

# Retaining and regaining independence and inclusion in later life: the role of social services

Notes and practice examples  
from ESN's Autumn Seminar  
Stuttgart, October 2012





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The European Social Network (ESN) brings together people who design, manage and deliver social services in public authorities across Europe. We support the development of effective social policy and social care practice through the exchange of knowledge and experience.

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## Introduction

### Why this seminar?

In the European Year of Active Ageing and Solidarity between the Generations, ESN focuses on prevention and rehabilitation in social services for older people. It is an important approach because it can enhance the quality of life for older people and reduce the burden of long-term care and health expenditure. However, it has proven difficult to reform systems that are focused on dealing with severe care needs – often at hospital in the first instance – when they arise.

With this seminar we wanted to look again at prevention and rehabilitation, and ask how to prevent loss of independence and social/family links among older people – and how to support older people to regain independence and social/family links as quickly as possible (e.g. following illness, health problems or bereavement). In this report we share some notes and practice examples from the seminar.

### Contact

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### What’s the story?

In the European Year of Active Ageing and Solidarity between the Generations, ESN focused on prevention and rehabilitation in social services for older people. 60 delegates from 20 different countries, ESN members and invited guests met in Stuttgart, Germany, for this year’s Autumn Seminar.

The seminar centred on how to design social and health services which assist older people in retaining and regaining independence and inclusion in later life. We were also conscious of the contribution of health promotion, volunteers and family carers to this agenda.

Opening the seminar, ESN’s vice-chair, Christian Fillet observed that the EU tends to speak about ‘long-term care’. He said: “Perhaps we ought to be talking more about short-term care: a quick short burst of care, support, training to help a person regain independence and inclusion after an illness or a fall.”

That is exactly the approach that has been introduced in Fredericia (Denmark) under the heading ‘life-long living’. It wants older people with potential care needs not to see themselves as ‘patients’ but as happy and independent. When an older person applies for personal care and practical help, they are offered 72 hours of intensive training over 31 days, focusing on essential tasks

of daily living. Prevention and rehabilitation strategies from Portugal and the Netherlands were also presented. In turn they focused on integrated social and health care and deploying ICT to meet older people’s real needs.

“It’s about livable communities for all ages,” said Daniel López Muñoz, in his report of a project by European regions about ‘declining, ageing and regional transformation’ (DART). He stressed the factors beyond social and health care that influence an older person’s quality of life. The valuable contribution of volunteering and health promotion completed this session on adapting to demographic change.

Carolyn Akintola, herself a wheelchair user with chronic health problems, shared a moving testimony of caring for her elderly mother “with a total of six hours help a week”. She admits it is hard at times, but “I wouldn’t have it any other way.” She concluded: “Nothing that’s worthwhile is ever easy. She’s MY mum, and I should look after her.”

Participants discussed how to design social and health services which promote independence in later life. They also shared their ideas on how other actions, such as health care, volunteering activities, family care and socio-economic policy making can contribute to preventing dependency.



Results of the seminar

Where should we focus our efforts in promoting independence and inclusion in later life?

Design social and health services that favour prevention and rehabilitation:

- A shift to *early prevention* and *health promotion* from intervention is needed. This should be done by integrated local services promoting prevention, active ageing and an age-friendly environment.
- Structural reforms at national and local level alongside financial support would promote *integrated services* which identify

the needs of older people, help older people achieve *social inclusion* and *build trust* among older people.

- The role of older people with care needs has to change from passive recipient/‘patient’ to participant by *involving service users* in the planning and delivery of services.
- *Stronger case management* is needed to support older people as individuals: health and social services should work together closely and cooperate with public, private and family carers to work in a network around the older person.



Results of the discussion amongst delegates - how social and health services can be designed to promote independence in later life.



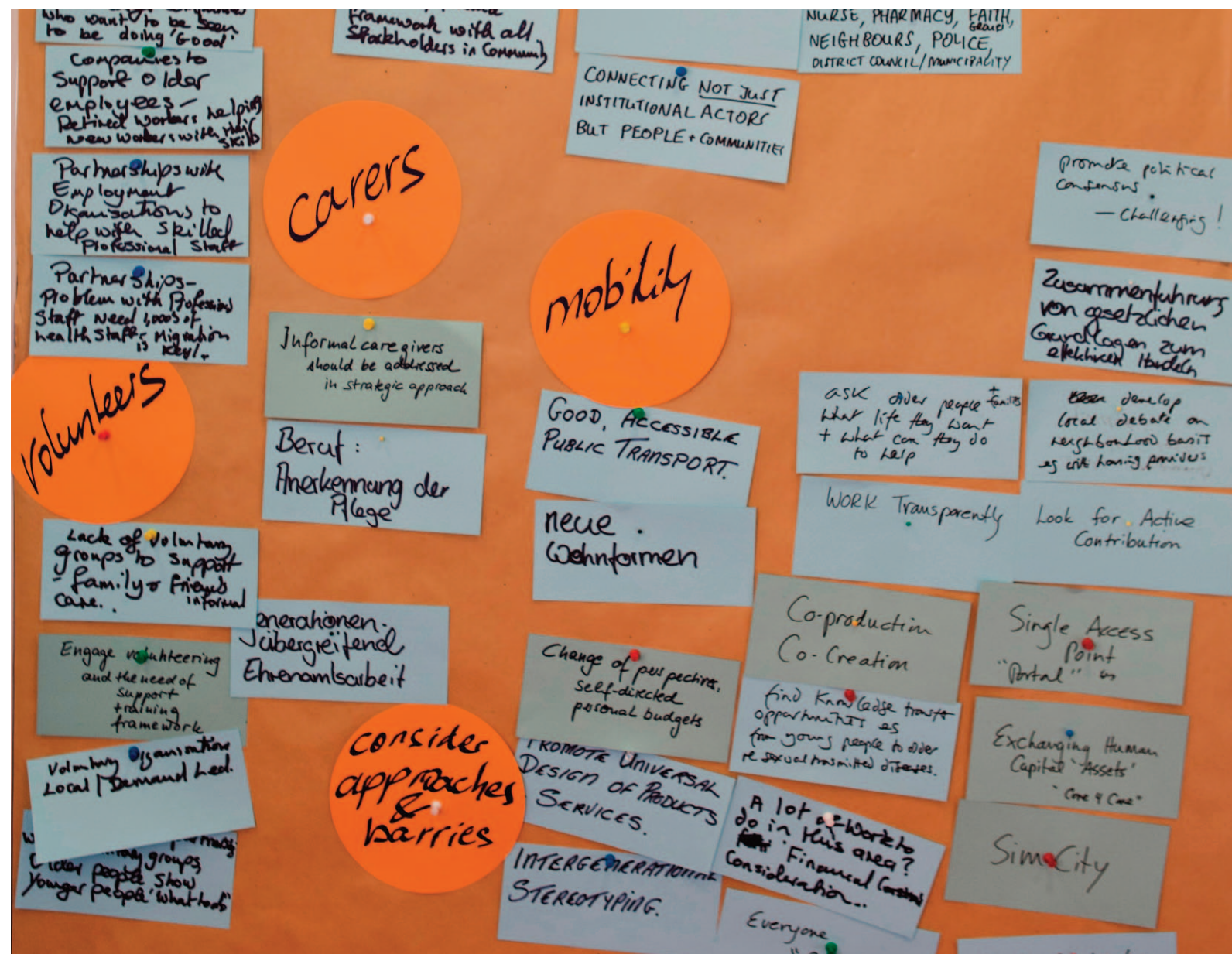
Work with other stakeholders:

- There should be more support to allow older people to remain at home and active in their local community longer whilst preventing social exclusion, especially in rural areas: measures could include *barrier-free housing*, *ICT solutions*, intergenerational *volunteering projects*, *public transport* and *meeting places in the community*.
- Development and delivery of a *universal design for all* approach in age-friendly products and services.
- Involvement of employers in promoting *intergenerational learning* among older and younger workers, and the promotion of age friendly work places that focus on healthy ageing.
- The contribution of informal/family carers towards the welfare state should be acknowledged, e.g. with leave for carers, relief programmes for carers.

Work with the EU to:

- Help to promote a positive image of older people and raise awareness of their social contribution.
- Invest in collaboration, knowledge and idea exchange, and provide better access to mutual learning opportunities and their results for all stakeholders.
- Provide financial support for local and regional policies, including the use of structural funds to promote independence and inclusion in later life, recognising the specific challenges of rural regions.

Overall, delegates felt strongly that the image of 'being old' has to change in order that older people and their contribution to society is valued more highly – this would underpin better policy-making in many areas. Everyone with an interest in the dignity and wellbeing of older people should contribute to this cultural change within society.



Participants shared their ideas on how other actions, such as health care, volunteering activities, family care and socio-economic policy making can contribute to preventing dependency amongst older people.



## What role is the EU playing?

The EU is already playing a role in various ways, not least through the European Year of Active Ageing and Solidarity between the Generations. This is already bringing political attention to the approach of active ageing based on longer (and more flexible) working lives, solidarity and understanding between young and old.

The European Innovation Partnership on Active & Healthy Ageing brings greater attention to prevention, screening and early diagnosis; care and cure; active ageing and independent living; and has the overall aim of adding two healthy years on average in the EU by 2020. It brings together actors from all levels and sectors to build synergies whilst mobilising available resources and expertise. It also provides an open platform for innovative ideas.

Meanwhile, a consultation by the European Commission on personal and household services this summer has drawn attention to the employment potential of the sector. Alongside the challenges of demographic change, there is a focus on the opportunity brought on by this period of transition. In October, there was a peer review on age friendly products and services and the European Commission will organize a conference focusing on the job creation potential of care services in January 2013.

The WHO's age-friendly cities and communities programme ties in well with EU efforts on active & healthy ageing.

The WeDO project (Wellbeing and Dignity of Older people) involves 18 partners from 12 countries, and also a number of European stakeholders, including ESN. It aims to develop a lasting and growing partnership of organisations at all levels to promote the wellbeing and dignity of vulnerable and disabled older people. It also seeks to prevent elder abuse at all levels and in all settings through the promotion of quality long-term care. The project has developed a European Quality Framework for long-term care services.

## Testimonies from the WeDO project

Older person

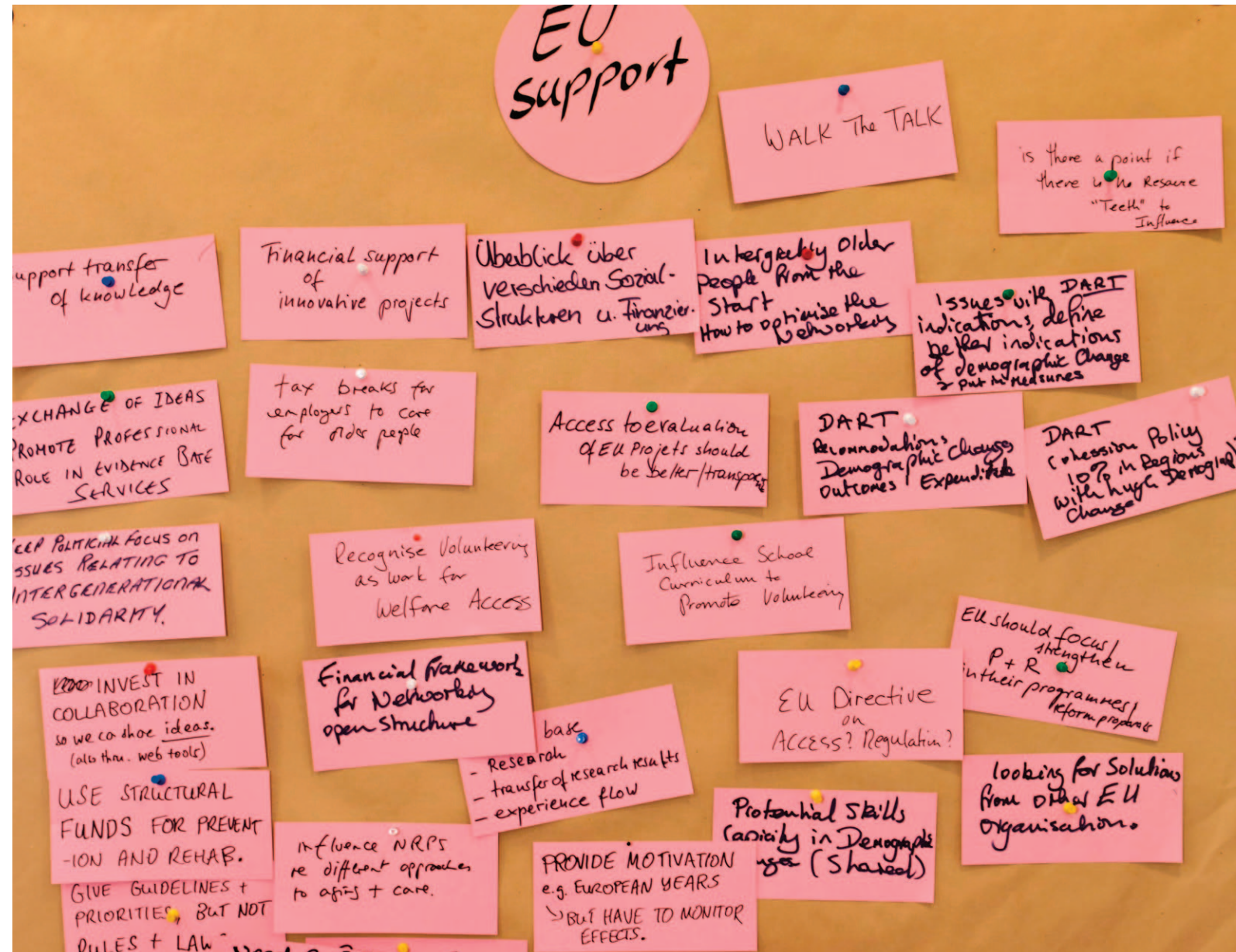
"I am afraid my daughters will decide suddenly to send me to a residential care home without talking about it to me beforehand. I like living alone and I would prefer to stay at home if possible."

Older person

"I broke my leg two weeks ago but I continue to receive the same number of care hours as before. My son, who lives 100 km from my house, needs to come to help me every day to dress and to have a shower."

Professional carer

"The new head of unit made us realize that our workplace is home to older persons. We started putting emphasis on making life in our care home more 'homelike'. Encouraging participation in daily life began with small changes. [...] The result was that we shifted from 70% to 20% of bedbound residents."



Delegates from different countries discussed what sort of support they need at EU level to promote independent living amongst older people.



## A carer's perspective

**Carolyn Akintola is a wheelchair user who looks after her elderly mother.**

My name is Carolyn. I'm 48 years old. I'm not married (but will listen to offers!), and I'm caring for my mum, Elsie. My mum, who's 75 years old, has End-Stage Kidney Failure, and is on Peritoneal Dialysis. She also has Parkinson's Disease among other things. Dialysis needs to be done three times daily. I get a total of six hours help per week to look after Mum.

The health service provides me with three hours Home Help per week. Lorna, our Home Help uses those hours to clean the house for us. Things like vacuuming, cleaning the bathroom, etc. Now it has been said that I should use those hours to do more personal care tasks for my mother. I don't agree. I find doing those cleaning tasks difficult to do, and I believe that you cannot care in a dirty house! Besides, like most older people, Mum's not comfortable with just anybody doing personal care tasks for her.

The other three hours are provided by The Carers Association, and once a week, Natasha, the Respite Care Worker comes to stay with Mum to let me go out for a few hours to go shopping, etc. Natasha treats Mum like a queen: she washes and styles her hair, files and paints her nails, etc. Then she'll make lunch, and they'll enjoy a meal together. It's very much a social outlet for Mum, and she loves to see Natasha coming.



Unofficially, if I have to go out for a couple of hours, our local Community Gardai (Irish Police) are fantastic!. Mum loves Tom, Michael, and Sarah. They'll pop in on Mum to check that she's okay. If I have to be away for more than a few hours, my friends from a charity I'm involved with, (St Vincent de Paul) will take turns at calling in to attend to Mum.

However, if there's an emergency, it's a nightmare trying to get Mum looked after. I had to have some major Dental work done about six months ago, and because I was under sedation, I wasn't able to look after Mum for 24 hours. I approached the health service and asked them what to do. The suggestion was to take my mum to the local hospital's Emergency Department, and leave her there! My reply to that suggestion is not repeatable in polite company, but suffice to say, I was not impressed! The Carers Association came to the rescue. Cathy, the Care Centre Manager got Natasha trained to do Mum's dialysis by the Renal Nurses at our local hospital, and sent her in to do Mum's dialysis. Then my friends from St Vincent de Paul called in several times, the Community Gardai did the same, and we got through it. Thankfully, I'm in a position to totally devote my life to the care of my mum. I'm not married, don't have children, and we share a house.

Were I not ready, willing, and able (most times!) to look after her, or living elsewhere, I believe that she would spend the rest of her days in a general hospital. With the economy as it is, getting funding for any kind of care is a nightmare. Also, the

Respite Care Workers are not normally trained to administer Mum's dialysis. This is a vital part of Mum's care, and unless it can be done, I can't be gone for long. Nursing Homes won't take her either, because they claim that they'd need Renal Nurses to administer it. I'm not a nurse, and I do it! I just takes a bit of effort.

But as I'm getting older, and my joints are really troubling me due to my Ehlers-Danlos and arthritis. Mum's needs are greater as time goes on. I really need some extra support. I'm coming to the stage where I need somebody to come in some of the time to do Mum's dialysis to give me a chance to have a break. Somehow though, with the economy as it is, I don't see that happening any time soon. I fear for Mum when it comes to the stage where I can no longer look after her. It's not all doom, and gloom though. Yes, it's hard, but I wouldn't have it any other way. Nothing that's worthwhile is ever easy. She's MY mum, and I should look after her. We have some fun times too.

Somebody asked me about stress, and just getting out of the house for a few minutes every day to breathe some fresh air, and to think. I've figured out a way to do that. And my advice to other carers out there who are feeling stressed is to get (or borrow!) a dog, we have Dougal –a five year old mongrel, and besides getting me out of the house for half an hour each day to take him for a walk, he's great for Mum too. She adores her 'Little Man'.

## Practice examples

**ESN collected practice examples of how local and regional authorities are promoting independence and inclusion in later life for the seminar and presents a selection of them here.**

Municipality of Fredericia, Denmark: Life-long Living  
*Early prevention, Involving service users*

City of Wiesbaden, Germany: Network for Geriatric Rehabilitation „GeReNet.Wi“ in Wiesbaden  
*Integrated services, Early prevention*

Social Security Institute, Portugal: National Network for Integrated Continuous Care  
*Integrated services*

City of Linz, Austria: Homebutler – in sheltered housing in Linz Pichling  
*ICT solutions, Include older people*

Kolding Municipality, Denmark: Active Senior Life  
*Early prevention, Involving service users*

Government of Galicia, Spain: Active Silver  
*Intergenerational learning, Volunteering projects*

Social Services Department, City of Stuttgart, Germany: Participation of older people in social planning  
*Involving service users, Include older people*

Social Community Administration Oradea (ASCO), Romania: Seniors` Clubs  
*Include older people, Volunteering projects*

City of Arnsberg, Germany: Arnsberg „Learning Workshop“ Dementia  
*Awareness raising measures , Volunteering projects, Relieve programmes for carers*

Province of Noord-Brabant, Netherlands: Health and Social Care Economy program  
*ICT solutions, Involving service users, Health promotion*

Arad Local Council, Romania: Network of Day Care Centres  
*Include older people, Health promotion, Meeting places in the community*

Swedish Association of Social Directors, Sweden: Healthy Ageing  
*Health promotion, Meeting places in the community*

The Regional Government of Oberösterreich, Austria: Acute gerontology and remobilisation  
*Integrated services, Rehabilitation*

Skills for care and development, UK: Community skills development  
*Involving service users, Meeting places in the community*

The City of Dortmund, Germany: Local centres for quality life in later life  
*Volunteering projects, Case management, Meeting places in the community*

### Municipality of Fredericia, Denmark

Life-long Living  
Launched in 2008

**Aims of the project**  
– that the individual users of the local welfare services experience a high level of satisfaction  
– that local employees thrive and develop their skills to the benefit of the users and  
– that local financial performance is improved, enabling us to provide more welfare for the same amount of money

**Relevance to independence and inclusion in later life**  
Fredericia Municipality wishes to change the way senior citizens are generally perceived (from “passive” patients to citizens with active resources). The project Life-long Living is an example of a new model for interaction between the elderly citizens and their hometown social services, focusing on “everyday rehabilitation”. This is achieved in Fredericia by looking at the individual’s resources and by providing self-help instead of providing compensatory and pacifying care. It wants older people with potential care needs to move from being patients to being happy and independent.

**Target group**  
Older people applying for home care and personal assistance, provision of services for 2,300 people - almost 25% of our older citizens.

**Services provided**  
Fredericia’s elderly citizens applying for practical or personal help are able to enter into a 6-8 week intensive rehabilitation programme where they are trained to perform their everyday tasks themselves. Older people receive 31 days of intensive training, 72.3 hours in total. The training is focused on help to self help and focuses on activities in their everyday life. They are trained to do simple things by themselves, such as daily shopping, light cleaning tasks,

taking their medication, doing the laundry, cooking, etc. The staff training the older people assess their resources and make individual plans for each citizen. There is more intensive help at the beginning, but care is always offered in the form of training in order to help people to perform their own tasks.

**Service providers**  
The services are provided by trained professional carers and home carers working for the municipality.

**Annual budget**  
For services for older people there is an annual budget of around 53 million Euro. The first results of the ongoing initiative are very promising. After the intensive rehabilitation programme, the citizens’ need for practical and personal assistance considerably falls, and many of them do not need further assistance. The number of requested services has decreased significantly and subsequently the costs have decreased by around 70,000 Euro per month.

**How do users leave the service?**  
Approximately 25% of the elderly who already receive help, have the potential for rehabilitation and do not need the services anymore.

**Evaluation**  
The numbers of hours of care in the whole municipality have been reduced (111,767 hours of care before the implementation of the programme to 85,909 hours of care after the implementation of the Life-long Living programme). After approximately two months, the investment into the programme was returned and there are yearly savings of 20,000 Euro/822 hours per person.

**Contact**  
Karen Heebøll  
Director of Social Services  
[www.lmiel.dk](http://www.lmiel.dk)



City of Wiesbaden, Germany

Network for Geriatric Rehabilitation  
“GeReNet.Wi”  
Launched in 2000

Aims of the Network

The main aim of GeReNet.Wi is to offer elderly people an alternative to care in a nursing home. By a systematic use of remaining physical, mental and social resources, he or she can stay in an independent form of living. Elderly care services, organisations supporting older people and public health services cooperate to provide a better access to geriatric treatment and rehabilitation, as well as to remedies and therapeutic appliances. This optimizes the transition of patients who are admitted to hospital or discharged from hospital. To promote networking between the different professions, we try to ensure a permanent transfer of information and we offer measures for awareness raising and training.

Relevance to independence and inclusion in later life

The measures provided by GeReNet.Wi help to stabilize the physical, mental and social situation of elderly people. They are able to take part in social life and to keep their social and family contacts. Proactive counselling services offered by “counselling agencies for independent living in later life” ensure that the individual’s needs are identified at an early stage and are dealt with in cooperation with doctors, public health services and special support services for the elderly.

Target groups:

- Elderly people with limited physical, mental and social resources. The service is open to everybody over 60 in the municipal area of Wiesbaden (about 68 900 potential users).
- Family members and people from their social environment.

Contact

Birgit Haas und Ulrike Granzin  
Geschäftsstelle GeReNet.Wi  
[www.wiesbaden.de](http://www.wiesbaden.de)

- Professional groups (paid professionals as well as volunteers) who provide counselling, diagnostics, treatment, therapy or support services for older people and their family members.

What services are provided?

- For elderly people and their social environment: Counselling, diagnostics, treatment, therapy, and support services provided by the network partners. They can access the programme mainly by the ‘counselling agencies for independent living in later life’, the local contact point for people in need of care, hospital social services, general practitioners or community services.
- Provision of information about transitions from home to hospital and from hospital to home.
- Frequent exchange and cooperation between the ‘counselling agencies for independent living in later life’, the local contact point for people in need of care and the social services of acute and rehabilitation clinics.
- Information and training seminars for medical practitioners, e.g. about local help and support services.
- Access to remedies and therapies as well as further rehabilitation measures thanks to improved cooperation between support services for older people and the physicians in private practice.
- Conferences and workshops for professional groups and for the public.

Annual Budget

Two full-time jobs (a qualified social worker and a qualified gerontologist) in the office of GeReNet.Wi.

Social Security Institute, Portugal

National Network for Integrated Continuous Care  
Founded in 2006

Aims of the Network

The network’s main objective is the provision of integrated care to people who are in a situation of dependency.

Relevance to independence and inclusion in later life

The Network contributes to the sustainable development and modernization of the national health service and public social security system and promotes different types of health care and social support. The Network links hospitals and primary health care centres with the social sector, including patients, families and individuals. The integrated care services aim at total recovery, provide preventive interventions or offer support in the acute phase of illness. The services include rehabilitation, re-adaptation, social inclusion and the provision and maintenance of well-being and quality of life, even in situations with no possibility of recovery.

Target groups

Frail older people; people suffering temporary functional dependency resulting from a recovery or other process; long-term functional dependency; acute disability with serious psychosocial impact; serious illness at an advanced or terminal stage.

What services are provided?

- The Network establishes several levels and response services which are different but complementary:
- Residential care units including convalescence units, medium term care and rehabilitation, long term care, palliative care units
  - Teams of integrated long-term care including home support and palliative care actions

Contact

Vanda Santos  
Senior Official of the Social Security Institute in the Support Team of the National Network of Integrated Continued Care  
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Which organisations provide the service?

The organisations in the Network are: public authorities with administrative and financial autonomy, hospitals, non-profit organizations, profitable private care organisations, and health centres providing primary health care for the National Health Service. The Network consists of different coordinating teams on different levels: there are five regional coordinating teams working in regional health administration and districts responsible for social security. There are also 90 local coordinating teams working in primary health centres and local counties. They organise the referral circuit between hospitals or primary health centres and the residential care units or teams of integrated long term care.

Annual budget

The budget is shared by health and social security sectors depending on the type of care provided. The financial support provided is specific, with adequate and periodically reviewed prices, to ensure the maintenance and provision of quality care. The payment for medium-term care, rehabilitation programmes, and residential long-term care is shared by the dependent person according to his/her income or his/her family income. In September 2012, the programme offered 5930 places but there were over 20,500 registered people.

Evaluation

An online- based data management system allows national coordinators to have real-time results at a national, regional and local level. This ongoing monitoring allows the implementation of a continuous improvement policy with training and guidelines. The following data can be registered online: referrals, admissions, autonomy/dependence in activities of daily living, pain evaluation, nutrition status, falls, pharmaceuticals (consumption).

City of Linz, Austria, in cooperation with the company BEKO, GWG Linz and other partners

Homebutler – in sheltered housing in Linz Pichling  
Launched in 2010

Aims of the project

- Support people over 60 to use new communication technologies.
- Retain independence of older people in cooperation with the existing care services and to support older people to stay at home as long as possible.
- Overcome the fear older people may have of using new technology.
- Provide training for using new technology.
- Awake interest, cooperate with stakeholders.

Relevance to independence and inclusion in later life

The aim of the project is to facilitate independent living at home as long as possible. Forms of co-living in sheltered housing, regular contacts with neighbours and different activities promote social inclusion and prevent isolation.

Target group

Smart Home technology has been implemented in a pilot via different functions in a TV in 25 assisted flats in Linz-Pichling

What services are provided?

Smart Home technology provides different functions from a TV, these include:

- Virtual systems (security functions) including: fire alarm, control of hot plates, water stop, emergency call,
- Supporting Systems including; TV, radio, address book, diary, medicine reminder, audio books, music, photo album, text message service, reading service, fall prevention with night light, memory training

- Other services including; ordering meals on wheels, shopping service.

Annual budget

There was a one-time investment of 250,000 Euro (for TVs and Smart Home technology - which was financially supported by the regional government Oberösterreich) and permanent cost for internet use.

Evaluation

A sociological and marketing evaluation was carried out by the programme Benefit. The security functions were perceived to be beneficent by the residents and they want to continue using them. There were two different target groups for the supporting systems: Residents without any computer experience had less motivation to use them, whilst residents with computer experience have been using them already with their own computer. The further development of Smart Home technology will mostly contain security functions.

Other functions are additional and will be offered by request. It can be assumed that there is less computer affinity amongst people over 70. There is still a fear of getting in touch with computers or other forms of new technology. Introduction and training will only be provided after the residents have become used to their flat in sheltered housing. After that they are open-minded to new issues. Training should be integrated into everyday life and in an informal way that should ease doubts about new technology.

Kolding Municipality, Denmark

Active Senior Life  
Launched in 2011

Aim of the project

The aim of the project is to ensure a better quality of life for older people after their abilities and their independence decreases.

Relevance to independence and inclusion in later life

Kolding Municipality wants a cultural change. This means a shift away from the focus of compensating help based on professionals solving problems towards a culture of collaboration with the citizens that is based on the common goal of improving citizens’ resources. The aim is to support citizens to live an active senior life with the highest quality of life possible. This cultural change means that everyone in the organisation of care, from the political level to the employee level, top managers of care and daily care workers, participate in the development of common visions, values and goals.

Target group

Senior citizens in the Municipality of Kolding, there are 4400 service users.

What services are provided?

A rehabilitation programme is offered to

older people who apply for home care services or a visiting nurse service. The following services are provided: rehabilitation in home care service and visiting nurse service and rehabilitation at healthcare centres. The services are provided by organisations for age management, home care services, visiting nurses services and health care centres. At the end of the rehabilitation process, a review of the citizens’ resources and functioning is carried out. If the assessment shows that a person manages without help, the service is completed and the person will leave the service.

Annual budget

322 miliion Danish Kroner (43 million Euro).

Evaluation

A mid-term evaluation of rehabilitation in home care services has been conducted. It shows that approximately 20% of the users of rehabilitation in home care services are able to manage without help and approximately 55% are able to manage with less help at the end of the rehabilitation process. In the beginning of 2013 there will be a final evaluation. Rehabilitation at health care centres will be evaluated in the beginning of 2014.



Government of Galicia, Ministry for Labour and Welfare, Spain

Active Silver: Elderly ICT learners become ICT teachers for disadvantaged people  
Launched in 2007

**Aims of the project**  
– Reduce the so-called “digital gap” of people with disabilities, prison inmates and the elderly  
– Encourage social participation of the elderly  
– Improve and encourage social interaction by intergenerational solidarity activities which consist of knowledge and life experience transferring  
– Ensure the needs of people within the community by the development of volunteering

**Relevance to independence and inclusion in later life**  
It is an innovative approach in terms of active ageing. Activity offers a “purpose in later life” and a meaningful and useful way of spending time. The elderly gain self-esteem, independence and health. Older people are not the only target group in the project but also disadvantaged people in other social projects.

**Target group**  
8 to 10 older people per year who train 75 inmates from Teixeira’s prison and 12 people with physical or mental disabilities at ICT training events.

**What services are provided?**  
ICT training for older people is provided in the local Social/Community Centre, (a public network in Xunta de Galicia). These centres are access free facilities in the local community.

**Which organisations provide the service?**  
Services are provided by a Network of private and public bodies:  
– The Ministry on Labour and Welfare: Centro Sociocomunitario de Vilalba and Directorate General for Youth and Volunteering (Financial support to some specific projects)  
– The foundation “Fundación ‘La Caixa’”(Financial Institution)  
– Teixeira Penitentiary Centre (Central State Administration)  
– Galician Informatics Voluntary association (ASVIGAL)  
– Voluntary association for people with disabilities “Benxamín Paz”

**Annual budget**  
This project cooperates with other regular activities in different public institutions and community organizations. It benefits from others’ operational expenditure. The estimate of costs allocated to this projects (transport, third party insurance, and other activity related expenses) is 6,000 Euro per year. Most of the work is done by unpaid volunteers.

**Evaluation**  
There is an annual assessment to analyse the outcome and identify areas for improvement carried out by a coordinator of different volunteering programs. The pilot project at the prison has been mentioned in the press and other regional media.

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[www.obrasocial.lacaixa.es](http://www.obrasocial.lacaixa.es)

Social Services Department, City of Stuttgart, Germany

Participation of older people in social planning  
Launched in 2012

**Aim of the initiative**  
Older people in Stuttgart should have the opportunity of self-determined and financially secure active ageing based entirely on their needs. This can be produced by forms of participation by older people within the local community. Older people are involved in a continuous dialogue concerning social planning, with the active participation of older people and other stakeholders.

**Relevance to independence and inclusion in later life**  
The engagement of older people in social planning enables them to influence decisions and to have greater control over their lives. Involving other stakeholders/ participants in the process of social planning focuses on developing the potential of older people to be more active and to be involved in their community.

**Target group**  
Elderly people in three communities in Stuttgart and other actors (local politicians, administrative bodies, housing providers, non-profit welfare organizations, and other social services)

**What services are provided?**  
Older people can be involved in the social planning process by local facilities within the community. The initiative “Participation

of Older People in Social Planning” focuses on networking, participation and community development. It involves a shift away from the traditional social planning structures of ‘expert’ providers making decisions on behalf of older people. Rather, a more equal partnership of older people and a network of other stakeholders; including local politicians, administrative bodies, housing providers, non- profit welfare organizations, and other social services is formed. All of the participants are involved in a continuous dialogue regarding social planning. During the process of social planning, the different contributors consult throughout the decision-making process at a strategic and operative level.

**Which organisations provide the service?**  
The initiative combines the competencies of social services, community volunteer workers, local authorities and non-profit organizations. The participation of older people in social planning also involves community development, which enables older people to stay in their own homes for as long as possible, and strengthens the networking and participation of the stakeholders in the district.

**Annual budget**  
The annual budget will be 7,000 Euro per community, three communities will be involved in the project.

**Contact**  
Stefan Spatz  
Deputy Director of Social Services, Stuttgart  
[www.stuttgart.de](http://www.stuttgart.de)

Social Community Administration  
Oradea (ASCO), Romania

Seniors` Clubs  
Launched in 2005

Aims of the project

- Improve the quality of life of older people as well as their physical, social, cultural and mental wellbeing and to prevent social exclusion
- Provide volunteering opportunities, skill development, education and creativity in an appropriate environment

Relevance to to independence and inclusion in later life

There are 5 clubs with a frequency of 20 to 50 visitors per day in each club. We have 5.181 files for home heating subsidy registered. Every day, there are 40 senior volunteers active in the 5 clubs and hundreds of young volunteers (middle school, high school and university students) take part in community activities along with the elderly. Although originally a programme for older residents in Oradea, Seniors` Clubs have become meeting points for the whole community, which strengthen social infrastructure, inclusion and intergenerational solidarity.

Target group

Older people living in Oradea. From January to October 2012, 20.929 people visited the 5 clubs.

What services are provided?

- The Seniors` Clubs are open for all and free of charge and providing a warm and welcoming environment for everybody. Seniors` Clubs offer a wide range of activities:
- Speeches and discussions on different themes (many at the seniors` request):
  - Leisure activities, provided with the help

of young volunteers such as art, culture and sports sessions, poetry recitals, chess and table tennis competitions, one day trips and other seasonal activities organized throughout the year

- Support and help with applying for benefits and services granted by the local administration, home heating subsidies, food vouchers for low income pensioners, applications, requests and claims addressed to the local authority
- Registration of home heating subsidies documentation (beneficiaries can submit the documents at the Seniors` Club in their neighbourhood, instead of going all the way to the public service headquarters).

Which organisations provide the service?

- Provided by the Social Community Administration Oradea: empolyment of 5 club coordinators, one for each location with the following duties: to promote social protection actions and programs (counseling, special assistance and socialization group activities with the aim of combating social exclusion, draw up weekly/monthly/ annual reports) and the coordination of 40 senior volunteers who help the coordinators in their daily activity.
- Provided by the Administration of Public Real Estate: costs for cleaning, maintenance expenses
- Provided by partner organizations (local and regional authorities, NGOs, other organizations, volunteers) : preventative services based on partnership agreements, addressing the needs of the elderly.

Annual Budget

196,900 lei for all 5 clubs (ca. 43,000 Euro).

Contact

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City of Arnsberg, Germany

Arnsberg „Learning Workshop“  
Dementia  
Pilot project started in 2008

Aims of the project

- Improve the living-conditions of people with dementia and their families
- Draw attention to dementia as a societal issue and discuss it in public
- Open up resources of civil society for people with dementia

Relevance to independence and inclusion in later life

The measures help people with dementia to take part in public life. They should be encouraged to overcome inhibitions in this respect and to benefit from available help more quickly.

Target group

People with dementia and their family members, there are approximately 1300 persons with dementia in the town of Arnsberg.

How long has it been in operation?

From January 2008 until June 2010, the project started as a pilot project, sponsored by the Robert Bosch Foundation. After that, it has been implemented under municipal responsibility.

What services are provided?

The services are coordinated by the agency „Zukunft Alter“ (Future and Old Age) of the Municipality of Arnsberg. It cooperates with partners in medicine, care services as well as education and culture, politics and business. It informs about dementia by public relations work, lectures and events. Together with local organisations and with the help of volunteers it has built up a network that provides projects and

initiatives in which people with dementia can develop their skills and creativity. It also offers advice for family members and repite care provided by trained volunteers.

Annual budget

Project coordination: One full-time job as well as non-personnel costs.

Evaluation

The project has developed through its well connected network including health services, local companies, social services and the cooperation with civil society. It managed to raise public awarenees about dementia. There were more than 300 articles in the press and various TV reports about the project. In interviews with stakeholders 62% stated that their knowledge about dementia has increased and 79% felt that the image of dementia and how it is perceived by the general public has changed in a positive way. 97% knew a contact point to which they could turn to seek advice, if necessary. About 550 professionals attended a training. Approximately 250 clients contacted the agency for counselling.

However, there where also challenges. Some families only want professional relief services. There is an urgent need for help, which requires help quickly and there has to be a high stability of the relevant services as a precondition for quick and reliable use of support. In many cases, the persons concerned have lived a secluded life for several years which makes it difficult to offer to accept help.

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Province of Noord-Brabant,  
Netherlands

Health and Social Care Economy  
program  
Launched in 2008

Aims of the programme

The goal of the ‘Health and Social Care Economy program’ of the province of Noord-Brabant is threefold: to develop a future proof health and social care system, to improve the quality of life of citizens and to create opportunities for innovative businesses in Noord-Brabant.

Relevance to independence and inclusion in later life

The ‘Health and Social Care Economy program’ creates new and smart connections between the health and social care sector, companies developing ICT solutions for care and the users of services. It focuses on social innovation to improve the use and implementation of technological innovations and the cooperation of stakeholders (users, companies, social services). Users are actively involved to design smart solutions and to improve their quality of life with demand driven and bottom-up approaches and methods. The program focuses on a shift from being patients to being citizens and gives older people the opportunity to stay longer independent and involved.

Target group

Older people in 26 municipalities are involved.

What services are provided?

Users are actively involved in the development of the program. In regional

programmes people are empowered to shape smart solutions, like in living labs and liveability communities. The province of Noord-Brabant views the theme of ‘care economy and healthy ageing’ as a development that provides opportunities. Moreover, the health sector is one of the fastest growing sectors in Brabant’s economy and an important source of innovation. The regional program is carried out in a community building of new stakeholders cooperation’s (quadruple-helix) and it consists of three action lines:

- Lifetec: demand driven development of smart solutions for integrated care and independent living
- Health@Home: implementation of smart solutions for integrated care, prevention and independent living
- Life&Health: development of demand driven solutions for health and prevention.

Which organisations provide the service?

The ‘Health and Social Care Economy program’ creates networks of different stakeholders around the user, including 30 service providers from the health and social care sector, the housing sector and different companies with ICT systems.

Evaluation

Brabant is highly experienced in this area and several successful experiments have been carried out. Different projects share good practice examples in Brabant.

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Arad Local Council, Community  
Development and Care Directorate  
(CDCD), Romania

Network of Day Care Centres for the  
Elderly in Arad Municipality  
Pilot project started in 1999

Aim of the Network

Seven Day Care Centres for older people exist in different neighbourhoods of Arad municipality and are run by the Community Development and Care Directorate. The centres provide alternative services for older people and prevent the isolation of older people who are often left without any family support. The aim of the centres is also to support older people to regain independence and social skills.

Target group

The centres are designed for older, retired people from Arad municipality and people with disabilities. They support the beneficiaries to maintain an active independent lifestyle and prevent social marginalization and institutionalization. The network of centres has between 3000 – 3500 members.

What services are provided?

The Day Care Centres offer: counselling in social and juridical problems, psychological counselling, medical and dentist attendance, meals, spending leisure time, social support during illness by home visits or at the hospital, home care services (in collaboration with the protection service for disabled people) for the elderly who are

not able to look after themselves, material support, emergency support, organization of different festive moments, social tourism and other services according to the needs of beneficiaries, kinesitherapy, physiotherapy and occupational therapy. The Day Care Centres also offer access to medicine in collaboration with the pharmacy in the Day Care Centre in Aurel Vlaicu established by the Alpema Foundation. They ensure dentist attendance in the dental surgery established in collaboration with the Malta Helping Service in the Day Care Centre.

In line with the project “Recovery and rehabilitation centres for elderly people”, financed by the Ministry of Labour, Family affairs and Equal chance, the centres were endowed with kinesitherapy and recovering rooms. These facilities help older people to recover and regain abilities after illnesses or physical or mental disorders.

Annual budget

355,000 Euro (salaries, repair expenses, office supplies, maintenance expenses).

Evaluation

We carried out a survey among the beneficiaries and the result was positive.

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Swedish Association of Social Directors, Sweden

Healthy Ageing  
Launched in 2010

Aims of the programme

The Public Health Institute delivers experiential health counselling, in cooperation with county councils, municipalities and the non-profit sector in 16 municipalities. The purpose is to inspire county councils, local information providers and the non-profit sector to cooperate in promoting active and healthy ageing.

Relevance to independence and inclusion in later life

The purpose of the Public Health Institute is to promote active and healthy ageing.

Target group

The target group is people between 60 and 75 with one or more of the following problems:

- High blood pressure (140 to 159 /90 to 99)

which is not treated medically

- High blood sugar levels (HbA1c 42 to 52 mmol/mol) which is cannot be treated medically
- Light depression which is not treated medically
- A waist measurement which is over 94 cm for men and over 80 cm for women.

What services are provided?

The municipalities offer various meeting places with different physical and social activities to promote health. Services are provided by county councils, municipalities and the non-profit sector in 16 municipalities.

Annual budget

The annual budget is 15,000,000 Swedish Krona (1,706,090 Euro).

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The Regional Government of Oberösterreich, Austria

Acute gerontology and remobilisation  
Launched in 1999

Aim of the Network

Patients are treated by a multidisciplinary gerontological team. The team offers multidimensional treatment and care, covering the medical, functional, cognitive, physical and social aspects of their illness.

Relevance to independence and inclusion in later life

Acute gerontology treats patients helping them to regain and retain an independent form of living in order to avoid the loss of their resources. It therefore improves the quality of the patient’s life, reintegrating them into familiar surrounding through rehabilitation.

Target group

Patients with the following problems:

- Somatic or physical multimorbidity which requires hospital treatment
- Those facing the loss of independence

due to limited cognitive or physical abilities

- People in need of rehabilitation

What services are provided?

Patients are offered the service during their stay in hospital or by doctor’s referral. Medical and remobilisation services are provided by doctors, care organisations, therapists, social workers and hospital psychologists. In 2011, 7800 patients in the region of Oberösterreich where treated in the acute gerontology and remobilisation programme.

Annual budget

The annual budget is dependent on the size and resources of the hospital.

Evaluation

A continual outcome evaluation is run by Österreich GmbH. (GÖG).

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Skills for Care and Development, UK

Community skills development  
Launched in 2011

Aims of the programme

To generate and engage in a dialogue about skills and how to enhance the skills of people in their local communities, in order to increase independence as a key element of community development.

Relevance to independence and inclusion in later life

This project covers 15 pilot sites across England which have been testing a new way of thinking about skills and skill development in the context of community capacity building. Whilst the objectives were not specifically formed around older people, most of the projects included a range of activities to support and enhance the lives of older people. The project is relevant to the key questions of the seminar as it takes a learning and development model, and shows how explicit conversations about skills and then further intervention to develop those skills can have significant impact on preventing loss of independence, and helping older people to regain independence and social links as quickly as possible.

Target group

The majority of the projects were focused around a community of place. The projects were not specifically about older people, however older people within those local communities were often one of the key beneficiaries of the projects.

What services are provided?

Services vary from project to project. Friendships, support, good neighbourliness and enable older people and people with a disability to access local businesses and community services. Users access the services in different ways depending on the key lead in each area. Some projects are run by provider organisations from the independent sector, one project is run by a parish council, another by a county council, and other projects are run by not for profit voluntary organisations or local tenant or resident associations. Services are provided by a variety of people and organisations. Not all services are provided through traditional organisational structures.

Annual budget

None of the projects have received a budget of more than £ 15,000 (ca. 18,200 Euro).

Evaluation

The projects have been independently evaluated. The results show that engaging in explicit discussion about skills and skills development and how people within their local communities can be enabled to support themselves and learn skills can have a significant impact on their independence, health and well-being.

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The City of Dortmund, Germany

Local centres for quality life in later life  
Launched in 2005

Aim of the Network

The aim of the centres is to provide advice for older people. The centres develop social networks in the community and help older people remain independent at home or in their familiar surrounding as long as possible.

Relevance to independence and inclusion in later life

A network of social services, non-profit organisations, housing institutions and other local services in Dortmund play an important role in promoting independent living amongst older people. The coordination of local services develops the approach of prevention and rehabilitation in the region's provision of older people's services. After being discharged from hospital, the centres provide older people with the necessary care services to support them and their family carers, and a place to access all the relevant information they require to live at home independently.

Target group

Social services in Dortmund and non-profit organisations play an important role in promoting independent living amongst older people.

What services are provided?

Free advice and counselling services are offered to people over 50 in local community centres. Older people can access information about social events in the community, visiting services, different forms of living and respite care. Moreover, service users and family carers are given advice regarding how to finance home care and household services. The centres also inform about different forms of respite care and counselling services to relieve family carers. The centres form a network of services alongside private formal carers, care institutions, the police, hospitals and housing services. The network enables the centres to provide quick, person-centred case management for older people in sudden need of care. In addition, a range of volunteering projects for and with older people, involving the church and non-governmental organisations, are supported by the centres. In 2011, there were 27,000 customer contacts, of which 650 were new customers.

Annual budget

The annual budget is 1,500,000 Euro.

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The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-27, EFTA and EU candidate and pre-candidate countries.

- To that effect, PROGRESS 2007-2013 aims to:
- provide analysis and policy advice on employment, social solidarity and gender equality policy areas;
  - monitor and reporting on the implementation of EU legislation and policies in employment, social solidarity and gender equality policy areas;
  - promote policy transfer, learning and support among Member States on EU objectives and priorities;
  - and relay the views of the stakeholders and society at large.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission. Click on logos below to go to Commission's official website on Employment, Social Affairs and Equal Opportunities.





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