994 and last opened in November 2009, 431 units of accommodation (413 flats 18 bungalows).

In recent years many people have expressed their satisfaction with this solution offered: " I am able to retain my independence, but help is on hand if I require it. I have made a lot new friends, but my old friends and neighbours still visit me" ; "I can now administer my own medication, control my own finances and can choose what to eat... enhanced my life enormously".

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Concluding remarks

At the end of case studies presentation partners have been invited to give a feed back of the lessons learning in the day. All partners have recognized the usefulness of the exchange and sharing of different experiences on the same theme. All the participant showed interest in the presentation of the transportation service for elderly people achieved in Prague. Partners of Maribor shared that charity organizations are not so develop like in other countries: "Slovenian people thought that care services is a right and the government have to pay". Partners agree on three lines of actions for the development of local action plans:

1. Promote a clear strategy at national and local level;
2. Develop information point of care services;
3. Promote co-housing as a form of cohabitation and assistance of elderly people which incorporated all the advantages of both residential care and their own home.



