



## Central European Innovative Practices Supporting Active Ageing

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### ABSTRACT

*The study presents through international examples of how the security and quality of life of elderly and disabled people can be enhanced. 12 partners in eight Central European countries carried out pilot activities within the framework of the HELPS project. The aim of this international project is to contribute to the decrease of the social exclusion of elderly, and to elaborate practises through which seniors would not be constraint to institutional care, and can live in their homes on a longer term. The study presents the outcomes of these pilots and the ensuing primary experiences. The presented innovative solutions offer possibilities in various fields (housing, services, career, practises, information of relatives) for the home care of elderly and people living with disabilities. Prior to the elaboration and put into practice of the development ideas and plans, the partners evaluated the health care system and related services offered to elderly and disabled people in their homeland. The analyses revealed those shortage areas, where further developments would increase the possibility to keep and care for the target group in their homes.*

**KEYWORDS:** *elderly people in the society, active ageing, innovations in care for elderly, home care, social services for elderly*

### 1. Introduction

According to the UN report published in 2000 and entitled *World Population Ageing: 1950–2050*, by 2025 one third of Europe's population would be 60 years old or more, while according to the analyses of the NIHD<sup>1</sup> the number of persons over 80 will increase significantly (Országos Egészségfejlesztési Intézet 2007: 5). Ageing societies face the health care and social challenges of caring for the elderly population as an increasingly vital problem. Experts in health care and social services approach the problem of ageing, the solution alternatives, issues of nursing and care from different aspects, which often constitute the ground for professional debates. Despite

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<sup>1</sup> The Hungarian National Institute for Health Development.



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these debates experts agree on the fact that old age is not an illness, although it increases the risk of developing several illnesses (Krémer 2013, Udvari 2013). Thus old age is a condition a person can adapt to with the use of modern techniques and tools, in a manner which allows for autonomy and independence from others. Such a field is for example the support of mental health, the treatment of dementias, the treatment of motor disorders (fitness, wellness, hydrotherapy, massage), hearing and optical aids, equipment assisting movement, the use of household fittings and infocommunication devices (Krémer 2013).

Modern paradigms focus on principles of active ageing rather than institutional care. Policies of active ageing have a starting point the observation that ageing is a process which aims at finding the balance between the possibilities related to health, social participation and security, so that elderly people can continue maintain their usual well-being in the process of ageing. For this purpose, such policies put the emphasis on the long-term maintenance of the autonomous, free lifestyle of elder people instead of institutionalization, nursing and care. According to WHO, active ageing has an impact on health, self-care ability and productivity. In the 1988 OECD definition, “active ageing means enabling the elderly to remain socially and economically active as long as possible. This means they should be given the choice to decide freely how to spend their time: with learning, work, rest or requesting care or nursing” (Udvari 2013: 27). The principles of active ageing include: rights (independence, social participation, dignity, care, self-fulfilment) and obligations (the individual has to do something as well in order to remain active), prevention and integration (the preservation of health and self-caring capacity, which is also the task of social and health care systems), life cycle approach (the preservation of self-maintenance capacity and the avoidance of disability at an old age), the eradication of institutional limitations (for example the central definition of compulsory retirement age), cultural change (the change of mentality concerning the older population, the extirpation of prejudices) and intergenerational (multigenerational) solidarity (the consolidation of the mutual responsibility from the part of young and old people) (Udvari 2013). Ageing process is also influenced by changes in social relationships and psycho-social factors. Losing independence means that old people often can't stay in their usual environment, which may cause changes in their physical condition. The limitation of familial and social relationships, the loose of the spouse, the decreasing capacity for self-maintenance, along with ageing favour isolation. The prevention and reduction of social exclusion of elderly and disabled persons is a general social challenge in most countries. Each country applies different practices for caring for the elderly population, however the integration of old and disabled persons, ensuring their independence and protection is a common objective. The economic and social environment and situation of the countries is



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different. Yet on one hand the prevention of the exclusion and isolation of the elderly and the counterbalance of institutional care, on the other hand the information, support and relieve of relatives are timely and urging tasks of our days in each country.

### *Development trends*

Challenges related to ageing society were acknowledged by European countries as well, thus various initiatives intended to ensure the well-being of ageing population and active ageing were launched. The development program presented hereinafter was such a European initiative. The primary aim of the HELPS project (Housing and Home-Care for the Elderly and Vulnerable People and Local Partnership Strategies in Central-European Cities)<sup>2</sup> is to decrease the social exclusion of elderly and disabled people. For this purpose, local municipalities and NGOs undertook to elaborate, plan and realize different activities together with the tackled target-groups that, among other issues, concern housing, care and nursing, the flow of information.

12 partner organizations from eight Central-European countries (Italy, Austria, Germany, Czech Republic, Hungary, Poland, Slovenia, Slovakia) taking part in the project tested the developments, and collected primary experience. The study presents these good practices.

During the evaluation of the innovative aspects of the realized activities, the existing practices of the respective country or in some cases of the given region were kept in view. Some of the developments are already well known in the care practices applied in Hungary, while they are unknown in other countries' care for elderly, and vice versa.

Most of the cities included in the project have a population of around 200,000. Population ageing, more specifically the increase of the proportion of population over 65, especially of people over 80 is a general trend. According to the project findings, among the cities included in the project, in Western European cities the percentage of the population aged 65 or more is higher; however the ensuing social problems are well addressed. In turn, in Eastern European cities – despite the fact that the proportion of elderly population is lower – ageing constitutes a much more serious issue. Since employment rate is lower, emigration of the youth is more intense, incomes are small, and thus the financing of elderly care means a much more serious concern for the central administration and for local municipalities. In Western European cities social solidarity is stronger, elderly people have much

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<sup>2</sup> The project was implemented between October 1<sup>st</sup> 2011 and September 30<sup>th</sup> 2014 within the framework of CENTRAL EUROPE Program, and co-financed by the European Union and Hungary. The leading Hungarian partner was the Municipality of the City of Debrecen.



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closer relationships with their family, neighbours and friends. This can be attributed primarily to historic causes, since before the change of socialist regimes, Eastern European countries didn't have any non-profit sector, and the period of 25 years passed since then wasn't long enough for its consolidation. However, this is an aggravating factor regarding the social integration of elderly and disabled people, therefore the wider applicability of the project outcomes.

Four types of social services offered to elderly and disabled people were distinguished, which are more or less accessible in each participating country: allowances, home care, long-lasting and temporary care, and information services. Although the general aim is to help elderly people to remain independent and active as long as possible in their own home, in Western Europe the social integration of the elderly is considered rather as a housing issue, therefore alternative housing solutions are of special importance, while in Eastern Europe infocommunication solutions gain greater emphasis.

### 2. The types and specificities of international models

In order to present the innovations of the participating 8 countries, pilot types were distinguished; for this purpose, besides general data related to the activities and target groups, innovations and the characteristics of partner organizations were used. Thus three professional categories were distinguished: "Training and information", "Comfortable housing" and "Research and development".

#### a) "Training and information"

The two pilot activities carried out in Hungary (Municipality of the City of Debrecen, Hungarian Charity Service of the Order of Malta) and one in Slovakia (Nitra, Petržalka) were included in the first category. The aim of these projects is to ensure support for the elderly and people living with disabilities so they can live as long as possible in their own environment and home they are accustomed to.

##### *"Informal caregivers" – Hungary*

###### PROGRAM 1<sup>3</sup>

As the number of elderly in general, and elderly people living alone in particular increases, there is a greater need for social services, which enable elderly to remain at their home and facilitate their home care. In order to address this need, a training

<sup>3</sup> *Implementing organization:* Municipality of the City of Debrecen



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program was developed for informal caregivers concerning home care for the elderly.

The aim of the development was to prepare relatives, friends, and neighbours of elderly or disabled people for giving care necessary for their everyday life, so that the target group can get adequate assistance at home, thus avoiding to move to residential institution in order to receive care and nursing, which can be given in fact at their homes as well. In most cases (even without attending such a training) family members are those who help and support their elder relatives, but they do this without any kind of professional skills, thus they can't offer a full range care, and as a result of the insufficient care, it is more likely that elderly people would need to move to a residential institution providing nursing and care. The Municipality of the City of Debrecen undertook the elaboration of a training course based on theoretical and practical knowledge, which aims at training the relatives, neighbours, friends of elderly or disabled people to become informal caregivers. In the first phase of the course participants received theoretical training, which included information about social services in addition to teaching about nursing activities. In the second part of the course participants received practical training. The course contributed also to the prevention of burnout. The training material was prepared by the Department of Sociology and Social Policy of the University of Debrecen; participants were given a printed version of this material, so they can refresh their knowledge at any time in the future. First experience shows that informal caregivers acquired proper skills during the training. According to their feedbacks, beyond acquiring and developing professional skills, they received useful help to maintain their mental health. On the one hand, they could ask questions from the trainers, and had the possibility to share their concerns related to care. On the other hand a supporting environment emerged among participants who are in similar situations. The results of the follow-up carried out six months later show that participants use the knowledge acquired at the training: they keep in touch with each other, thus they can help each other, and share information in the future as well.

### PROGRAM 2<sup>4</sup>

The Hungarian social services system offers various services for elderly people on local level. For example they can apply for home care, food, out-patient day care services (clubs for the elderly) and in-residence social care services, depending on the dimension of the settlement where they live. According to estimates, the demand is 30 times larger than the supply of these services, as the accessibility of services is

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<sup>4</sup> *Implementing organization:* Hungarian Charity Service of the Order of Malta



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limited. Those family members, who provide for their elderly or disabled relative in their homes at least 8 hours a day, can apply for the carer's allowance.

Informal helpers providing home care hardly get any practical support in Hungary. At present there is no easily available, simple training material, including audio-visual elements regarding simple care tasks (i.e. feeding, personal hygiene) or more difficult errands (like the treatment of decubitus or the change of diapers). Therefore the Hungarian Charity Service of the Order of Malta assumed to find an innovative solution to support informal helpers.

The aim of the development is to provide informal helpers with information through the training material available at a website, which can be used during their daily care and nursing activities. For this purpose a website was developed in Hungarian language within the project, where various tutorial videos are accessible, which present the way how different home duties should be carried out. An outstanding achievement of this development is that the website was translated into seven European languages (English, Italian, German, Slovakian, Slovenian, Czech, Polish), accessible on the webnurse.eu website.

When designing the Hungarian WebNover.hu site, the Hungarian Charity Service of the Order of Malta attempted to collect all the information and support that informal helpers might need during their everyday work. As most of them are not professional caregivers, the accomplishment of apparently simple care activities may be difficult for them. The 45 short tutorial videos offer them help to learn and carry out safely the basic home care tasks.

Besides the videos, visitors of the Hungarian language site can make use of a search engine to find all the social, welfare and health institutions and service providers. Furthermore, thanks to two help-desk menu points, users can send questions related to care and legal issues to experts, since personal consultancy might be very useful in many cases. A further feature of the site helps to gain food for thought, and it also offers nutritional advice (for example the section on dietetics provides easy-to-prepare recipes, and articles in the theme of nutrition). At present the site has a daily average of 350 visitors.

### *“Mobile alert bracelet and training of nurses” – Slovakia<sup>5</sup>*

In Nitra various social services are available for elderly and disabled people: care service, day care, care respite service, home aid service, home aid service via a signal

<sup>5</sup> *Implementing organisations:* Association for the Slovakian Towns and Communities (ZMOS), the Institute for Sociology within the Slovak Academy of Science



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system, transportation, provision of meals. The city of Nitra also ensures various financial tools to support elderly and disabled people: one-off material need benefit, one-off pension contribution, food aid.

Within the framework of the project, the Association for the Slovakian Towns and Communities, together with the Institute for Sociology within the Slovak Academy of Science, the Social Department of the Municipality of Nitra, the Association of the Samaritans of the Slovakian Republic, and clients joined forces to supply elderly people with a watertight and shock-proof bracelet. For the use of this bracelet they installed an emergency home call base in the users' home and connected it to the fixed line or mobile network. Users may use the bracelet permanently as it does not disturb the elderly' daily activities, but it is able to make an emergency call from anywhere in any situation if the client feels she/he is in danger or needs help.

The mobile emergency phone device is able to detect GPS coordinates and indicate the location of the elderly person requesting help on a map. So it is also useful not only inside their home, but also if they go for a walk, take a journey or if simply do the gardening. The bracelet compliments the "e-nurse" service that is meant to eliminate the barriers amid inside and outside world and to integrate them into society, and also provides psychological care against loneliness and isolation. The device was tested with the help of 50 pensioners. During the test the elderly person received appropriate information about how to use the device, and the users consider that the main advantage of the system is that it is possible to ask for help using the device anytime, anywhere.

All these three initiatives (Debrecen, Hungarian Charity Service of the Order of Malta, Nitra) have an outstanding significance, since care for the elderly and people with disabilities given in their homes is a very important task when we intend to maintain their quality of life, subjective well-being, and mental health. The videos accessible on the site created by the Hungarian Charity Service of the Order of Malta, available at any time and for anybody are practical presentations by professional carers of important elements of daily care and nursing. The videos can complement excellently the training courses for informal caregivers developed and implemented under the guidance of the Municipality of Debrecen. The use of the alert bracelet, and the installation of the alert system in the elderly' own house increases their sense of security. As a conclusion, we can say that the simultaneous application of the three implemented activities would revolutionize the home care and nursing of the elderly and disabled persons. The theoretical and practical elements of the informal caregivers' training are indispensable for a high quality care; the course can be well complemented by the site created by the Hungarian Charity Service of the Order of Malta, where besides the professional tutorial videos shot by experts,



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informal caregivers can receive answers to their timely problems, as well as psychological advice in order to prevent burnout. To all this the device developed in Slovakia, Nitra means a good addition, with which elderly or persons living with disabilities who found themselves in a difficult situation can ask for help under any circumstances, and almost from anywhere. Thus they receive care in those moments as well, when informal caregivers aren't around them.

### ***b) "Comfortable housing"***

All the three participating countries (Austria, Germany, Italy) developed the project and defined their objectives, the activities and activity issues to be addressed according to local conditions, needs and shortage areas.

#### *"Supervised flats" – Austria<sup>6</sup>*

In Austria civic organizations play an important role in providing various social services especially in the field of elderly care and care for vulnerable people. These organizations are present and work effectively in the whole of Burgenland. Samaritans of Burgenland is one of the largest among civic organizations providing social and health care services in Austria.

The objective and mission of the Samaritans of Burgenland is on one hand to preserve abilities of the elderly and vulnerable people, on the other hand, to recover lost skills to the highest extent possible. By providing various services it enables the target group to stay in their homes and its familiar environment as long as possible.

The Samaritans currently supervise 38 flats in Burgenland which are connected to nursing homes also belonging to the Samaritans. The pilot activity was developed for the flats of Weppersdorf, located in Central Burgenland.

The Samaritans of Burgenland equipped 5 existing supervised flats in Weppersdorf (connected to nursing homes located in Weppersdorf) with special AAL services in order to enable residents to feel safe and keep autonomy at the same time. AAL solutions have the effect to postpone institutionalization as much as possible. Moreover, and this is innovative aspect of the project, a set of technical tools available for the elderly and vulnerable people (panic button in the living room and in the bathroom, sensors, Tablet-PC) have been collected into an equipment package and installed together in the supervised flats. It was an important goal as well to involve the target group in the testing of the technical tools and through this to gain experience about the everyday use as well as about daily routine in order to reveal how these tools need to be modified. In the course of the pilot activities today's

<sup>6</sup> Implementing organization: Samaritans of Burgenland



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elderly tested technology that tomorrow's elderly will use. When developing and installing the AAL package, the elderly people's needs were considered: security, comfort, health, and elements that facilitate social interaction and communication. The elements ensuring the sense for security are the panic button in the living and bathroom and the sensors placed in the bathroom. The sensors collect data about the resident's usual movement and daily routines. For example, if the person does not enter the bathroom in the usual time and the doors remain closed, the system activates the alarm on the Tablet-PC. If the person does not confirm the message, an alarm is forwarded to the nursing home, to the office of the nursing staff. This service provides security, especially if somebody loses consciousness or if he/she cannot reach the panic button. Elements serving comfort are for example the reminder functions on the tablet-PC. These remind residents of birthdays, taking medicine, drinking enough water during the day, etc. It is also possible to receive warning to close the door of the terrace or the entrance door. Elements serving health were also embedded, for example devices for the measurement of vital parameters and functions (blood pressure, weight, blood glucose level). Data may be collected from such devices through wireless smart phone and submitted to an internet platform. Nursing staff, relatives or the client him- or herself may check data and compare them over longer period and observe trends and changes. Elements for social interaction and communication: video call function and photo album installed in the system that may be accessed through the tablet. During the test period and in the implementation phase, residents were informed about the pilot activities and AAL solutions on a number of occasions in order to gain information and sensitize the residents for the new technologies. The introduction of ICT tools was followed by a training session aiming at making residents use actively the opportunities provided by technology. Typically, the generation of concerned residents grew up without the use of technology and did not show great interest. One of the main aims of the provision of very detailed information package and different training sessions was to overcome this disinterest (5 supervised flats in Weppersdorf, with residents of 60 to 99 years old).

### *"Specially furnished flats" – Germany<sup>7</sup>*

Leipzig has many networks, associations, and institutions dealing with issues such as public health, health care, and demographic change. Especially in connection with demographic change, the City of Leipzig has set up many different initiatives and offers many special services for the elderly and disabled people, such as the Senior

<sup>7</sup> *Implementing organization:* Economic Development Office of the City of Leipzig



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Citizens' Offices and specific advice centres (e.g. barrier-free living, social services). Within the framework of the project, the City of Leipzig signed a cooperation agreement with the Department of Social Services. The latter provided the room where the model flat furnished barrier-free can be visited by elderly and people living with disabilities.

The main objective of the project is to develop sustainable solutions to tackle demographic change. The outcome is a closer cooperation between the health and housing sectors, which also enables the carrying out of an integrated care and housing structure in Leipzig. Within the framework of the pilot action, two activities were carried out: (1) a website with special functions was developed ([www.kompass-leipzig.de](http://www.kompass-leipzig.de)), and (2) a showroom was set up (where the model flat can be visited) with specially designed furniture, equipment and accessories, intended to assist elderly and persons with special needs. The website presents those service providers, which offer services for elderly and people living with special needs. It has an intermediary function between service providers and elderly people. The showroom created with special furnishings, fixtures, and fittings for elderly and people with special needs was meant to assist the target group to preserve their independence and autonomy. The innovative, exemplary showroom was planned with suitable ideas for the kitchen, bathroom, living room, and bedroom. Visitors can see elderly-friendly furniture, fittings and accessories in regular opening hours and barrier-free environment. The visitors can weigh up the advantages and disadvantages of the special fixtures and fittings and also access additional services and information (e.g. funding). In 2013, the barrier-free exhibition received over 1430 visitors. The showroom and individual consultation are free of charge, and allow people to find out about innovative solutions to their needs which are suitable for their own homes. The website provides a unique service for visitors. Elderly and people with special needs, intermediaries, family members, the Senior Citizens' Offices, and the Department of Social Services, etc. can obtain individual information about special services in Leipzig, while providers can join the website and offer their suitable services. The exhibition of products geared to the needs of senior citizens and the disabled displays affordable solutions enabling people to live by themselves for longer in their own homes. The exhibition has been designed such that all the furniture, fixtures, and fittings on display can be also tried out. Thus the exhibition functions as learning and training centre as well. Those who are interested can learn how to help elderly or people with special needs under expert guidance.



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### “Innovative housing” – Italy<sup>8</sup>

The general objective of the project is to balance out the institutional care provided to vulnerable groups, to prevent the social exclusion and isolation of such groups; to provide social housing models upon initiative based on the cooperation of state and private actors and by implementing innovative practices; to support integration through formal and informal social and health care services.

Two projects have been carried out: multi-generational households and the so-called Montebello project: development of communities and homecare services for elderly and vulnerable people.

The *multi-generational housing project* was created in order to develop social services. It allows the cohabitation of different generations within the same building, in adjacent and separate apartments. It includes a social caretaker service, ensures professionally trained personnel, who reside in apartments on the ground floor. This service ensures safety and protection to tenants, especially to elderly people living in the building. Among the basic services provided, there are: cleaning and laundry, entertainment, social healthcare and rehabilitation assistance, provision of meals, participation in individual or group trips. On the top floor of the building community spaces were created, which are open to external guests. Altogether, the condominium consists of 18 homes (17 residential units plus rooms that host the social caretaker service) of variable sizes from 38 to 90 square metres; 3 of these homes are equipped with the most advanced technologies to help people living with disabilities.

The *Montebello project* is an experiment of community development and targeted forms of home care aimed at elderly and vulnerable people. The Montebello complex includes 12 condominium buildings with a total of 180 homes; several of these were designed for people with disabilities under the supervision of trained professionals. The Montebello complex has 466 residents. Within the framework of the project a number of activities have been realized in order to facilitate the active role of elderly people. Innovative management techniques have also been applied in order to develop advanced housing schemes (e.g. interviews during the pilot project, focus group interviews about the cohabitation of different generations and with social carers).

All the three countries wish to support the target group to stay if possible in their usual environment, in their own homes or in specially designed apartments or flats and live their usual life as long as possible, thus postponing institutionalization. Should institutionalization be unavoidable, a great emphasis is given to ensuring

<sup>8</sup> *Implementing organizations*: Friuli Venezia Giulia Autonomous Region; Central Directorate for Health, Social Health Integration, and Social Policies



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support and care adapted to the age and individual needs of the elderly and people living with special needs.

In order to ensure the efficiency of the project, the implementing organizations involved several actors in the elaboration and implementation of the activities and services that cover a shortage area. Although in various forms and to different extent, in addition to partners, the family members and relatives of elderly and people with special needs were also addressed (e.g. in Austria with the occasion of family visits and events; in Germany via the website and through trainings and consultancy). In a broader sense the population living in the area of the pilot activities was involved as well (events, conferences, open days). The inclusion of family members was important, because it gave motivation for the target group to participate in the pilot activities and to apply for the offered services. The target group was strengthened using various tools, information, and services.

The above presented activities have the same objectives: the solution of housing policy issues the elderly and vulnerable people (people living with disabilities, handicapped persons or those who can't or can only partly care for themselves) face, respectively the development and enhancement of positive attitudes and empathic capacities toward this target group, the harmonization of community and social relationships along these objectives.

The methods used in the course of the pilot activities are extremely diverse and creative in all the three countries. They all carry a significant aspect in the set of values they represent: the enhancement of the social esteem of elderly and disabled people, social responsibility, the enhancement of the well-being of the target group.

### *c) "Research and development"*

The projects implemented in Slovenia, the Czech Republic and Poland target issues related to the housing conditions of elderly and disabled people and look for relevant solutions. The objectives are the prevention of institutional care and the setting up of informational points. People with mental disabilities are an outstanding part of the target groups in Poland and the Czech Republic.

#### *"ICT based AAL solutions" – Poland<sup>9</sup>*

In recent years demographic changes have also reached Poland. The number of inhabitants in Poznan is declining while the proportion of the population aged 65 and over has increased with a corresponding rise in the average age as well, which puts big burden on the social care system.

<sup>9</sup> Partner organization: Poznan Supercomputing and Networking Centre



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NGOs play an important role in solving social problems. The strength of civil society is reflected in the data according to which there are 4070 civil organizations active in Poznan.

The general objective of the project is the development and adaptation of selected ICT technologies to enable an open platform for the design, implementation, and verification of innovative AAL (Ambient Assisted Living) solutions in a bottom-up approach.

Development of the concept began by determining the experimental measures, namely by defining the goals and creating prototypes to achieve them. Among the needs of the elderly taken into consideration were: preventive health care activities, access to free medical examination, access to information, social relations, leisure activities, and safety. Among the disabled people's considered special needs, the support of independent household management, the everyday activities, and the outdoor safety meant a priority.

In the course of the project equipment had been bought such as "all-in-one" user terminals with touch screens, tablets, personal e-health devices (blood pressure gauge, scales with body analyser, spirometer), smart home sensors (such as temperature sensors, motion detectors, luminance sensors, door/window sensors, electric power consumption sensors), GPS devices, and various accessories.

One of the developed prototype applications is the shared e-Health prevention station, which allows an elderly person to control essential health indicators. At the same time the use of a range of medical devices is facilitated with innovative human-computer interaction approach that uses voice instructions. Another application within the pilot action is the manager of daily activities. It is primarily meant for intellectually disabled, but it can be also useful for elderly. Its aim is supporting realization of daily activities.

### *"Alternative housing solutions – empiric analysis of attitudes" – Czech Republic<sup>10</sup>*

Brno is the second largest city of the Czech Republic. NGOs are present in various fields in the city, moreover, in the Czech Republic family relationships are traditionally strong. Churches also have an important role in supporting disadvantaged groups.

The main purpose of the empirical survey was to provide a base of knowledge on alternative social and housing policy instruments targeting the older residents. These instruments allow seniors to continue leading an independent life even in their current home. Another objective of the survey was to map and evaluate the main housing needs of the seniors as well as determine the attitudes and opinions of

<sup>10</sup> *Partner organizations:* the Institute of Sociology of the Academy of Sciences of the Czech Republic



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older people, and to determine innovative housing solutions. The respondents were selected according to rigorous criteria among the 65+ population of Brno. A total of 1537 valid questionnaires were collected, and interviews were conducted as well.

Results of the research pointed out that households run by older people are in a bad financial situation in Brno. 15.7% of households struggle with relative poverty. Those above 80 years of age face the greatest risk. The research also highlighted that the vast majority of seniors (85%) plans to spend their life in their current flat, and only 9% has plans to move in near future. Data also answered the question of why the percentage of those requesting social services is so low. Only 11% of respondents utilize social services. More than a third of the respondents (35%) feel that the price of such services is high and they cannot afford them. One quarter of households (25%) reasoned that they did not know where they should apply for them. The research also touches upon issues of housing mobility. The findings show well that younger seniors are more amenable to leave their home or flat, and prefer rather community houses, namely they would accept to share a specially fitted building with a common space, where everybody has their own room, so they can keep their privacy. Generally it can be said that the option of sharing a larger flat with others is an idea more favourably accepted by younger seniors, men more than women, seniors living with a partner, and seniors who are still economically active or those with a higher level of completed education.

The research revealed complex results, which offer useful information about seniors' housing conditions and their attitudes towards different forms of housing that could be used as development proposals for decision-making at the local level.

### *“Information point for housing” – Slovenia<sup>11</sup>*

In Slovenia, the government increasingly recognises that civil society organizations play an important role in providing services to the elderly and to persons with disabilities. The program has been developed for the area of Ljubljana. The ZDUS (Slovenian Federation of Pensioners' Organization) initiating the project is an umbrella organization, that brings together 503 local seniors' organizations and clubs. It has more than 233,000 members, thus it is the largest organization in Slovenia.

ZDUS established an Info Point in Ljubljana with the objective to provide up to date information and advice to the elderly about different housing and care options. Thus those interested can receive information on the availability of places in sheltered houses, nursing homes, home care assistance, advice by experts to adapt

<sup>11</sup> *Partner organization:* Slovenian Federation of Pensioners' Organization (ZDUS)



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houses, legal support on estate/housing options, possibilities to move from current housing units to age-appropriate ones.

The general objective of the pilot action has been to promote more flexible thinking about housing options by means of awareness raising media campaign, publications, lectures, round tables, and other promotional events. This model contributes to optimizing cooperation between the government and civil sector in order to improve the social sphere. The Info Point improved the sharing of information about the services in the housing and care area, the cooperation between the state and NGOs.

### Conclusion

Comparing the planned and implemented activities, we can conclude that despite the fact that participating countries implemented different activities, substantial similarities can be observed in what concerns the aims and partial elements. The examined countries provide different social and health care services for elderly and vulnerable people and to people with special needs. They all have in focus the well-being and “manageable life” of elderly and vulnerable people. Taking into account the needs and shortages of social care systems, they carried out innovative programs, which all had as a common objective to maintain at the same level or develop the activity and abilities of the target group, according to the individual’s possibilities.

Thus it can be concluded that the objectives formulated within the framework of the HELPS pilot project, the implemented activities are innovative, efficient, supplement shortage areas, contribute to the development and diversification of health and social care services, and support elderly and people with special needs to live an active old age, a life with a proper quality, and keep up with their social network through these services. The services and activities offered within the framework of the pilot activities are important for the local population as a whole.

The implemented activities can be extended on a wider area; therefore it would be favourable to disseminate the model activities on national level, and to implement them in other countries as well, according to the needs and characteristics of the respective country, its elderly population and population with special needs. The pilot project revealed a vital social challenge, to which the different pilot activities answered in different manners. It would have an outstanding importance if these initiatives became part of everyday life’s good practices, since there is a constantly increasing need for the implementation of such programs.



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