



Elderly Never Lonely

Equal treatment and human dignity
for elderly people

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elderly never lonely

Preface

The project

This publication is part of the project “Elderly Never Lonely” funded by the European Commission through the Phare Networking Programme.

The Phare Networking Programme is promoted and co-financed by the European Commission - DG Enlargement - and has been designed to enhance the situation of Civil Society Organisations operating in Romania and Bulgaria in order to arise their level to a European standard in view of the 2007 Enlargement process.

Elderly Never Lonely aims at strengthening organisational and managerial capacities of Bulgarian and Romanian CSOs operating with elderly people with specific needs for care and creating a network among EU (Italy and Malta) and extra-EU CSOs.

The target group is composed by people working in Romanian and Bulgarian organisations dealing with elderly people’s problems and needs.

The considered methodologies on provision of services to elderly people has been reviewed and updated throughout seminars, conferences and delegation visits taking into account the experience of EU CSOs.

For further information about the seminar activities and the available material, please check out the website:

www.elderlyneverlonely.eu

The project has been developed especially via the exchange of good practices, which has played an essential role for the project partners as well as for the extended network of sustainability in order to achieve the general objectives at a European level.

The good practices were not only exchanged in a theoretical way with seminars, they were also seen in applied practice thanks to the delegation visits. In particular, the exchange of good practices has allowed the identification and planning of new services as well as the strengthening of the other already existing ones.

The partnership

The project coordinator has been the Local Development Agency Langhe Monferrato Roero, an Italian Consortium with a well-established expertise in the field of elderly people care and in European projects.

Znanie Association (Bulgaria) deals with education and training to adult people, aiming at creating possibilities for continuing education and life long learning to administrative and managerial staff of educational institutions, SMEs, NGOs.

The association has also carried out many European projects.

The Romanian Institute for Adult Education (IREA) has a long experience in professional counselling services regarding the psycho-pedagogical and managerial competences improvement of the practitioners working in CSOs, NGOs and SMEs.

Many European projects about education and training of social workers and managerial staff have been carried out successfully by IREA.

Foundation for Women Entrepreneurs (FWE-Malta) was selected on the basis of its experience in educating and training women of all ages and their experience in European projects participation.

They have also experience in working with Municipalities and local groups, amongst which Non-Governmental Organisations (NGOs) that represent all sectors of society, including the elderly.

What it follows is a description of the work on good practices done through seminars, conferences and delegations throughout the development of our project, which we hope will be used and useful within the wider European context.





Part I

Present-day Senior Services

Current statistics on EU aging population

According to our analyses, the current national situation of aging is characterised by an increased number of elderly people in need of specific and specialised care and daily help concerning both the social and the health sides.

Overall, Europe is facing a condition characterised by an increase in longevity, a decrease in birth rate and, consequently, an aging population.

Data from the EU statistical office shows that between 1975 and 1995 the EU population grew by just over 6%.

From 1995 to 2025 however, this growth is expected to almost half to roughly 3,7%. Population's average age is also increasing.

The working-age population was 225 million in 1995, and is expected to remain fairly constant at around 223 million in 2025.

We are now going to present more in details the situation into our project partners countries: Italy, Bulgaria, Malta and Romania.

Italy

In 2005, among the 15 member states of Europe, Italy had the highest number of elderly: 1 out of 5 Italians, while the other nations averaged 1 senior out of 6 citizens.

Out of 58.751.711 residents, 19,5% (11.379.341 people) are over 65, 59% of which are women (6.662.171).

The trend in the Piedmont Region (where the Territorial Development Agency LaMoRo resides) confirms the national data: out of 4.296.702 inhabitants, 937.157 are 65 or older.

The forecasts for the year 2020 indicate that there will be an increase in this sector of the population and in its ratio to the population as a whole: 1.045.500 out of 4.280.818 inhabitants.

This forecast brings to light how aging is a challenge that local administrative governments must face.

A challenge that will necessitate greater resources in health care and most of all, the reorganisation of social services and health services which are geared specifically for the elderly.

Recent local surveys revealed that the seniors of the future will be more demanding than ever before in terms not only of quantity but of the quality of available services.

In particular, the professionalism of the caregivers and the focus on individual attention will be considered very important.

This is where the Territorial Development Agency LaMoRo comes into play.

In fact, thanks to its decade of experience in the fields of employment policies and equal opportunities, LaMoRo supplies specific, functional, quality models such as:

- ★guaranteeing the availability of quality medical service;
- ★encouraging active aging;
- ★encouraging networks and arranging groups which act as tools that favour the integration of social and medical services and employment policies;
- ★creating links and collaboration processes between private homecare givers and day care centres and/or nursing homes throughout the territory.

The Elderly Never Lonely project, in which LaMoRo is the leading partner, has been a valid platform for exchange which allows us to expand our knowledge about the field of health care for the elderly.

This project has also given LaMoRo an international voice as a means of understanding the European dynamics of the issue and it has helped it to create possible solutions for local problems.

Bulgaria

Bulgaria is an integral part of Europe and as such it undergoes the same processes in the society as all European countries.

The perspectives for Bulgaria as well as for Europe are an increase in life expectancy, decline of birth and death rates, which will cause an even greater ageing of the population.

This country has 7.718.750 inhabitants, and 1.762.000 (the 22,8% of the total population) of them are retired (retirement age is 58 years old for women and 63 years old for men).

Hence, according to those tendencies, this percentage is expected to grow in near future.

Therefore, it is necessary to find new ways to improve social inclusion, i.e. conditions and possibilities for the people of the third age to participate in public life.

Social inclusion means, firstly, a possibility of employment and the use of the remaining work capacity ("secondary occupation"-work after retirement).

Secondly, it can be understood as an opportunity for social contacts to satisfy emotional and information needs.

Moreover, the levels of motivation and activity of the elderly as well as the level of social services need to be improved.

In the context of the European ideas for a Life Long Learning and the building of an active Civil society, Znanie Association Sofia has worked on numerous projects in the mentioned field which are supported and financed by programmes of the European Commission, such as Join your grandchildren in learning a foreign language and On the Way Towards a Europe for All Ages.

An important result from the project Elderly never lonely is the sociological research Social services for elderly people in Bulgaria. It is remarkable, that, in Bulgaria, this has been the first research made on this topic.

Thanks to the data collected important conclusions about problems that need urgent solutions could be drawn, about training

needs of specialists working for NGOs offering services for the elderly, about identification and comparison of good and bad practices etc..

The project has hence provided an opportunity to study the good experience of the partner countries and to adapt it to the specifics of the Bulgarian conditions.

The project has also been very important since one of its final targets has been the creation of a new network of NGOs - a good base for further co-operation and joint activities to improve the situation of the elderly in Bulgaria.

Malta

The Maltese Islands which consist of Malta, Gozo, Comino and two other uninhabited islands, are situated in the middle of the Mediterranean Sea and they have a population of 400.214 inhabitants.

Malta has a surface area of 316 sq. km and it is 93 km south of Sicily and 288 km away from North Africa.

From the population data collected in July 2006 it results that:

- ★17,1% of the population is under 15 years of age (males 35.264 / females 33.368);

- ★69,2% of the population is between 15 and 64 years old (males 139.890 / females 136.767);

- ★13,7% of the population is 65 years and over (males 23.554 / females 31.371).

It is highly indicative that due to a low fertility rate and improvement in longevity, we are experiencing an ageing population. Projections for the year 2020 indicate that there will be a sharp increase in the age of people over 60 years old, they will be the 62,7% of the total population (i.e.102.700), and then it will slightly expanding to 104.900 in 2040.

It is worth pointing out that there are also marked differences in the age distribution between districts and localities.

The youngest locality is Pembroke where 28,3% of the population is less than 15 years old, in contrast to Sliema, where only 10,2% of the population falls in this age group.

On the other hand, the locality with the highest proportion of residents aged 80 years or over is Luqa, with 11,8% of residents in this age group.

This phenomenon is mainly related to the fact that St. Vincent de Paule Residence is situated in this locality. Mdina also shows an ageing population, with 51,5% of its residents over 50 years old.

The Foundation for Women Entrepreneurs (Malta) has been set up for the promotion of opportunities, awareness building, training and research in the field of Women Entrepreneurs and other gender issues in Malta, Europe and the Mediterranean.

This project shows that the government, in conjunction with the private, local council, and church sectors have developed a system with which the elderly in need find comfort in residential homes and day centres, with the various medical and social services and activities they organise.

Each sector provides an array of infrastructural appeals, medical services, and psychosocial activities.

The different sectors are not, however, in competition.

It is, on the other hand, clear that an increased level of interaction between the different sectors would surely benefit the elderly.

It is only by joining forces among the different sectors involved in elderly care that it will be possible to provide complete physical and psychosocial support to all the elderly in the Maltese Islands.

It is only in such a way that we can ensure that the Elderly will Never be Lonely!!!



Romania

Romania has a country surface of 238.391 km² with a population of about 22.000.000, of which 55% lives in urban areas.

Those living in rural areas are mostly elderly people (more than 60%).

Life expectancy is about 75 years old for women and 67 years old for men.

In Romania, over 60 years old people were:

- ★ in 1990 - 10,3%
- ★ in 2000 - 18,7%,
- ★ in 2030 they will reach about 22,3% following this trend.

The retirement age is 60 years old for women and 65 years old for men.

Romanian Institute for Adult Education from Timișoara (IREA) is a pedagogical research institute providing scientific and methodological support for specialists and practitioners working in the field of education of adults.

Within "Elderly Never Lonely" project, IREA has brought its expertise in designing and carrying out training seminars aiming to

enhance the psycho-pedagogical and managerial competences of the practitioners working in CSOs (civil society organizations) and in public administration.

This project is important for our country because in the last 15 years Romania has been facing a rapid demographic ageing, the percentage of retired persons being higher than the one of active population.

They have specific needs for care and the institutions dealing with elderly people have to provide tailored offers and services, not only for social and medical assistance, but also for keeping them as active citizens within their own communities, valorising their life experience and avoiding their marginalization.

In 2000, it was set up the Law 17/2000 concerning social assistance for elderly people, with systematic and coherent stipulations on the support for elderly people, pointing out distinct tasks for each of the actors involved at different levels (ex. local authorities, national and regional bodies, etc.).

Based on these stipulations, there is a need for a stronger communication and cooperation between the policy makers, local

authorities and the representatives of such institutions, to design and implement tailored and coherent strategies and programmes as well as to find the necessary funds to carry them out.

In addition, it is necessary to implement strategies and programmes which respond specifically to the needs of the elderly people in their own respective regions and communities, since the system of social assistance to the elderly is decentralized.

In Romania, there is a high number of CSOs dealing with the elderly, and there is also cooperation between them and local administration, so that NGOs get public funds for specific and more flexible services.

In our national reports, we have outlined the profile of the present-day and of the future elderly generations, together with the services already provided, both on a public and on a private basis, to them.

We are now going to present some of the results of these national surveys, focusing especially on services provided by the state and by CSOs on a country basis.

Part II

Services provided to senior citizens: the role played by government and CSOs in Senior Services- an overall view

Social services for elderly people in Italy

★Social assistance: social services are divided into different areas depending on the problem to overcome, they serve all citizens who are residents of the regional territory, they provide information about the available services and existing resources in a given territory. There are support networks for both individuals and their immediate families to help them deal with difficult situations.

★Medical services: health services are provided by Public Hospitals and local healthcare providers (A.S.L.), the A.S.L. provides health services in out-patient clinics located in each district or in local hospitals. For senior citizens with special needs, they provide visits to specialists, diagnostic tests, admittance into specialised wards; the health services together with social services assure: Home Health Care (Nursing services, Programmed homecare assistance, and Integrated homecare assistance); the admittance to nursing homes for those who are no longer independent after an evaluation by the Geriatric Evaluating Unit.

★Planned Homecare Assistance: the family doctor visits the patient in his/her home when the patient is unable to come to the doctor's office. Weekly, biweekly or monthly visits are agreed upon between the doctor, the family, and a regional A.S.L. representative.

★Homecare Assistance: by avoiding nursing home recovery for patients, it allows them to remain in their homes even when they have partially or totally lost their self-sufficiency. It provides support for maintaining personal hygiene and taking care of the home, helps with meal preparation, accompanies patients to run errands and stimulates socialisation.



★Integrated Homecare Assistance: it allows patients to be cared for in their home for as long as possible, when clinical, family and home conditions allow it. Targeted mainly at the elderly, it is also available for other age groups, including children.

The family doctor activates the service, which guarantees the patient a series of specialised medical visits, nursing, and social assistance in their home.

This way, they can avoid hospital or nursing home recovery or at least delay it. This service may also include the assistance of volunteer organisations.

This kind of homecare assistance lasts for the entire duration of the treatment.

★Financial support -Health Care subsidy: this type of financial assistance comes in various forms, and is given to low income families or individuals, based on the gravity of their illness.

The aim is to allow the patient to remain in their home, delaying their admittance into a nursing facility.

★Telephone assistance: it guarantees first aid in the patient's home in case of emergency as well as a series of periodic telephone contacts to check up on them or just to provide a little company.

It is geared towards those who live alone or have particular health problems.

★Geriatric Evaluating Unit: It exists in every A.S.L. and it is composed of many kinds of professionals including doctors, social workers, and nurses who evaluate the elderly to identify the specific health and social needs of individuals or their families.

It aims at keeping the elderly person in their own home (if patient's conditions, family situation and housing allow it). Otherwise, it assists admittance into residential nursing homes or semi-residential structures.

In some cases, the unit may propose a temporary stay in a nursing home.

★Day Care Centres: it is a kind of semi-residential home which can accommodate seniors with partial limits to their

self-sufficiency, as well as those with more severe limits to their independence.

Care is shared between the structure and the immediate family who both care for the patient on a daily basis. This service is available every day during the work week and performed by qualified health care professionals and social workers. In light of the increasing number of aging individuals, many of whom suffer from Alzheimer's disease, the A.S.L is in the process of activating a special day centre for these patients.

★Alzheimer's Day Care Centre: this semi-residential structure offers the same medical, rehabilitative, and social assistance found in nursing homes in a day-care model.

It is designed for people who have been diagnosed with dementia or Alzheimer's disease and have limited independence, and whose families are not able to give continuous assistance. The main objectives, integrated and coordinated with an Individualised Assistance Plan (P.A.I.) are: activation/



rehabilitation of cognitive areas, behavioural and functional abilities; attenuation/regression of behavioural disturbances; personal assistance; control and surveillance; giving the patients' families relief.

The professional caregivers and nurses present in the Centres are specially trained to assist patients with dementia.

These caregivers may also be assisted by psychologists, neurologists, geriatricians and social workers when needed.

★Residential Assistance (R.A.): the residential structure is designed for adults and seniors with psychophysical conditions which give them total or partial self-sufficiency. They are able to perform the basic activities of daily life independently or with help. It is similar to a hotel in that it provides a kitchen and meal service, laundry, ironing, and housekeeping as well as specific social services such as direct personal assistance, control and surveillance. The service is guaranteed by the district social and health services. Professional Staff involved: Caregivers and guardian service.

★Flexible Residential Assistance (R.A.F.): this residential structure is designed for people who are not self-sufficient. It offers medical services, social assistance and lodging, and an adequate level of health care. Professional Staff involved: a G.P. who guarantees medical assistance; professional nursing staff; home care assistance and guardian service; physiotherapists, occupational therapists and animators may also be on hand; other professionals may be provided by the A.S.L.: psychiatrists, geriatricians, psychologists, etc.

★Residential Medical Assistance (R.S.A.): this residential structure is predominantly medical, and is designed to definitively or temporarily (relief hospitalisation) give shelter to those who for the gravity of their problems cannot live in other residential structures.

They require moderate medical assistance and a high level of safeguarding. Professional Staff involved: a head doctor whose responsibility is to coordinate all medical activities; a G.P. who guarantees medical assistance; professional nursing staff; home care assistance and guardian service; physiotherapists, occupational therapists and animators may also be on hand; other professionals may be provided by the A.S.L.: psychiatrists, geriatricians, psychologists, etc.

★Alzheimer Residential Nucleus: this is a ward inside a R.S.A. or a R.A.F. designed for the patients diagnosed with dementia or Alzheimer's disease. The patients come from their homes or other nursing homes when they present behavioural disturbances, cognitive problems or other medical problems that require not only pharmaceutical treatment, but specialised rehabilitative and therapeutic treatment as well. The main objectives, which are integrated and coordinated with an Individualised Assistance Plan (P.A.I.) are: activation/rehabilitation of cognitive areas, behaviour and functional abilities; attenuation/regression of behavioural disturbances; personal assistance; control and surveillance. The professional staff is the same as for the R.S.A., with specialised training in dealing with dementia.

Social services for elderly people in Bulgaria¹

The reform in the field of social services and introducing the deinstitutionalization as a main priority of the Bulgarian social policy started at 2002.

The Council of Ministers adopted a new Social Policy Strategy, where among the priority aims are decreasing the number of people, placed in specialized institutions and development of social services, targeted at most vulnerable groups in the society.

The accent is on the transition from institutional care towards services, which leave the persons in their community and family environment.

The consequence of the high institutionalization of people is the permanent social isolation.

The most vulnerable groups in Bulgaria include people with different disabilities, elderly people and children, deprived from parental care.

The main priority of the Bulgarian Government is deinstitutionalization of the placed in institutions adults through provision of social services, based in the community.

For the implementation of real deinstitutionalization it is necessary to be established a network of different types of services, which will be alternatives to the placement in specialized institutions.

The ageing population presents implications for palliative care as major public health issues nowadays in all European countries. The provision of palliative care should be integrated into comprehensive medico - social care, requiring multidisciplinary approaches.

The palliative care creates and integrates institutional and home-based services.

Particularly popular and topical in Bulgaria are social services provided in the community.

All of them are aimed at improvement of the quality- life conditions of the aged people observing the rule related to keeping of independent life at family environment or in the close of it.

The services at domestic atmosphere are taken into consideration with individual needs, desires and life conditions of each aged person and except for relatives, neighbours and friends of aged people may be involved.

Basic terms and concepts in service provision and distinctions

Providing social services there are certain terms and distinctions:

- ★distinction between rights, benefits and measures for social inclusion.

Rights are those inalienable human entitlements which are provided for every person. These include the right to life, work, education, personal inviolability, dignified social existence, etc.

Benefits are those material or natural measurements which are granted from the state under its social policy in order to support the exercising of the rights.

Measures for social inclusion are those actions undertaken by the bodies of the state and the local authorities in order to guarantee the exercising of the rights.

- ★ distinction between a social service for assistance and a social service for integration.

Social service for assistance is the service targeted to meet those basic human needs of citizens which they cannot meet by working or through the property they possess. Social assistance is related to poverty which can be experienced by all social groups.

Social service for integration is the service targeted to overcoming a concrete deficit. The aim of this service is through a complex of measures and benefits to make up to a maximum degree the lost opportunity for social integration of the individual.

- ★ distinction between accompanying person (top-up for external help) and personal assistant.

The accompanying person is somebody who helps people with the most severe type of disability in his/her home and social functions.

In reality this person is most often a relative or a relation of the disabled person.

The relations between the two are not economic in nature but social.

The needs of the disabled person can be met as far as the accompanying person is willing to.

The personal assistant is an individual who helps the disabled person in all spheres of everyday life and not only in home and utility functions.

The relation between the two is an employer-employee relation.

They depend on the concrete needs of the disabled person and the required time can be renegotiated.

The personal assistant is a social service for integration which to a maximum extent compensates the problems of the disabled person in communicating with the milieu.

Services in the community are social services in the environment that is the routine one for the individual and whose aim is to help the achieving of the full individual capacity of the person. The routine environment is the family environment.

Services in an institution are related to the extraction of the person from their family environment and their placement under daily care in an institution.

Institutions for the provision of social services - type, description, conditions for use

These are institutions where people can receive different social services or shelter. According to the type of service offered they can be grouped into different categories.

According to the ownership of the institutions they can be state, municipal, private and mixed.

According to the duration of the social service offered they are daily and annual.

The most important division is according to **the type of the service provided**.

When the service is provided without extraction of the individual from their routine environment we talk about institutions offering a service in the "home environment" or the so called community services.

"We have used reports: "Alternative business - Identification and recommendations" IBF International Consulting, PHARE 2004 and "Bulgarian non-government sector in the development context", Foundation "Workshop for public initiatives", December, 2003



These are the institutions offering the highest quality services since they do not sever the link between the individual and the family and aim at integrating the individual fully into society.

When the individual is extracted from the family environment and is placed in a residential institution or a shelter for a longer time we have a service offered outside the "routine family environment". This service is very often ineffective and in reality makes the person dependent on the respective institution for life.

Most often the services in the routine family environment are provided by the following institutions:

- ★social services bureaus;
- ★home outreach visits;
- ★day centres;
- ★centres for social rehabilitation and integration;
- ★temporary placement shelter;
- ★foster care;
- ★crisis centre;
- ★placement centre of the family type;
- ★protected accommodation;
- ★public canteens.

The services outside the routine home environment are the different homes for the placement of children and adults. The placement is related to a longer stay and is full board.

The institutions can be:

- ★institutions for adults with disabilities;
- ★institutions for elderly people;
- ★shelters;
- ★institutions for temporary placement.

The social services in the specialized institutions are provided after exhausting all other opportunities for community services. Whenever necessary and in line with the needs of the population every municipality may have institutions for the delivery of other types of social services.

The people who want to use the services provided by the social institutions should meet certain criteria and conditions.

The criteria are different depending on the type of the institution (whether the service is in the routine home environment or outside of it), the income of the individual, the presence of property, the presence of relatives to take care of him/ her, the degree and type of the disability, etc.

The minimal requirements are:

- ★for most of the institutions for the placement of people with disabilities a **degree of disability over 70%** or II group is required;
- ★the individual needs to be **incapable of organizing him-/her-self and meeting their own needs of life.** This means that if the person has income allowing him/ her to find a person to take care of him/her then this person does not have the right to request placement in an institution;
- ★the person **should not have relatives to take care of them.** This condition is easy to understand. The obligation of the members of a family is to help each other. By relations we understand parents, spouses, and children of age, guardians and custodians;
- ★if the person has relatives but they are incapable of taking care of this person because of age, care for other disabled people, small accommodation or bad relations, then the person may also be placed in an institution.
- ★the person **should not have provided their property** against an obligation for caring and subsistence;
- ★the institutions for social placement may also take people who do not meet the above mentioned conditions

if their relation pays a charge corresponding to the real costs;

- ★the people placed in social institutions providing the service outside the routine home environment pay a charge during their stay which is determined in a contract with the head of the respective institution. Most often it amounts to 70% of the annual income;

The necessary documents for entering a social institutions are:

- ★request-declaration form;
- ★medical document testifying the type and degree of the disability (expert medical panels);
- ★two photographs;
- ★ID card.

Social services - definitions and kinds²

The main aims for the provision of social services are related to supporting the citizens who without support would not be able to meet their own vital needs, their social reintegration is supported and entrepreneurship in the social sphere is encouraged through the provision of social services by natural and legal persons.

The social services are based on social work and are aimed at supporting the assisted persons to carry out their daily activities and to achieve social inclusion.

The social services are provided in line with the wish and personal choice of the individuals.

The social services are free, partially paid (the difference to the value of the service is funded by the republican budget or by the municipalities) or based on agreement between the service provider and the user.

Who can provide social services? - They are provided by the state, the municipalities, natural persons registered under the Trade Act, and by legal persons.

Natural persons registered under the Trade Act and legal persons may provide social services only after registering in the register

at the Social Assistance Agency as well as after receiving an additional license when services are offered to children below 18. All activities in the area of social services are provided by competition or after negotiations when the candidate is only one in line with the statutory criteria and standards.

Types of social services - as we have already seen according to the types of institution we have institutions in the routine environment (in the community) and ones in a residential environment.

There can be no exhaustive list of all types of social services - the latter depend on the needs of the people and the meeting of these demands and the capacity and flexible work of the social service providers.

Social services in the community:

Personal assistant - an individual who helps the child or disabled person or seriously ill person to satisfy his/her daily needs;

Social assistant - an individual who deliver a complex of services targeted to social work and consultations of users to meet their need to organise his/her spare time and to realise contacts;

Home assistant - an individual who deliver services at home intended to maintain hygiene of the inhabitant home, buying products and cooking, laundry and other daily services;

Home outreach visits - complex of social services delivered to home by delivering food; maintenance of individual hygiene and living premises inhabited by the user; help for supply with necessary auxiliary means for disabled users, public utilities services. etc.;

Day centres - complex of social services that create conditions for complete service of users by day, connected with delivery of food, satisfying of everyday, health, educational and rehabilitation needs, as well as needs of spare time organisation and personal contacts;

Centres for social rehabilitation and integration - social services, connected with accomplishment of rehabilitation, social and legal consultations, education and vocational training and orientation, development and fulfilling of individual programmes for social inclusion;

Temporary placement shelter - complex of social services delivered to homeless people to meet their everyday needs, for not longer period then 3 months;

Foster care - care and breeding in a family environment of a child who is temporary put up according to the Child protection Act to a married couple home or a single person home;

Crisis centre - Complex of social services delivered to people who are victims of violence or traffic and oriented to meet their

everyday needs and prepare individual programmes for social integration;

Placement centre of the family type - complex of social services delivered in an environment similar to the family one, to not more of 15 persons;

Protected accommodation - Types of social services where people have an independent way of life, helped by professionals;

Public canteens - social services orientated to meet food needs of people who are not able to provide themselves.

The most frequently used social services in Bulgaria are:

- ★daily and 24 hour service at the institutions for people with disabilities and adults; social home services - delivery of food, maintaining of the personal hygiene, maintaining of cleanliness on the premises, delivery of the necessary auxiliary means, help in

²Useful Internet addresses:

<http://www.mlsp.government.bg/bg/public/deca.htm> - Family services for children

http://www.mlsp.government.bg/bg/public/disable_brochure.htm - Care and services for disabled adults

<http://www.mlsp.government.bg/bg/docs/strategy/index.htm> - Strategy for social development of MLSC

<http://sgr.hit.bg/> - Social care - Sofia



communication and social contacts, household services and various other connected with the filling in of different forms;

★social and legal consultations on problems related mainly to social assistance; distribution of humanitarian aid, social work with disadvantaged children, persons and families; consultations and cooperation in landing a job as child minder, adults' and sick people minder;

★consultations and cooperation for people and families willing to adopt; rehabilitation; referring to social service institutions; educational and vocational guidance; training of children with mental disorders into vocational skills; programme for social integration and re-socialization; free food; recreation; shelter; etc..

Placement in specialized institutions

The social services in the specialized institutions are provided after exhausting all other opportunities for community services. Personal request must be submitted by the person or by his/her legal representative.

Information about specialized institutions (see Table 1 - source - National statistics institute).

Information about the location of institutions, providing social services by private, natural and legal persons, registered in the Register of Agency for social services can be found in the Guide of social worker.

Types of specialized institutions

The specialized institutions for short-term and long-term services are:

- ★homes for mentally retarded adults;
- ★homes for persons with sensory disabilities;
- ★homes for physically retarded persons;
- ★homes elderly people with dementia;
- ★homes for the elderly;

- ★shelters;
- ★homes for temporary accommodation.

The specialized institutions are differentiated according the health statute (physical and mental), proved by an expert decision of specialized medical commission with a license for providing specialized services. Here is the procedure for providing social services by natural and legal entities and NGOs.

In order to provide such services it is necessary for the person (persons) to have a **legal organizational form** under the Trade Act or to be registered under the Act on the Non-profit Legal Entities.

In other words these can be:

- ★**under the TA** - sole traders, general partnerships, limited partnerships, private limited companies, share-holding companies;
- ★**under the Act on Non-profit Legal Entities** - foundations and associations.

To provide services it is necessary for the persons to be entered in a **special register** under the Social Assistance Agency, and those delivering services to children need to have acquired an additional license. At present 1380 organizations have been entered in the register.

Requirements to the specialized services providers:

- ★to draft an individual plan after a needs assessment for every user and to formulate the aims that needs to be achieved;
- ★to maintain a register of the persons placed;
- ★to observe the standards about location and facilities;
- ★to observe the standards on nutrition and quality of the food;
- ★to observe the standards and criteria for the level of the health care;

- ★to observe the standards and criteria about the level of the information.

Social assistance - types, amount, who can receive them and how

The social benefits are money or in kind benefits, which supplement the personal income of the individual so that he/she may meet their own vital needs.

They depend mainly on the income, the health status and other needs of the people eligible to apply for them.

According to their frequency the social benefits may be one-off, monthly and earmarked.

One-off assistance are granted to individuals or their families in case of one-off health, educational, utility or other needs. The amount of the benefits may be up to 5 times the amount of the guaranteed minimal income.

Monthly assistance - They are granted to socially disadvantaged people and their families if the income for the preceding month is lower than the differentiated guaranteed minimal income.

The people who are entitled to this benefit include many socially disadvantaged groups - unemployed, orphans, lone people, families with many children, disabled people, etc.

Earmarked assistance are:

- ★assistance for the renting of a municipal flat;
- ★assistance for heating;
- ★free city transport ticket;
- ★monthly assistance for transport services;
- ★free rail or coach ticket;
- ★rail or coach ticket at a reduced price;
- ★assistance for spa treatment;
- ★assistance for telephone bills.

Table 1. SPECIALIZED ESTABLISHMENTS FOR SOCIAL SERVICES IN 2005 ¹

	Establishments		Persons in specialized establishments				
	Number	Places as of 31.12.	at the beginning of the year	admitted	discharged	deceased	at the end of the year
TOTAL	377	55.568	47.197	33.950	19.377	5.693	56.077
I. Social services, provided in the community	169	41.437	33.207	29.552	16.943	3.900	41.916
of which:							
Community Care patronage ²	-	36.967	29.964	19.617	8.895	3.860	36.826
Day Centres for old age persons	15	342	266	120	22	25	339
Centre for social rehabilitation and integration of persons in non-equal situation	55	2.327	1.808	7.841	6.824	10	2.815
Day Centres for children or youth	45	1.128	916	480	134	2	1.260
Day Centres for mentally retarded adults	10	196	107	99	10	-	196
Day Centres for physically disabled adults	7	260	55	208	1	2	260
Centres for temporary accommodation	3	19	12	302	299	-	15
Crisis centres	5	8	19	113	124	-	8
Accommodation centres of family type	3	12	7	16	11	-	12
Protected dwellings	18	110	12	115	16	1	110
Asylums	8	68	41	641	607	-	75
II. Social services, provided outside of the community	208	14.131	13.990	4.398	2.434	1.793	14.161
of which:							
Homes for the elderly	68	4.635	4.469	1.779	704	887	4.657
Homes for physically disabled adults	26	1.540	1.493	614	234	333	1.540
Homes for persons with sensory disabilities	7	207	196	57	23	23	207
Homes for mentally retarded children or youth	29	1.750	1.766	154	143	27	1.750
Homes for mentally retarded adults	54	4.491	4.520	605	108	518	4.499
Homes for physically retarded children or youth	2	110	110	279	279	-	110
Homes for temporary accommodation ³	13	482	469	640	623	4	482
Social-educational professional establishments	9	916	967	270	320	1	916

¹ Incl. Services, done by providers of social services, which are included in the Register of the providers of social services at the Agency for Social Support.

² Incl. Places in public canteens.

³ Incl. Child settlement.

Some new types of social services and assistance - these are mostly for people with disabilities and include the following:

- ★priority in accommodating in municipal flats;
- ★relieved regime for bank credits;
- ★assistance for the purchase and transformation of a vehicle;
- ★assistance for the transformation of a flat;
- ★assistance for sign language translation;
- ★assistance for accompanying person.

Procedure for the granting of social assistance.

The procedure on the granting social benefits starts with a request-declaration addressed to the Social Assistance Directorate.

This is a form adopted by the Ministry of Labour and Social Policy. The request should enclose the documents necessary for each concrete case.

Most often these include:

- ★income certificate;
- ★payment documents testifying the expenses incurred;
- ★ID card;
- ★other documents verifying the presence of all necessary conditions or the lack of reasons which would disqualify the person as ineligible.

The decision of the director of the Social Assistance Directorate may be appealed administratively and in court - before the Regional Social Assistance Directorate and before the respective local court.

Overview of the good and bad practices in the provision of social services - the point of view of the service users

The good practices are related mainly to the individualization of the services and custom-made approach. The good practices should rely on an effectiveness of the service and achieving of the outcome it pursues.

★a good practice is the service **assistant for independent living (personal assistant)**, when it is provided after the developing of a detailed and long-term plan with the service user and its utilization is not fixed to strictly limited number of hours and the priority is the achieving of the sought effect. In the concrete case this will be opportunity for the individual to be more active and more socialized, to participate in public life to an optimal degree and thus to increase their social and economic contribution to society;

★a good practice is the use of **advocacy** after legal or social consultations. In this case the client does not only receive the necessary information but his/her right before the respective institution where the advocacy is carried out is effectively protected.

As a counterpoint the **bad practices** are related mainly to the complete ignoring of the needs of the individual and the posing of pointless and impossible conditions. The bad practices are related to the limiting of the volume of the service with temporal or financial figures which deprives it of any sense.

We will quote three typical examples:

★pointlessness of the service accompanying person for people with sight disorders under Article 536 of the Regulations for implementation of the Law for protection, rehabilitation and social integration of invalids, where the service is offered to the "volume of **up to 10 hours annually**". It is obvious that in this form this is a superfluous service spending state funds in vain;

★the impossible condition for the import of a car by a disabled person where one of the requirements (to be employed) is in contrast with the other requirement (to have a low income). As a result of this contradiction this is a **dead service** - it exists only on paper;

★the vicious practice of providing social benefits in the form of goods with no attention paid to the needs of the individual and his/her preferences.

The social services and their future - proposals de lege ferenda for enhancing the quality and volume of the social services

It is evident that the current legal framework is not the best and it confuses the different types of services and benefits.

The challenge before our new legislation should be the clear distinction between social assistance and integration services.

The social services for integration should be defined as specialized services aimed at overcoming a concrete deficit and should not be linked to the income of the individual.

They should be provided individually or to groups, in a decentralized manner, always in line with the concrete personal needs.

For the provision of these services a clear needs assessment should be made which should take into account the degree of the disability, the age, the professional/vocational background and the personal interest.

The services should be multifarious: apart from the well-known ones new services should be offered whose main aim would be to expand the spectrum of services in defence of the clients' interests.

Social services and social inclusion of elderly people

Social services can be provided by the state, municipalities, by physical and legal entities, licence for delivering such services by the Agency for Social Assistance.

Social services are financed at central level by the state budget - though "Social Assistance" Fund and to some extent through "Rehabilitation and social integration" Fund. As structures providing social services

municipalities can assign management of the specialised municipality institutions and delivering of social services to respective registered physical and legal entities.

The municipalities have the right³ to place free of charge premises at disposal of working in the field of social assistance and philanthropy NGOs.

Except in the specialised institutions social services are delivered in the local communities.

There are tendency towards diversification and orientation towards specific needs of users of social services which is a good basis for establishment of public-private partnership.

The involvement of partners (municipalities, NGOs and the business) in the process of delivering social services is a priority of the social policy too⁴.

Delivering of social services by now meets certain restrictions, i.e.:

- ★ low purchasing capacity of beneficiaries;
- ★ need of subsidies for the services in one way or another so that they can be attractive for private sector or NGOs.

As a result of the bad material conditions in the premises and of the furniture in social institutions, the service is at a low quality and the potential social contractors have to make significant initial investments.

For a short period of one decade after the transition towards market economy the poverty and social isolation became the main problem for the majority of Bulgarian population (in 2005 the GDP in Bulgaria is just quarter of the average in EU counties).

Poverty is concentrated in certain groups - ethnic minorities and rural communities.

Among the factors making groups vulnerable are low level of education, low incomes and poor living conditions, unequal social status, bad health and regional differences.

Disabled people are the group with highest potential risk for social exclusion among the vulnerable groups because they meet restrictions of different kinds.

They are about 5% from the population (over 400.000, 244.929 from them have the right to receive social invalid pension).

According to the Alfa Research study⁵ 14% of households need permanent help in caring of seriously sick people and these are 350.000 household in the country.

The research data show that a great part of households that have seriously sick people meet financial difficulties but small part of them are acquainted with or use different forms of assistance delivered by the state or NGOs.

Another serious problem in Bulgaria is palliative cares.

One of each three Bulgarian citizens report that in his family live seriously sick person.

In most of the cases these are chronically sick people or old people who can not take care for themselves.

Situation is even worse in 9% of the households who have to care for more than one sick person.

In Bulgaria the number of homes for elderly people is extremely small compared with the proportion of homes for old people per total population in EU countries.

The reason for this disproportion is the cultural model of family relationships and care for old people in the family.

For the last years the need of such institutions grows impetuously - because of the impoverishment - the charges for placement are much lower than the cost prices of food, cares and shelter, and because of the demographic picture - the common ageing of population.

For each of the homes for elderly people there is a waiting list with dozens of candidates.

One of the reasons is that the NGOs play extremely important role in the field of social protection but their development is quite unbalanced regionally and unstable in the time as it is bound by projects implementation.

A specific problem is the access to the **homes for old people**.

³ Act for Municipal Property

⁴ New Strategy for Social Policy - Agency for Social Assistance

⁵ Alpha Research- Evaluation of the needs and adjustments towards hospices", January-April 2003



According to information, provided by the Ministry of Labour and Social Policy by now - to 30.04.2006 there are 62 homes for old people with a capacity of 5.067 places. 37 of them have department for lying down cases and 25 are without such departments. 4.605 places are occupied.

There are 105 vacant placements for men and 86 for women.

In the waiting list there are 772 men and 1.516 women, this means 8 men waiting for one placement and 18 women for one placement.

It is clear that the number of homes for elderly people is not sufficient.

Besides this, the living conditions are not good.

The private homes provide quite better conditions but their prices are much higher (state homes charge 70% of the pension, while the monthly stay in a private home costs between 350 and 600 lv.).

Some private homes are not registered and their services are not under control.

These homes are mainly for people with relatively good health status while the seriously sick people are placed in hospices. The stay in a hospice is relatively costly.

The only reason for most of people not to search the services of professional doctors or hospices is that they cannot pay for that.

Still more hospices which are medical institutions for seriously sick or fatally ill are not familiar to majority of Bulgarian people.

The legal statute of hospices and homes for medical and social (palliative) cares is not well regulated. In practice they exclude from financing through National Health Insurance Fund which is the reason for the limited command of their services.

By April 2003 the registered hospices were⁶ 59 In the North East region the availability of such medical institutions is noticeable.

Few of them are functioning in practice, there is no network between them.

Social Assistance Fund at MLSP finances different initiatives for social assistance.

The other state fund is "*Rehabilitation and Social Integration Fund*", but only 0,5% from the allocated in 2002 and 2003 resources of the Fund are addressed to NGOs projects for rehabilitation and integration⁷.

Projects that are initially financed through World Bank loans (i.e. Social-Investment Fund) also directly or indirectly finance social services development.

The foreign donors (EU PHARE, UNDP, bilateral programmes, etc.) are still the main financial resource for the NGOs social projects.

They are the basic resource for developing of new forms of social services in the community - day centres, centres for social rehabilitation and integration and protected accommodation.

In 2004 according to ASA information 315 kinds of social services are delivered: 52 by the Centre for social rehabilitation, 32 by "Social Assistant", 24 by Social services bureaus, 12 by "Social Home outreach visits" and 8 by "Home for old people", etc. Sofia delivers the biggest number of services - 76, Plovdiv - 30, Burgas - 21, Russe and Pleven - 17, Pazardjik - 16. In 2005 22 new alternative social services have been open.

There is no available information concerning the age of beneficent, no about each institution separately, because the only limitation (except homes for old people) is to be over 18 years, neither for the community as a whole.

The total number of the new open services for old people in the community as of 30.04.2006 is 108, 13 for elderly people.

At the same time the number of the physical persons, registered by the Trade Act and the Act on Non-profit Legal Entities, listed in the Register of providers of social services at the Agency for Social Assistance is 631.

Most of the listed entities provide social services in the community: 227 day centres and 284 centre for social rehabilitation and integration.

From the start by now the SAA has received 1.380 certificates which mean that some of the providers deliver more than one service and some are cancelled.

It is clear that provision of social services by private organisations cannot be typical economic activity with the aim to gain profit.

That's why the organisations are mainly NGOs with a legal status which allows them to gain resources from donors and so to offer subsidized prices.

Nevertheless the lack of resources is a basic problem for the functioning of the Bulgarian public sector.

It is obvious that motivation and resources are needed to guarantee normal functions.

If there are sufficient financial resources such social enterprises can be vital and probably competitive and also to increase their size and amount.

The low purchasing capacity of the clients must be compensated by state and municipal financing and by donors.

The quality level of the social services and their accessibility must be improved as regards to the legal status of the hospices for example, their working standards, recognition of the volunteers labour and so on, which requires additional regulations. Tax concessions are needed to stimulate the social enterprising.

It is expected that the announced by the government policy for stimulating of the social enterprising will bring more flexible contracting forms for providers of social services among the NGOs.

As a conclusion the summary reveals that Bulgarian policy for social assistance is in a transitional period from direct assistance through money to delivering of support through employment and providing of professional and specialised social services. The Social Assistance Act and the Enabling Rules for the Social Assistance Act are the main legal acts that regulate delivery of financial resources and social services to people who can not satisfy their need without somebody's help.

The aim of the act is to contribute for the social reintegration of people who receive social assistance and to develop social enterprising among physical and legal entities.

This is much more significant having in mind that EU after 2000 demonstrates integral approach towards ageing.

It is perceived as an integral part of the efforts for stable development with the aim to consolidate the macroeconomic, social and employment policies, named "Lisbon triangle".

In this connection the stress is on four basic policies: financial, employment, social and health policy.

We can add here also education. The reason is that "Long-life learning" is one of the effective opportunities for social inclusion.

It is in a synchrony with the policy of "active ageing" with the aim to prolong the labour activity.

The policy of "active ageing" is based on the increasing life expectancy.

For Bulgaria this means as overcoming of the negative adjustments of employers towards the older working force and encouraging them to use longer their working experience and skills as development of solidarity between generations, stimulation of the voluntary participation, reaching better health status, ability and motivation to work.

In this sense is based the observation in the "Monitoring report for Bulgaria-May 2006" concerning the not sufficient preparation of the country for the European Social Fund (ESF).

As regards the **social inclusion** in the Report is stated that Bulgaria must significantly improve the access to high quality health services and education as well as integration of the vulnerable groups on the labour market.

It is valuated that in the fields of social inclusion in 2006 have been adopted amendments to the Social Assistance Act which specially open the market for providing social services.

In April 2006 the government adopted also modernised national plan for struggle against poverty and social exclusion, which makes provisions support for the activities in the fields of education, re-qualification, employment and help for the vulnerable groups.

The third sector for the Third age: the non-government organisations and the elderly people.

The advantages of NGOs as suppliers of social services in Bulgaria⁶

NGOs possess the following, already proven, advantages compared to the remaining suppliers of social services: (1) greater efficacy, partially due to the use of volunteers, partially due to the more flexible administrative structure compared to the one of the state and municipal authorities, and partially due to the existing natural relation between the activities in the social area and the non-profit aims of these organisations; as a result of these factors the supplied services are with higher quality and lower price and (2) the better comprehension of the local social needs.

According to the statistics the registered NGOs working in the social sphere are the most abundant. Their efficacy and public approval are uncertain.

As they supply services, which are expected to be done by the state, the NGOs are looked upon more as partners of the state, than as partners of the citizens.

Moreover, these NGOs often follow the policy and the priorities of the donors, or the state and the municipality.

These policies often are not based on systematic research, but are haste and ad hoc.

In many of the cases NGOs cannot respond to the requirements of the citizens. Moreover, there is lack of transparency and publicity in substantial segments of the NGOs sector, there are also examples of corruption practices.

This explains the lower trust in the NGOs, which is registered in other researches⁷.

The tragedy in Bulgaria is that in no way the NGOs are accounted for and it is not known what amount of money enters in Bulgaria in that way.

There is no register for the NGOs.

It is accounted for the amount of money that is spent for state social services, but the amount of money that entered through NGOs from abroad is not known.

EU prefers to work with NGOs, not with the state, in order not to lose money.

That is fine, but there is no information and control for the amounts that come in and the way they are spent.

(Politician)

⁶ Hospices must be registered by the Regional Health centre

⁷ Report of Chamber of Accounts, 2004

⁸ Law Regime of the social services in Bulgaria, Questions and answers, Bulgarian Centre for non-profit law, Sofia, 2006, p.9.

⁹ 25 The civil society without the civil, Association for Partnership and Support for the Civil Activity, Sofia, 2005, p.57



The most well-known NGOs, which provide services for elderly people, according to the interviewed

What is the opinion of the respondents, who took part in the depth interviews of the research, for NGOs that work with (and for) elderly people?

According to the NGOs, themselves, and according to the suppliers of services, major part of which are also NGOs, the organisations with non-profit aims are the most flexible and offer the most quality services for the people from the third age.

The NGOs representatives point dozens of organisations, among which are "Centre for independent life", Association "Znanie", Chitalishe, "Future for elderly people", BALIZ, "Hospice Miloserdie", foundation "Third age", "Association for social support-Drianovo", "Caritas", Bulgarian Red Cross, Union of the blind, Union of the invalids...

Among the suppliers - private companies, most respond that they have not heard of NGOs that provide services for elderly - with one exception - "Shalom".

This response corresponds to the analogical ignorance on NGOs side for the private firms. The opinion of the representatives of the state institutions is even more astonishing. They either not point an NGO at all, or they point a NGO from the think tank type.

There are a few exceptions to that - some state workers pointed organisations such as the associations "Women without osteoporosis".

One of the state workers confidently responds that there are no NGOs in the healthcare area...when in the site "zdrave.net" (zdrave means healthcare) can be found 496 NGOs in the healthcare area.

According to the municipal workers the best NGOs services are provided by "the Patrikova's hospice" - "Hospice Charity", "the foundation of Kapka Panayotova" - "Centre for Independent life", "The union of the Invalids", "The Union of the War Veterans", Pokrov Bogorodichen, Caritas, Bulgarian Red Cross, NCSU Gorna bania Ltd., which is a NGO with 70% state share, and others.

To summarise, there is insufficient knowledge among most of respondents for NGOs and suppliers of social welfare for elderly people.

Also, in all respondent groups, there is lack

of knowledge of good NGO practices, and even the NGOs are not aware of each other. The interviewed shared that it may be this is the case for "protected motive", which is provoked from jealousy or hidden competition.

This assumption coincides with the opinion of the majority of the Bulgarians that if one wins, the other should definitely lose.

Only two of ten Bulgarians believe that the co-operation leads to success.

Typology of NGOs working with elderly people

According to the information, which we gathered in the depth interviews we may categorise the NGOs related to the elderly people in six types.

The division among them is conditional, as there are, for example, think tanks which provide lobbyist activities and services, or donors which act as think tanks.

However, we think that the following typology is relevant because it takes into account the better systematisation of the accents in the Bulgarian NGOs activities.

The typology offers more structured view to "good NGO practices" for elderly people.

Most of the good NGO practices are pointed by the respondents, but there are also some which were chosen by the survey team.

In this section, we present the types of NGOs and their good practices.

First, NGOs from type "think tanks"

This NGO type influences on the formation and implementation of policies through execution of different surveys, development opinion and concepts, comments for legislation and bills, etc.

The consulting activity is also a part of the activity of similar NGOs - they consult international organisations, donors, state institutions.

In the perimeter of the think tanks are included organisations of seminars and training, as well as stimulation of innovative forms of direct civil participation.

Part of these NGOs has donor programmes and finance activities for elderly people.

Others, as "Balkan Assist" organise public discussions for elderly people (Programme

"Public Forum") by providing logistic and expert support.

During the Programme "Public Forum", is born and implemented the idea for "Daily Centre for Elderly People" in village Mikrevo in municipality Stroumiani.

Examples for think tank NGOs, which are related with their support for elderly people, even though this is not directly their primary target group are: Club "Economy 2000", Information Centre "NGO against Poverty", NAMRB (National Association of the Municipalities in Republic Bulgaria), FRLG (Foundation for Reform in the Local Governance), "Bulgarian centre for Gender Surveys", "Bulgarian Centre for non-profit law" and others.

Part of this NGO type have donor programmes and finance activities for elderly people, another part have supportive and expert programmes and projects - for example, for surveying of the poor people - "Information Centre NGO against poverty" - part of those poor are the elderly.

For example, Club "Economy 2000" has realised over 20 expert projects among which are: "Social estimation of the influence of the pension reform over the risk groups of the population".

The project is a first step for execution of social estimate for the influence of the pension reform on the whole population and five risk groups.

Another project of Club "Economy 2000" is "Second pillar of the Pension System in Bulgaria and Investment Strategy".

The aim of the project is to support the pension system in Bulgaria and creation of second pension pillar (obligatory extra pension insurance) as well as creation of basic parameters for the development of the second support in Bulgaria and offering of normative texts.

The role of this type of NGO is an innovator and initiator of good practices in both the provision of services and in the research of the needs of the elderly people.

An example is NSORB who in two of its projects introduce partnership of the municipalities with NGOs for the projects that provide services to the elderly.

Another example is the project of FRMS, in municipality Stroumiani, done according to Programme "Improvement of the Environment" of FRMS, which is supported by foundation "Ch. S. Mot".

In this project, through the partnership of the

NGO and the municipality, FRMS improves the social servicing of elderly people and founds Daily Centre for elderly people.

The second type of NGOs divides the resources among different programmes or target donations and/or provides services in the municipality

The activities of this type of NGOs influence most on the system of social protection and its recipients.

During the dramatic 1997-1998 large part of the government organisations in Bulgaria at least imported or distributed humanitarian aid.

After the crisis for survival and the transition to development, the orientation is increasingly moving towards the provision of services.

For example, activity of that type has been developed in the Pensioners Club in Nevestino by distributed first-aid help, provided by Club "Economy 2000", in 22 places in the municipality.

Similar activity, but to a major degree is developed the Bulgarian Red Cross.

Through the created in 1989 Fund "Charity" and with the support of different donors, BRC offers financial support to people in troubled material and health condition and to social homes for elderly people.

Also, BRC offers alternative support to its elderly recipient's active participation in the

society and sustainability of the services - Programme "Let's help together to the people in the third age".

In this project are created the so-called "food-banks", in which donated foods which are transformed as "food packages" which are supplied to weak-welfare elderly people - 5.094 pensioners have received food packages from the built local food-banks.

Similar organisations, which provide services in the form of home-care, (organised as "groups for self-help"), information and consultative centres, besides the BRC are donation associations such as "Pokrov Bogorodichen" in Sofia and "Caritas" (www.caritas-bg.org).

In the research participate representatives of two foundations - partners to Sane Project - "National Centre for social rehabilitation" and foundation "Social norms", which also supply services in the municipality.

The third NGO type has for purpose activity - lobbying and intercession

In front of the country and supplying of social services or protection of the rights of the elderly people.

The lobbyist organisations are included most often in law-related, regulatory, or anticorruption initiatives, but in Bulgaria there is a lack of significant lobbyist practices.

The examples in their survey are: "Gender project Bulgaria" - it protects the rights of the

women, "Bulgarian Helsinki Committee" (BHK) - protects the right of the people, "Centre for Independent Life" - they lobby for creation of accessible environment for people with disabilities, as well as "MS society" which protect the rights and work for improvement of the lives of the sick from multi-sclerosis.

The activities of those organisations are intended to all ages, and not only to the elderly people, but they have indirect influence on their rights.

A focus of BHC, for example, is the protection of the rights of the ethnic minorities, the conditions in the places for arrest (compulsory detaining), including the rights of the people with psychological problems in the facilities for social care (look for example at the Report "Stationary psychiatric help and the right of the men in Bulgaria" from 2005), abuse of power from the law-enforcement intuitions, freedom of speech, rights of women, access to justice, acts of intolerance. For the people over 55, the importance of the mentioned activities depends on the part that these areas overlap with the life of the people over 55.

The expectations for lobbyist activities can be found in other organisations - for example the Pensioners Union.

According to different expert estimates, the number of those unions varies from 9 to 27, which are hostile towards each other. That is the reason why they cannot produce significant social activity.



A fourth type of NGOs has been formed recently - social enterprises

They are created as a response to the possibilities, given from law of NGOs to develop related profit activity as an alternative source of finance.

One of the most significant programmes for public funds and social factories is the project "Social Factories", which is financed by the American Agency for International Development (www.counterpart-bg.org).

The aim is creation of pilot social NGO factories, which supply the social services and increase in their capacity.

In this project, several NGOs, whose target are the elderly people, have been financed - in Drianovo, in village of Batin, Rousse, Sofia.

This type of NGOs is different from the previous type in the light that they have business plans, they receive credits for their activity and they generate profits.

They provide sustainability to the practice related with provision of social services by orienting toward an integrated business approach instead of project-oriented approach.

The next phase is the creation of a network of social factories in Bulgaria.

Fifth type of NGO, which have relation towards the elderly are the so-called donors.

Organisations of this type are Institute "Open Society", foundation "Lale" (tulip), foundation "Workshop for civil initiatives"

Part of them not only redistribute grants for NGO-providers of social services, but also became initiators for the creation of different networks - for example, of family "Social Policies" (Open Society).

The family is created as an informal union of the following organisations Bulgarian centre for non-profit law, Bulgarian association for people with intellectual disabilities, Foundation "Initiative for health", Foundation "Health problems of the minorities", Global initiative in the psychiatry (Geneva initiative in the psychiatry), National Roma Centre "St. George", Caritas - Bulgaria, Foundation "Every Child", Association "Samaritans", Foundation "Pokrov

Bogorodichen", Foundation "Generous Heart", SOS Children Villages, Foundation "Help the ones in need".

The family motto is: "We want effective and modern social policy which helps the socially vulnerable groups of the society and we will actively participate in conducting it".

The role of the member organisations is: to represent and stand for the positions of the civil foundations in the social area in front of the state institutions and the society; to mobilise the expert potential of the civil organisations, so that they participate in the formation of the social politics; to monitor the application of the social policy and the execution of the engagements; to create conditions for exchange of information among them.

Another NGO network for social services that has direct relation to the target group of this survey is the NGO network for elderly in which already are included over 20 NGOs (initiator is foundation "Lale"). Later on, we present it as a Good practice.

The sixth type is the public funds

They are registered as NGOs - a local non-profit organisation registered for the public welfare, which services particular geographic area (city or municipality) and works for mobilising of the existing local resources and for solving of problems that were identified by the society.

The public fund is managed by unbiased board, which unites in itself representatives of the business, non-profit sector and local authority.

As an organisation it does not rely solely on resources coming from one source of funds, but it continuously searches new and varying possibilities for financial support.

The public fund helps the people from a particular community to solve their own problems without waiting for government or another institution to do this.

The public funds has for purpose: Increasing the public consciousness for the possibilities for responding to public needs by mobilisation of local resources, increasing the public participation in the process of local decision making and in the planning of the local development; revival of the Bulgarian donation traditions, stimulation of partnership among the sectors; creation of permanent local sources of finance for civil initiatives; motivating of volunteerism.

The formation of so many different NGO types for elderly people is a proof that beginning is laid for the decentralisation and deinstitutionalization of the social services, as well as for the specialisation in the social NGO area.

It has been introduced a registration regime for the providers of social services.

For the first time, criteria and standards for the supply of social services are arranged.

Beside the corrective function of NGO to government intentions and actions, all those changes reveal another important NGO function - as a effective partner which directly participates in the socially shared mission for providing respectable old years to the people from the elderly age.

Today the basic challenges is to create prerequisites for the decrease of the poverty and for overcoming of the social isolation of the elderly people and for transition from passive to active policy¹⁰.

The brief summary of the analysis shows that NGO starts to turn into a sustainable partner in the planning and execution of social programmes for the elderly people.

Social care services for elderly people in Romania

General facts

Aid intervention in Romania over the past ten years has largely focused on children and orphans.

The elderly have not benefited of the same initiatives as the other target groups.

Actually there were fewer but existent.

According with the responsibilities established for Romanian Authorities, during the pre-accession period, 1999 - 2006, several reforms were made in all the sectors, including social services.

During this period, the reforms were covered the macro level -legislation and regulation and micro level - procedures and plan of actions.

Since 1989, only in 2001 was established the Law of National System of Social Assistance (this law was up-dated in 2006, and became the Law 47/2006). For the elderly people, in 2001 was done the first

Law in order to set the social services for elderly (Law 17/2000).

Since that time, a lot of regulation appears for social services for elderly.

The population aging process begun to be considered more and more a risk of dependence of the others and a risk of social exclusion too.

Therefore, the social protection of elderly people is a priority for the European Commission who tries to develop some objectives and social action common plans, this within an affirmation of social exclusion combating at the European Council in Lisbon, 2000.

First of all it must be emphasized that the average age of the European population will advance from 39 years old in 2000 to 48 years old in 2050 (according to EUROSTAT and IIASA statistics).

The percent of the persons over 60 years old will surpass the actual 21% reaching 33%, while the number of young people under 15 years old will decrease from 23% to 19% (at the European level).

To sum up, we can see that in Romania there are so many old people, an aging population trend.

They have different needs and problems we have to cope facts in providing them proper assistance and care.

Romania has a lack in the system concerning the social services which must be solved in a way.

As a result, some more negative effects are

going to be felt after 20 years, especially concerning the labour force and within the socio-medical care sector.

The phenomenon of aging population brings a higher number of retired persons, a growing number of lonely living persons, more old women than old men; the incapacity of the family to take care of their old members, the society will have a higher need of social and medical services.

Until now, the problems which approached from the social security point of view, stressing the pension importance.

But there must be taken into consideration a series of essential aspects: old people are usually alone, isolated; present high risk disabilities, dependence.

Without a proper medical and social long assistance, the own existence of old people could be in danger.

In Romania the retire income is very low, the house rates are often growing, the medicine and food costs, too.

Sometime old people could lose their house because of the low income.

In Romania, there are many old persons who claim that are in impossibility of taking care of their life only by themselves because of the healthy problems (a regular problem for old people).

They have no support from the public services, or families or other people.

But most of them said that the first help come from the neighbours, especially when is about shopping.

Most of the old people spend their life at

home, living alone or with their families.

But even if they live with someone else do not benefit of their presence during the whole day, as they have permanent jobs.

There are very few who hire a person to take care of them all day long (their income is very low).

In Romania it could be observed that the help for these people is given through the system of pensions and this eclipse the social side.

Beneficiary of the social assistance, according to the "Law 17/2000 concerning the social assistance of elderly people"

The beneficiary of the present law is the old person who:

- ★has no family or is not under somebody's care;
- ★has no home and no possibility to assure his/her living with own resources;
- ★has no income, or the money are not enough for the living;

¹⁰ MTSP, New strategy in social policy, (www.mlsp.government.bg/bg/dogs/strategy-1.htm)



- ★ can not take care of his/her own person or needs special assistance;
- ★ is in impossibility to assure his/her socio-medical needs because of the health problems (physical or psychical).

The services for old persons are provided with their positive agreement:

- ★ temporary or permanent care at their residence or in a shelter for elderly;
- ★ assistance in daily centres, clubs for old people, homes for temporary care, flats and social houses, etc..

If the old person dyes and has no family, the communitarian services assure his/her funerals.

Providers of social services:

The providers of social services could be individual or juridical persons, public bodies or private.

Let's have first some concrete examples:

The Ministry of the Labour, Social Solidarity and Family as coordinator of the system has the following obligations:

1. elaborate the legislation and monitor its implementation and development in the institutions of public administration, in NGOs, or public providers;
2. evaluate the situation of this segment of population on the national level identifying at the same time the priorities and necessities in order to develop proper services;
3. elaborate plans and programmes for the diversification of the services;
4. elaborate quality standards concerning the social services for elderly;
5. implement the methodology of evaluation, monitoring, control of social services for elderly;
6. assure the financing of the social services from the state budget through the programmes of national interest;

7. identify the internal and external sources of financing whom purpose is to develop and diversify the social services for elderly.

We must emphasis that the **public administrative local authorities**, according to the new project law above reminded "Protection of the Elderly People Rights", have the following obligations to:

Art. 30

Initiate measures and develops different services for preventing and combating the violence on the elderly people, both in family and day centres or residential centres through:

- ★ training of the staff directly involved in the social services having as objectives the identification of the violence, abuzz, neglecting of the old person;
- ★ development of the programmes in the families of the old people where are problems with the alcohol, drugs, poverty, chronically diseases, psychical problems, etc.;
- ★ promote the partnerships between the public institutions having the objectives from above and the NGOs in order to offer professional and efficient services;
- ★ develop programmes of communitarian education concerning the preventing and combating of any violence or neglecting of the old people;
- ★ establish shelters and temporary assistance for elderly who are victims of the violence in family.

At the same time the public administrative local authorities have the responsibility to assure the participation of the elderly in the social, public, economic, political, cultural community life through:

- ★ establish and support clubs or recreation centres for elderly;
- ★ organize social and cultural events where our target group could be actively involved;

- ★ inform and assure the participation of the associations and foundations which fight for the elderly rights on the public debates and law projects or any important decision of the local council;

- ★ offer consultancy to the elderly associations in order to develop programmes and local projects for them;

- ★ give priority to the foundations in receiving space for the social services;

- ★ develop the voluntarism of elderly people;

- ★ facilitate the e-communication, assures the access to the IT equipments and internet services.

Even on local level, in Timișoara (the west side of the country), there is existent **The Commission for Elderly People**, of public interest, has no juridical personality and non-profit.

It is logistical and administrative supported by the Service for Elderly People (part of Social Assistance Community Centre).

This Commission has as activity object the following:

- ★ study the dependence of old people and looks for methods to obstruct the isolation and loneliness, the specific age diseases;
- ★ come to create a social dialogue between the old people and public authorities for their right protection and liberty;
- ★ create a favourable image of the elderly for the public opinion through mass- media;
- ★ try to obtain donors from the economic agents or physical persons in order to realize different actions for elderly.

At the national level there is a **National Council of Elderly People**, funded as autonomic organ aiming to establish (for public interest) a dialogue between elderly people and public authorities, for the

protection of these people's rights and liberty.

The National Council of Elderly People is non-profit, having the location in Bucharest, the Romanian capital.

It is organized and functional according to the present law and to the own laws.

The duties of the National Council of Elderly People:

- a. support the state institutions in putting into practice and also monitor the recommendations of the World Summit of Elderly people;
- b. propose to the Government programmes for the continuing improvement of the elderly life conditions;
- c. monitor the good running of the legal regulations and also reports any deviation (constant deviations);
- d. together with the specialized institution elaborate studies and sociology analysis in the field;
- e. support the performance of the social assistance institutions and proposes measures to improve their activities;
- f. support the associations of the old people and their active participation to the social life;

g. offer suggestions to the project laws which have as beneficiary the old people;

h. represent the elderly people in Romania to the similar organizations from other countries or to the international organizations of elderly.

A. The public providers can be:

- ★ the public social assistance service at the county or local level;
- ★ other public specialized services at the county or local level;
- ★ public institutions having departments of social assistance.

The public service of social assistance at local level have the responsibility to create, maintain and develop primary social services, according to the social needs; the purpose is to sustain the "social functionality" of the old person in his/her own living environment, family and community.

The public service of social assistance at county level has the responsibility to offer social services, according to the existent needs.

The purpose is to maintain the "social functionality" of the old person, trying to reinsert him/her own living environment, family and community.

In Romania are functional (as public/state financed institutions):

- ★ 19 asylums for elderly people with a capacity of 2.121 beds, methodologically coordinated by the Ministry of Labour, Social and Family Solidarity. The funds for this asylum are coming from local authorities budget - county and/or local/ community level;
- ★ 84 assistance centres for adults with handicaps, having 10.230 beds. These represent the ex- hospitals and homes for elderly, methodologically coordinated by National Authority for Handicapped persons;
- ★ 17 institutions of social assistance (asylums and day centres for old people), having 776 places, financial sustained by NGOs. These NGOs receive an amount of money for the social assistance services;
- ★ 39 home services sustained by the state budget.

[Annual Report of Social Assistance. Specialized Direction within the Ministry of Labour, Social Solidarity and Family]

From the total of 1.451 units of social assistance in Romania in 2005, only 132 are for elderly people, 72 medico-social units, and the others are for preventing and



combating the violence in family (38), for people with handicap (169) and most of them are for children in needs (1.040).

B. The private providers can be:

- ★associations and foundations, religious sector or other types of organizations of the civil society;
- ★individual persons, having the authorization according to the law;
- ★branches of the international associations and foundations, accredited according to the law;
- ★international organizations in this field.

The providers of the social services could act in this field with the condition to be accredited according to the law.

The methodology of accreditation of these providers is approved at the decision of the Government, with the proposal of The Ministry of Labour, Social Solidarity and Family and could be revised and changed when necessary.

The companies could provide social services only through the own foundations funded in this purpose.

[The Ministry of Labour, Social Solidarity and Family]

The **social services provided in Romania** (regarding OG no. 68/2003) are as follows:

a. primary services:

- ★services consisting in prevention of the social marginalization, support for social reintegration, juridical and administrative counselling, help for cleaning the house or preparing food;

b. specialized services:

- ★socio-medical services: personal hygiene, improving the physical and psychical capacities, readapting the house according to the person special needs, temporary assistance in daily centres, night shelters;

- ★medical services: consultations and medical assistance according to the official regulation of the healthy insurance; is imperative to be mentioned that the medicines for old people are very few and very expensive according to their possibilities.

The Ministry of Health gives a small amount for buying medicines at a low price.

For having **home assistance** for elderly, the local councils are allowed to hire persons:

- ★paid according to the hours spent there;
- ★full-time/part-time according to the necessary period for taking care of the old person.

The husband or relatives who assist a dependent old person could take the benefit of the part-time job, with half of the salary from the company and the other half from the local budget (according to the income of a social assistant).

They will be accredited by the General Directions of Labour and Social Protection.

The communitarian services in **shelters for elderly** are:

- ★social services like: help in cleaning, juridical and administrative counselling, modalities for prevention the social marginalization, social reintegration counselling;
- ★socio-medical services like: support in maintaining the physical and intellectual capacities, ergo therapy programmes, support for the physical hygiene; treatments at medical cabinets, or at home if the person is disabled, medicines and different needed devices assurance, stomatology services;
- ★medical services: consultation and treatment at the medical office, in specific institutions or at home in the case of immobility; services as medical assistance, pills assurance; medical devices assurance; dentist services.

So, these social assistance institutions having juridical profile offers shelter and food, medical, recovery, ergo therapy services, also activities for spending the free time, social and psychological assistance.

Within these shelters for elderly, there are also existing sections for old people with disabilities, total or partial dependences.

The **major objectives** of a shelter for elderly are:

- ★to offer them autonomy and safe as much as possible;
- ★to respect their dignity, integrity, identity; to stimulate their actual capacities;
- ★to facilitate human relations (including their own family).

Also there are offered services for prevention and treatment of the consequences of the aging process.

Private sector

The private sector offers the following types of services:

- ★**Assistance at home:** in order to prevent the institutionalization in permanent shelters, to improve their life-conditions and to prevent the social marginalization also.
 - ★ this kind of service is permanent available in some NGOs. So the beneficiaries are allowed to give a call or to ask someone to help him whenever they need;
 - ★ socio-medical services having a social nature;
 - ★ socio-medical services having a medical nature;
 - ★ services of meals providing (cooking, serving, etc.);
 - ★ psychological, social and juridical counselling;
 - ★ support in case of emergency involving: jurists, psychologists, medical personal;
 - ★ recovering services.

★**Day centres:** usually, this type of service is a method of promoting the socialization between the elderly people, offering them the opportunity to spend their free time as good as possible.

- ★ different social actions and events;
- ★ group discussions on the social events, or subjects of interest for them;
- ★ celebration of special events;
- ★ drawing, painting, dancing, cooking, watching TV;
- ★ producing different materials for sailing(cards, amulets, Christmas ornaments), this being a method of funding;
- ★ medical services: psychotherapy, therapy by motion, massage, ergotherapy, occupational therapy, etc.;
- ★ individual counselling;
- ★ intervention in crisis situation;
- ★ some of NGOs offer free meals.

Within this type of service is available the special service for persons with disabilities, having mostly a medical nature.

★**Night shelters:** is available for elderly who recently lost their homes or for those living on the street for a long period of time.

- ★ shelter only during the night;
- ★ providing necessities information for them;

- ★ social counselling;
- ★ psychological counselling;
- ★ juridical counselling;
- ★ support and accompaniment;
- ★ services of meals providing.

★**Emergency support:** for elderly living in street. Is different than night shelters above mentioned; it allows them to stay in even during the day.

- ★ shelter for a limited period;
- ★ support and accompaniment;
- ★ services of meals providing;
- ★ psychological and social counselling.

Religious sector

In Romania, a special contribution is brought by the **religious sector**.

They develop philanthropic programmes, most of them helping children and elderly people. Very important is that the voluntarism is strong developed.

The types of services are:

- ★daily support and care for those in need;
- ★meals providing;
- ★assistance at home (cleaning the house, cooking, shopping, personal hygiene, paying the bills, all these

activities are provided with the help of volunteers);

★medical care;

★and besides the social counselling, a different service is provided through the spiritual counselling.

Most of the elderly people are believers, are going to church and have strong relation with other believers.

That's way many organizations for elderly have this type of service according to their needs and desires.

Most of their **funds are coming from:**

- ★monthly rates of the believers;
- ★donations of the believers;
- ★materials, food, clothes;
- ★external funds from: NGOs, programmes like PHARE, USAID.

How are found those in need?

The churches or religious organizations are in permanent touch with the people. They talk about this with their friends who are coming and ask for help.

[<http://www.revista22.ro>]



Table 2. ADVANTAGES AND DISADVANTAGES

Type of service	Advantages	Disadvantages
1. Assistance at home	<ul style="list-style-type: none"> ★ Is the most accessible and relatively quick service ★ Efficient concerning the human resources ★ Individual approach according to the beneficiary own needs 	<ul style="list-style-type: none"> ★ It leads to a sort of dependence on the residence ★ All the activities are developing at home, could lead to isolation tendency of the elder
2. Day Centres	<ul style="list-style-type: none"> ★ Provide services for the semidependent old people ★ Needs a small investment, the costs of assistance and for staff are lower than for the assistance at home 	<ul style="list-style-type: none"> ★ In case of becoming dependent, immobilized, the old person will be involved in a new kind of service which could affect him from the psychical point of view.
3. Sociomedical Centres	<ul style="list-style-type: none"> ★ Assure the essential, basic needs and also medical ones 	<ul style="list-style-type: none"> ★ A mostly medical approach ★ Lack of the social and recreation activities

It must be mentioned that within these 3 different systems of care are both **advantages and disadvantages** (see Table 2):

Care of disabled elderly people

The need:

A special problem comes from those who have disabilities, handicaps and are not considered any more persons registered in "old people" category but taken in the evidence of agencies for persons with handicaps.

So they don't benefit of the advantages for "normal" elderly.

This is the most disadvantaged category in Romania.

This kind of persons could lead sometime to the disorganization of the family's daily life; they could not be let alone and the other members have to renounce at their full time jobs to stay at home, than the own family is neglected...

Hundreds of thousands of old people suffer chronic illness alone at home in terrible conditions.

As one ill old lady said "I'll have to go to the hospital with the white crosses" - seeing the graveyard as the only option open to her. Recent health reforms have done nothing to

address the needs of the elderly sick, particularly in rural areas.

Added to all this, greater poverty has significantly increased the suffering of the elderly sick and their capacity to afford even the basic necessities.

The "luxuries" of health care or medicines are simply unaffordable.

Services for elderly with dependences:

The dependence represents the autonomy loosing from many reasons: physical problems, psychical or mental problems.

Could also be a result of the social relations missing, adequate economical resources.

This leads to the daily help necessity.

Their needs are evaluated according to the national GRILA from medical and socio-medical point of view.

They benefit of assistance according to their level of dependence, to their family situation and incomes.

The services offered are:

- ★ personal care and support for the basic activities of the daily life (meals, cleaning, shopping, corporal hygiene, medicine administration, accompanying in the common transport, free time activities, etc.);

- ★ recovering and rehabilitation: therapy by motion, physiotherapy, occupational therapy, psychotherapy, psychopedagogy, etc.;

- ★ help in adapting the living place to the specific needs.

These services could also be provided by the family doctor and specialists, or even the staff having lower post-secondary school in medicine.

Concerning the period of assistance for them, it could be:

- a. for an intermediary time, for a limited period of 6 months, in order to avoid the hospitalization;
- b. for a long time, for an unlimited period, available for elderly having a higher level of dependence, with limited potential of recovering the physical, psychical or intellectual autonomy.

More concretely, as stated in the *Decision no 541 from 9 June 2005 for the approval of the National Development Strategy*, the services for elderly people consist in:

1. money transfer to the population (social help, emergency help, allowance or other kind of pensions beside those from the system of social insurances);
2. different facilities especially for the medical assistance without any contribution, free of charge services and medicines more cheaper than in general, free of charge or cuts of price for balneary treatments, means of conveyance between cities, etc.;
3. care services at home; without any charge for the persons with low income, invalid person could benefit of a personal social assistant, or could choose a allowance, also could benefit of all the facilities for the adult having a handicap;
4. services of hosting, surveillance, assistance, care, recovering, support and counselling coming from the institutions of social assistance, having a residential type or alternative services like daily centres, "respite centre", clubs, etc.;
5. special staff as social assistants for old people but also professionals having different qualifications and competencies, according to the services provided;

6. decentralization: the transfer of the administrative responsibilities from the institutions or at home to the local authorities. The social assistance institutes are in general funded, organized and administrated by the local authorities;
7. county and local funding; if the social services are provided by the institutions or at home receive grants from the local authorities; but from the state budget could receive an amount of money only for a type of expenses according to the law;
8. partnership and social solidarity; a principle for the social assistance general system. When the state can not assure funds under some circumstances, the civil society have to participate to the development of the support for preventing and combating the risk situations leading to the marginalization and social exclusion;
9. participation of the beneficiary to the decision process concerning the funding, organizing, administration and providing of social services.

On short, other facilities for elderly people:

- ★once the elderly became pensioners, or reached the age of 70 (according to the decision of every local council),

they are allowed to travel for free with the means of conveyance;

- ★also at the beginning of each year, the pensioners receive a ticket with half price for 10 travels in country;
- ★through the Ministry of Labour, Social Solidarity and Family they have the right once a year to benefit of healthy treatment in watering places from around.
The period length is for 16 days and the price is reduced on half of their pension.
- ★the **House for Mutual Help for Pensioners** exists in every county residence which allows to old people to become members and benefit of their support from many points of view:
 - ★ once a month for free- medical consultancy;
 - ★ also juridical consultancy once a month;
 - ★ they could receive credit without any usury which is 10 times higher than their monthly subscriptions.

The members are pensioners who pay monthly 1% of their income.



Social care services for elderly people in Malta

System of Healthcare

The primary objective of any healthcare system is to tend to each and every individual according to his everyday needs. The elderly sector is especially sensitive due to the various delicate needs of the same elderly.

Thus elderly care has to entail in-depth holistic psychosocial awareness and treatment of each individual.

In order to be able to provide this individual attention, Malta has developed an intricate system of different sectors related to elderly care.

The Government Sector

The government sector falls under the Ministry of Health, the Elderly, and Community Care, led by the Hon. Minister Dr. Louis Deguara.

Under the ministry's control, the government subsidises a number of community homes for the elderly.

The government also finances part of the running of Zammit Clapp hospital and St. Vincent de Paule Residence for the elderly, dealing with short and long term elderly care respectively.

There is a total of seven Community Homes spread all over the Maltese Islands.

These provide respite for the elderly who cannot afford it privately.

Although Malta is a Welfare State, this respite service is not completely free.

A small part of the elderly residents' state-provided pension goes towards the running of the home.

The government, however, remains the main contributor to the running of these community homes.

Zammit Clapp Hospital is a specialised geriatric hospital under government control. It has 60 beds and is dedicated to short-term elderly care.

Most elderly residing in this hospital would

be undergoing intense medical treatment prior to discharge home.

St. Vincent de Paule Residence for the elderly is the second largest medical institution in the Maltese Islands, with over 1.000 beds.

This Residence caters for the elderly with a variety of physical and psychosocial conditions.

Patients are divided in wards accordingly.

Ward rooms vary from shared wards to separate rooms for elderly couples.

The Ministry of Health, the Elderly, and Community Care also offers other services such as Telecare (a telephone system for emergency help), Handyman Service (emergency), meals on wheels (for elderly incapable of cooking themselves), Home Care Assistance (Nurse home-visits) and the University of the Third Age (further learning for the elderly).

The Local Council Sector

The Local council sector offers the day centre service in various Localities over the Maltese Islands.

This service, however, is only limited to 18 out of 68 Local Councils in the Maltese Islands.

It is for this reason that day centres are sometimes also available for residents of localities surrounding that of the centre.

There, the elderly can enjoy their free time mostly free of charge.

Apart from leisure activities, medical visits such as those of physiotherapists from St. Vincent de Paule residence for the elderly are also available.

The Private Sector

The Private sector includes a number of residential homes, in which the elderly are provided with a range of medical and recreational services.

There are 20 registered private elderly rest homes.

Each home has to follow stringent E.U. regulations.

Most are in a transition process of improving their infrastructure for this same reason.

The E.U. does not, however, specify the number of beds each home has to have, and this varies between the various private

residential homes. Services offered by the different private homes also vary between the same homes.

Each resident pays a fee against which he or she is provided with accommodation, water and electricity services, and some medical services such as carers and nurses.

Services such as doctor or physiotherapist visits, laundry, and hair-dressing can also be provided in-house, for an extra fee. Fees vary from home to home.

The Religious Sector

The fourth and final sector falls under the Religious wing.

In the Maltese Islands the vast majority are Roman Catholics (98% of the whole population in 2003).

The Roman Catholic Church, guided in Malta by Mons. Guzeppi Mercieca, run various old people's homes.

Here, the elderly can rely on the comfort and care provided by church-ordained people such as nuns and friars.

Some of these people are also qualified medical personnel, thus being able to assist in the medical work of the residence.

As in private homes, the number of elderly in the different residences varies.

The system of fees for accommodation is also quite similar to the private sector.

Most services are included in the charges, whilst others are against an extra charge.

Religious homes offer their services for a variety of prices, but are usually less expensive than private residential homes.

Social Policies

The Government of Malta, through the Ministry of Health, the Elderly, and Community Care has developed a number of policies as regards the elderly sector.

Thus the elderly living in homes falling under any sector (Governmental/ NGOs/ Religious/ Local Councils) and those living at home are ensured a higher quality of life and rest of mind.

These policies however, are in a state of transition.

It is only recently that they are being written down, whilst before they were only spoken about in meetings between the different sectors and the ministry.

Thus, they will eventually form a standard set

of rules to which the homes must strictly adhere.

The three main social policies are those about family care, services, and government homes.

The aim of these policies is to ultimately give the opportunity to each elderly to live an independent a life as possible, whilst lessening the burden of the country's welfare state.

Family Care and Services provided by the Ministry

Due to the ever-increasing financial demands on the Maltese family, many families in Malta have become more and more separated.

Most family members nowadays go to work, have less time to spend with their family, and so the idea of having a high number of children is on a steep decline.

This has led to a decreased family affection and birth rate.

Increased facility of transport has also led to Malta becoming a nuclear family.

Whereas before, most families used to live just minutes away from each other, nowadays, families are spread all-over the islands, and some also emigrate, further separating the relatives.

This might have led to an increased use of residential homes for comfort and security by the elderly.

The Department of the Elderly aims to reduce this dependence with the help of the

informal care network (the family and friends of the elderly) and by increasing community services (home care help) for the elderly.

These services include a package of both domestic and medical facilities delivered straight to the elderly home.

ETC training courses and Training by the same department of the elderly train specially-chosen people to be able to deliver these services.

These services include Telecare, handyman, telephone rebates, incontinence team, ART, Day Centres, Social Workers, Meals on Wheels, University of third age, and Kartanzjan.

a. Telecare:

This is a telephone system developed for use by the elderly in emergency cases (such as fire, medical, etc.).

Telecare is designed to save lives and to provide psychological respite for the elderly. It also serves, however, so as to feel the elderly wanted by the society. To do this, Telecare members are contacted on special occasions such as birthdays, Christmas, Easter, and other instances.

b. Handyman:

This service is present for the elderly at a subsidised rate. The amount of subsidy present depends on the registered economic viability of each individual elder.

c. Telephone Rebates:

Subsidization also takes place where telephone bills of the elderly classified as having minimum earnings are partly paid for by the Ministry of Health, the Elderly, and Community Care.

d. Incontinence team:

Highly subsidised nappies, catheter care, and other services and equipment, are given to the elderly in need. This might encourage the elderly to stay away from the idea of a residential home, thus increasing their independence and decreasing the burden on the welfare state.

e. ART:

The Assessment and Rehabilitation Team (ART) has two main assignments in the elderly sector.

First and foremost, this team, comprised of a multi-disciplinary team, assesses borderline (e.g. bed-bound/demented/ aggressive) patients and decides upon several options what the best solution for the patient is.

The three options available are to rehabilitate the elderly in the residential home, at Zammit Clapp Hospital (short-term treatment), or for the patient to be transferred to



St. Vincent de Paule residence for long-term care.

f. Day Centres:

Day centres use diverse programmes using the elderly’s talents, elderly interaction, and mental stimulation, so as to keep the elderly in the community motivated, occupied, and wanted by their society. Programmes vary, depending on the creativity of the staff running the centre, and also on the diverse needs of the various existent sub-cultures in the Maltese Islands.

g. Social Workers:

Social workers are referred by different sectors of the community, including the local chaplain, self, family, or non-profit groups supporting the community. An interaction of different social workers employed with these different workers aims to improve the psychosocial condition of the elderly in need.

h. Meals on Wheels:

Applications for meals delivered at private elderly residences are carefully vetted by a specialised committee under the jurisdiction of the Ministry of Health, the Elderly, and Community Care.

The elderly deemed to be in need of such a service receive it at a highly subsidised rate.

i. University of 3rd Age:

This learning institution is taken care of by the University of Malta under the direction of the Gerontology Department. Courses and especially activities, however, are decided upon by the elderly attending the classes. Activities might include cultural or leisure visits and outings, and even exchange programmes with similar universities in other countries.

j. Kartanzjan:

This card recognises the elderly as being entitled to price reductions in various areas of every day life. Some services offered at a decreased fee include public transport, ferry fares to the sister island, sports activities (such as football stadiums), and also a number of shops across the country.

patients through increased staff training and observation, and also through more specialised equipment such as height adjustable beds, medical appliances, and so on and so forth.

The government has now made a resolution not to open more government homes for the elderly. This would open the door to the more specialised private sector taking care of the elderly.

Presently, an essential criterion for admission of the elderly into a government home is that the individual has to be independent in most activities of daily living (ADL’s). This does not concur with the Ministry’s reasoning that independent elderly should be kept in the community as much as possible.

The elderly who cannot fend for themselves should be admitted into homes instead. This, however, would incur a further cost on the ministry, forcing the government residential homes to become nursing homes, so as to be able to fully take care of the semi-independent or dependent elderly.

Statistics

Residential vs Nursing Homes

The difference between residential and nursing homes is the amount of care given, the equipment present, and the staff available in the different homes. Nursing homes require more intense care of the

Residents in Homes

There is a total of 33 non-Government managed retirement homes catering for elderly residents. Most of these, 20, are church run, whilst the remaining 13 are managed by private enterprise.

Table 3. SOURCES OF INCOME OF RESIDENTIAL HOMES & DAY CENTRES

Sources of Income					
	Church-Run Homes	Privately-Run Homes	Government-Run Homes	Day Centres	Total / Average
Number	20	13	9	18	60
Approx. Contributions paid by residents (% of Total Income)	80	95	33	0	52

Retirement Homes: Sources of Income

Although, all the homes have different sources of income, most of their income comes from the contributions that are paid by residents.

Residents' contributions towards their homes account for around 95% of all the income earned by the homes run by private enterprise.

This went down to 80% in the case of those homes that were church-run.

In contrast, the elderly living in government homes' contributed 60% of their pension as payment for accommodation and other services in government homes.

Each resident here costs around Lm14 daily, whilst the average contribution by the residents in one home was reported to be that of Lm5.

This is only 33% of the total expenditure of the home! Also, this amount is not paid directly to the home.

It is transferred to the Welfare Committee, which falls under the Ministry of Health, the Elderly, and Community Care.

This committee, in turn, allocates funds accordingly to each home for refurbishments, salaries, and other needs of the individual homes.

Furthermore, the day centre service provided by the local councils is completely free of charge.

This encourages many elderly that can do so to attend, but further increases the burden of Malta's Welfare System. (see Table 3)

University of Third Age

According to the National Statistics Office - Population and Social Statistics Unit (2005), a continuously downward trend in participation at the University of the Third Age can be observed from 2002 to 2005.

In the 2004/2005 academic year, the total number of participants stood at 687, signifying a drop of 15 persons over the previous year. Female participation increased by 0,6% to 507, while male participation decreased by 9,1% to 180. The ratio of males to females stood at 1:2.8.

The 65-69 years and 70-74 years age groups retained the greater part of the members.

The number of members in the first indicated age group stood at 166, while the number in the second age group stood at 162.

However, the number of participants in both age-groups experienced a decrease in membership by 9,0% and 8,3% respectively.

The 60-64 years age group registered an increase of 12,1% in membership to 111, while the membership in the 75-79 years age group increased by 12 members to 144.

At the extreme end of the scale, the 80 years and over age cohort decreased by 7,1% over

last year's membership and stood at 104 members.

The majority (42,9%) of participants attending the University of the Third Age held a professional career prior to retirement. Such careers included health-related professionals and accountants, but the greater part were teaching professionals. These accounted for 66,1% of the professionals and 28,4% of the total participation. Those not gainfully occupied, which included housewives and pensioners, accounted for 25,3% of the participation.

State Services for the Elderly

According to the National Statistics Office Library and Information Unit (2001), in the course of the year 2000, 72.701 persons availed themselves of a range of services that were provided by the state to the elderly.

This meant an increase of 3.438 or 5,0% over the previous year.

The state-supported residential homes for the elderly catered for 1.465 persons in the year 2000.

The day care centres provided their services to 770 persons. Home care assistance was given to 2.589 households while the handyman service tackled 1.532 tasks.

The 'Telecare' service was utilized by 8.180 persons. In addition to these services, the 'meals on wheels' programme provided

Table 4. STATE SERVICES

State Services									
	Gov. Residential Homes	Day Centres	Home Care	Handyman	Telecare	Meals on Wheels	Other	Total	Difference 1999 / 2000 (%)
No. of People	1.465	770	2.589	1.532	8.180	48.632	9.533	72.701	+ 5,0
Expenditure by gov. (%)	79,5	1,1	9,2	0,8	0,9	0,2	1,1	Lm 10.6 million	+ 1,1

National Statistics Office Library and Information Unit (2001)

48.632 meals to the elderly.

Expenditure on these services went up to Lm10,6 million from Lm10,0 million in the previous year.

Most of this expenditure, or 79,5% in the year 2000, was directed towards the maintenance of the state-financed homes for the elderly.

The 'Home Care Help' service accounted for 9,2% of all expenditure in 2000.

The Adult Training Centres accounted for 7,3% of all expenditure.

Elderly Population in Malta

Malta is one of the most densely populated countries in the world, with about 1.160 inhabitants per square kilometre (3.000 per sq. mi.).

In 2002, 12,8% of the population of 397.499 is aged 65 and over! (NSO, 2002).

In 2006, this percentage has risen drastically to 18%, and in 20 years time it is predicted that the elderly will form a staggering 25% of the Maltese population.

Case-studies from our national projects

In this section we would like to present some of the projects we have carried out at a national level, focusing our attention on the best practices hence exchanged among the partnership.

Best Practices from Italy: from the cure to the care

The best practice from the Italian Partner is taken on the perspective that the demography trend is that the elderly population is on the increase as the average age of the elderly is steadily rising.

The incidence of chronic health diseases is also on an upward curve.

The care of the elderly cannot be assumed to be shouldered by the family network anymore and another two factors are that there are less public resources dedicated to the care of the elderly and dwellers want to have a role in the health decision holders.

The crisis of the current model is based on the following:

- ★ separation between social and sanitary sectors;
- ★ attention to the service instead of the person;
- ★ strict;
- ★ not efficient;
- ★ bureaucratic.

The new perspective should aim to put the elderly person at the centre of system and to produce health services with more specialization and integration.

One needs to make appropriate use of the services, assure the continuity of the

treatment and keep costs to the minimum without decreasing the quality.

To reach this objective, one needs to reconsider the organizational models of the network system.

The network has to be made up from stakeholders namely the public and private sectors and non profit organisations which move through their own targets and values. Networks are based on mutual exchange.

The exchange has to give advantage to all the members of the network and these exchanges are based on the willingness of all concerned and transparency of rules.

For the networking to be successful one needs to take the cultural elements of the network mainly:

- ★ shared languages and values;
- ★ partners' idea about the importance of the network;
- ★ clarification of the role of each partner;
- ★ trust among the partners;
- ★ the idea of being part of a network.

Case study No. 1

U.O.D. - Unità Operativa Distrettuale - Regione Veneto

This initiative targets all the elderly living in the territory of Veneto.

The main objective is to assess the needs of the elderly, defining objectives and the steps need for the improvement of the elderly situation in this particular region.

The activity aims at keeping the elderly at home whenever possible.

The Managing board of U.O.D is:

- ★ responsible for the socio-sanitary district (coordinator UOD);
- ★ general doctor for elderly people;
- ★ social assistance of the Municipality;
- ★ NGOs and public services;
- ★ relatives.

The network of the elderly person over the territory

Specific Objectives

- ★ multidimensional assessment of the situation of the elderly;
- ★ project elaboration within 30 days from the assessment;
- ★ choose the case manager;
- ★ start up of the project within 20 days from the elaboration;
- ★ supervision of the project;
- ★ keep all the documents about the assessed cases;

To allocate the tasks and responsibilities of the different stakeholders a tool in the form of an assessment form was devised:

Areas	Responsibilities
Cognitive situation	Social assistant
Mobility	General doctor
Functional situation	General doctor
Need of sanitary assistance	General doctor
Social network support	Social assistant
General profile	U.O.D.

The District of Veneto has 120.000 inhabitants. The UOD Board meets once a week.

The strengths of this initiative is that the focus is on the results and outcomes.

The outcome of the evaluation was that it created efficacy and efficiency, it optimised the services of the network, team working, it managed to keep control on the human resource and the elimination of long waiting lists. UOD was also able to manage critical events and transparency towards the patient and the family.

On the other hand the UOD weaknesses were the organizational complexity, inter-professional conflicts, strict bureaucracy and the presence of the relatives sometimes constituted a problem.

Case study No. 2

Case 2: U.O.C.A. Unità Operativa di Continuità Assistenziale made of:

- ★ Ospedale di Thiene (VI);
- ★ Ospedale di Schio (VI);
- ★ Distretto Sanitario ULSS;
- ★ Comuni;
- ★ Case di riposo del Territorio.

The second case study is a working unit to promote treatment continuity, targeting elderly people staying in hospitals going through a recovery phase which constitute to 50/60 over 65 years of age per month.

The objective of this initiative is to accompany the demission process and the return of the patient to the territory (at his residence or in the care of territorial services).

U.O.C.A.'s competencies are:

- ★ responsible for the geriatric sector;
- ★ professional nurse;
- ★ physiotherapist;
- ★ social assistant of the hospital: this is an important innovation.

To allocate the tasks and responsibilities of the different stakeholders a tool in the form of an assessment form was devised:

Areas	Responsibilities
Cognitive situation	Social assistant
Mobility	Geriatric doctor
Functional situation	Geriatric doctor
Need of sanitary assistance	Geriatric doctor
Social network support	Social assistant
General profile	U.O.C.A.

The strengths of this initiative are that the responsibility is taken for the person not just as a patient but as a whole person that needs care.

This project enabled the set up of a programming system consisting of a detailed and integrated intervention, the implementation of a viable project and not an ideal one, a treatment continuity model and the decrease in costs.

This project is about the elderly people themselves and not about the system.

The weaknesses of this model was that there were no customer satisfaction models and the risk of bureaucratic interpretation.

In Bulgaria: Project Pefete

A short description of the adult education

According to the Bulgarian legislation, the notion "adult education" is to be perceived as the training and education of people above 16 years of age.

Therefore, this classification includes also the attainment of university or vocational education.

The Bulgarian legislation has not set any age limits which could be an obstacle for the citizens to obtain the desired education.

Training, as well as education for adults can be obtained at public and private institutes and universities, NGOs, centres, which have been licensed by the NAVET (National

Agency for Vocational Education and Training) in order to provide professional education orientated toward public and private associations.

The current demographic statistics

The preliminary statistic results note that the Bulgaria population has numbered 7.801.3 thousand people toward the end of 2003.

Since the death rate has been much higher than the birth rate, a population decrease of 44.568 people in one year can be observed (0,6% of the total population) (see Table 5).

Compared to the female population, the male one has shown a greater drop - 25.322 men (0,7%) and, respectively, 19.246 women (0,5%) in 2003.

In the total number of population, women are still outnumbering men - 51%.

In the year 2003, the Bulgaria population's average age is 40,8 years.

In the countryside, as well as in the cities, there proves to be a process of advance in age.

As a result, the average age in the cities is 39, whereas in the rural areas: 44,9 years.

Over the past 10 years, the population's average life expectancy has increased from 70,91 years (on record in the period between 1992-1994) to 71,87 years at present.

The continuance of life of the female population is almost 7 years longer than the male one (a life expectancy of 75,37 years for the women compared to 68,54 years for the men).

The range and number of the population in activity age is influenced not only by the process of advance in age, but also by the recent legislative changes in the retirement age.

The number of persons on retirement in 2003 is 1.845.000 people.

It has decreased by almost 42.000 people.

However, the reason for this decrease is not only the mortality-rate, but also the changes mentioned above, which have lead to the exclusion of a great number of people from the inactive population and their addition to the group of persons in activity age (see Table 6).

The current state of adult education in Bulgaria

As it has already been mentioned above, the government has stated that a person's age could not be an obstacle to obtaining the desired education.

Nevertheless, the notion "adult education" is usually perceived as training and educating people in activity, not in pension age.

On the one hand, this perception is formed by the Bulgarian traditional way of thinking, which implies that pensioners do not need training and education, firstly, because these elderly people lack development perspectives, and secondly, for their advancing age is thought to be the reason causing their inability to handle innovations.

On the other hand, in Bulgaria has never existed a national policy promoting the education of pensioners.

Nowadays, like in the former social and political order, there are no legislative acts, ordinances, programmes etc. focused on the development of education for senior citizens. The work with people on retirement has never aimed to provide them with new knowledge, or to make up for missing education, nor has it aimed to give possibilities and encourage the search for

new chances for development in any given sphere of life.

As it has been before the political changes, at present there are certain legislative acts, which regard, above all things, the pension securities and, partly, the social and health care for elderly people.

Examples of such legislative acts are the Law on Social Security (publ. in SG, 56/1998), the Law on Public Health (published in SG, 88/06.11.1973), the Law on Higher Education (published in SG, 11/27.12.1995), the Law on Vocational Training and Education (SG 68/1999).

Unfortunately, in Bulgaria, the senior citizens' average incomes are often not sufficient to cover even the lowest level of the life standard.

In order to survive, in most cases the pensioners live together with their children's families, with other relatives, or, as a last resort, in public care-centres for elderly people. Usually those ones, who are in good health try to find a job that would help them cover their everyday needs, no matter whether it corresponds to their educational qualification or not.

There are about 800 centres for social

services in the country and their capacity ranges from 12 to 150 places.

However, their condition is extremely bad.

The fall of the net incomes and the gradual and constant advance in age have lead to the increase in the number of people needing social aid and protection, and, consequently, to more people waiting to be admitted to the social services centres.

At the same time, the majority of these centres are located outside the towns and villages, their facilities are out-of-date and dilapidated, and no social activities are helpful to the people who stay there.

Therefore, the logical consequence of all this is low standard of life, social isolation, uncertainty, helplessness.

The description of the current situation, which has been outlined above, shows that there are no premises and opportunities for gaining new knowledge by taking part in training and educational programmes for people in pension age.

Unfortunately, due to the serious problems regarding the youth and the population in activity age, the educational system, the economy restructure etc., senior citizens are not seen as a priority to the internal policy of Bulgaria.

Table 5. THE POPULATION OF BULGARIA (TOWARD 31/12/2003)

Year	Total Population	Male Population	Female Population
1990	8.669.269	4.269.998	4.399.271
1995	8.384.715	4.103.368	4.281.347
2003	7.801.273	3.790.840	4.010.433

Table 6. POPULATION UNDER, IN ACTIVITY AGE AND IN PENSION AGE

Year	Total	Age groups		
		Under the activity age - %	In activity age - %	In pension age - %
1990	100.0	21,6	55,5	22,9
1995	100.0	19,1	56,6	24,3
2002	100.0	15,9	60,1	24,0
2003	100.0	15,5	60,8	23,7

Planned legislative changes

Since 23,7% of the population of Bulgaria is in pension age and this number is constantly on the increase, ensuring the well-being of senior citizens (in terms of both physical and mental health) turns out to be a challenge for the public authorities, the medical and the social services and organizations.

The governmental policy, which has recently been declared and officially published, can be seen as a step forward to improvements in the social sphere, labour market, education and science.

At present, efforts are being made in order to develop new legislative acts, concerning the spheres mentioned above, and to restructure the existing mechanisms and methods of work.

However, these changes are far from being implemented. Below are some of the planned measures.

1. The amendment to the Law on Social Security, aiming to improve the standard of life, has the following basic schemes regarding elderly people:

- ★building different protective systems, determining the range of people needing social aid;
- ★preventing the social isolation and discrimination of the most affected groups;
- ★proceeding the work on the creation of standards in the social services' system, which correspond to the European legislation;
- ★encouraging the work of non governmental institutions, which are responsible for the social services;
- ★a gradual rise of the pension incomes in conformity with the rise in the price of life standard, widening the possibilities for receiving more than one pension and increasing the allowance to them.

2. The National Programme for Adult Education

The Conception for Development of the National Programme for Adult

Education has recently been approved. Basically, it refers to the development of the education for people in activity age, however, some of the activities might be appropriate for people in the third age, too, for example:

- ★increasing the accessibility of various educational programmes and systems in favour of elderly people;
- ★cooperation with social partners at the national, regional and local level;
- ★extension of the public support for adult education.

Not long ago, the first university subject dealing with the specific character of the adult education was created.

Two years ago the representative office of the IIZ-DVV initiated the creation of a new sponsorship master programme at the New Bulgarian University, which was called "Management of the adult education".

The schedule of this programme includes partly some specific methods for work with elderly people.

The following activities and projects, that have already been carried out or have taken place, could be seen as good examples for an effective policy, despite the fact that they have been rather casual and accidental, and initiated by NGOs and cultural institutions, and not by the government.

I. Long Life Learning

Bulgaria started supporting this enterprise in 2001.

"Long life learning" is one of the few occasions through which adult education, adult studying and learning throughout one person's whole life can be made popular by organizing feasts, campaigns and their media coverage.

Thus the huge variety of the existing educational possibilities is presented to the audience.

Special emphasis is put on the informative and non formal learning.

Moreover, the public attention is drawn on questions concerning educational problems by the motto "The education is for every person", and, finally, the exchange of ideas and the partnership between experts, NGOs, ministries is encouraged.

II. "Chitalista"

The so called "chitalista" are a specific type of cultural and educational institutions, which have had lasting traditions in the history of Bulgaria - since the 19th century almost all villages and towns in the country have had at least one "chitaliste".

These cultural and educational centres are the arena for numerous different types of cultural activities (for example concerts, celebrations, film shows etc.), as well as for educational projects - foreign language courses, music education, drawing and painting etc.

The chitalista are the places, where usually different study groups are organized according to the interests of the participants - choirs, amateur dance ensembles etc., regardless of the sex, age, religion or minority belonging of the participating people. Nowadays, the chitalista are may be the only place, where elderly people are able to gather and study a certain vocation, to exchange their experience and knowledge or just to establish social and cultural contacts with other people. For example, there are various- amateur theatre and vocal groups, study groups on cookery, needle-work, wood-carving etc. Some of the leaders of these chitalista are the initiators of meetings, feasts, gatherings and fairs, where all the participants in the different study groups can show what they have learned and practiced.

III. Non governmental Organizations

A non governmental organization, which has accomplished a project in the sphere of education for people in retirement age, for example, is "Znanie" Association, Sofia - through its Foreign Languages School for Children, namely, "JOY FLL - Learning a foreign language together with our grandchildren", a project of the Socrates Programme, Lingua 1. At present, this has been the first and only project in Bulgaria, the aim of which has been the education of elderly people.

The main activities of the project concern the grandparents of children aged 6 to 12 years. The main purpose is the extension of the conversance with the advantages of learning a foreign language throughout the whole life by motivating and including in a practical way a certain social group, and more specifically of people in retirement age and parents, who take care of their children on

their own. The partnership structure unites organizations from Spain, Italy, Greece and Bulgaria and supports their initiatives to encourage pensioners to take part in foreign language courses.

These are organizations with long-standing experience in the education of foreign languages, in the work with children and, furthermore, in the work with their parents and elderly people.

A social characteristic, common for all the countries, is used: it is a family tradition for the grandparents to take care for their grandchildren, their cares often include helping in the process of learning, especially when it comes to very young children.

In the mentioned countries the pensioners have similar range of abilities when it comes to speaking and leading a conversation in a foreign language.

Due to similar reasons, there is a slim chance for these pensioners to speak fluently a foreign language, if they have the simplest knowledge of such language at all.

Engaging the grandparents in the foreign language education of their grandchildren influences the attitude of the children to the process of education in a positive way.

Most of the pensioners have spent all their life at a single village or town, without ever having had the chance to travel much, and without encountering the need to understand and tolerate the traditions of other nations, their lifestyle and national characteristics.

The process of engagement in this type of

education, combined with an emphasis on the cultural similarities and differences provides practical examples for development of social skills, such as respect for other people, tolerance and understanding.

One of the main aims of the partnership is to give ideas and fresh directions on what the emphasis of the training materials should be, and to support the partnership organizations to develop and experiment with the following new method: avoiding grammar exercises and laying stress on the acquaintance to other countries' lifestyles, based on the discovery and acknowledgement of similarities, explanation of differences in the cultural traditions, social relationships and so on.

Throughout the whole education process new innovative methods were used, which emphasized on playing different games - pantomime, puzzles, domino.

The teachers working with these groups created especially for them new training materials, which corresponded to the specific age differences of the participating people.

Others

Other organizations working with elderly people (in much different spheres and ways, however) are the following associations: The Pensioners' Union, Union of the War Veterans, Hospice "Charity" etc.

Although the current situation of the adult education in Bulgaria is not very bright, we

consider that the first steps toward laying the groundwork in this sphere have been made and they will not be the last.

In Malta

Mgarr Local Council's Best Practices

Mgarr is perhaps the loneliest village in Malta.

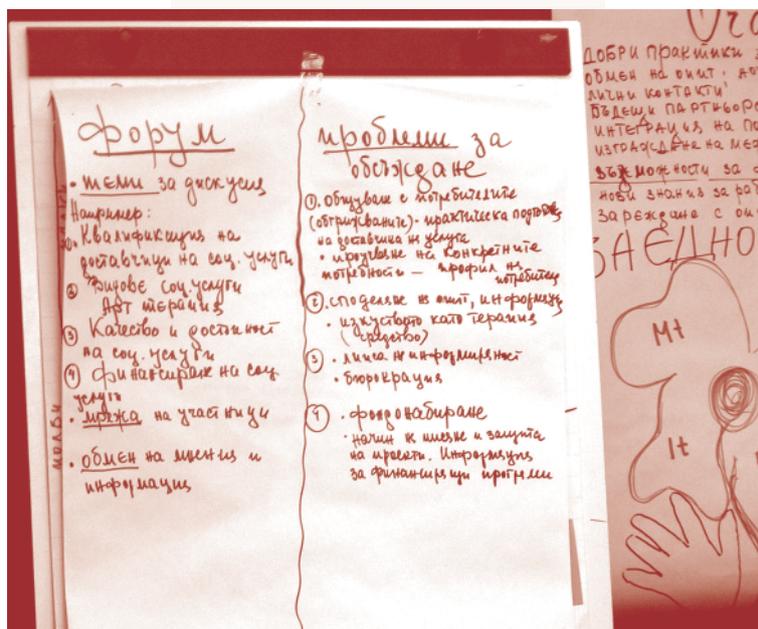
Distanced from any other locality, it has retained its distinctive character and serenity. Its coastline extends from Fomm ir-Rih to Ghajn Tuffieha Bay and in between there is the picturesque bay of Gnejna.

Sheltered bays like Gnejna and Ghajntuffieha have over the centuries been a refuge to pirates and because of this, several towers had been built over the cliffs of Mgarr.

One of the still existing is the Lippija Tower which Grand Master Lascaris built in 1657 to protect Gnejna and the few families living at Mgarr.

Mgarr has some of the oldest known places of worship. Skolba temples, consisting of two distinct temples, are so old that they have been entered in the Guinness Book of Records as one of the two oldest free-standing structures in the world.

The West Temple dated to about 3500BC and is about 60 feet square.



It is built on a trefoil plan with three apsidal chambers and a courtyard in the middle. Some of the walls are four feet thick. The East temple is not so old and is neither preserved so well. Another important set of megalithic structures is at Ta' Hagra. These consist of two temples and the basic format is again a trefoil plan and a central courtyard. The larger temple has a spectacular massive facade. Cart ruts can be found all over the Village.

The Southern boundary of Mgarr is formed by the Great Ridge and the Victoria Lines, a fortified 19th Century wall.

Mgarr has a population of 3.100 inhabitants, most of which are full time farmers. Its is the third largest village on the island, with regards to area boundaries.

The Municipal offices are situated opposite the Parish Church and the first Council took office on 1st February 1994.

The Council is composed of the Mayor, the Vice-Mayor and three Councillors. The Executive Secretary is the Administrative, Financial and Executive Head of the Council.

There are 455 elderly over 60 years of age in Mgarr.

The Local Council gives utmost importance to the elderly and is always encouraging new initiatives for this sector of the community.

- ★the Council sends a Birthday card to every elderly citizen in the locality;
- ★we organize monthly outings for the elderly either to places of cultural interest or as a social activity;
- ★the members of the Council visit elderly citizens of the locality on a regular basis;
- ★a number of educational talks are also organized on a regular basis for elderly citizens, in order to keep them up to date with new topics;
- ★every elderly citizen is entitled to the yearly injection against influenza. Two hundred citizens apply for this service, which is given in the locality's health clinic, whilst those who are bedridden,

are given this service at the comfort of their home. This service is given free of charge;

- ★during an annual event, the Council organizes a concert aimed at awarding persons who voluntarily contributed to the locality. Every year a number of elderly citizens have been given this prestigious award as a recognition for their work in the local community.

The Council has recently embarked on a new project, which is the construction of a new day care centre for the elderly in our locality. This project, which is fully financed by the Local Council, is aimed at reuniting all the elderly in the locality in one place which will offer unique views, as it will be situated on the third floor of the Local Council premises, which is situated in the core of this village. The concept of the building embraces old architecture with new, modern technology. The project will hopefully be finalized by the year 2008.

Malta Resource Centre

MRC was set up in June 2004, following Malta's membership in the EU with the aim of providing Maltese civil society non-governmental organisations involved in working for social change, development, and the fight against poverty and social exclusion a source of networking, information sharing and exchange of best practice, consultation, training and research and to strengthen civil society NGOs in Malta.

The main aim of the Malta Resource Centre for Civil Society Non Governmental Organisations is to provide capacity building as a means to help NGOs and groups working for social change, development, health, environment, culture and the fight against poverty and social exclusion become more effective and efficient and better equipped to operate and participate within the European Union, specifically to influence policies and plans and access EU funds.

Their vision is to provide stronger identity for the NGO sector and to develop structured systems of NGOs representation.

This is done through the setting up of networks, providing a forum for sharing good and useful practices, provision of training and consultation, research, projects development, providing technical assistance

for applying and managing EU funding and the promotion and development of corporate social responsibility (CSR).

MRC is a non-profit, non governmental organisation. It is independent of Government and any political party or organization.

All revenue through contributions is used to cover running and operational costs and to invest in further capacity building projects for NGOs.

The concept of the centre goes beyond the sharing of resources.

Our vision is to have more and more NGOs working together to ensure the sustainability, development and effectiveness of the sector by networking to participate and influence policies and plans both on the local and EU level.

The benefits of such a project can be many. NGOs can share ideas and form partnerships more easily especially for EU funded projects, share costs, have more resources available for their use, such as the ability to hold meetings in an equipped room.

The office itself can help to provide a stronger identity for the sector and help to develop a more structured system of NGOs representation in Malta.

MRC provides various **services** to NGOs. These include **training programmes, courses, seminars and workshops.**

MRC has **office facilities** for NGOs and support groups at subsidized prices. The Centre has a limited number of 'office spaces' available for small and medium NGOs.

This facility is ideal for NGOs which only need one desk to operate.

The NGOs using this facility will enjoy the benefit of a fully equipped office and centre.

The centre rents its facilities to small and medium NGOs to host their meetings and training events.

MRC provides administrative back up to NGOs such as the EAPN (**European Anti Poverty Network**) Malta and SOS Malta (Solidarity Overseas Service Malta).

MRC helps these NGOs with website development and administration, volunteers training and development, development of printed material and coordination of projects sponsorships.

Malta Resource Centre working with the Ministry of Health, the Elderly and Community Care to support and strengthen civil society health NGOs and to support the setting up of voluntary services in hospital.

The Malta Resource Centre is developing a

system that will enable the development and capacity building of health NGOs, the setting up of a network to foster coordination, collaboration, and exchange of best practice among health NGOs and the setting up of a hospital voluntary service aimed at complementing the general hospital's quality of service.

One of the aims of the Malta Resource Centre for Civil Society Non Governmental Organisations is to provide capacity building as a means to help Health NGOs and groups become more effective and efficient and better equipped to operate and participate within the European Union framework, specifically the National Action Plans, through sharing of best practices, and provision of training and consultation.

The Malta Resource Centre will work with the Health NGOs to:

- ★provide a platform /network for developing better coordination and collaboration and exchange of best practice among health NGOs;
- ★support health NGOs to apply for EU funding;
- ★promote and develop coordinated capacity building research and development projects;
- ★promote and develop a common approach to codes of ethics and quality standards;

- ★promote information management and the use of information technology to manage information;
- ★promote human resource development (training and development of health NGO staff and volunteers);
- ★promote good financial and fundraising management;
- ★to promote Corporate Social Responsibility (CSR) among health related companies (pharmaceuticals etc.);

★to Liaise with Government Health Ministry, Departments and Agencies

★to set up the Malta Health NGOs Network.

Objectives:

- ★to network Maltese Health NGOs and groups;
- ★to promote research related to health issues;
- ★to initiate and coordinate advocacy programmes among member organisations;
- ★to promote, information sharing and exchange of best practices;

- ★to liaise with Government ministries, departments and agencies;
- ★to be involved in the development and monitoring of the National Action Plans and EU Health directives;
- ★to disseminate information on health issues;
- ★to promote national and local Health Awareness Raising projects;
- ★to promote use of the EU Community Action Programmes funding.

MRC held its first meeting with 21 NGOs working in the health sector on 15th February 2007 to start the process of setting up the network. The Maltese network will be affiliated to **EPHA (European Public Health Alliance)**.

MRC hosted EPHA representatives and held meetings with EPHA in Brussels to discuss the affiliation and to share Malta's model of developing NGO networks.

Organising Voluntary Services in Hospital and in the Community Hospital Voluntary Services Unit

The aim is to set up a Unit which will have as its main function the organisation of voluntary services (non nursing and non medical) in hospital to enrich and empower the lives of the people it affects.



Community Voluntary Services

The aim is to set up a Unit which will have as its main function the organisation of voluntary services (non nursing and non medical) in the community linked to persons undergoing treatment and or rehabilitation.

Aims:

- ★service enhancement - volume, quality, flexibility;
- ★citizen Involvement - empowerment;
- ★public education and awareness;
- ★opportunity to innovate;
- ★cost-effectiveness.

Naxxar Local Council's practices

The Naxxar Locality is spread over an area of over eleven square kilometres and has a population of twelve thousand.

The whole locality comprises the Naxxar centre, Sghajtar area, Santa Marija tax-Xaghra, San Pawl tat-Targa, Birguma, Maghtab, Salina, Bahar ic-Caghaq and part of Madliena.

Naxxar is quite diverse both in culture and demographics. All mentioned areas have different characteristics and people with different social backgrounds.

Naxxar Centre is the oldest part of the whole of the locality although some older historical remains do exist in other areas too.

For this reason it is only natural that the majority of elderly people come from the central area.

This is one of the main benefits enjoyed by most of the elderly residents due to the fact that most of the basic services are easily accessible within walking distance.

These services include Social Services, Police Station, Parish Church, Post Office, public gardens, Clinics, Pharmacies, grocery shops, bus terminus, clubs and associations and the Local Council.

Thanks to the Church authorities a number of activities for the elderly are organised on a regular basis however due to financial constraints and other limited resources these activities are sometimes inadequate for the ever increasing demands and needs of the elderly people.

In view of this the Council comes in with more complementary services added to some others provided by Central Government.

Since its inception in 1994 following the enactment of the Local Councils' legislation earlier on in 1993, Naxxar Local Council has moved further on and other than the statutory obligations has worked hard enough so that nowadays it offers a range of services targeting its elderly residents.

The main services offered are:

Insulin injections: This is a relatively new service as part of a pilot project between the Ministry for Health and the Naxxar Local Council. Previously the service was taken care of by the Malta Memorial District Nursing Association (M.M.D.N.A). These however took care of all Nursing care over the whole island and thus were unable to offer the kind of service required by diabetic patients.

This resulted in diabetic patients being injected late in the day when insulin should be administered ideally by not later than 8 am.

Diabetic Patients are normally trained to administer the insulin themselves however it could still be difficult for some of the elderly people.

Therefore, although this is not a service specific for the elderly, they are basically the main, if not only, beneficiaries. In this regard the Local Council employed a part-time nurse to give this service.

Computer Courses: To lessen the digital divide the Council embarked on a number of training initiatives. Being aware of the difficulty in integrating in today's technological advances, when the youngsters have all the opportunities available in schools to learn IT, the Council is offering a number of computer courses free of charge targeting the third age segment.

These courses include both sessions for beginners and also use of internet and e-services.

The response has been quite encouraging.

Day Centre: there is no doubt the most successful initiative towards the elderly at Naxxar was the opening of a day centre in November 2005 on a weekly basis.

However the demand was so great that within just six weeks it started operating on

a twice-a-week basis. A year later this was once again increased to five days a week from Monday to Friday.

A number of activities are organised on a regular basis, ranging from outings, craft sessions, religious activities and even sports activities. Furthermore a number of informative talks are delivered. The day centre also provides Physiotherapy, Occupational Therapy and podology sessions. Transport is provided for elderly in distant areas or with mobility problems.

The building is also fully accessible, even for persons using wheelchairs.

Arts and Crafts Exhibition: An annual activity brings together a number of local artists to hold an exhibition exposing pieces of art and crafts.

Not only does this involve directly a number of elderly people but it encourages others to show a number of traditional crafts which would otherwise die out.

During this activity these exhibitors would be able to show others how to make these pieces of art/crafts.

The majority of participants are elderly people.

Influenza vaccine: Another initiative undertaken in conjunction with the Ministry of Health is the influenza vaccine.

Previously this service was only offered at large health clinics.

In our case this meant that the elderly had to travel to the neighbouring town of Mosta.

Now this services is being provided at the Local Council's building.

Visits during Christmas time: The Mayor and the Councillor in charge of the elderly sector make visits to a number of housebound elderly during Christmas times and offer them a small gift.
(see Table 7)

Zurrieq Local Council's Best Practices

Back in the 19th Century, one may find some sort of Civil Council both on a local as well as regional dimension, one of which was found in Zurrieq.

The last remaining was that for the region of Gozo, which stopped functioning in 1973.

In 1993 the Maltese Parliament passed the legislation on Local Councils, and on the

20th of November of the same year the Zurrieq community elected its first Local Council.

In the first local elections, 6.067 out of a population of 8.518, were entitled to voted and who elected the first Local Council of Zurrieq.

The last elections were held in March, 2002. The Zurrieq Local Council is responsible for the major upkeep and maintenance of the locality together with other social aspects for the care of the community.

Amongst these are the elderly who amount to 20% of the total population, of which 54% are women and 46% men.

Most of the elderly live in the urban area whilst only 22% live in the rural zones of the town.

The Care for the Elderly in Zurrieq

The care for the elderly developed in the late 1990s in the first regional concept of taking the elderly out of their homes.

An unused hall was transformed into the Zurrieq Regional Day Care Centre for the Elderly.

The building comprises of large meeting hall including theatre (max. 300 persons), large rest area, fully equipped kitchen, and administrative offices. The project developed by the Central and Local Government with a capital expenditure of over 100.000 Euros. The Zurrieq Day Care Centre was officially opened on the 13th February, 1998 and opens daily with fully qualified personnel to assist the elderly and organize the daily schedule of activities.

The Zurrieq Regional Day Care Centre for the Elderly serves not only the elderly from the town of Zurrieq but from the towns of Qrendi, Mqabba, Kirkop and Safi.

The total capacity of elderly in these towns are as follows:

- ★ 1.978 from Zurrieq;
- ★ 564 from Qrendi;
- ★ 549 from Mqabba;
- ★ 340 from Kirkop;
- ★ 294 from Safi.

A total of 3.725, equal to the size of a typical Maltese village!

Zurrieq Caring for the Elderly Plan

The Zurrieq Local Council has enacted an elderly plan to meet the challenges of its community.

The Policy Framework Values are:

Promoting the dignity of older adults by providing a range of services designed to address the actual needs of the individual.

- ★ in line with this objective and the modern philosophy of care, since its inception, the Council embarked on the formulation and implementation of services that could meet a wide range of need;
- ★ in the firm belief that older persons and persons with disability are happier to remain in their own home, the Council set out to create a wide network of services that could provide support to these client groups in their own home according to their particular needs;

★ both community and institutional service settings have flourished rapidly over the past few years.

The growing number and proportion of older citizens along with the Councils untiring efforts to enhance the quality of life of these people require ongoing monitoring and effective management of resources.

The Project Management of the plan is co-ordinated by a national-local strategy.

The prime actors are the Parliamentary Secretary for the Care of the Elderly, Ministry for Health and the Zurrieq Local Council.

Local Services Provided

By means of this partnership the following services are offered to the elderly community:

- ★ **Handyman Service:**
the objective of this service is to help older adults and persons with special needs to continue living as independently as possible in their own home.
- ★ **Home Care Help:**
the aim of such service is to allow the recipients of such service to continue living in their community as independently as possible. It also aims to provide respite and support for informal carers. Ultimately, the Home Care Help Services helps to avert or delay the demand for long-stay residential care by providing the required support in the client's own home.

Table 7. SOME DEMOGRAPHIC DATA FOR NAXXAR FOLLOWS

Age Brackets (%)							
	0-14	15-24	25-49	50-64	65-79	80+	TOTAL
Naxxar	20,6	14,2	38,5	17,2	7,8	1,8	100
National (MT)	17,1	14,4	34,5	20,3	10,8	2,9	100

★Kartanzjan (Elderly's Card):
this Card entitles its holder to obtain certain rebates and concessions. These may include free football ground tickets, reductions on bus fares, reductions on boat ferries and other establishments, telephone rebates, preference at queues at hospitals and health centres.

★Meals on Wheels:
the scope of the Meals on Wheels is to support elderly persons and others who are still living in their own home but who are unable to prepare a decent meal.

★Social Work Unit:
the scope of the Social Work Unit is to provide psychological counselling, guidance, and assistance. It deals with social casework, provides advocacy for clients, facilitates self-help management and develops action plans.

★TeleCare Service:
the Telecare Service enables the subscriber to call for assistance when required. It aims to provide peace of mind to older adults, disabled persons and those with special needs, thus encouraging them to continue living in their own home.

★E.M. Citizen:
part of the social inclusion policy is a drive to attract the elderly to learn and use both computer and mobile phones facilities. Senior Citizens are now also be preparing for the European Computer Driving License Examination.

★Relatives-on-Net:
during festive seasons internet connection via webcam with Maltese Clubs in Australia where the elderly can contact their relatives and friends from the Elderly Day Centre. Same services is provided in the Council's Internet Café, a free-to-all service.

★Cultural Outings:
the Council organizes monthly cultural outings and week-end break in various localities in Malta and Gozo to

enable the elderly to keep group contact with friends of their same age, however with a cultural touch to empower the never-stop-learning concept.

Zurrieq Regional Day Centre for the Elderly

The Purpose of the day centre is to prevent social isolation and the feeling of loneliness, reduce the social interaction, motivate in the planning of activities and respite for their relatives and carers.

The eligibility is for persons over 60 years old may apply, but other cases may be considered on their own merits. Priority is given to those elderly persons who are living alone, are not engaged in any social activities and who could be at risk when spending long hours on their own.

Primary Health Care services are mainly offered at the Health Centre, and comprise of the following:

- ★general Practitioner Services;
- ★free Medicine - Collection Point;
- ★free Nursing Services;
- ★immunisation Service;
- ★specialised Consultants.

On the other hand, the Social Service Department offers the following basic benefits and assistance for the elderly regarding:

- ★retirement Applications;
- ★national Pension;
- ★widow's Pension.

From the Zurrieq Local Council, the chain of decision making takes two forms:

- ★Council Sub Committee for the Elderly: draw an annual action plan and implementation thereof. Meets once a month.

★Councillor responsible for Elderly Services: chairs the Sub Committee and pilots policies for the elderly and their needs.

In Romania

Planning and Implementing Effective programmes: a Case Study by "Sancta Maria Hilfe" Foundation Timișoara, Romania

Due to the fact that in Romania the social services covered a very small part of the real needs of the population, the staff of the foundation were seriously involved in identifying the training needs for the further professionals, and also to design proper training programmes, based on their experience and the know how accumulated within the organization during their cooperation with their partners from Germany.

The Sancta Maria School was founded in 1990, with the special support of Germany; The first educational offer was the programme of qualification for professionals in remedial pedagogy, a programme for 2 years.

The main obstacle, to recognize at national level this new qualification was successfully solved, so that in present the majority of the students (12 generations) has a successful carrier in centres owned by the state, in different NGOs working in social field.

The pedagogical approach is an alternative one, very client-student centred, and is considered very effective.

The team for developing a comprehensive training programme was created, and they started to develop all the needed ingredients, starting with the occupational standards, the professional standards, learning outcomes / objectives in terms of competencies, the content of the curriculum including very specific and effective training methods, and evaluation and recognition of the acquired abilities.

The main institutional aim of the school was to become a recognized training provider in

social services, with the following specific objectives:

- ★to maintain the specialization delivered by the school in remedial pedagogy;
- ★to organize and deliver different training programmes, both for initial and continuous training;
- ★to promote scientific and cultural relationship with different partners;
- ★to improve the quality of cooperation and partnership with educational institutions and representatives of the social sector;
- ★to develop partnership with international partners;
- ★to deliver direct social services.

The main steps followed during the activities designed for the development of the new training programme are:

- ★needs analysis;
- ★marketing: the local institutions delivering social services faced a chronic labour-shortages regarding the qualifications required by a high quality of the services. They formulated a request for several qualifications, regarding the care of elderly, for beneficiaries that completed their compulsory education.

The school decided to prepare the documentation in order to obtain the authorization as training provider.

The programme was established according to the national code of the occupations, and the decision was for a short term training, with nationally recognized certification, level 1.

This new occupation is defined by a short description of the main tasks, the personal profile and the professional profile (in terms of competencies) of the trainees after the course.

Respecting these requirements the curriculum was developed, and a special administrative team ensured the needed material resources in order to obtain the accreditation.

The first training group consist in 20 trainees, which signed the convention of cooperation, and followed the whole programme: 395 hours, delivered in 12 weeks, from which 5 weeks theoretical and 7 weeks practical training.

After the courses the evaluation (final and impact) was organized, and the acquired competencies were recognized by the evaluation commission during the final examination.

Until now 2 courses were finalized, and the third is ongoing.

The main difficulties are related to the mentality at the level of the society, the lack of validation of the occupation social care at the client home, the lack of financial

recognition and low motivated applicants.

After the intermediary evaluation of the results of the programme we concluded that: 80% of the trainees obtained an occupation in social services for elderly.

The impact of the training modules is considered very important while permit the valorisation of the personal experiences of the trainees, put in value their personal abilities, offer opportunities for further development of the carrier, and a new approach for the problems of elderly.

Further task assumed by the team are related to the following topics:

- ★an extension of the training course, in terms of curriculum and the lengths of the training;
- ★to develop a 'follow up' module;
- ★a new market diagnosis in order to identify early the new training needs;
- ★developing new partnerships with other institution with interest in this field;
- ★to create a network for professional training of the adults;
- ★to create the frame for a recognition of the competencies / qualification in Europe.

Part III

A way towards improvement

In this section we are going to highlight two important aspects connected to the management and sustainability of NGOs and CSOs working with and for the elderly: i.e. human resources management and financial funding.

These two sections have been the result of the two seminars carried out during our project by the two mostly expert partner countries involved, i.e. Bulgaria and Romania respectively.

Human Resources Management in NGOs in Social Services: a contribution from Bulgaria

Bulgarian NGOs accomplish a large scale of activities, being most intensive in the area of social services - services for children (including children with disabilities), young people, unemployed people, ethnic minorities, people with disabilities, elder people etc.

The focus on providing social services is mainly related with the presence of serious social problems such as increasing vulnerability and impoverishment of the nation due to the transition to market economy; less support from the family in connection with the changes in traditional family structure, women's active participation in labour employment and labour mobility; growth in elder population.

NGOs have multiple advantages as providers of social services due to the fact that they work in the close proximity of communities and know better their needs; provide easier access to the services they offer because of the absence of bureaucracy.

They have the possibilities to attract additional financial and human resources (by means of work on projects, work in networks, involving volunteers etc.).

The key point in the realization of each organization's activity is the presence of financial and human resources, that is why the specific management of human resources in NGOs is very important.

Even the best organizational strategy would not work if the suitable people are not present, if they do not have the appropriate skills and behaviour, with suitable roles, motivated in the right way and supported by successful leaders.

Human Resources Management is defined as the integrated use of procedures, policies, and practices to recruit, maintain and develop in order to meet organization desired goals.

It includes 6 broad areas: HR capacity, HR planning, personal policy and practices, HR data, performance management and training.

A system that functions effectively includes different benefits for the organization:

- ★ encourages systematic planning to support organization mission;
- ★ increases capacity of the organization to achieve its goals;
- ★ provides clear definition of each employee's responsibilities and a link to the organization mission;
- ★ defines levels of supervision and management;
- ★ increases level of performance and the efficient utilization of employee's potential (skills and knowledge) - improves efficiency and productivity;
- ★ increases the organization ability to manage change.

Human Resources Management Components and their importance

The following panel illustrates the place of each component in the general organization management and its importance for the human resources management system (see *Table 8*):

In order to assess the effectiveness of human resources management and development system in the organization it is very important to receive an answer of the questions, mentioned below:

What are the organization goals?

What is the vision of the organization (what do we want to achieve in 5 years)?

What is the current situation? - make a 3P analysis (people, policies, perceptions)

HR function In NGOs

Bulgarian NGOs which work without hired staff being computed to make 37%, 10% are those who function with not more than 10 employees and 84% use volunteers. Speaking about NGOs management structure in most organizations the performance and management functions overlap.

In most NGOs there is not an HR department or HR function because of the decreased number of staff. However, most NGOs have organizational staff to performing HR activities, including recruitment, training, performance reviews, design and delivery of benefit programmes.

In most cases it is the financial or administration staff expert who performs HR duties.

Table 8.

HRM area and Component	Importance
HRM Capacity	
HRM budget	Allows for consistent HR planning and for relating costs to results
HR staff	Staff dedicated to HRM is essential to policy development and implementation
HR Planning	
Organization mission/ goals	Mission provides direction to HRM activity and to the work of the staff
HR planning	Allows HRM resources to be used efficiently in support of organization goals
HRM Data	
Employee data	Allows for appropriate allocation and training of employees and volunteers
Personnel Policy and Practice	
Job Classification System	Allows the jobs and types of skills standardization
Compensation and Benefits System	Allows for equity in employee salary and benefits, tied to local economy
Recruitment, Hiring and Promotion	Assures fair and transparent process based on candidates' job qualifications
Orientation Programme	Helps new employee to identify himself/herself with the organization goals/values
Policy Manual	Provides the roles and regulations, governing the work of each employee
Performance Management	
Job descriptions	Defines employee responsibilities and duties and the ways people collaborate
Work planning and performance review	Provides a system to develop work plan and monitor performance. Provides information to staff about job duties and level of performance
Training	
Staff training	An effective way to develop staff and organizational capacity
Development of management and leadership's skills	Leadership and good management are keys to sustainability and development

Crucial Points in HRM system

Hiring, Recruiting and Selection process

1. "Interviewing" the position

Generally "position" is described as a set of tasks which are done by an employee with a certain aim. It is taken for granted that this position is relatively stable category so it does not change depending on whom exactly stays in it.

Being realistic, however, what is done, how it is done and what is achieved depend more and more on people's active motivation and possibilities.

That is why we very often talk about "roles" in the organization.

This conception seems to be more adequate because the "roles" can be described in behavioural terms - explaining the work area, expected results and competence.

The main idea is to give the employee an opportunity to choose the way for achieving the set goals, expand the job competencies and develop the role.

What interests us about this role is:

- ★ its aim;
- ★ its content (duties, main areas of action, expected behaviour, etc.);
- ★ its meaning and importance for the organization (responsibilities, results);

★ its relations to the other positions in the organization and the people out of the company;

★ performance requirements.

The performance requirements could be defined in two areas:

★ technical requirements (in relation to specific professional and expert aspects of the post) - so called "hard skills";

★ personal requirements (in relation to personal behavioural skills) - so called "soft skills".

Usually the personal and technical skills are straight connected, so very often we talk about "competence assessment".

Competence is a combination of skills, knowledge, disposition and behaviour, all of them necessary for task accomplishment.

Competences could be differentiated in three groups according to being in a position to develop (see Table 9):

After "interviewing" position and make clear our expectations we must determine how information about our need for volunteers and employees could reach potential candidates - that means how to organize the "advertising campaign".

2. "Advertising campaign" organization

There are 3 main things that are crucial for the success of the advertising campaign:

- ★ what do we say (the content);
- ★ how do we say it (manner of expression);
- ★ where do we say it (communication channels - how to reach the audience).

Resources for recruiting candidates:

In general these resources could be exterior and interior.

Being in search of volunteers we usually use:

- ★ the existing data base of candidates - people who have already take part in our projects;
- ★ direct contact to potential volunteers - for example students in Social activities;
- ★ advertisements in University faculties such as in Social education;
- ★ recommendations by our employees or partners;
- ★ advertisements on Internet;
- ★ advertisements in specialized editions etc..

Table 9.

Easy to be developed	Comparatively hard to be developed	Hard to be developed
Communicational skills, Organizational skills, Delegating skills	Adaptability, Team working, Change management, Negotiating skills, Strategic thinking	Intelligence, Analytical skills, Assertiveness, Ambition, Creativity

It is necessary that published advertisements (on Internet or in the press) include short information about our organization (its philosophy, values, organization culture), description of the essence of work and responsibilities, our requirements to the employees and our proposal (what would be the benefit for the future team member).

3. Methods for assessment and selection:

- ★ preliminary selection of autobiographies;
- ★ interview - structural interview, non-structural interview, panel interview, phone interview, competencies interview, etc.;
- ★ psychometric tests;
- ★ cases, technical and professional tests;
- ★ assessment centres;
- ★ recommendations etc.;

The most widely used type is the interviewing approach based on competencies.

Before scrutinizing it we should clearly define key competencies in realization of specific tasks and explain them in terms of behaviour.

For example the most important competencies in the selection of volunteers could be described as follow:

Communication skills

The interviewed expresses clearly himself/herself and in particular form, he argues in a convincing way. He succeeds in predisposing the others and showing interest and understanding. He listens carefully and he relies on what he has heard when making suggestions or expressing an opinion. He is not embarrassed when speaking on different subjects, including with unknown people.

Empathic

The interviewed stands on the idea that people make the best choice for them at the specific moment and so he is disposed to understand their actions and behaviour. He looks for their opinion and is sincerely interested in their needs and emotions, understands their problems.

Adaptive

He is quick in the uptake in new surroundings. In establishing his behaviour he takes into consideration other people and events, even the changes happen unexpectedly. He is not embarrassed of innovations or

something unknown. He is susceptible to learn in case of irrelevance of his habits in new circumstances.

Enterprising

He is looking for new opportunities of contribution and work improvement. He does not restrict himself in his work duties. Not limited in existing stereotypes, he provokes changes, gives ideas and does not hesitate to stand his ground, even at first confronted with disapproval. He looks for ways to realize his tasks and is not afraid of obstacles.

Responsible

He does carefully his work duties and he is interested not only in the results of his own efforts, but also in those attended with team efforts. If a problem appears in the work process he is ready to make additional efforts, even if not expected. In case of failure, he does not put the blame for it only on the others or on the circumstances, but looks for some of the problems in himself.

Interview - Star Approach: Situation-Task-Action-Result

This interviewing approach gives the opportunity to make a maximum impartial



assessment on each specific competency on the basis of examples and answers of questions, given by the interviewed. In this way we could analyze the degree of personal skills and the capacities to develop them in the future.

These are examples of questions to analyze the communication skills:

- ★could you tell me about a difficult or delicate situation in which you had to rely on your communication skills? (an information about the context he had worked in);
- ★what exactly did you do in this situation?
- ★what did it happen? What was the result, the issue of the situation?
- ★what did you learn about yourself in this situation?
- ★what would you do next time? What would you do differently next time?

4. Take the decision to appoint someone

The following table shows the main types of decisions according to the level of conformity

between the candidate and the technical and personal position profile (see Table 10).

The experience testifies that when taking decisions to appoint someone, more effective are the decisions taken on the basis of high conformity between the candidate and the demanded personal role profile, because these people are better motivated to achieve tasks and to adopt and develop the required technical competencies.

5. New team member orientation

New team members orientation is very important for successful realization of given tasks.

The goal is to make them familiar with the organization (its goals, values, mission, vision etc.), with the activities they will realize, to have clear expectations, to feel as part of the team (socialization).

There is no rule about how much time the process needs to continue - important is to pay attention on personal possibilities of each new team member.

The effective realization of new member specific duties is dependent on the success of this process and has direct influence on the achievement of common goals.

Performance Management

Performance management could be realized through running ("Walking the job") or formal feedback ("Performance Development Review"), which aims to reflect what are the strong points in tasks realization and which are the areas to improve in.

This process has positive influence on NGOs and with employees/volunteers (see Table 11):

As a result of this process the employee/volunteer should not only receive a feedback of his performance, but also elaborate together with his direct leader a "development project" with specific goals and the way to realize them and also to achieve necessary resources.

Development project presentation should be done in a motivational for the employee/volunteer manner in order to lead to its realization.

Training

Training is one of the key points in the Human Resources Management system.

Its main goal is organization capacity increase through development of members' potential.

Generally speaking training could be differentiated in three main groups:

Table 10.

	UNSUITABLE APPOINTMENT The real problems	THE IDEAL CANDIDATE Often unexpected disappointed choice
Candidate ↑	ABSOLUTE MISUNDERSTANDING Solution of the problem came quickly	SURPRISING HIT Motivated to success

Conformity with personal profile →

1. Necessary and compulsory education

- ★ introduction;
- ★ training on procedures and standards;
- ★ systems application training (if the organization uses specific software product) etc..

2. Education which give supplementary value of the organization

- ★ soft skills development training;
- ★ time management skills;
- ★ stress management skills;
- ★ management and leadership skills training etc..

3. Interesting and modern

- ★ emotional intelligence;
- ★ teambuilding.

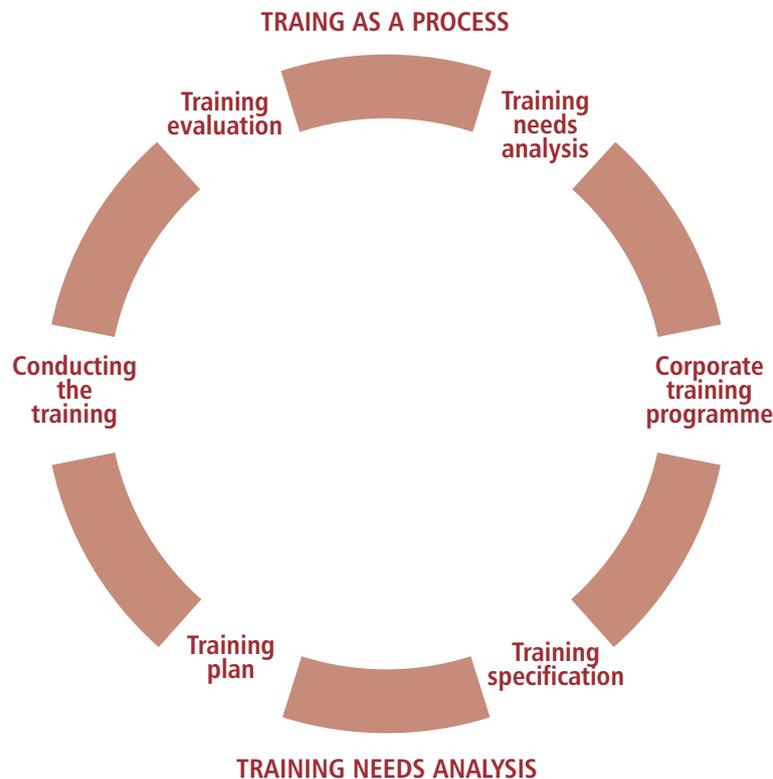
(see Table 12)

When making training needs analysis it is important to take into consideration requirements in organizational, group and personal level.

Table 11.

Benefits for NGOs	Benefits for employees/volunteers
<ul style="list-style-type: none"> ★ Optimum usage of team members' potential. ★ Systematic study of work results. ★ Facilitate communication. 	<ul style="list-style-type: none"> ★ Gives them autonomy to develop their own strategy when knowing well goals and standards. ★ They know what they are expected to do (motivation factor). ★ They know that the organization is interested in their education and progress.

Table 12.



In organizational level we are interested in what the organizational goals are and the factors which influence them:

- ★market situation;
- ★organization plans;
- ★internal organization situation.

If a change is expected, we reconsider the roles on which also reflect corporative goals, translated into the language of required competencies.

In group level we are interested in how well the team functions and if there is a need of change, of development teamwork or team management skills, of people unification etc.

In personal level we are interested in which are the necessary team members areas of competencies improvement.

We determine if new requirements about specific competencies development are imposed and ask the following question: "Is training the most effective method to resolve the defined problems?"

There are also alternative methods to meet organization needs:

- ★introduce new technologies or new method of work;
- ★improve procedures/methods of work;
- ★communication/team meetings etc..

Elaboration of training plan

In the elaboration of training plan we show planned organization needs, but let the programme be flexible to meet unplanned organization needs (operational needs, participation in different new projects and changes).

To elaborate an effective training plan we should answer three main questions:

- ★for what - soft skills, hard skills;
- ★for who - audience (management personnel, executive personnel, volunteers);

- ★how - training methods (with or without leaving workplace).

Training methods:

- ★Without leaving workplace;
 - ★ instructions;
 - ★ admonishment and advices;
 - ★ mentoring;
 - ★ delegation;
 - ★ rotation etc..
- ★With leaving workplace;
 - ★ internal organization trainings;
 - ★ open courses, seminars, conferences;
 - ★ benchmarking;
 - ★ action learning etc..

Training specification

When elaborating training specification we pay attention to four main aspects:

- ★training design (structure, methods, goals, content);
- ★choice of trainer - internal or external;
- ★how to motivate learners (before the programme start);
- ★how to give learners training ownership (after the programme has finished).

Conducting the training

The training effectiveness is especially dependent on the choice of suitable training method, participant commitment in the training process and validation of what has been learned (through a current examination, trainer's observations, feedback forms).

Training effect evaluation

Donald Kirkpatrick defines four levels of training effect evaluation:

Level 1: Reaction - How do the participants in the programme feel while it is being carried out?

FEEDBACK FORMS: to obtain reaction feedback to:

- ★new information capacity;
- ★importance of new information;
- ★intention to use skills/knowledge;
- ★trainers effectiveness;
- ★conduction effectiveness.

Level 2: Learning - In what extent do the participants increase in knowledge, improve their skills and/or change their attitude and disposition?

Self-assessment, incoming and outgoing tests (assessment after three months):

- ★measurement and analysis on knowledge / skills;
- ★ability to use knowledge/skills;
- ★self-confidence when using knowledge.

Level 3: Behaviour - In what extent do the participants change their professional attitude?

Analysis, self-assessment - put into practice what was trained

- ★importance of knowledge/skills in daily routine (after being implied at work);
- ★frequency of knowledge/skills use (at work);
- ★knowledge/skills effectiveness (during their application at work).

Level 4: Results - What are the final results?

Data collection methods from levels 3 and 4 (after programme ending - 6 months/1 year) are related with observations, interviews, inquiries and questionnaire data analysis, researches etc. Jack Philips, PhD, adds a fifth level in training effect evaluation.

Level 5: ROI (Return Of Investments) - Programme benefits in comparison with invested costs.

The effective Human Resources Management is the key point in organization goals achievement. Knowledge about people in the organization as human resources and the effective management of these people through successful creation and application of selection politics, performance training and management, will contribute to organization goals achievement and to personal involvement of each member in it.

Fundraising for CSOs: a contribution from Romania

The sustainable development of any CSO is strongly dependent of the financial opportunities discovered and accessed.

A permanent preoccupation in order to ensure the financial stability of the organization is vital, in order to maintain the original vision and mission, and to protect them against an opportunist approach (meaning that in a certain period the organization decide to access several funds, which are not direct linked to their mission and vision, just for to maintain in functional status the structure.

This is an acceptable approach for a very well determined period, in a crisis situation, during a short transition period, but should be under control).

The main aim of the local fundraising activities is to ensure the sustainability of the projects, daily activities outcomes, while having a constant contribution to the vision and the mission of the organization.

We try to answer the question whether the fundraising being a necessity could be in the same time a pleasant activity?

Among the organizations that conducted successful fundraising activities we searched for a documented answer, and the conclusion is yes, if:

The Fundraising is seen as an opportunity for the partners and / or

The Fundraising is seen as a possibility for develop new relations, partnerships

This is 'simply' a question of our attitude towards fundraising, attitude that will affect our behaviour and effectiveness.

Example in this respect:

As a conclusion and recommendation of our partners in order to have a successful fundraising, we present the following aspects:

1. Respect de basic principle of the marketing:

Regarding the relationship between

the donor and the beneficiary we recommend to create a win/win situation, based on a mutual respect, ensuring that all the partners realize costs and profit.

Not all the costs and profits are measurable as financial items, very often the mutual recognition, the feeling of belonging, the awareness of doing something good stay behind very efficient relations.

2. Respect the existing context:

From the perspective of the beneficiaries is important to ensure that all the requirements respect the existing legislation.

In order to avoid very frustrating situations of refusing the partnership for a very important intervention, is recommended that the organization which ask for a financial aid, knows that the requested support is legal, easy to access, and there is no situation of conflict of interest.

3. Instead permanent problems, present a concrete situation:

It is strongly advisable do not ask for financial support for current activities, a kind of permanent support for the existence of an organization.

Very often the donors appreciate if they know the very final impact of the supported project, concrete aspects



regarding the target group, and the changes that are expected after the proposed intervention.

In this respect one can use different promotional materials regarding the identified problems, that are going to be resolved, and/or personal stories of the identified beneficiaries.

Not a general problem but the very 'small' scale, human problems have impact, during the negotiation process with the donors.

4. Involve all managerial levels:

Fundraising is not considered as a special activity of an independent department.

In the situation of the very successful activities all the managerial levels are involved, having a shared responsibility, according to their professional and personal competencies, which are valorised in the best way within the fundraising team.

It is essential to create the team, to assume the principal roles on a voluntary basis, to work together in developing the plan and to implement the whole activity.

The roles within the fundraising team are not related, not dependent of the current roles within the organization.

The leader of the fundraising team could be a person who regularly has an executive position, and vice versa. Important is to bring together all the individual potential in a team-performance.

5. Create and update an inventory of potential donors:

The first and the only potential donor usually is not the best one! And in the case of a possible refuse a huge frustration and lack of motivation are the only results. It is useful to create an inventory of the potential donors, to update regularly all the details, and to organize a certain selection from the list according to the interests of these donors and the domains of intervention of the proposed project / activity. In this way is possible to increase the chance to find the most adequate donor for the most important project.

Do not forget that what is very important for our organization is not necessarily important also for the donor! The content of the fundraising activity is not to convince the donor that our approach is correct, that our project is important, but to find the adequate donor for every project!

6. Be specific regarding the budget:

Do not forget that each fundraising request should be very specific not only in terms of activities, target group, but also in terms of budget.

Not the final amount of the budget is important for the donor, but the details.

If there is a clear picture of how will be managed the budget, in time and also regarding the categories, units and quantities, it is very easy for the donor to appreciate the effectiveness and the accountability of the whole process of the implementation.

But without a detailed description of the ways of using the money, even a relatively small amount will be difficult to obtain! In order to be very transparent and honest, is useful to present shortly a proposal for a feedback during the implementation phase.

If the period of the activities is a longer one, it is advisable to prepare a budget in a few instalments, instead to ask for the whole budget from the start.

7. Create for each event a specific plan, and prepare the communication

Team work for fundraising is essential also in order to prepare a plan including communication.

For the first contact is better to find a person who can intermediate the introduction.

Before the first meeting the beneficiary should collect several information regarding the donor institution, their history, especially regarding other donor activities, their specific interest in different partnerships, and all these information both regarding the institution and also the partners for the coming dialogue.

If a previous information is not accessible, the discussion should be conducted in a way that make possible these findings.

The communication with the donors can be structured for three different situations: before the meeting, during the meeting and after the meeting.

All these parts of the contact should be prepared using a plan, developed together within the team.

8. Ask for funds!

During our activity we identified several organizations, that invested a lot in promotional activities, informing the community regarding their recognized and very often successful activities, and were worried because nobody offered them any support. Waiting for funds, is not effective!

Beside efficient promotional activities the fundraising activities should be planned, and conducted, including the very concrete request, not an aggressive one, but honest, clear, transparent and active!

9. Try again!

We can identify two situation in which the "Try again!" approach is recommended:

The first situation is if you were refused, and the second one is if your request was accepted, and you obtained the fund.

In the situation of having a previous partnership with the donor, a second common activity is considered as a natural follow up of the first successful cooperation.

In this context even during the first contact the cooperation should be planned not for a single collaboration, but for a long-term partnership.

This long-term planning permit a better evaluation of the impact, offer a longer period for the recognition of the benefits.

After a refusal, the fundraising team analyze the whole approach, try to identify the causes of refusal, organize a further meeting with the donor in order to avoid the previous errors, and prepare in a better manner the next contact.

Lessons learned from our experience, in order to have success, impact:

- ★ manifest respect towards partners;
- ★ be realistic in your expectancies;
- ★ make a connection with the priorities of the donors;
- ★ listen actively your partner;
- ★ have trust in your intention and build your success!
- ★ present a very important problem;
- ★ be credible;
- ★ find a contact person;
- ★ be enthusiastic;
- ★ short about the organization;
- ★ present all the financial resources if needed;
- ★ details regarding beneficiaries;
- ★ long-term vision.

Good practices in fundraising

Elderly Care Centre Timișoara - Caminul pentru Pensionari din Timișoara

The care centre had a financial support from the local authorities until January 2007, according to the law nr.17/2000, starting with 1 of January 2007, the responsibility for ensuring the financial resources was transferred to the General Directorate of Social Assistance and Child Protection, (Directiei Generale de Asistenta Sociala si protectie a copilului TIMIS), subordinated to the County Council of Timis, which was willing to assume this responsibility starting with 1 of April 2007.

In this situation the management of the centre had a period of three months, without any financial support for foods, cleaning materials etc. for the 87 of persons assisted through daily services.

This was the context within they decided not to close the centre, but start a very decided and dedicated fundraising process; through this in a few weeks the team obtained food (approx. 1.100 Euro), cleaning material (approx. 125 Euro) and TV.

Beside the very needed and urgent aid in order to continue without interruption to deliver the services of the centre, the abode presented success was for a great importance in the view of motivating the staff, to encourage them for other similar activities.

Federation "CARITAS" Timișoara

The voluntary team of the organization organized an interesting campaign and fundraising for a concrete action planned for 17 December 2006.

The beneficiaries were 25 elderly people, and disabled children from the Centre.

The whole activity was planned and delivered by the voluntary team of they centre, having two aims: to ensure the needed resources for the designed event, and to transfer the know how of organizing and fundraising to the new members of the team.

In this way the knowledge become a shared and a valorised one, within this learning organisation.

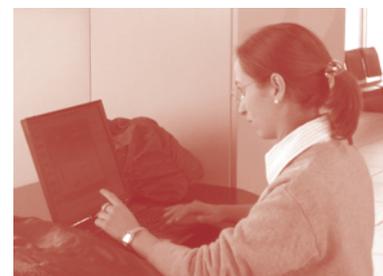
The Association "Serviciul de Ajutor Maltez în România" (S.A.M.R.), is a non-profit organization, which during its 16 years existence acquired an important expertise in planning and delivering social services.

It has 26 centres in the country, involve in the activities more than 1.100 voluntaries, 14-25 years old, out of this 79 in Timișoara.

The most important activities are charity actions, excursions and training first aid.

Their last fundraising action had the following results: they collected 200 RON for travel for 20 children & 40 adults, 3426 kg "Fornetii"/ year, 20 kg painting stuff ,60 food & sweets etc.

It is important to mention that the team is very motivated, and get fun and satisfaction by being involved in this type of social services.





Conclusions

From the cure to the care: introducing new strategies in Senior Services

From these experiences, elaborated and exchanged together during our project, we draw some conclusions which are good food for thought to be further developed in local policies for elderly and senior services.

First of all, it was highlighted the need to focus more on service-users, taking into account their needs on a regular basis in order not to lose sight of their main aims. Secondly, it was suggested to develop a common language, such as an handbook of concepts, to be used by workers in the field of senior citizens care at a European level. This will facilitate the exchange of good practices from one country into another, as well as the carers' work and their mobility within Europe.

Thirdly, it was suggested to describe a code of conduct for all the work-places, in order to reach common standards on senior services at a European level.

As far as carers are concerned, it seemed essential to define in a clear way their skills, competences and resources in order to facilitate the work of the various actors involved, the exchange of good practices and the recognition of their competences.

The developing of an ethical chart was also recommended, underlining basic values such as respect, awareness of cultural, social and ethnic differences, as well as of age and gender differences among and within countries.

In this way, problems connected to ethnicity, gender and cultural differences will be avoided by the use of an ethic code of conduct.

Then, it was emphasised the need to work for a social recognition of carers as well as to

make institutions more humane, in order to provide a better human environment, promoting a more co-operative climate within structures and services dedicated to senior citizens.

The use of technology was also encouraged, as long as carried out in a humane way, so that people feel they can take proper advantage out of it without feeling subordinated by it.

It was also stated as essential to elaborate a series of common European professional profiles, moving towards common standards of services, as well as to elaborate a Chart of Quality and Services.

Finally, it was emphasised the need to promote training and exchanges at all levels in order to create willingness to learn and to change.